

C O M B O N I H E A L T H P R O G R A M M E



-ANNUAL REPORT 2018 -



Prepared by

- Project Coordinator: Everlyne Achieng
- Former Project Director: Fr. Filipe Resende, Comboni Missionary
- Current Project Director: Fr. Charles Ndagi'Imana, Comboni Missionary

- MARCH 2018 -

Table of Contents

ACRONYMS	4
1. INTRODUCTION TO CHP	5
1.1 Our Achievements	7
1.2 Strategic Plan 2019-2021	7
1.2.1 CHP Vision	7
1.2.2 CHP Mission.....	8
1.2.3 Strategic Trends.....	8
1.2.4 Core Values	8
1.2.5 Goals for Strategic Plan 2019-2021	8
1.3 Our goal (2018 Plan)	9
1.4 Objectives (2018 Plan)	9
1.5 Our Activities	9
1.5.1 Comprehensive Care Clinic.....	9
1.5.2 Community Based Rehabilitation Project	10
1.5.3 Social support	10
2. THE COMPREHENSIVE CARE CLINIC (CCC)	10
2.1 HIV Testing Services (HTS).....	10
2.1.1 Table showing testing targets and achievement.....	11
2.2 Treatment Adherence Support (TAS) & Enrolment to Care.....	11
2.3.1 Table showing enrolment to care and treatment	12
2.4 Patient Monitoring Tests.....	12
2.4.1 Table showing number of patients and routine laboratory tests done.....	12
2.5 Natural Therapy Clinic.....	13
3. COMMUNITY BASED REHABILITATION PROJECT (CBRP)	13
3.1 Therapy services	13
3.1.1 Table I: shows the no. of beneficiaries reached and sessions conducted during therapy sessions	14
3.2 Home Therapy Program.....	14
3.3 Monthly Follow Up and Review Clinics	14
3.4 Referrals	15
4. SOCIAL SUPPORT.....	15
5. COMMUNITY HEALTH VOLUNTEERS (CHVs).....	16
6. TRAININGS	16
7. OTHER ACTIVITIES	16
8. OUR PARTNERS	17
8.1 CHAP-UZIMA.....	17
8.2 World Friend (WF)	17
8.3 Ruaraka Uhuru Neema Hospital (RUNH)	17
8.4 Comboni Catholic Dispensary (CCD)	18
8.5 Special Education Professionals (SEP).....	18
8.6 Association for the Physically Disabled of Kenya (APDK).....	18
8.7 Light and Hope Project (LHP).....	18
8.8 Baraka Health Centre (BHC)	18
8.9 National County Government (NCG)	18
9. CHALLENGES	18
10. CONCLUSION.....	19
11. Financial Report	20
11.1 Balance Sheet	20
11.2 Income and Expenses Statement	21
11.3 Expenses Statement by Department and Projects	25

12. Photos of Activities throughout the Year 2018.....	26
12.1 Official Opening of New Premises in Korogocho.....	26
12.2 Seminars and Clinic and Home therapy CWD	27
12.3 International Day of Persons with Disabilities.....	31
12.4 Comprehensive Care Clinic (CCC) in new premises	32
12.5 Children Support Group Outing	36
12.6 Staff Team Building	37
12.7 Workshops for the Strategic Plan 2019-2021	39



Trainings and advocacy remain a key aspect of our activities both for beneficiaries and staff and also community through outreach programs.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
APDK	Association for the Physically Disabled of Kenya
ART	Anti-Retroviral Therapy
CBRP	Community Based Rehabilitation Program
CCC	Comprehensive Care Clinic
CD4	Cluster of Differentiation 4
CHAP	Christian Health Association of Kenya HIV AIDS Projects
CHP	Comboni Health Program
CHVs	Community Health Volunteers
EID	Early Infant Diagnosis
HEI	HIV Exposed Infants
HTS	HIV Testing Services
HIV	Human Immunodeficiency Virus
IPT	Isoniazide Preventive Therapy
NASCOP	National AIDS & STI Control Programme
PCR	Polymerase Chain Reaction
PMTCT	Prevention of Mother to Child Transmission
PNS	Partner Notification Services
RUNH	Ruaraka Uhuru Neema Hospital
SEP	Special Education Professionals
TAS	Treatment Adherence Support
TB	Tuberculosis
TPS	Treatment Preparation Support
UNICEF	United Nations Children's Fund

1. INTRODUCTION TO CHP

Comboni Health Program (CHP) is a Community Based Health Organization that offers continuous services in the vast slum region of Korogocho and its adjacent areas of Kariobangi and Huruma. The programme has continued to offer health care, social support to people diagnosed and living with HIV & AIDS and children with disabilities from poor families who may not otherwise access the services due to their financial constraints. The project location is a low income region characterised by semi-permanent housing made from mud or iron sheets with Kariobangi and Huruma consisting of permanent apartment like and slum like dwellings. Majority live in extreme poverty conditions and are not able to afford the most basic daily needs of food, shelter and clothing. Water and sanitation is a major concern despite the efforts made by several community initiative projects to improve the situation. The areas are densely populated with most families living in single rooms of approximately 10 by 10 feet (3mts by 3mts) with average occupancy of 5 people per room.

Korogocho has no sewer systems and no proper measures of waste disposal whereas in Kariobangi and Huruma they exist up to a certain measure but are overstretched by the rapidly growing population. People living here buy everything from water to pay toilets and bathrooms and this in turn limits the need for better hygiene. Water is bought from vendors at a cost of 5 shillings (about 5 cents of Euro) per 20 litres jerrican and the communal toilet and bathrooms paid at 5 to 10 shillings (5 to 10 cents of Euro) depending on need. This further increases the cost of living straining further an already economically hurting community. A monthly average income of the dwellers in Korogocho is of about 3,500 shillings (about 35 Euros). Frequent illnesses caused by communicable disease complicate the already compromised health conditions of people living with HIV and children with disabilities who are always sickly and prone to infectious diseases. HIV & AIDS in this area is still a high risk since people still get very ill with opportunistic infections. This is facilitated by the prevailing poverty conditions and HIV/AIDS is still faced with stigma. Children with disabilities, on the other hand, are still confined in the small rooms with poor ventilation having very little or no access to child friendly social activities like play or interaction with other children including their siblings and also faced with its own cultural stigmas. Being a low income region, the area is also characterised by high risk sexual behaviours, early marriages and teen age pregnancies.



which does not only again translate to increased poverty levels but also increases the risk of HIV infection.

Comboni Health Programme tries to answer to some of these challenges through two projects: 1. **Comprehensive Care Clinic (CCC)** for diagnosis and management of HIV and related complications and 2. **Community Based Rehabilitation Project (CBRP)** that offers therapy interventions for children with disabilities. The majority of the people served by the programme are not able to afford medical health care. Accessibility to the existing health centres is also a challenge due to poor road infrastructure and frequent transportation cost for hospital visits. This is further complicated by the overwhelmed government institutions that are not able to adequately cater for the health needs of its people, making HIV management and disability unattainable. CHP offers intervention through its two projects within the community by offering health care and social support for people living with HIV& AIDS and children with special needs.



During the training session for the Strategic Planning 2019-2021

In line with our Strategic Plan 2019-2021 being finalized, CHP aims to increase health care provision besides HIV management. We also intend to introduce extended therapy services to diversify projects and meet the developing health needs of the community. This is to be done using the already existing resources hence build on future sustainability to supplement the existing funding from donors while meeting the increasing health needs of the community. CHP continues to

partner with other organisation to try and ensure a positive impact of service delivery to its beneficiaries and also increase the scope of support given.

The programme has a total staffing of 12 professionals who include a clinical officer, nurses, counsellors, occupational therapist; assistant physiotherapist and a social worker. We also work with a team of 20 community health volunteers selected from the different villages that follow up and link clients to the clinics.

1.1 Our Achievements

Like in the year 2017 when the therapy centre was moved to better premise within the Holy Trinity Catholic Church compound, again this reporting year 2018 we made yet another major move. The



Former and New Director during the official opening of the current premises for CCC in Korogocho.

CCC was moved to a new premise, formerly the Comboni Priests house in the slums of Korogocho. Thanks to our former director Fr. Filipe Resende for inspiring these moves that improved work flow and performance and also patient flow and ease of patient movement within the clinic. The Comprehensive Care Clinic is now in one building owned by the programme and no longer in the

rented rooms that were in two different locations and clients and staff had to cross a road to access the other part of the clinic. Being in one location, has also minimised the security risks previously experienced and we are looking forward to further improve services this year by introducing use of computers for documentation and files processing.

At the end of July 2018, Fr. Charles Ndagi'jimana, Comboni Missionary, replaced Fr. Filipe Resende at the directorship of CHP. The previous director engaged in further studies on Management and Leadership and, in that capacity, has been leading us in the process of team building activities in view of the elaboration of the new Strategic Plan 2019-2021.

1.2 Strategic Plan 2019-2021

Towards the end of 2018, we initiated the elaboration of CHP Strategic Plan 2019-2021, under the guidance of our previous Director Fr. Filipe Resende. This Strategic Plan is projected to be ready by April 2019. Below, the main components of the new Strategic Plan 2019-2021.

1.2.1 CHP Vision

To be the best community based healthcare facility in Kariobangi, Korogocho and Huruma areas, helping people live longer, healthier, happier lives.

1.2.2 CHP Mission

We exist to provide quality and affordable healthcare by:

- a) creating awareness on prevention of new HIV infections;
- b) enhancing health restoration for people living with HIV;
- c) offering reliable therapy services to people living with disability

1.2.3 Strategic Trends

- a) Maximize the productivity and services of the current assets and resources (human, structural, time and financial) in order to increase local income as source for the activities of CHP
- b) Make strategic partnerships with other Institutions to bring more value in service delivery without increasing CHP costs
- c) Amplify and diversify the pool of actual donors, focusing in areas of funding rather than general overall funding of CHP activities

1.2.4 Core Values

1. Professionalism (being the best, continuous improvement, achievement)
2. Team Work
3. Accountability and Integrity
4. Commitment
5. Compassion and Empathy
6. Cooperation
7. Creativity
8. Equality
9. Pleasant and fulfilling work place (Fun)



Staff group work during the drafting of the CHP Strategic Planning 2019-2021

1.2.5 Goals for Strategic Plan 2019-2021

Goal 1: Establish a more self-sustainable organization that provides quality and affordable health care to the community by 2021 (Administration Department)

Goal 2: Establish and maintain the best Comprehensive Care Clinic in Korogocho by 2021 (CCC Department)

Goal 3: Partner from the end of 2019 with likeminded organizations to meet the health needs of our clients (CCC Department)

Goal 4: Promote disability friendly environment in Kariobangi and Korogocho areas by 2021
(CWD Department)

Goal 5: Networking with other professional service providers in order to establish sustainable services to people living with disability from 2021 (CWD Department)

Each goal has its own strategic objectives and implementation activities in the Strategic Plan 2019-2021 being finalized and soon to be shared with all stakeholders.

1.3 Our goal (2018 Plan)

During 2018, our overall goal as Comboni Health Program was to ensure early identification and intervention to care and management in order to improve the quality of life for people living with HIV and children with disabilities from poor families.

1.4 Objectives (2018 Plan)

Our objectives up to the year being reported (2018) were:

- To conduct outreach programs to increase HIV testing rate and ensure as many people as possible know their HIV status.
- To facilitate 100% linkages to care and treatment services for all people who test HIV positive.
- To ensure early identification and intervention for children with disabilities.
- To conduct awareness creation on management of disability and HIV prevention strategies.
- To undertake capacity building for caregivers and beneficiaries to ensure active involvement in their treatment plan.
- To offer quality and professional services to beneficiaries

1.5 Our Activities

Activities that we undertook up to the year being reported (2018) were:

1.5.1 Comprehensive Care Clinic

- HIV Testing Services (HTS)
- Treatment Adherence Support (TAS) & Enrolment to care and treatment
- Patient monitoring
- Early infant diagnosis
- TB screening
- Prevention of Mother to Child Transmission
- Natural clinic

- Sexual and Gender Based Violence
- Support groups

1.5.2 Community Based Rehabilitation Project

- Physiotherapy and occupational therapy services
- Home therapy program
- Monthly follow up and review clinics
- Referrals



In 2018 we had 12 young people in the project that benefitted from our programs. In the month of December to mark World Aids Day our HTS partnered with other organisations locally on an awareness campaign. 107 people were tested for HIV.

1.5.3 Social support

- Counseling
- Support groups
- Follow up home visits
- Food program



2. THE COMPREHENSIVE CARE CLINIC (CCC)

The CCC supports people living with HIV attaining their optimal health care despite the prevailing poverty conditions they experience by providing quality health care services. This year 1293 people were counselled and tested through our HTS services. 40 people tested HIV positive 35 were linked/enrolled to care and treatment bringing the number of clients in care to 383. 19 of these

clients were in the alternative/natural therapy clinic that uses food supplements to boost the natural immunity system and prevent HIV related and other opportunistic infections. Our programs continue to offer care and support targeting prevention of new infections. Trainings and advocacy remain a key aspect of our activities both for beneficiaries and staff

Some CCC General Data 2018

1293	- Counselling and tested
40	(3% of tested) - HIV+ve
383	- Number of clients in CCC
19	- Clients in Natural Clinic
5 (13%)	- Clients declined HIV treatment

and also community through outreach programs.

2.1 HIV Testing Services (HTS)

Our HTS has in the year tested 1,293 people in the community and identified 40 new HIV positive clients. 33 were linked within our project and 2 supported for linkage outsides our facility. The HTS

performs free community testing and site testing activities throughout the year and also partners with the local clinics in the area to conduct site testing. The project also undertakes youth support activities for young people enrolled in the clinics with trainings offered during school vacations. This year we had 12 young people in the project that benefitted from our peer mentorship programs. In the month of December to mark World Aids Day our HTS partnered with other organisations locally on an awareness campaign. 107 people were tested for HIV.

2.1.1 Table showing testing targets and achievement

Testing target	974
No. tested	1,293
No. tested positive	40
Transfer in	5
LINKAGE TO CARE	
No. linked within	33
No. linked out	1
No. on TPS at end 2018	1
No. on follow up	0
Declined linkage	5

5 people who tested HIV positive declined linkage and this remain a concern to the project in our effort on the prevention of the spread of HIV infection. The HTS also offers *Partner Notification Services (PNS)* and *Family Testing* services to support HIV positive clients in disclosure and encouraging index clients to bring their partners for HIV testing. This reporting year, 8 people were tested on family testing with 1 testing HIV positive and 22 partners of index clients were identified and tested, 3 tested HIV positive.

Our HTS is also open to community counselling services and in 2018, 131 received counselling support services from our clinic.

2.2 Treatment Adherence Support (TAS) & Enrolment to Care.

All patients before initiation to ART have to undergo adherence training. The adherence support training is continuous all throughout treatment but especially for those who show indications of poor adherence like missing appointment dates and high viral load results. This support is aimed at giving treatment information and understanding treatment, motivating clients to strictly follow their treatment. Through adherence counselling and trainings, other psychological and social issues that may affect treatment are identified and addressed. Of the 40 people tested HIV positive at our clinic, 34 were enrolled to care and treatment at our Center and one was referred for linkage out of our

clinic. 5 clients were referred in for treatment from other facilities making our enrolment to treatment be at 40 clients.

2.3.1 Table showing enrolment to care and treatment

Set enrolment target	84
Tested positive	35
Enrolled to care	34
Started on ART within our facility	40
Successfully linked to other facilities	1
Referred in from other facilities	5

This year again, we achieved our PMTCT goal as all PCR done to all the 15 HIV exposed babies in the clinic between the ages of 6 months to 1 year were negative.

2.4 Patient Monitoring Tests

Patients enrolled on ART undergo routine monitoring laboratory examinations. The tests are done routinely but sometimes also on need presentation. Since HIV management is supported, all these tests are done for free for the client at different intervals during the year. A total of 322 viral load tests were done, 317 results were received. Only 3 people had high viral loads and were introduced to second line of treatment. This year again, we achieved our PMTCT goal as all PCR done to all the 15 HIV exposed babies in the clinic between the ages of 6 months to 1 year were negative. The programme also supported other medical examinations for clients like X-rays and scans and all other blood tests for patients enrolled in the clinic who could not pay for these tests. 220 patients in the clinic had their medical examinations paid for in this reporting year for different tests. Tuberculosis is a highly contagious infection especially in HIV infected people and therefore all patients enrolled to the CCC are routinely screened for TB on every clinic visit. From the 64 clients screened 6 were diagnosed with TB and started on treatment and another 7 who were not HIV positive were also screened positive for TB and started on treatment at our clinic.

2.4.1 Table showing number of patients and routine laboratory tests done

Laboratory tests done	Target	No. done
Viral load tests	326	322
PCR	15	15
TB GENE X-PERT	64	64
X-RAY & SCANS	On need	121
Other laboratory examinations	On need	25

2.5 Natural Therapy Clinic

The alternative therapy clinic has 19 clients; 14 are on ART and natural therapy and 5 purely on natural therapy program. The 5 purely on natural therapy program declined consent to start ART treatment and are being managed on this natural treatment alone. Of all the 19 clients in the clinic only one was treated for opportunistic infection in the year and all the 14 on natural therapy treatment and ART are on the “*huduma chapchap*” program of treatment; this is a treatment method for clients with good adherence and low viral load where they do not go through all the clinic processes every other month but only get drugs refill and come for appointments after 3 months. The treatment mode of action is to boost and strengthen the immunity system to fight against infections and cleanse or detoxify the digestive system. It is only recommended for healthy clients with low viral load counts below 800 copies. This is because the treatment being purely of food supplements is slow in action.

Giving poor the access to health services

The programme also supported other medical examinations for clients like X-rays and scans and all other blood tests for patients enrolled in the clinic who could not pay for these tests. 220 patients in the clinic had their medical examinations paid for in this reporting year for different tests.

3. COMMUNITY BASED REHABILITATION PROJECT (CBRP)

3.1 Therapy services

108 children received therapy services from our CBRP in the reporting year. These are children who come from very poor families who could otherwise not access quality therapy services due to lack of



financial resources. The centres perform child centred/friendly therapy methods that involve a lot of play and aims at including both parents and siblings in the process of therapy. This has been very engaging and interactive for the parents and siblings who have shown a lot of interest in learning to take care of the child with special needs and not leave it to mothers alone as it has always been the case. All parents who bring their children for therapy are trained on home therapy management to

ensure continuity of therapy and to scale up progress. Through these therapy skills trainings, 2 parents have mastered therapy skills and are helping during therapy at the centres. Involvement of play during therapy has not only made it easier and manageable for parents to take up the activity with enthusiasm but has also made it fun for both parents and their children. In this reporting year 5 children were discharged on gaining the required milestones.

3.1.1 Table I: shows the no. of beneficiaries reached and sessions conducted during therapy sessions

Therapy centre	No. sessions done	Number of children who received therapy sessions		
		Male	Female	Total
St. Joseph Kariobangi	991	53	36	89
St. John Korogoch	118	9	10	19
TOTAL	1109	62	46	108

3.2 Home Therapy Program

The project also has a home follow up program to visit very sick children, follow up on missed appointments and monitor home therapy programs assigned during therapy sessions at the centres. This also assesses and intervenes on certain social issues that may affect successful therapy

CWD General Data 2018

- 172 – Home visits**
- 108 – Children who received therapy**
- 1109 – Total Number of therapy sessions**
- 149 – Children seen in Mobile Clinic**
- 104 – Clients referred to other Institutions**
- 7 – Children who received assistive devices**

interventions. 172 home visits were made in the year and this is a big reduction compared to the previous year. With more support and creation of awareness on how to manage disability at home the parents become less dependent on the project for support hence the need for less house call. Key aspects that are monitored during

home therapy visits include positioning, handling, feeding and mobility of the child with disability in trying to modify the home area to suit the needs of the child with special needs.

3.3 Monthly Follow Up and Review Clinics

The CBRP runs two monthly clinics throughout the year: 1. *anticonvulsant drugs clinic* where children with convulsive disorders are issued with medication on prescription and 2. mobile clinic run by the Association for the Physically Disabled of Kenya for reviews and issuance of appliances. 18 children were reviewed and issued with anticonvulsant drugs and 149 seen during the mobile clinics. The

mobile clinics are open to all community members who might be having issues or concerns related to disability. 49 children were seen from our project and 7 received various assistive devices.

3.4 Referrals

Being a Community Based Organization, quite a number of cases cannot be dealt with at the community level and this has facilitated the need to establish and maintain collaboration with other organisations that offer services that cannot be provided at our level. Our major supporter and collaborators have been *CHAP-UZIMA* through *Nazareth Hospital, World Friends Program* and *Ruaraka Uhai Neema Hospital* and *APDK*. In the reporting year we have referred and linked out to other institutions up to 104 patients from the projects: 44 have been to Ruaraka Uhai Neema Hospital, majority, 31 being children. Other collaborators have been *Baraka Health Centre, Light and Hope project, Comboni Catholic Dispensary, Holy Trinity Catholic Church, Special Education Professionals* and the two local health centres in the community-korogocho health centre and Kariobangi health centre.

4. SOCIAL SUPPORT

Our social support programme has supported 239 people from the community: 129 received home visits to address social issues and also family counselling, 51 families were issued with food and 56 had their medical expenses paid fully by the programme. Together with SEP, the programme organized sibling support group workshops for siblings of children with disabilities. The workshops were attended by 34 siblings of children with disabilities. This year, again together with SEP, we had 2 sibling workshops of children with disabilities that were attended by 38 siblings between the ages of 9 and 17 years. The workshops were of fun activities with drama and interactive plays with the second workshop involving both children with disabilities and their brothers and sisters. The aim was to create an interactive session to teach and encourage other siblings to interact more and play with the child

129 children received home visits to address social issues and also family counselling, 51 families were issued with food and 56 had their medical expenses paid fully by the programme.

with special needs who are, in many instances, left out of any kind of play activity. CHP also received support from individual members of the community who donated clothes and food to the projects. Holy Trinity Kariobangi Catholic Church has also consistently issued maize flour to the project from the weekly collections from the congregation. CHP through the CBRP also paid school fees for 2 children in special schools and one of them did well in his KCPE examinations and received full bursary for secondary school.

5. COMMUNITY HEALTH VOLUNTEERS (CHVs)

CHP has continued working with the support of 20 CHVs from the community. The CHVs have been very instrumental in patient follow up and linkage to clinics and doing CCC clients pill count to check adherence. To equip them with skills to undertake their roles efficiently, the clinic organises a number of in house trainings and also external trainings for them. This year our CHVs have undergone trainings on *communicable diseases* done by the County Health Department and others organised by the programme including; *adverse drug reaction, adherence trainings and pill count and basic counselling skills*. Besides all their activities, the CHVs also play a very important role in the clinic of escorting the clinic staff through the villages in visiting and following up sick patients in their homes and also mobilising the community for HIV testing activities.

6. TRAININGS

CHP within the reporting year had 24 training workshops done for both staff and beneficiaries and supporters of the projects. We had 10 external trainings for the clinical staff where 10 staff members were beneficiaries, 11 trainings for project's beneficiaries with 220 of them trained and 2 trainings for the CHVs. These trainings were organised together with partners: SEP, World Friends, Nazareth Hospital and the Sub County health coordinator's office.

7. OTHER ACTIVITIES

World Aids Day: on the 1st of December 2018 Comboni Health Programme, World Friends, other partners and the community, were able to celebrate the world AIDS day at one of our centre's St. John School Korogocho, where HIV awareness campaign was highlighted and HIV testing done.

LOCAL SELF HELP

CHP also received support from individual members of the community who donated clothes and food to the projects. Holy Trinity Kariobangi Catholic Church has also consistently issued maize flour to the project from the weekly collections from the congregation. CHP through the CBRP also paid school fees for 2 children in special schools.

World Disability Day: our CBRP initiated and hosted the world disability day celebrations and together with the sub-county health and rehabilitation coordinators office, CHP was joined by other partners in marking the World Disability Day on the 3rd of December 2018 at our Holy Trinity Catholic Church in Kariobangi.



Team building: We had a very vibrant staff team building activity that helped a lot in building and understanding team cohesion through various practical activities. This activity introduced the team to strategies for a new strategic plan 2019-2021, a plan that is now in progress.

CHV retreat: Our Community Health volunteers went on spiritual retreat at Subukia for prayers and to learn about pastoral care support for patients.

Children support group: Our youth in the CCC went out on a one day fun activity at Paradise Lost to bond the group and enjoy themselves in fun activities.

8. OUR PARTNERS

CHP wishes to thank the following collaborators for their unwavering support over the year that have enabled us to put together resources which made it possible to have continuity of our planned activities in the year.

8.1 CHAP-UZIMA

CHAP-UZIMA through Nazareth Hospital funded some CCC activities. They also offer operational support through monitoring and evaluation of CCC activities on quarterly basis, also seconding technical staff to work at the clinic. They also offer training support for staff.

8.2 World Friend (WF)

WF collaborated with Ruaraka Uhai Neema Hospital to offer free medical treatment and orthopaedic surgeries and reviews to children with special needs enrolled in our CBRP. World Friends also supported beneficiary trainings in the CBRP and supported the salary of one therapist assistant in the project.

8.3 Ruaraka Uhai Neema Hospital (RUNH)

RUNH offered laboratory services for our CCC clients and treatment of children with disabilities supported by World Friends Project

8.4 Comboni Catholic Dispensary (CCD)

CCD offered laboratory services and treatment to our patients on credit.

8.5 Special Education Professionals (SEP)

SEP sent 6 technical staffs to work at our community rehabilitation centre and also organized and facilitated workshops for beneficiaries.

8.6 Association for the Physically Disabled of Kenya (APDK)

APDK has continuously conducted monthly mobile clinics at our centres thus reaching out to the community. They also did reviews and fittings for special appliances for children with special needs in our project and issued them at a very subsidized cost.

8.7 Light and Hope Project (LHP)

LHP paid the cost of special appliances for 3 children in our project in collaboration with APDK.

8.8 Baraka Health Centre (BHC)

BHC offered nutritional support to children with special needs in our project and treatment for rickets.

8.9 National County Government (NCG)

NCG has continually supplied all HTS consumables and testing kits and offered trainings to CHVs and monthly CCC support meetings for staff.

CHP also wishes to thank all staff members and volunteers for their hard work and collaboration throughout the year. Great thanks and appreciation goes to all our donors for their kind generosity in financially supporting the project activities, with their passion in helping the most needy in our community. We are very grateful for the contributions made in improving the lives of others in need.

9. CHALLENGES

The major challenge we experience in our work is the high insecurity and crime rate common with the slum and non-formal settlement areas.

The other challenge is the high poverty level that hinders treatment interventions and puts a lot of burden and beneficiary dependency on the programme. This increases operational costs to include unforeseen medical and social support. There also remains a low level of understanding health issues despite the many trainings offered by the programme, this highly affects treatment adherence.

The other challenge experienced is the constant relocation of clients. Quite a number of clients don't stay in the area for long hence making treatment follow ups a challenge. The frequent relocations also impact negatively on client's retention in the clinics.

Stigma is still also a concern here where HIV infection and disability are still related to immorality and cultural beliefs; this also hinders treatment.

10. CONCLUSION

Korogocho and its surroundings being a low income zone, majority of the people here live under extreme poverty conditions. An additional occurrence of a terminal health condition becomes a big burden to individuals and families since health care is very expensive and there are no proper systems for healthcare covers like the National Hospital Insurance Scheme for individuals who are not in formal employment. Most of the people living here are not involved in any gainful business, majority being very small-scale businesses owners, of businesses that are not able to cater for their minimum basic needs. Despite health care facilities both government and private being available, many people with terminal conditions are not able to access or afford health care. This is due to the frequent and recurrent costs of clinic visits and it gets worse when need arises for more elaborate or extensive health investigations. CHP has, therefore, remained relevant in the community over the years with the dynamics of changing health needs offering a very vital service to the needy in the community. Through CHP interventions, the

CHP has, therefore, remained relevant in the community over the years with the dynamics of changing health needs. Through CHP interventions, we no longer have a big number of bedridden patients with full blown AIDS.

number of bedridden patients with full blown AIDS has greatly reduced to almost not being existent. 80% of our clients are stable and able to come to the clinic by themselves and no longer require home care. The community, through our outreaches, have also ensured that all children with special needs are either referred or reported to us and early intervention done. However, despite the efforts and interventions made by CHP projects in the community, the health needs of these two categories of people are far from being fully addressed. This has been complicated by the high poverty level in the community and the predisposition of risky health behaviours that continue spreading HIV. These include: having multiple sexual partners, lack of interest in knowing one's HIV status, unprotected sex and sex trade, early marriages, very high school dropout at primary level and high crime rate among many others. CHP services therefore remain of great need to try and support the community in meeting their immediate health needs as long-term health conditions are another cause of poverty. The programme through its CBRP also continues to advocate for the support of rehabilitation for children with disabilities and encourage parents and caregivers to make use of the services available to address disability issues. *A healthy community is a wealthy community.*

11. Financial Report

11.1 Balance Sheet



Water and sanitation is a major concern despite the efforts made by several community initiative projects to improve the situation.

12. Photos of Activities throughout the Year 2018

12.1 Official Opening of New Premises in Korogocho



12.2 Seminars and Clinic and Home therapy CWD









12.3 International Day of Persons with Disabilities



12.4 Comprehensive Care Clinic (CCC) in new premises









12.5 Children Support Group Outing



12.6 Staff Team Building





12.7 Workshops for the Strategic Plan 2019-2021





Vision

To be the best community based healthcare facility helping people live longer, healthier, happier lives in Nairobi county.

Mission

We exist to provide quality and affordable healthcare by:

- a) creating awareness on prevention of new HIV infections;
- b) enhancing health restoration for people living with HIV;
- c) offering reliable therapy services to people living with disability|