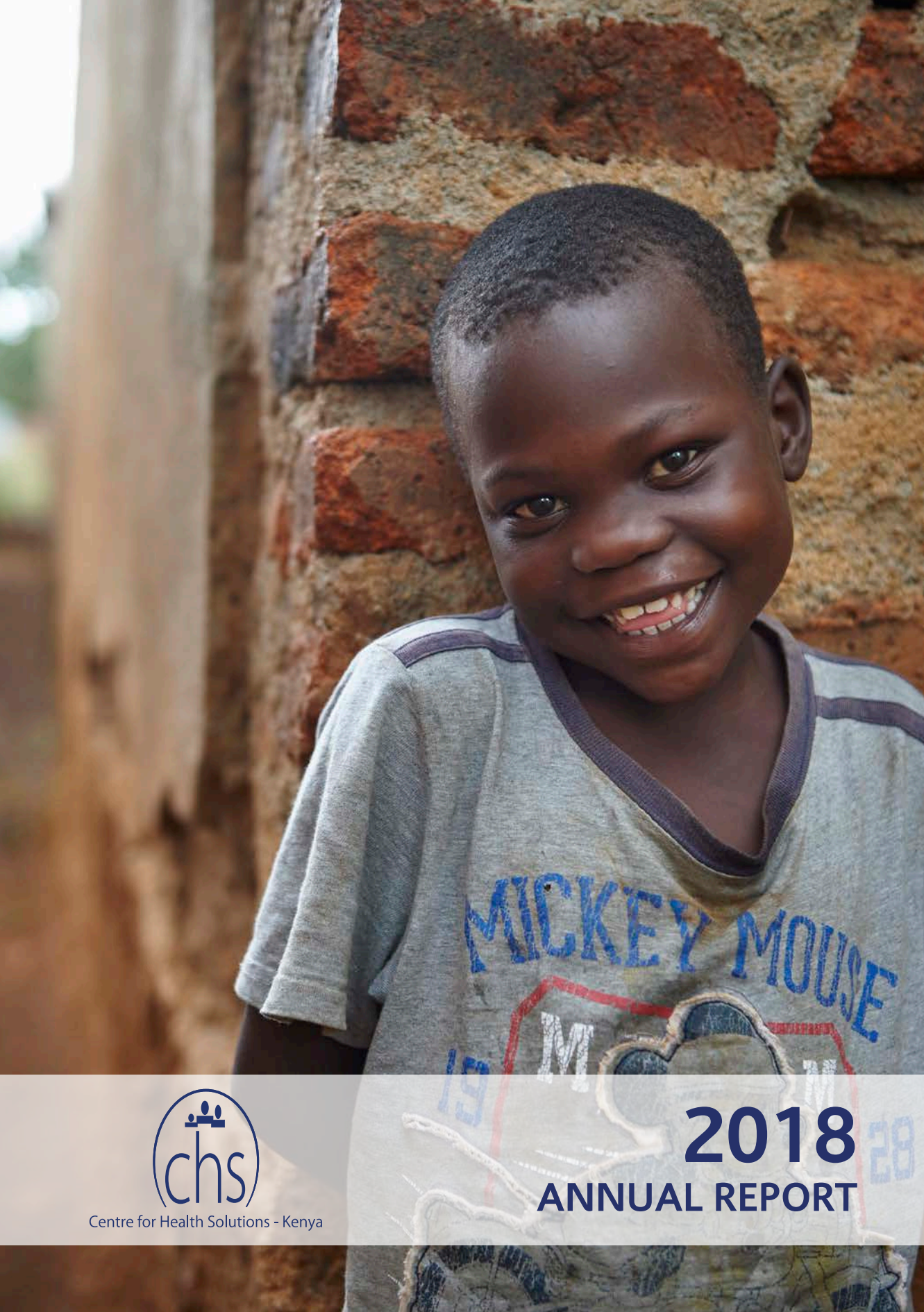

Centre for Health Solutions - Kenya

2018
ANNUAL REPORT

Centre for Health Solutions - Kenya (CHS) is a local, not-for-profit organisation. We understand the local context, make use of local expertise and strategic partnerships to ensure we implement evidence-informed solutions and interventions to address existing and emerging public health concerns.

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

Our 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

SELF

WORD FROM OUR BOARD CHAIR

> *The Board commits to provide advisory support towards ensuring the seamless flow of activities and execution of the corporate strategic plan as well as identify, develop and implement sustainability models within the organisation.*

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

CHS continues to experience exponential growth in its program and funding portfolio. A testament of its structured governance and strategic implementation systems towards the delivery of quality health services.

The Board has witnessed the use of innovations developed internally by CHS staff and externally by other stakeholders to improve health service delivery, translating to the improved health of people living with HIV and TB.

The Board commits to provide advisory support towards ensuring the seamless flow of activities and execution of the corporate strategic plan as well as identify, develop and implement sustainability models within the organisation.

The Board is privileged to witness the lives transformed as a result of the expertise within the organisation and are encouraged by the innovative interventions implemented to address public health needs. We affirm our commitment towards local health solutions and realising the organisation's vision of a world of healthy families.

Dr Richard Ayah
CHS Board Chair

WORD FROM OUR CEO

> *In 2018, we participated and presented our work and innovations in various scientific conferences both internationally and locally expanding our footprint and setting ourselves apart as the preferred partner for health solutions.*

Dr Paul Wekesa
CHS, Chief Executive Officer

As we make strides towards attaining our vision of a world of health families. CHS continues to form new collaborations and receive new approvals. 2018 saw CHS receiving funding opportunities from the Children's Investment Fund Foundation (CIFF) through the two year Adolescents Living with HIV (ALHIV) Adherence Initiative Project and a successful bid for the continuation of the United States Agency for International Development (USAID) funded Tuberculosis Accelerated Response and Care II Activity (TB ARC II) towards ending TB in Kenya.

In line with our 5th strategic goal from research to action, CHS seeks to build the capacity of our workforce in the research and scientific writing process highlighting our innovations and best practices in the implementation of our work through our HIV and TB projects across the country. In 2018, we participated and presented our work and innovations in various scientific conferences both internationally and locally expanding our footprint and setting ourselves apart as the preferred partner for health solutions.

In this year's annual report, you will get a picture of how CHS has used innovations to improve the lives of the people we serve and how we have reached and continue to aspire to reach more local communities with quality health services.

As we work towards the delivery of quality HIV and TB services across the country, we appreciate the support and the great partnership we continue to enjoy with the Government of Kenya both at the national and county level, our donors, partners in health, the communities we serve and other key stakeholders.

To the CHS family, your effort and dedication in the delivery of your duties remains unmatched and is highly appreciated asanteni sana.

We are looking forward to an even greater year ahead!

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CORPORATE HIGHLIGHTS

Strengthening Service Delivery at the County Level

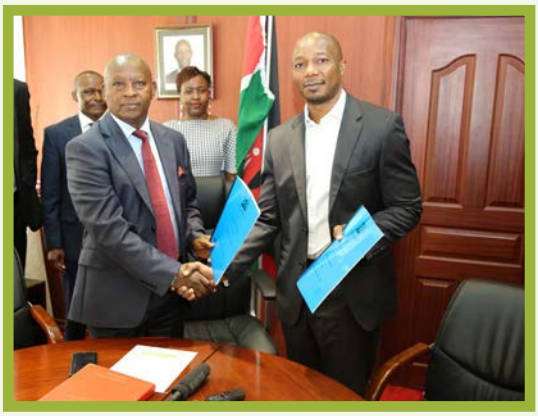
Since the advent of devolution over the last few years, CHS has proactively worked with various county governments to offer high-quality health services to the people of Kenya.

In 2018, CHS continued this commitment by signing memorandums of understanding with the County Governments of Kitui, Makueni, Laikipia, Nyeri and Muranga. This enabled us to strengthen their human resource capacities and support in the provision of high-quality HIV and TB prevention, care and treatment services.

Kitui County MOU signing

Laikipia County MOU signing

Makueni County MOU signing



Nyeri County MOU signing

CHS Triumphs in First-Ever Stop TB Partnership Photo Competition

In May 2018, the photo below was submitted for a global competition hosted by the Stop TB Partnership and the McGill Knowledge Management team. The competition aimed to showcase interventions implemented by TB REACH Wave 5 grantees in their TB control efforts.

CHS won the highly contested global photo competition. The photo shows a nurse, at a FIKIA-supported facility in one of Nairobi's informal settlements, interpreting an 11-month-olds' chest radiograph to the mother. The child, who had been sick for several months, was diagnosed and initiated on TB treatment.

CHS at Scientific Conferences

As a learning and research orientated organisation, CHS seeks to grow the capacity of its staff in operations research, implementation science and health evaluations and utilisation of evidence from our work to inform public health policy and practice.

In 2018, CHS staff presented scientific papers and abstracts on our learning initiatives and received recognition globally at scientific forums such as the International AIDS Conference 2018 (Amsterdam, Netherlands), Public Health Informatics Conference (Atlanta, USA) and the International Interest Conference (Kigali, Rwanda).

CHS further supported the County Government of Siaya to host the Siaya County Health and Research Conference, the first-ever county-specific health conference in Kenya. Various stakeholders in the private and public sector were respresented and over 200 reasearch papers presented.

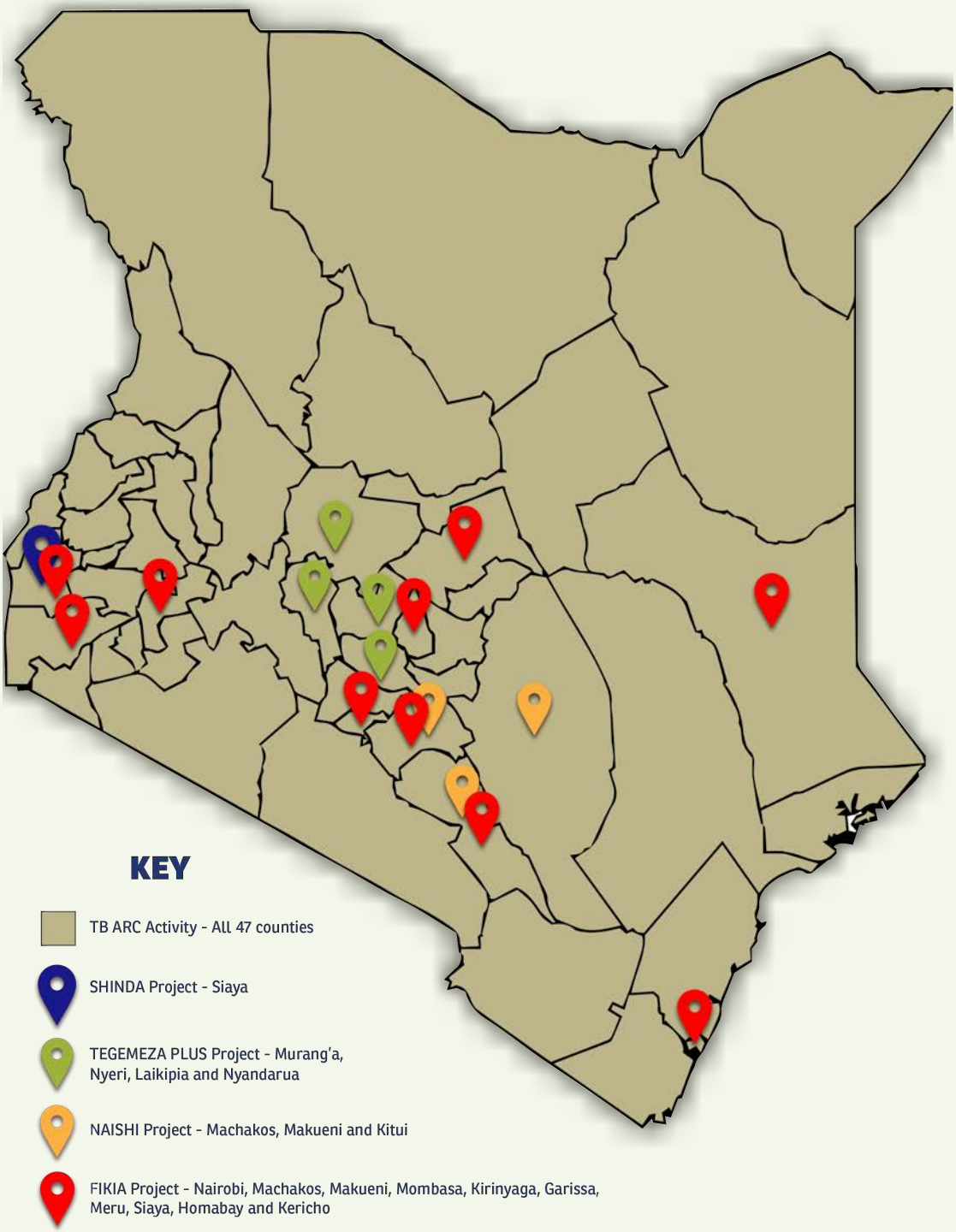
PROGRAMS

CHS has a dedicated team of 368 full-time staff and 2,512 CHS supported staff. Between October 2017 and September 2018 CHS staff supported the provision of a range of quality health services to over 2 million Kenyans. This was achieved through close collaboration with the Ministry of Health, County Departments of Health, donors, local communities and other stakeholders.

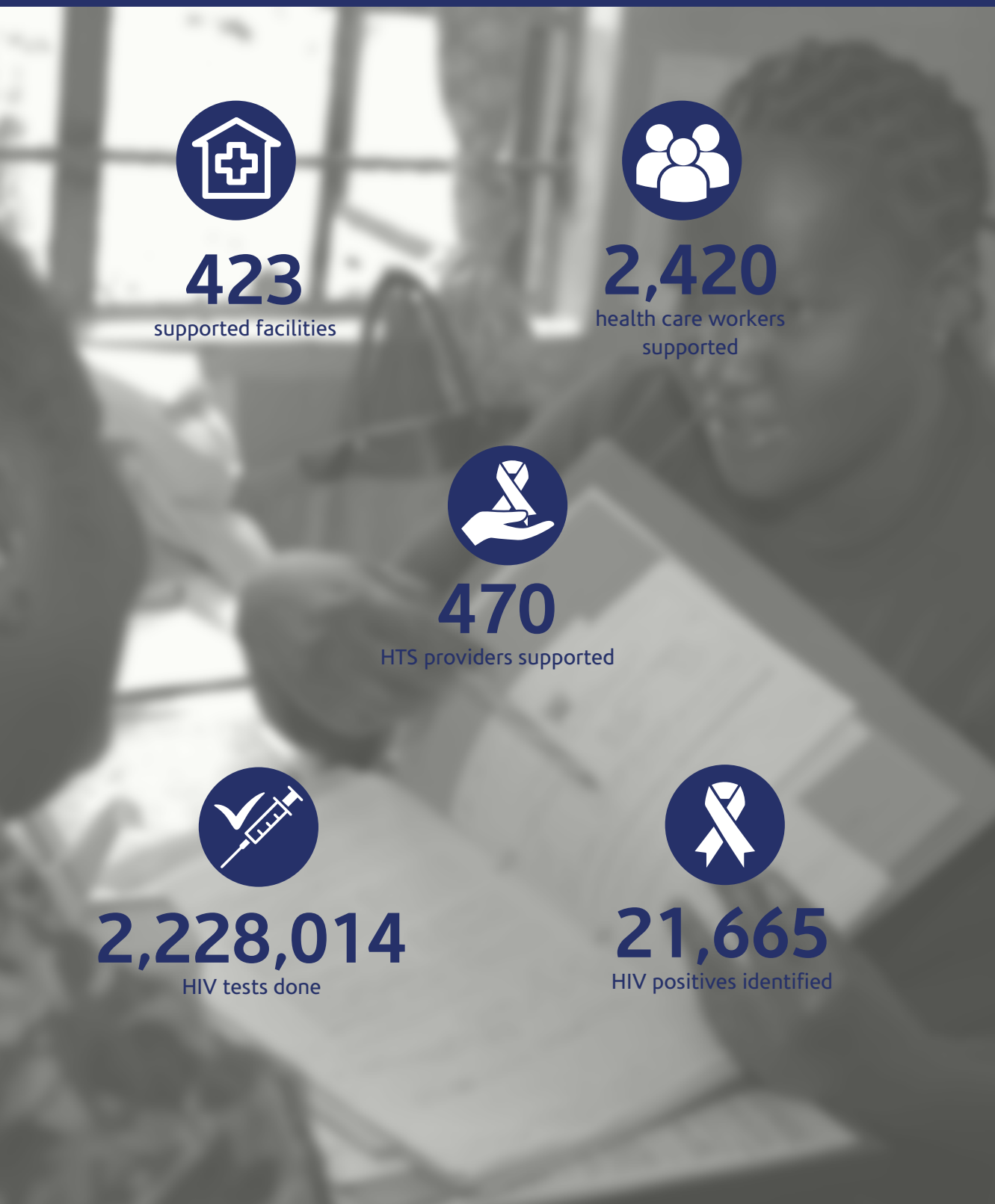
These services were offered across all 47 counties in the country, through six projects:

- **SHINDA:** PEPFAR funded HIV prevention, care and treatment program in Siaya County
- **NAISHI:** PEPFAR funded HIV prevention, care and treatment program in Makueni, Kitui and Machakos Counties
- **TEGEMEZA Plus:** PEPFAR funded HIV prevention, care and treatment program in Nyeri, Laikipia, Nyandarua and Muranga Counties
- **FIKIA:** Stop TB Partnership's TB REACH initiative to find children with TB funded by the Government of Canada and the Bill & Melinda Gates Foundation in Nairobi, Machakos, Makueni, Mombasa, Kirinyaga, Garissa, Meru, Siaya, Homabay and Kericho Counties
- **Tuberculosis Accelerated Response and Care (TB ARC)**: USAID-funded TB control activity across all of Kenya's 47 counties
- **Adolescents living with HIV (ALHIV) Adherence Initiative:** Children Investment Fund Foundation's global Accelerating Children's HIV/AIDS Treatment (ACT) Initiative to identify, link and support adolescents living with HIV to achieve viral suppression in Siaya County

We are committed to the development, implementation and scale-up of innovative solutions for the delivery of sustainable health solutions.


KEY
TB ARC Activity - All 47 counties
SHINDA Project - Siaya
TEGEMEZA PLUS Project - Murang'a, Nyeri, Laikipia and Nyandarua
NAISHI Project - Machakos, Makueni and Kitui
FIKIA Project - Nairobi, Machakos, Makueni, Mombasa, Kirinyaga, Garissa, Meru, Siaya, Homabay and Kericho

HIV PREVENTION, TREATMENT AND CARE



423
supported facilities

2,420
health care workers supported

470
HTS providers supported

2,228,014
HIV tests done

21,665
HIV positives identified

Identifying People Living with HIV Through Provision of Innovative HIV Testing Services (HTS)

Implementation of innovative approaches geared towards promoting demand and access to HIV testing and counselling services, is key in ending the HIV epidemic. For the global community to attain the ambitious goal of ending the AIDS epidemic by 2030, all people who have been infected and are living with HIV need to be identified so they can be put on life-saving treatment.

In an effort to contribute to the country's effort to enable more people to know their HIV status and further reduce the spread of HIV, CHS developed, implemented and strengthened the use of various innovative HIV testing approaches. Some of the innovative strategies implemented were:

- Identifying and testing sexual partners of newly diagnosed/identified patients and their children through assisted Partner Notification Services (aPNS);
- Provider Initiated Testing and Counselling Services (PITC) for all eligible clients. This is an approach used to identify undiagnosed HIV clients at out-patient and inpatient departments;
- Supporting the set-up of 131 HIV testing booths in high volume facilities in Lower Eastern and Siaya to increase targeted testing, especially among men and improve privacy in testing; and
- Introduction of weekend and flexi-time clinics to increase targeted testing and cater for clients who are unable to access testing and counselling services during weekdays and normal working hours.

Innovating Health Service Options for Men

Steve* has been lingering around the hospital gates for a while now. His black leather shoes, which clearly reflected the bright blue skies when he stepped out of his hostel room, have now collected a fair amount of opaque red-soil dust from the constant pacing. His mind keeps racing back to a party at the university a month ago and his steamy escapade with his long-time crush Atieno*. Since that encounter, he has been worried about his HIV status following all the gossip he heard about her. He is at the Bondo County Hospital for a HIV test that will hopefully ease his anxiety once and for all.

Waves of courage led his pacing feet towards the hospital gates but quickly deflected his movements when he got close, worried that one of his friends would spot him inside the hospital. Finally, he musters the courage and quickly walks through the gate and ducks into a small room a few metres from the gate, hoping that no one spotted him.

Steve's case is not unique but a representation of the challenges many men in Siaya and beyond face as relates to health-seeking behaviour.

Despite their many social and economic advantages, recent research suggests that men are less likely to seek out health care for HIV testing or to initiate and adhere to HIV treatment as compared to women (UNAIDS, Blind Spot, 2017). The 2016 Kenya Tuberculosis Prevalence Survey also revealed that men contributed to 65% of the study population who had symptoms of TB and did not seek care.

The CHS program team in Siaya evaluated the barriers that prevent men from accessing HIV testing services over time and the following were identified:

- Most hospital departments operate between 8 AM and 5 PM on weekdays, limiting access to routine services for many men who may be working during these hours;
- Many men are wary of being spotted walking into a HIV testing facility for fear of stigma and discrimination from their friends or community; and
- Men are discouraged by long queues at service delivery points.

To address some of these barriers and provide innovative health service options for men, CHS installed a booth offering multi-disease screening and wellness check-up package close to the entrance of the Bondo County Hospital. This clinic, which began operating in December 2017, is not branded and offers a safe space where men like Steve can access quick and confidential services away from the main hospital block..

Clients that experience any complication are referred directly to the relevant departments within the hospital, eliminating the need for the men to visit the hospital's outpatient department.

Providing Quality Care and Treatment Services for People Living With HIV

Ensuring that all patients who test positive for HIV receive quality care and treatment services, is the second key step in the global response towards ending AIDS by 2030. After identification of a HIV positive individual, key steps follow to ensure that the client is immediately started on life-saving antiretroviral treatment and continually takes their medication as prescribed.

Ensuring patients stay the course of their treatment journey involves ensuring they receive psychosocial support which enhances an individual's capacity to cope with the challenges of living with HIV.

CHS promotes membership to support groups which offer the clients a chance to interact with each other, share experiences, encourage each other, learn from each and sometimes engage in income generating activities.

Psychosocial Support

The psychosocial support offered through the various patient support groups plays a major role in addressing the psychological and social problems people living with HIV, their partners, families and caregivers experience. This further serves as a mitigation measure to the physical, psychological, social and economic challenges that come with HIV infection.

Community ART Groups

CHS supported facilities give longer hospital appointments to patients who consistently adhere to taking their medication and those that have undetectable amounts of HIV virus in their bodies. Through our support, these clients have formed support groups, known as Community ART groups, at the community level. They receive their medication and health education during their support group meetings saving them the expense and time of visiting the health facilities.

Community ART bicycles

In a bid to bring health services closer to the people, CHS invested in bicycles for antiretroviral therapy (ART), distribution in Siaya. A hundred peer educators from the six sub-counties were provided with a bicycle, which they use to make home visits to clients for contact tracing and home group visits for the Community ART Groups.

HIgh Viral Load Clincs

High viral load clinics for different age groups is an intervention that involves setting aside a specific day that doubles up as a clinic and psychosocial support group day for patients with a high viral load. This special clinic enables the health care providers to give special focus to clients who are doing poorly in their treatment through the provision of a multi-disciplinary faceted care approach, leading to better treatment outcomes.

Formation of a High Viral Load Clinic

Ruth Wangui, a CHS supported Clinical Officer at the Ol Donyo Sabuk Dispensary in Machakos County, believes that the best way to ensure that people in the community take charge of their health outcomes and improve their health seeking behaviour is by equipping them with the right information.

While routinely going through patient registers at the Comprehensive Care Centre (CCC) clinic, she noticed that there had been an increasing number of HIV positive patients with high viral loads.

After extensive conversations with the CHS technical team and patients during their routine appointments, she decided to form a support group targeting patients with high viral loads with the aim of empowering them to take charge of their health outcomes.

"I pitched the idea to the patients as they came in for their appointments and word spread very fast. Currently, we have 52 members, 28 of whom have attained viral suppression," she said.

The members agreed to meet on the second Tuesday of every month. During the meetings Ruth was able to identify reasons why the patients were struggling with viral suppression and developed a list of topics for discussion, which included adherence, disclosure, addressing stigma, and how to achieve viral suppression. "As much as I used my expertise to come up with suitable topics, I wanted to hear from them. I wanted to understand their concerns and the challenges they were experiencing in the course of their treatment," she said.

"At first, people were a bit uptight and did not want to share their stories with others but as time went by, they warmed up. I have encouraged them to identify treatment buddies among themselves for moral support," she said.

As a result of the members' responsiveness towards the support group and the improved outcomes of the patients, Ruth decided to introduce a high viral load clinic day at the dispensary that coincides with the support group's meeting day. Patients now hold their support group meeting on the same day that they go for their monthly appointments and follow-up sessions. The members agreed to contribute some money each month that they use to help those among them in need and plan to start income generating activities in the future.

CHS continues to support the training, mentorship and supervision of health care workers to promote the delivery of quality health services and innovations to address existing patient challenges.

Preventing Mother to Child Transmission of HIV (PMTCT)

CHS provided care to HIV infected pregnant women to reduce the risk of mothers' passing on the HIV virus to their unborn children. PMTCT care ensures that pregnant and breastfeeding HIV patients receive antiretroviral treatment, which translates to improved health and prevention of transmission to the infant.

In 2018, all identified HIV-exposed infants (HEI) in the supported facilites across the HIV projects in eight counties received infant prophylaxis and were retained in care for up to two years to assess their health and HIV transmission rates.

CHS continues offering mentorship to health care workers on testing and retesting in mother-and-child health clinics, with emphasis on ensuring there are no missed opportunities. To increase the identification of infants at risk, HEI screening services during immunisation continue to be strengthened through micro-teaching at the service delivery points to include documentation of exposure status in the Immunisation Register.

Enabling Patients to Stay the Course of HIV Treatment

When a HIV positive patient regularly takes their HIV medication in the correct manner and follows the advice of their health care provider, the amount of HIV virus present in the blood usually declines to levels that are undetectable by standard laboratory tests. People living with HIV can then stay healthy and live longer, greatly reducing the chances of transmitting HIV to others. This is important in enhancing the prevention and management of the HIV epidemic.

Understanding patient behaviours and factors affecting their adherence and retention in care is paramount in the development and implementation of patient centred interventions that are more likely to yield results. In 2018, CHS provided the following services to ensure that pateints stay the course of HIV treatment:

- **Adherence counselling:** CHS monitored patient's clinic attendance and ART adherence, identifying and addressing adherence barriers and enrolment to community support systems to ensure sustained retention.
- **Provision of a reminder systems/devices**: CHS supported patients who do not regularly take their medicine as prescribed with devices such as alarm watches to help them set pill-taking reminders. Those already with mobile phones are also assisted to set these reminders. Another mobile-based intervention involved the use of Texts 4 Adherence (T4A) for purposes of sending reminder text messages to patients a few days prior to their clinic appointment and regular messages to encourage them through their treatment journey.
- **Operation Triple Zero (OTZ) clubs:** OTZ targets adolescents and young adults living with HIV aged 10-19 years to form a club at their health facility. The club aims to challenge the young people to take charge of their health and strive towards attaining the triple zero commitments of the club – Zero Missed Appointments, Zero Missed Drugs and Zero Viral Load.

  Members that attain the triple zero outcomes are dubbed "heroes" and become champions who are empowered to motivate and encourage their peers who are not adhering to their treatment.
- **Papa Mama (PAMA) care:** PAMA is a family centred approach targeting infants, children and adolescents aged zero to 14 years. The PAMA clinic model is premised on children who are adhering to their treatment can be given multi-month appointments with fewer hospital visits, as long as they maintain their 'stable' status. The model works well when an HIV positive caregiver is also on a multi-month appointment, but also for HIV negative caregivers whose capacity to support a HIV infected child and monitor treatment from home has been built.
- **Treatment Literacy Classes:** Patients who are newly started on HIV treatment and those with a high viral load are taken through a standardised six-month health education course on how they can take care of their health. Within these treatment literacy classes, patients are encouraged to form accountability relationships with

'treatment buddies' who offer adherence support to each other at the community level. They monitor how well they take their medication and attend clinic appointments, in addition to supporting the health facility in tracing defaulters. Graduates are linked to existing treatment support groups, and this ensures that there is continued support and monitoring of the clients even after they finish the classes.

Staying the Course

"I travel from Nairobi every month to Othaya Sub County Hospital for my appointments. There are many hospitals in the city but the specialised care and information I have received from the team here is incomparable to any other," said 35-year-old Simon* a beneficiary of the treatment literacy course.

Simon had been experiencing weight loss, fatigue, chest pains and lower back pain for a few weeks when he finally decided to see a doctor. "The doctor prescribed antibiotics and painkillers and advised me to rest," he said. Given his role as an Operations Manager at the time, he was certain the doctor was right as he had been overworking. However, his situation did not improve despite faithfully taking his medication as prescribed.

"It had become rather obvious that I was losing a remarkable amount of weight and I was looking sickly, my employer expressed his concern and advised me to seek a second opinion which I did and my life has never been the same since," he said. It was on this day that he discovered he was HIV positive. Although he received the news from the counsellor quite well, he was devastated on the inside.

"I was taken through the counselling session, but nobody bothered to give me information on my treatment like the importance of adhering to my medication and taking my drugs at the prescribed time," he says as he shakes his head. He would take his medication on and off without understanding the implication of his actions. His health continued to deteriorate. "I went to the hospital every month for my appointments all along acting as though everything was well but obviously, my body was telling a different story. I was devastated," he said.

He had only disclosed his status to his brother who advised him to visit the sub county hospital near their rural home in Othaya. "I was a bit adamant and afraid of bumping into people I know at the hospital, but my brother insisted, and I am glad he did," he said.

"When Simon came to this facility he weighed 32 kilograms and could barely walk. I look at him now and I am encouraged by his improved health. Despite his state, he never felt sorry for himself. He attended all his clinic appointments and the treatment literacy classes without fail," said Titus Maingi, a Clinician at the Othaya Sub County Hospital.

Close to a year after his first visit to the facility, Simon now weighs 50 kilograms and has attained viral suppression. He is glad he enrolled and successfully completed the treatment literacy course. "I have learned so much on how to take care of myself, diet and nutrition, the importance of adhering to my medication, never missing a day's medication and appointments. I actually attribute my improved health to the literacy course and the dedicated support and care from the team here. It does not stop here. I will share this information with others," he said.

Reducing the Risk of Acquiring HIV: Voluntary Medical Male Circumcision

In 2018, CHS supported the provision of Voluntary Medical Male Circumcision (VMMC) services in Siaya County.

In 2017, the SHINDA project implemented a pilot for Early Infant Male Circumcision (EIMC) services in 24 health facilities in Siaya County as a long-term maintenance strategy for VMMC coverage. EIMC services were offered to male infants who were aged between zero to 60 days old. Between October 2017 and September 2018, the project circumcised 1,130 infants against a target of 1,000 infants.

A toll-free hotline was introduced providing a platform for VMMC clients and members of the public to ask questions, receive advice and information on VMMC and other related services.

Between October 2017 and September 2018, 48,503 males in Siaya received VMMC service.

TB PREVENTION, TREATMENT AND CARE

47
supported counties

173
GeneXpert machine scale-up from 2013 to 2018

257,773
GeneXpert tests done

12,025
drug-resistant TB lab monitoring support

732,800
patients initiated on IPT

Collaborative Efforts to Reduce the Burden of TB to Kenyans

CHS continued to complement and support the activities of Kenya's Ministry of Health's, National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program) at the national and county levels in 2018.

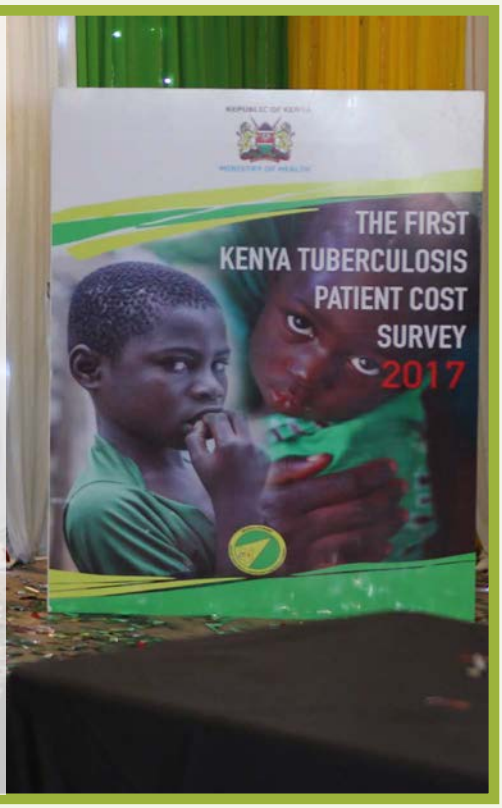
In July 2018, CHS through its Tuberculosis Accelerated Response and Care (TB ARC) activity supported the country in launching its first Tuberculosis Patient Cost Survey. This was a national level assessment of the economic burden incurred by patients and their households due to TB disease in Kenya.

The survey revealed that despite TB treatment being free in Kenya, 86.4% and 26.1% of drug-resistant and drug-sensitive TB patients incur catastrophic costs respectively, as they seek for diagnostic and treatment services. On average, a drug-sensitive patient incurs costs amounting to KES 26,874, while those with the drug-resistant strain part with about KES 145,110 per TB episode.

These costs include direct medical costs such as consultation fees and payment for diagnostic tests, direct non-medical costs such as travel and accommodation while seeking care, as well as indirect costs mainly due productivity hours lost while seeking treatment.

Key Findings

- 26.1% of drug-sensitive TB patients incurred KES 26,874 in catastrophic costs per TB episode
- 86.4% of drug-resistant TB patients incurred KES 145,110 in catastrophic costs per TB episode
- TB payments increased the proportion of patients living below the poverty line from 13.9% to 31.1%
- 62.5% of TB patients lost their jobs due to TB
- 9.3% of children had their schooling disrupted due to TB
- 27.8% of TB patients used coping strategies such as loans, sale of assets of use of savings to cover their costs



Finding Children with TB

Children under five years are more vulnerable to developing TB and when they do, they develop severe forms of the disease because of their low immunity. They are also highly likely to die from TB as compared to those in the older age brackets. The identification of children who are suffering from TB is also not easy because children are unable to expectorate sputum for laboratory testing.

CHS through its FIKIA project, in partnership with the National Tuberculosis, Leprosy and Lung Disease Program, implemented an intensified approach in nine of the high burdened TB counties in Kenya, to find children infected with TB.

A total of 140,444 children were screened for TB, out of which 1,543 bacteriologically confirmed cases were identified and started on treatment.

CHS also sensitised health care workers from the private sector on childhood TB, diagnosis and treatment. This was done through the facilitation of workshop sessions at the annual Kenya Paediatric Association and Kenya Medical Association conferences, which brought together over 1,000 health care providers countrywide.

Finding the Missing TB Cases through Corporate Engagement

Kenya's Tuberculosis Prevalence Survey 2016, showed that the country was missing about 40% of its actual number of TB cases annually. The survey further profiled the highest number of TB cases to be among those in the productive age group (between 25 - 34 years), living in urban centres and double the prevalence among males as compared to women. From these statistics, CHS through its TB ARC activity, accelerated efforts towards TB case finding activities in corporates from urban centres where large populations of working males are found.

In 2018, through the support of the NTLD-Program and county health management teams from six counties, 12 private companies were identified, sensitised on TB matters and had their staff screened for TB. The identified corporates included agricultural companies, manufacturing companies and long-distance transport companies.

Out of the 12 corporates, 2,772 workers were screened, with 86.6% of them being males. Thirty-six (3.3%) of the workers were diagnosed with TB and referred for treatment. In addition to the active case finding, advocacy was created for inclusion of TB control activities into their workplace health policies.

SPECIALISED SERVICES

Providing Care for Victims of Gender-Based Violence

Provision of high quality health services to victims of gender based violence is essential in mitigating adverse effects of violence. Health care workers play a major role in the management of life threatening injuries resulting from physical/ sexual violence and provision of other post-rape services to reduce the chances of the victim contracting sexually transmitted infections.

Through various interventions, CHS complemented and strengthened the government's efforts towards ensuring victims of violence receive holistic services. CHS supported over 25,000 victims of gender based violence through proper clinical management, trauma counselling, psychosocial and legal support enabling good outcomes of these cases, which were previously missing.

Innovation: Viral Load Automation Tool (VLAT)

The transmission of viral load results from the Kenya National Reference Laboratory (NRL) database to Electronic Medical Records (EMR) at health facilities has been suboptimal in Central Kenya. Out of 11,422 available results, only 1,907 (17%) were available on EMR as at July 2017. Of the results available on EMR an estimated 10% had data transcription errors following manual data entry of each record.

To mitigate this problem and automate the viral load results transmission process CHS developed a Microsoft.net integration software Viral Load Automation Tool (VLAT) version-1.2 (2017). As at September 2018, we had 18,966 results uploaded to EMR for Tegemeza sites. The tool is also being scaled up to other regions like CHS Naishi sites. VLAT has also informed other innovations such as sample barcoding model adopted by CHS EMR sites.

Laboratory Support

Laboratory support is vital in ensuring the availability of timely and quality HIV and TB diagnostic and monitoring support minimising missed opportunities arising from delays in service delivery. Without a good laboratory support system, health care providers lack the evidence with which to offer life-saving interventions to their patients.

In 2018, CHS provided targeted capacity building of facility laboratory staff in different technical areas including: HIV proficiency testing; use of GeneXpert machines; and biosafety and biosecurity training to ensure compliance to national standards and improved service delivery.

CHS also provided ongoing logistical support for sample transportation from remote sites. This support was tailored to suit the geographical and infrastructural terrain of a given region and it includes the use of water transportation from islands to main lands, use of boda-boda (motorbike) riders, human transporters, public transport and private-sector courier companies.

These interventions, in addition to a mobile lab solution for transmitting real-time result updates to clinicians, led to a reduction in turnaround time of sample results, enabling quick decision-making by health care workers and better treatment outcomes for patients.

233,723
viral load tests done

257,773
GeneXpert tests done

12,025
Culture Laboratory Support for DRTB Surveillance

Improving the Quality of Services Offered

In 2018, CHS worked closely with national and county governments, funding partners, as well as health care providers at the facility level, to continuously monitor and improve the quality of services provided to our population.

Our three HIV prevention, care and treatment projects continue to implement the Kenya HIV Quality Improvement Framework (KHQIF) approach, focusing on the identification of HIV positive cases and linking them to treatment, retaining them to care and ensuring that they achieve viral suppression. Continuous Quality Improvement (CQI) activities were coordinated and implemented in all the 419 supported facilities through mentorship and support supervision to improve quality of services to HIV patients.

Capacity building at the sub county level on CQI was also conducted to build the capacity of facility staff to independently manage quality improvement projects and track performance of the projects in the Plan, Do, Study and Act (PDSA) format.

In support of quality TB control activities in the country, we supported the national and county governments through quarterly data review meetings, bi-annual performance review meetings, data quality audits, as well as technical assistance missions in several counties. Through our TB ARC project, we offered technical and logistical support in the distribution of TB recording and reporting tools to 17 counties.

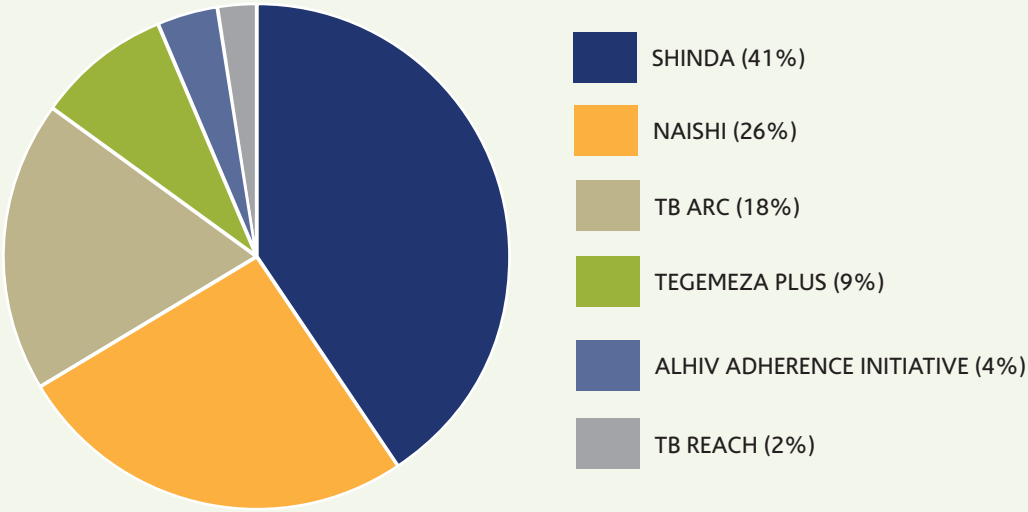
CHS Reporting and Information System

In 2016, CHS experienced exponential growth as a result of the two additional CDC funded grants to implement HIV care and treatments programs in Lower Eastern and Western Kenya increasing its staff and beneficiaries' portfolio. This created a need for a centralised data storage system where all the CHS project staffs from the HIV care and treatment projects can access aggregated data for planning and decision making.

To meet this need, the CHS Reporting and Information System (CRIS) was developed in 2018. It is now possible to store project data beyond the life of a project, one can easily retrieve historical and current data to inform project implementation plans, project staff can access data from other projects and learn from each other; the dynamic nature of CRIS makes it easily customisable to address the evolving data requirements by our donors.

FINANCIAL OVERVIEW

Annual Budget Per Project



CHS Sub-Recipients Summary

SUB RECIPIENT'S NAME	PROJECT	AMOUNT DISBURSED (KES)
Siaya CHMT	CDC - Shinda Project	547,959,233
Machakos CHMT	CDC - Naishi Project	163,398,100
Makueni CHMT	CDC - Naishi Project	160,885,890
Kitui CHMT	CDC - Naishi Project	144,760,439
Muranga CHMT	CDC- Tegemeza Plus Project	47,117,363
Nyeri CHMT	CDC- Tegemeza Plus Project	22,396,553
Laikipia CHMT	CDC- Tegemeza Plus Project	4,135,303
Nyandarua CHMT	CDC- Tegemeza Plus Project	12,847,345
Vision Gardens HBC	CDC- Tegemeza Plus Project	1,236,995
KAPTLD	USAID - TB ARC Project	8,587,675
KANCO	USAID - TB ARC Project	3,784,806
Health Masters Ltd	CIFF- ALHIV Project	3,737,063

OUR DONORS

USAID
FROM THE AMERICAN PEOPLE

Stop TB Partnership
TB REACH

CHILDREN'S
INVESTMENT FUND
FOUNDATION

OUR OFFICES

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Email: info@chskenya.org

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

Machakos
3rd Floor, Kiamba Mall,
Syokimau Avenue
Machakos Town

Kitui
JICA Road
Opposite County Public Service Board Offices
Kitui Town

Makueni
Junction Mall, 1st Floor,
Wote Town

Siaya
Off Siaya - Ndere Road
Next to Care Kenya offices

Murang'a
Shuhan Plaza, 1st Floor
Sagana - Thika Highway
Kabati

ZEROS FOR HEROES
MY
ZEROS
MAKE ME A
HERO

Centre for Health Solutions - Kenya

Preferred Partner for Health Solutions

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