



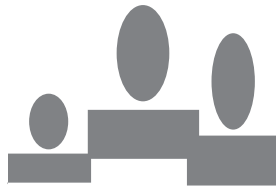
Centre for Health Solutions - Kenya



Our SOLUTIONS

2011/12 ANNUAL REPORT

integrity, partnership, commitment, result orientated, excellence, innovation



SOLUTIONS
SULUHISHO

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List of Acronyms

APSC	-	Adherence Psychosocial and Community
ART	-	Antiretroviral Therapy
ARV	-	Antiretroviral
CBOs	-	Community Based Groups
CDC	-	Centres for Disease Control and Prevention
CHS	-	Centre for Health Solutions - Kenya
CN	-	Central North Region
COE	-	Centres of Excellence
CPT	-	Cotrimoxazole Preventive Therapy
CQI	-	Continuous Quality improvement
CS	-	Central South Region
CSS	-	Community System Strengthening
CT	-	Counseling and Testing
DHMT	-	District Health Management Teams
DTC	-	Diagnostic Testing and Counselling
EID	-	Early Infant Diagnosis
EMR	-	Electronic Medical Records
EMTCT	-	Elimination of Mother to Child Transmission
GHI	-	Global Health Initiative
HCW	-	Health Care Workers
HIV	-	Human Immune Deficiency Virus
HSS	-	Health System Strengthening
HTC	-	HIV Testing and Counseling
ICAP NY	-	International Centre for AIDS Programs, New York

ICAP	-	International Centre for AIDS Programs
ICT	-	Information and Communication Technology
IPT	-	Isoniazid Prophylaxis Therapy
KAIS	-	Kenya AIDS Indicator Survey
KEPI	-	Kenya Extended Program on Immunization
KNASP III	-	Kenya National AIDS Strategic Plan, Three
KS	-	Kaposi Sarcoma
M&E	-	Monitoring and Evaluation
MCH	-	Maternal and Child Health
MDG	-	Millennium Development Goals
MoMS	-	Ministry of Medical Services
MoPHS	-	Ministry of Public Health and Sanitation
NASCOP	-	National AIDS and STI Control Program
OI	-	Opportunistic Infection
PEPFAR	-	President's Emergency Plan for AIDS Relief
PHMT	-	Provincial Health Management Teams
PMTCT	-	Prevention of Mother to Child Transmission
PSSGs	-	Psychosocial Support Groups
STI	-	Sexually Transmitted Infections
TB	-	Tuberculosis
TWG	-	Technical Working Group
UNITID	-	University of Nairobi Institute of Tropical and Infectious Diseases
USD	-	United States of America Dollars
VCT	-	Voluntary Counselling and Testing
WHO	-	World Health Organization

Centre for Health Solutions – Kenya (CHS)

CHS is a local, indigenous Kenyan not-for-profit organization 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.

About CHS

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.

6 Corporate Values

Integrity: Providing services in an accountable and responsible manner.

Partnership: Collaborating with government, donors, and communities, Complementing delivery of sustainable health services.

Commitment: Dedicated to improving the health of communities

Results orientated: Focussed on efficient processes that maximise output

Excellence: Striving for quality in health service delivery

Innovation: Developing and applying new interventions to address emerging public health concerns

The Board of Directors



Mr. William Maema

Dr. Mark Hawken

Dr. Kishorchandra Mandaliya

Dr. Paul Wekesa

Dr. Richard Ayah



Dr. David Hoos



Dr. Emily Koech



Mr. Gerald Macharia



Mrs. Mwihaki Muraguri

Umoja ni Nguvu
(Unity is Strength)

The Board Members

1. Dr. Kishorchandra Mandaliya, Chairman
2. Dr. Paul Wekesa, Secretary
3. Dr. Mark Hawken,
4. Mr. Gerald Macharia,
5. Dr. Emily Koech, Treasurer
6. Dr. David Hoos,
7. Dr. Richard Ayah,
8. Mr. William Maema,
9. Mrs. Mwihaki Muraguri,

9 Professional Visionaries

The CHS Board of Directors is at the helm of steering the organization into the future. They represent a wide range of professionals



1,181% growth

in funding, that has seen us manage funds up to USD 6million

Health Solutions

Centre for Health Solutions – Kenya (CHS) has experienced tremendous growth since inception, made possible by visionary leadership and prudent management of organizational resources for optimal value. During this period, we have grown from an unknown to a known brand in the health sector, we have experienced a 1,181% growth in funding, that has seen us manage funds up to USD 6million; a 568% increase in supported health facilities (29 to 192) and established a sub-granting portfolio of USD 1.6million to a total of 25 grantees.

CHS takes pride in supporting implementation of impactful, sustainable, evidence informed solutions in line with national and international guidelines. We have demonstrated expertise in leveraging, which has seen the diversification of our program portfolio to include reproductive health and cancer management solutions. We endeavour to continue developing and implementing solutions to existing and emerging public health concerns. The growth of CHS is guided by the first strategic plan 2010/11-2014/15, which defines four key goals for our initial growth period. These goals are the guide of this annual report.

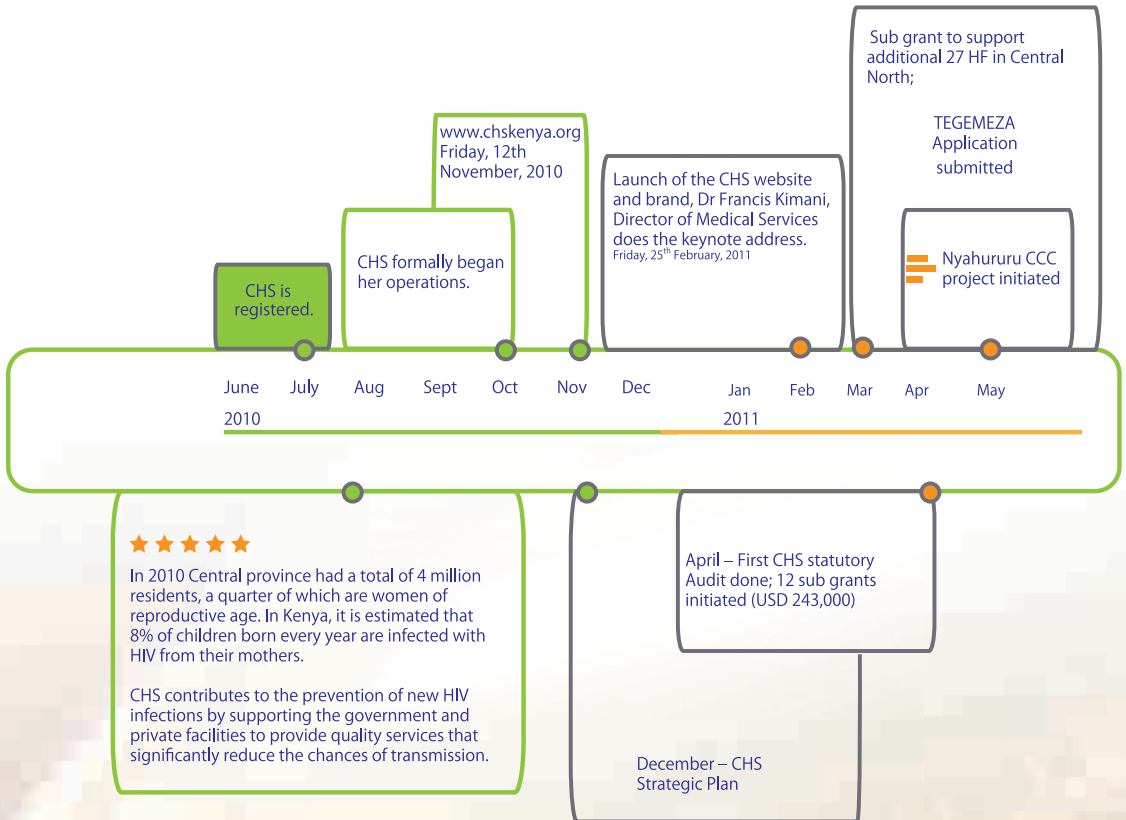
We would like to most sincerely thank our partners including the Centers for Disease Control and Prevention (CDC) through PEPFAR, the Ministry of Public Health and Sanitation and Ministry of Medical Services in Kenya, the Director of Medical Services, Dr. Kimani for officially launching the CHS brand, NASCOP, Columbia University/ICAP and all beneficiaries of our programs and interventions. We are proud to share our achievements with you all, and look forward to greater engagement, in the next year.

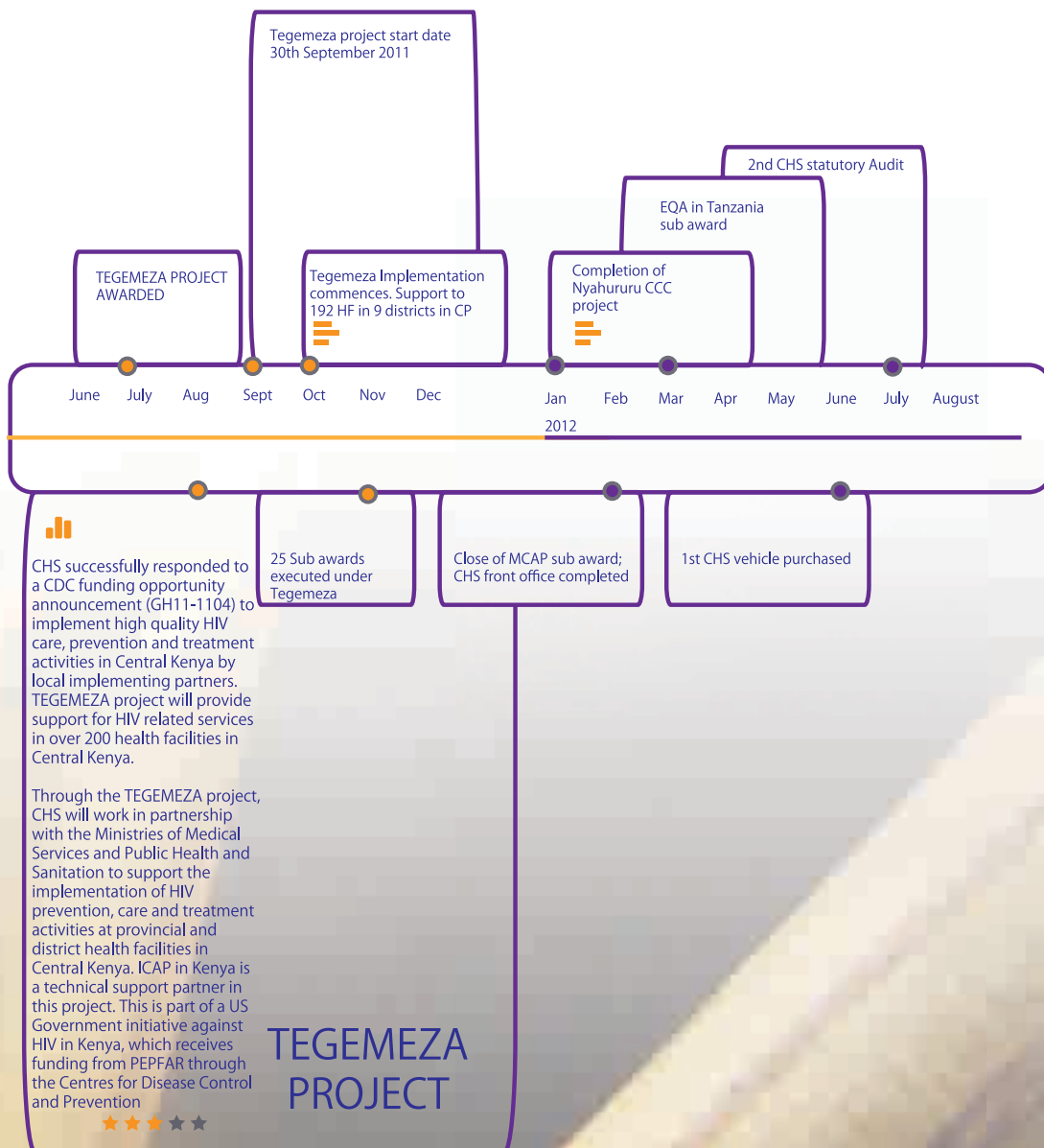


Dr. Paul Wekesa
Chief Executive Officer

Ada ya mja hunena, muungwana ni vitendo
(A Gentleman Acts)

CHS Timeline







Health Solutions Policy Guides

Health Policies both within the local and international context are important to CHS work. CHS interventions respond to health concerns as defined in key policies nationally and internationally. Some of the policy guidelines that guide CHS interventions include

Kenya National AIDS Strategic Plan III (KNASP III)
The Comprehensive National Health Policy Framework
Vision 2030
WHO Health System Strengthening (WHO HSS)
Global Health Initiative (GHI)
Millennium Development Goals (MDGs)

Pole pole ndio mwendo
(Be agile at your pace)

Strategic Goal 1. To strategically place CHS as the preferred partner for health solutions nationally and regionally by 2015.



7 Technical Working Group (TWGs)

Supporting Health Solutions at National Level

CHS participates in national level technical working groups (TWGs) that are involved in the development of guidelines for quality services: These include the following:

1. National AIDS and STI Control Program HIV Testing and Counselling Technical Working Group (NASCOP HTC TWG) TWG (CHS is currently contributing to the development of the National HTC referral model),
2. National AIDS and STI Control Program Antiretroviral Therapy Guideline Review Technical Working Group (NASCOP ART TWG),
3. Prevention of Mother to Child Transmission of HIV Technical Working Group (PMTCT TWG). Lulu Ndatani represents CHS in this TWG.
4. Training Mechanism Technical Working Group TWG. Dr. Angela McLigeyo represents CHS in this TWG.
5. HIV Quality (HIVQUAL TWG). Dr. Angela McLigeyo represents CHS in this TWG.
6. Electronic Medical Records Technical Working Group (EMRs TWG). Francis Mbate represents CHS in this TWG.
7. National AIDS and STI Control Program for Laboratory and Pharmacy Commodities. John Abwao and Dr. Hellen Kalili represent CHS in this TWG.

Iwapo nia, njia hupatikana
(Where there's a will, there's a way)



Safer & friendlier

Antiretroviral services that provide a once daily dose rather than the three times daily

Adult HIV Solutions

The Global Health Initiative (GHI) and President's Emergency Plan for AIDS Relief (PEPFAR) place HIV treatment and care as a core activity. In this relation, GHI and PEPFAR are a constant guide, motivation and illumination for CHS; their policies and objectives acting as pace setters in care and treatment activities undertaken by the organization.

CHS works within the national guidelines and supports initiation of antiretroviral therapy (ART) based on the level of immune suppression and as assessed by WHO HIV staging. Treatment services include laboratory and clinical monitoring of HIV infected, prompt initiation of ART for eligible patients, monitoring and management of treatment failure and adverse drug reactions and the implementation of continuous quality improvement (CQI) methodologies.

CHS supports provision of quality care through implementation of CQI. Initiation of establishments of Centres Of Excellence (COEs) to facilitate dissemination of best practice and knowledge sharing.

Wema Hauzi

(Great Deeds Do not Decay)



Paediatric friendly clinics supported

Paediatric HIV Solutions

Paediatric HIV solutions are supported in line with National guidelines. In addition to this CHS supports paediatric specific clinic days where family focused care is provided, ARV is dosed by weight and all HIV infected infants less than 2 years receive ARVs.

CHS supports paediatric friendly clinics that promote play therapy and within these clinics age appropriate paediatric only and care giver support groups meet monthly.

Comprehensive paediatric focused services supported by CHS also include growth and development monitoring as well as immunization as per the Kenya Extended Program on Immunization (KEPI) schedule. In addition to this nutritional assessment and counselling is provided to families.

Mkono mmoja haulei mwana

(A single hand cannot nurse a child)



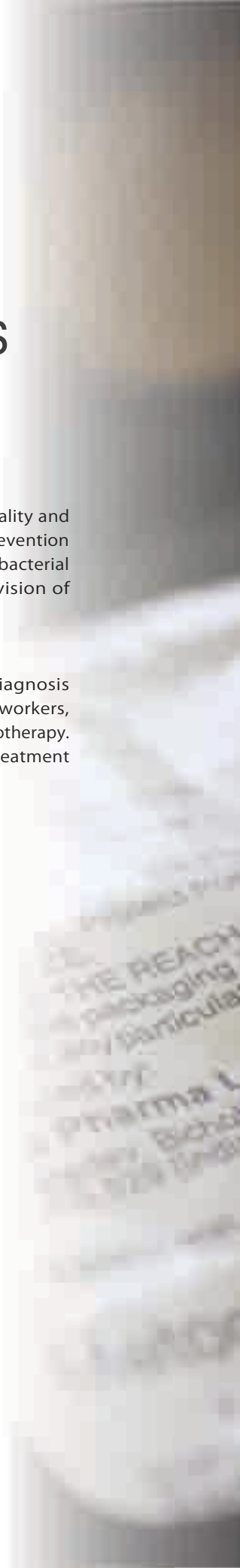
Health Solutions for Opportunistic Infections

Appropriate management of opportunistic infections (OIs) improves the quality and extends the life span of people living with HIV and AIDS. CHS supports the prevention and management of common OIs like pneumonia, diarrhoeal diseases, and bacterial pneumonia, malaria and common bacterial infections through the provision of Cotrimoxazole Preventive Therapy (CPT), as well as early diagnosis and management of cryptococcal meningitis.

Through the established Centres of Excellences, CHS is supporting the diagnosis and management of Kaposi Sarcoma, through the training of health care workers, establishment of systems for histological diagnosis and provision of triple chemotherapy. This systems has guaranteed a reduced turn-around-time for diagnosis and treatment and the increased accessibility and affordability for the clients.

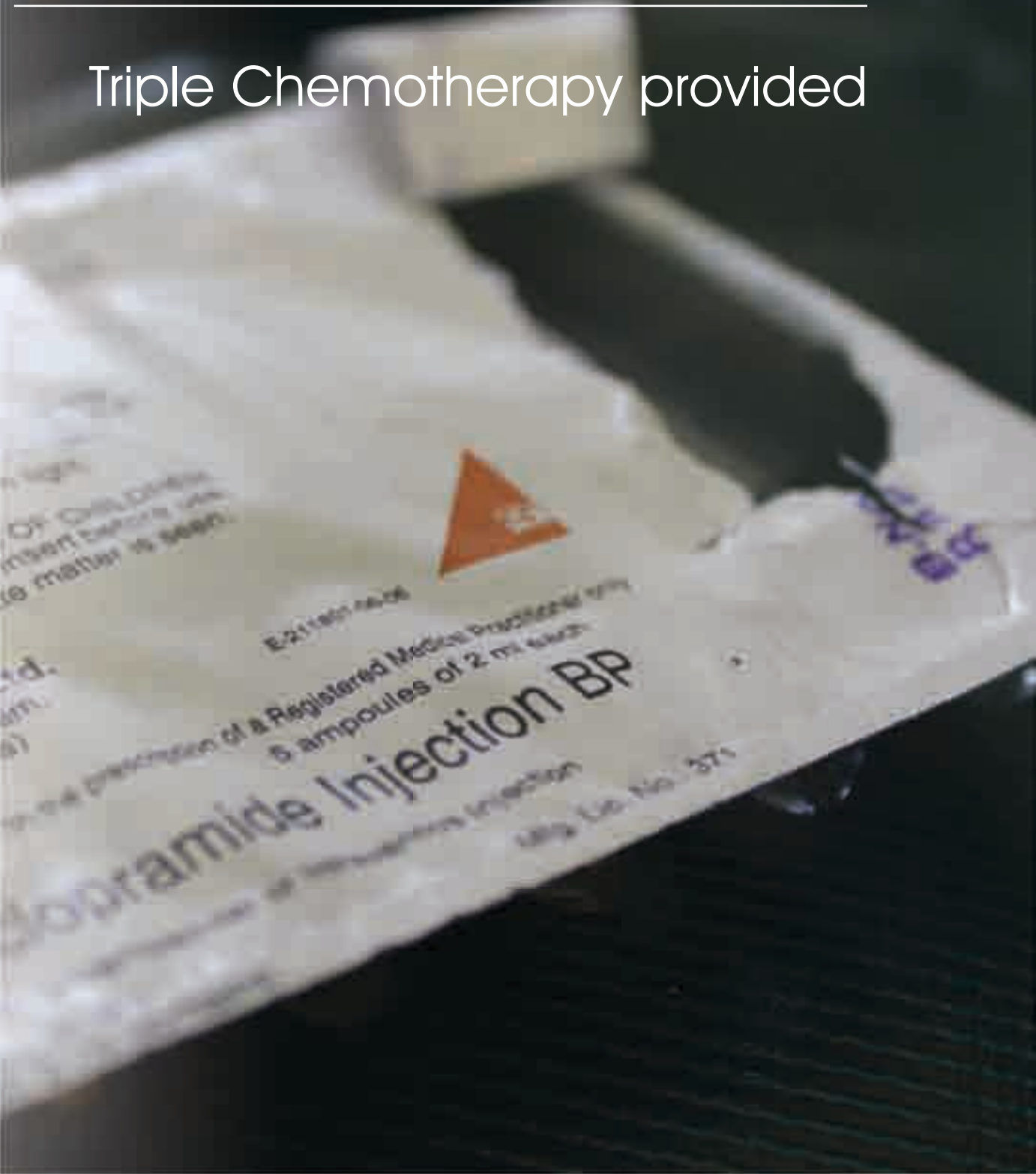


**Dalili ya mvua ni mawingu
(Clouds come before the storm)**



Kaposi Sarcoma Centres of Excellence established

Triple Chemotherapy provided





Baada ya Dhiki, Faraja
(CHS Health Solutions bring
Solace after Distress)



TB/HIV Health Solutions

Tuberculosis (TB) is a leading cause of death among people infected with HIV. CHS supports the implementation of the TB/HIV collaborative activities guided by the WHO Five-Is; where services for co-infected patients provided in a one-stop-shop through integration of TB and HIV care, where the appointment system is coordinated, intensified screening of all HIV infected patients for TB to increase detection of TB even in asymptomatic patients. This includes HIV testing for all patients diagnosed with TB and their partners; The implementation of TB infection prevention and control to reduce exposure to and transmission. Isoniazid Prophylaxis Therapy (IPT) is provided to eligible patients and ART is initiated immediately for co-infected patients.

CHS also supports prevention of TB transmission through contact tracing in the community. Community facility referral linkages are strengthened through training and mentorship of health care workers on ART tools to capture PLHIV screened for TB and TB patients on ART.

100% integration

of TB HIV services at all CHS supported comprehensive care centres

97%

of TB patients are tested for HIV



192 PMTCT Facilities

offering integrated services

Health Solutions for Mothers & Babies

The United Nations member states through the Millennium Development goal number 5 and 6 made a commitment to reduce child mortality rate and improve maternal health respectively. CHS shares in this goal through its care and treatment programs for women and children.

CHS supports the integration of PMTCT services into the Maternal and Child Health (MCH) departments allowing all pregnant women and infants less than two-years of age to receive services in a one-stop-shop. CHS is committed to the strengthening of Male Involvement programmes for men to support the pregnant women during pregnancy and delivery, promote hospital deliveries, increase partner testing and sensitize the community on how to mitigate pregnancy related complications.

CHS promotes and supports the protection of the most vulnerable mothers and infants. In line with MDG 4 and 5, CHS aims to reduce the number of deaths and illnesses associated with pregnancy and childbirth and aspires to enhance programmes in safe motherhood; by scaling up facilities that provide PMTCT in an effort that will see an increased proportion of HIV negative babies being born to HIV positive mothers.

Siku Njema Huonekana Asubuhi
(This is a Sign of Good Things to Come)



250 Healthcare workers supported

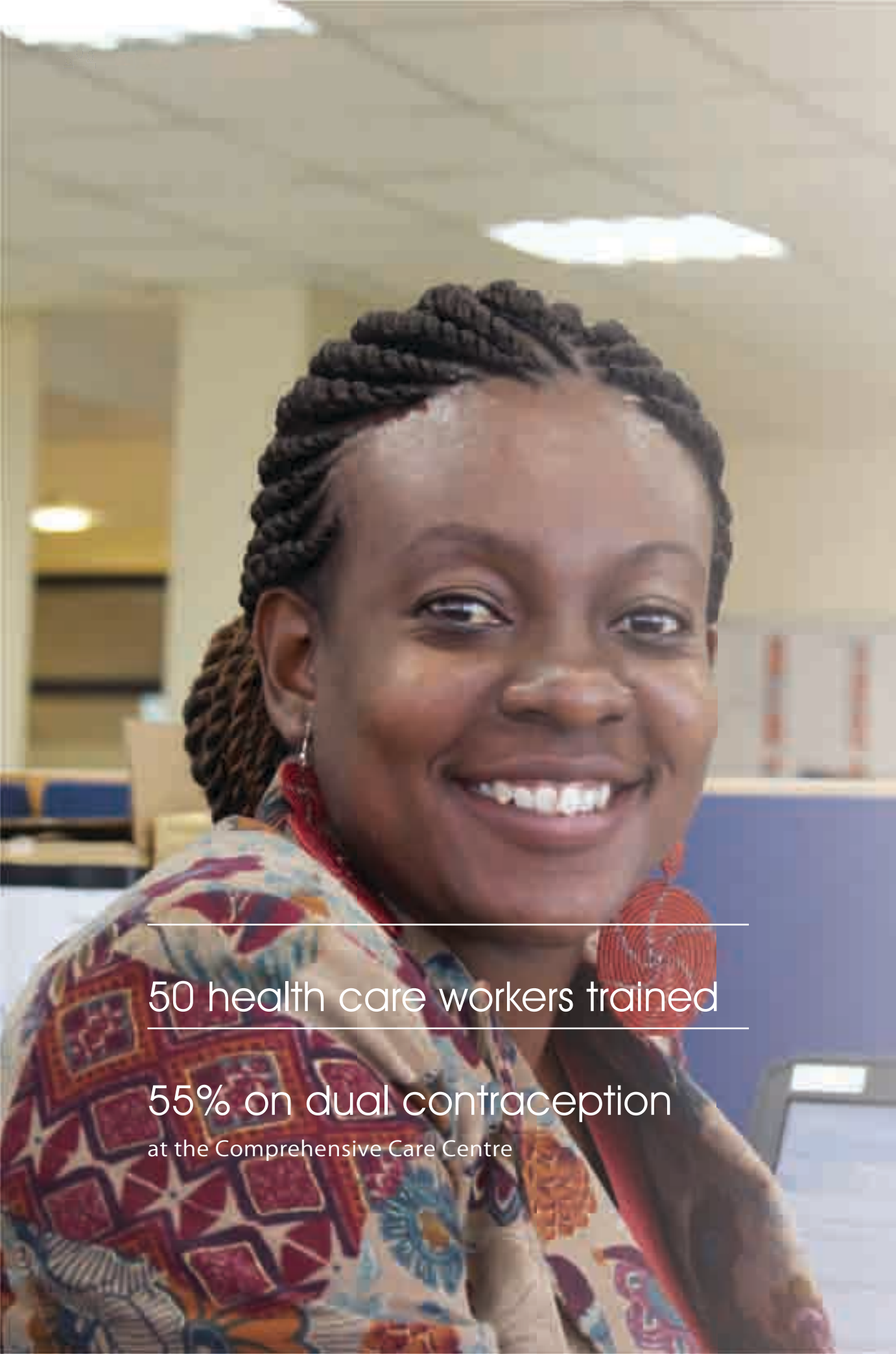
EMTCT Solutions

The aim of Millennium Development Goal 6 (MDG 6) is to combat HIV/AIDS, malaria and other diseases. This not only includes care, treatment and prevention strategies for adults but also prevention of mother to child transmission. PEPFAR also aims at increasing investment in PMTCT as this will help strengthen overall maternal and child health. As the prevalence of HIV/AIDS in the region continues to be a constant cause of alarm, CHS directly contributes to attainment of the MDGs and PEPFAR'S mission by joining in the fight against HIV/AIDS. The organization can be said to be helping the government attain its own contribution to the MDGs.

CHS is committed to the vision of eliminating mother to child transmission. Currently the programme supports 192 facilities and 250 health care workers to provide the PMTCT minimum package which includes counselling and testing (CT) of pregnant women for HIV infection; providing HIV-positive women with information on infant feeding practices; providing family planning counselling or referral; Early Infant Diagnosis (EID); provision of efficacious ARV to HIV infected women and their newborns; linking of HIV infected infants to care and treatment; encouraging exclusive breastfeeding for a minimum of six months or exclusive replacement feeding.

Hisani haiozi

(Kindness does not decay)



50 health care workers trained

55% on dual contraception
at the Comprehensive Care Centre

Reproductive Health Solutions

Cervical cancer is the second most prevalent cancer in women worldwide, currently affecting over one million women. It is the leading cause of death from cancer among women in developing countries. The Kenya Cervical Cancer Prevention and Control Program for 2011 - 2015 seeks to provide high quality cervical cancer prevention and management services and to strengthen referral systems for the cervical cancer programs.

CHS aligns to these objectives through such interventions as the training of 50 HCWs on Cervical cancer screening and management of pre-cancerous conditions. Screening camps at health facilities are supported to increase community awareness. The facilities are supported with commodities and equipment for screening and management of cervical cancer and pre-cancerous lesions. In addition CHS supports other reproductive health solutions such as STI screening with appropriate counseling and treatment. Integration of family planning services like dual contraception has been integrated to care and treatment services.

Usipoziba ufa, utajenga ukuta
(Prevention is better than cure)



402,871 counselled

371,211 tested

11,402 on care



HIV Testing & Counselling Solutions

The National AIDS Control Council under the guidance of KNASP III aims at ensuring that treatment and care solutions for HIV/AIDS in the country are enhanced. One of the targets set in KNASP II is to test 2 million Kenyans for HIV annually and thus promote care.

Generally accepted approaches of HIV testing services, include voluntary counselling and testing (VCT), diagnostic testing and counselling (DTC) and provider initiated testing and counselling (PITC). CHS supports clients to go through pre- and post-test counselling, informed consent, and the testing itself. CHS has supported employed lay counsellors and we work with volunteer PITC counsellors who test at all hospital entry points. Ensuring that all patients found to be HIV infected are linked to care and treatment using physical escorts. We ensure implementation of best practices in counselling and testing.

The Kenya AIDS Indicator Survey (KAIS) 2010 indicated that, 80% of HIV infected people in Kenya do not yet know their status and that is why CHS is committed to continued efforts in prevention through provision of HIV Testing and Counselling Services.

Kawia, Ufike
(Better Late than Never)



Community Health Solutions

Community support is a crucial element in responding to HIV/AIDS. The third pillar of KNASP III is - Community-based HIV programmes whose aim is to scale up involvement, response, knowledge and interventions at the community level. The expected outcome is an increase and sustainability of community outreach programs and increased linkages between communities and the health system. CHS' contribution to this is through providing community health solutions and is therefore in line with the national objectives and policy.

Policy and strategic reviews have recommended greater community ownership of programmes and systems that deliver health services to the public. This is why CHS strengthens the capacity of communities to plan, demand and implement priority HIV interventions.

Two community based groups (CBOs) have been provided with support to facilitate psychosocial support groups and currently a total of eleven community based support groups have been set up. This is part of the community support model that CHS has taken up to ensure community system strengthening (CSS).

CHS has also supported adherence counseling to all HIV infected patients prior to initiating ART and during follow-up and all the support groups have undergone treatment literacy classes. A very active defaulter tracing support system has been set up both by phone and physically by peer educators for all patients including pregnant mothers and TB patients leading to better retention

Haba na haba hujaza kibaba
(Little by little fills up the measure)

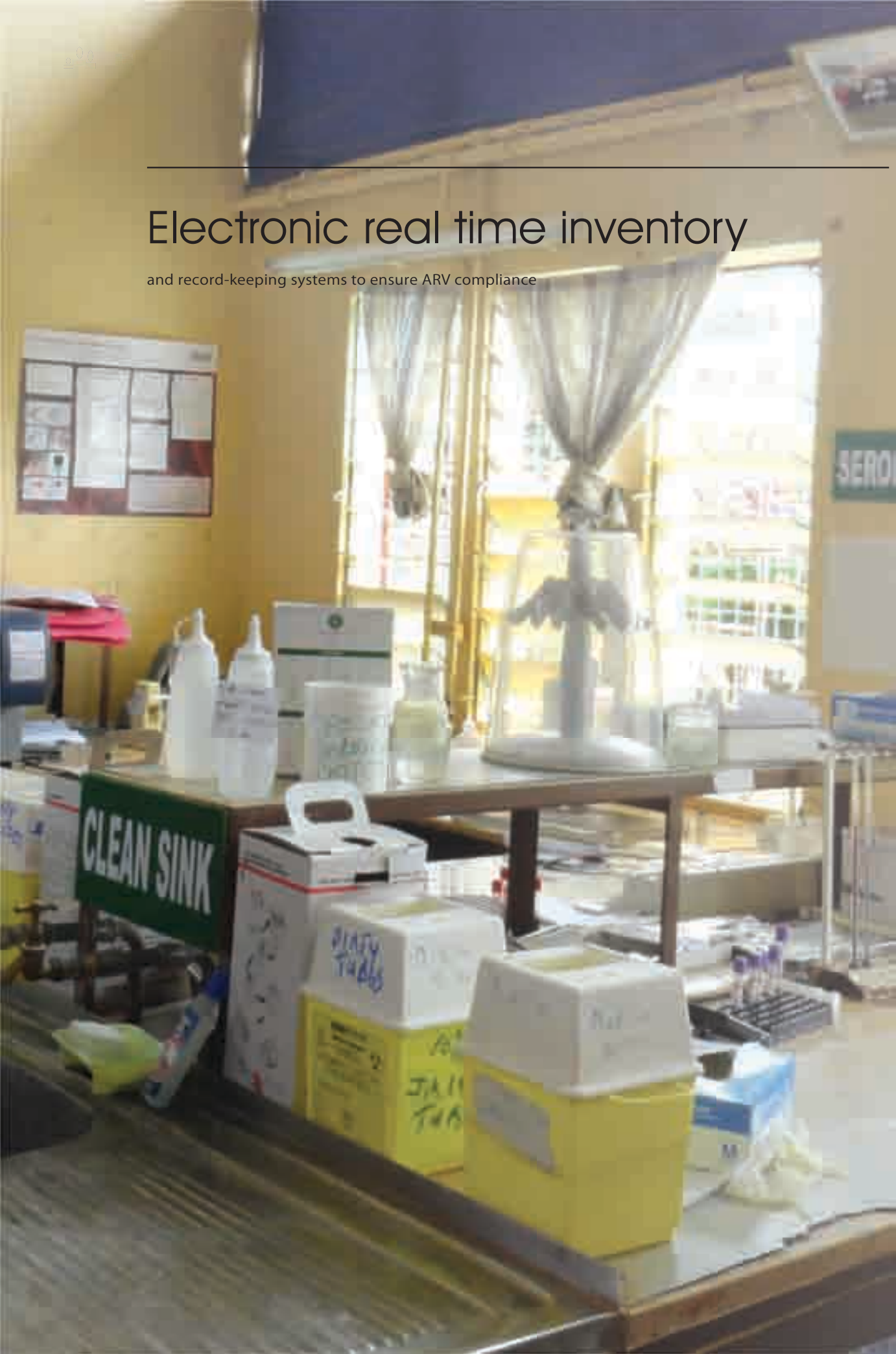


10 Community Units Supported

31 Community Based Groups Supported

Electronic real time inventory

and record-keeping systems to ensure ARV compliance



Laboratory and Pharmacy Solutions

Enhancing availability of laboratory and pharmaceutical products is among the objectives of KNASP III. The aim is to promote accessibility to laboratory services and also improve the access and affordability of medication to persons infected with HIV.

CHS supports quality ART services through training health facility staff; provision of protocols and guidelines for care and support services; ensuring consistent supply of antiretroviral (ARV) medicines; establishing a system for client appointments and follow-up services; providing individual client records for continuity of care; setting up an electronic real time inventory record-keeping systems to ensure ARV compliance.

CHS has supported a system that helps in creating and supporting a stock rotation system between facilities this has led to reduction in stock-outs, wastage and expiries. This system consolidate's monthly data from 192 PMTCT facilities and provides residential and on-site mentorship ongoing on pharmacy best practices.

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 care workers on chemotherapy handling, reconstitution, administration and safe disposal. CHS, as part of sustainability and quality assurance, has supplied all labs with computers to improve reporting.

**Ukiona viaelea, jua vimeundwa
(When you see vessels floating well,
remember the great vessel builders)**



Adolescent friendly clinics

These clinics are fitted with pool tables, board games, Television sets and video players

Health Solutions for Adolescents and Youth

The youth in Kenya comprise the highest proportion of the population. According to the 2009 Kenya Population and Housing Census, adolescents or youth in the age group 10-19 are 9.2 million. This is nearly a quarter of the total 38.6 million entire country's population. Besides making up a large proportion of the Kenyan population, these adolescents are at risk due to their exposure to risky sexual behaviour. Health solutions for adolescents and youth undertaken by CHS promise to better their health standards and therefore preserve the future generation.

CHS supports adolescent only clinics at 4 facilities with flexible dates mostly during school holidays which are adolescent friendly. These clinics are fitted with pool tables, board games, television sets and video players. Within these facilities, STI and cervical cancer screening for girls and appropriate management of the same is provided to the adolescents. Health education and life skills training provided as a part of giving the young people a better chance in living a healthy life. A support system completes this program where adolescent-only psychosocial support groups (PSSGs) and separate guardian psychosocial support groups have been initiated.

CHS recognizes that young people especially those in the rural areas at an increased risk as they access less social capital for support and social protection, thus compounding their vulnerability to HIV infection. CHS intervenes through the establishment of Centres of excellence to meet the needs of marginalized Kenyans living in rural areas.

Mvumulivu hula mbivu
(Patience pays)



Capacity building solutions

Learning is a never-ending process and in the health sector, this is strongly advocated for to promote better skills among health workers. Vision 2030 also promises to make learning in all pillars possible through better technology support. This will enable e-learning and thus promote knowledge in various areas.

Additionally, KNASP III advocates for continuous training for health officials and community health workers and caregivers to enhance their skills. These policies are a guiding beam for CHS in the adoption of capacity building solutions aimed at promoting the knowledge and skills among health care workers.

CHS is committed to the adoption of sustainable and cost effective approaches to training and knowledge dissemination through reduced reliance to didactic and hotel based approaches.



Elimu Haina Mwisho

(There is Always Room for New Skills)



Over 800 Trained

This includes trainings in – Antiretroviral Therapy, Mentorship, Kaposi Sarcoma management, AAFB microscopy, Cervical Cancer screening and treatment training, HIV proficiency testing, PMTCT, peer education, stigma reduction, clinical PwP, community PwP.



From
USD 470,000 to
USD 4 Million

Financing Health Solutions

Since inception, CHS has developed robust finance and operating policies and standard operating procedures, recruited competent personnel, invested in Microsoft NAVISION system, embraced e-banking and ICT solutions to ensure optimal utilization of organizational resources in line with goal four of the strategic plan. This continues to ensure readiness for prudent stewardship of resources and managed growth.

CHS received initial funding in the amount of USD 470,000 as a sub award from ICAP through the MCAP project, for a period of five months starting October 2010 to February 2011. After successfully implementing the sub award scope of work, a new sub agreement was signed in the amount of USD 1.5 million for a one year period that ended in February 2012. CHS is currently a CDC Prime partner receiving a USD 4 million grant. Other donors continue to show interest in working with CHS, with an additional USD 27,000 from ICAP-NY for an External Quality Assurance project for a Male Circumcision research and University of Nairobi's UNITID fellowship program.

CHS has so far received two non-qualified audit reports from Ernest and Young, giving testimony to the level of accountability and transparency in the organization.

Miti Haiendi, ila kwa Nyenzo
(Leaders nurture forests)

E-banking

and ICT solutions to ensure optimal utilization of organizational resources in line with goal four of the strategic plan



Granting Solutions for Health System Strengthening

The successful implementation of Granting Solutions for Health System Strengthening has been achieved through streamlined, consolidated and responsive leadership and governance. CHS in close collaboration with the Ministry of Medical Services (MoMS) and Ministry of Public Health and Sanitation (MoPHS) has ensured that grants are provided to strengthen and ensure continued health service delivery at all levels of care.

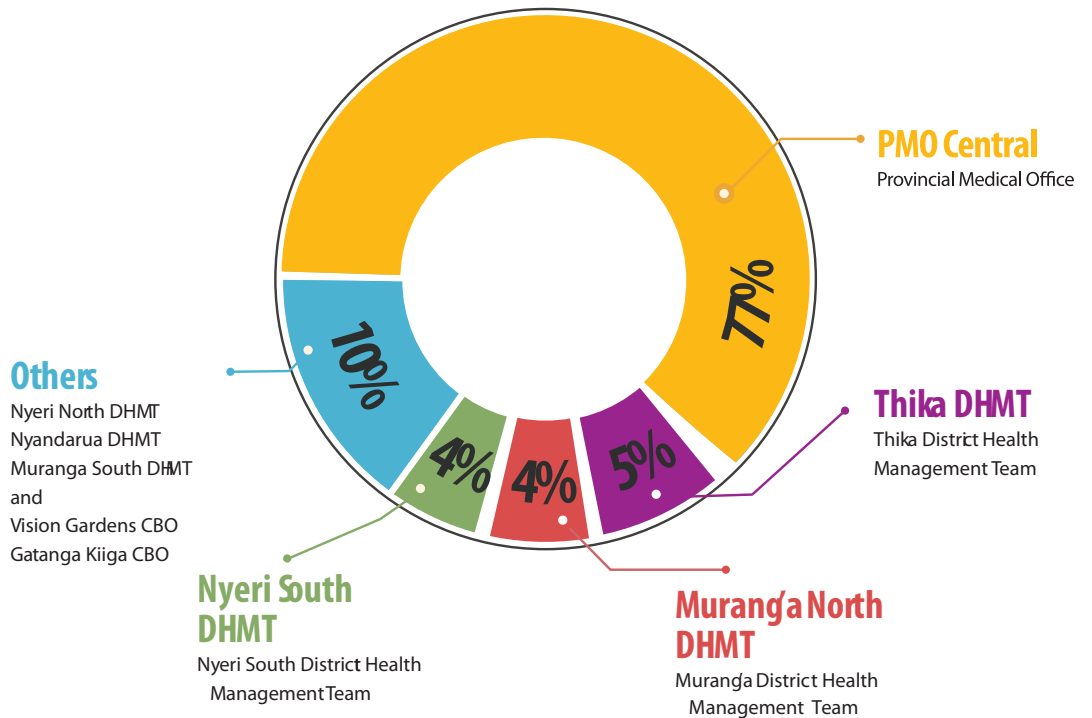
USD 1.6 Million in sub-grants

25 implementing partners

supported



CHS Tegemeza Project's Grant distribution chart





ICT Solutions for Health

WHO's Health Systems Strengthening (HSS) promotes the development of innovative health systems to enhance collaboration and communication within the health sector. This is more so with increased development in ICT which calls for the adoption of more innovative communication strategies and advanced technology to drive the same.

CHS has supported health facilities to ensure that computerization of care and treatment facilities. CHS has provided e-learning equipment to centres of excellence to ensure continuous learning. CHS has also supported facilities through provision of modems to enhance data reporting and laboratory result collection from central laboratories.

E-learning solutions

100% Computerization of health facilities



A summary of the Strategic Goals

Strategic Goal 1.

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

Objectives:

- 1.1 Dynamic organizational governance systems
- 1.2 Develop CHS as a recognized brand amongst key stakeholders
- 1.3 Increase the level and type of funding for CHS

Strategic Goal 2.

To deliver optimal service delivery models for public health

Objectives:

- 2.1 To develop and implement services delivery models

Strategic Goal 3

To be a learning organization

Objectives:

- 3.1 To develop an operation research agenda
- 3.2 To develop continuous quality improvement systems
- 3.3 To develop an organisation knowledge hub

Strategic Goal 4

To optimize organizational resources for maximal value

Objectives:

- 4.1 To establish a strong finance and administration management structure



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The first CHS project vehicle

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 Gitare Dispensary
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 Karatu Disp
 Kieni Dispensary
 Kiganjo Dispensary
 Mataara Disp
 Mbici Dispensary
 Munyuini Disp
 Ngenda HC
 Ngorongo HC
 Gatundu DH

Muranga South (Maragua)

Gacharage Dispensary
 Gikoe Health Center
 Gikono dispensary
 Kagumoini Health Center
 Kaguthi Dispensary
 Kamahuha Dispensary
 Kambiti Health Center
 kandara Health Center
 Kanderendu Health Center
 Kangari Dispensary
 Kariti Dispensary
 Kariua Health Center
 Kianjugi Dispensary
 Kigumo Health Center
 Kiriti Health Center
 Makuyu Health Center
 Maragua Ridge Dispensary
 Mugumoini Dispensary
 Muruka Dispensary
 Mutheru Dispensary
 Muthithi Dispensary
 Naaro Health Center
 Nguruweini Dispensary
 Nguthoro Dispensary
 SabaSaba Health Center
 Mihango Dispensary
 St Pauline Medical Clinic

Muranga North

Gacharageini Dispensary
 Gakurwe Dispensary
 Gatangara Dispensary
 Gatara Dispensary
 Gathaithi Dispensary
 Gatheru Dispensary
 Gikui Dispensary
 Gitaro Dispensary
 Githangara Dispensary
 Gitugi Dispensary
 Ichiiche Dispensary
 Irigiro Dispensary
 Iruri Dispensary
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 Kaharo Dispensary
 Kairo Dispensary
 Kambirwa Dispensary
 Kangema Health Center
 Kanjama Dispensary
 Kanyenya-ini Dispensary
 Kiairathe Dispensary
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 Kiruri Dispensary
 Marie Stopes Clinic
 Mugeka Dispensary
 Mukuria Dispensary
 Muranga District Hospital
 Murarandia Dispensary
 Muriranjas Sub District Hospital
 Nyakianga Dispensary
 Nyangiti Dispensary
 Rwathia Dispensary
 Tuthu Dispensary
 Wahudura Dispensary
 Wanjegi Dispensary
 Wanjerere Dispensary

Thika

Thika District Hospital
 Athi Dispensary
 Gatuanyaga
 Gatunyu
 Gatura HC
 Gitwamba Disp
 JKUAT Hospital
 Juja farm
 Kanyuru Disp
 Karangi Dis
 Kiandu Health Centre
 Kigoro Disp
 Kihumbuini
 Kinyangi HC
 Kirathani Disp
 Kirwara HC
 Kiunyu
 Liz Medical Clinic
 Mitumbiri
 Mukurwe Disp
 Ndakaini Dispensary
 Ndula Disp
 Ndunyu Chege
 Ndururumo disp
 Ngelehya
 NYS Thika Disp
 Plainsview Nursing Home
 Redeemed G.C Disp
 Ruiru HC
 Sinai Medical Clinic
 Warazo Medical Clinic

Photograph of the New Nyahururu CCC

192 CHS Supported Health facilities

Nyeri North

Warazo
Bellevue Health Centre
Burguret Dispensary
Embaringo Dispensary
Endarasha Sub. District Hosp.
Gatina Dispensary
Gatondo Dispensary
Island Farm Dispensary
Itiati Dispensary
Itundu Dispensary
Kamburaini Dispensary
Karatina District Hospital
Karemno Dispensary
Kiamabara Dispensary
Kiamathaga Dispensary
Ndathi Dispensary
khamara Dispensary
Lamura Dispensary
Mere Dispensary
Mureru Dispensary
Mutange mika Dispensary
Muthuthini Dispensary
Mweiga GOK
Naromoru Health Centre
Warazo Sub District Hospital
Mugunda Dispensary
Ngorano Health Centre
Amboni Dispensary
Gakawa Dispensary
Gatei Dispensary
Kabati Dispensary
Kaiyaba Dispensary
Ndimaini Dispensary
Wendiga Dispensary
Watuka Dispensary

Nyandarua

Engineer Distyric Hospital
Njambini Health Center
Nyahururu Distyric hospital
Ol kalou District hospital
Kasuku HC

Nyeri south

Aguthi Dispensary
Gatitu Dispensary
Gicichie Health Centre
Gicira Dispensary
Gitugi Dispensary
Gumba Dispensary
Ichagachiru Dispensary
Igana Dispensary
Ihurero Dispensary
Ihururu Dispensary
kagere Dispensary
Kagicha Dispensary
Kagonye Dispensary
Kahuru Dispensary
Kairuthi Dispensary
Kiganjo Health centre
Kinunga Health Centre
Karaba Health Centre
Kiagotho Dispensary
Kiairathe Dispensary
Kiamuya Dispensary
Kiandere Dispensary
Kihuyo Dispensary
Kirurumi Dispensary
Kiuu Dispensary
Mt. Kenya Sub District Hopsital
Ndugamano Dispensary
Mukuruweini Hospital
Njoguini Dispensary
Njoki Dispensary
Nyaribo Dispensary
Nyeri town Health Centre
Othaya Sub District Hospital
P.G.H Nyeri
Rurugiti Dispensary
Tambaya Dispensary
Thangathi Dispensary
Unjiru Dispensary
Wairuthi Dispensary
Wamagana Health Centre
Wandumbi Dispensary
Witima Dispensary
Kariko Dispensary
Karima Dispensary
Karundu Dispensary
Kamoko Health Centre
Mweru Dispensary
Mihuti Dispensary
Ichamara





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