



AICHIM
AIC Health Ministries



**ANNUAL
REPORT**

**20
23**

WHO WE ARE

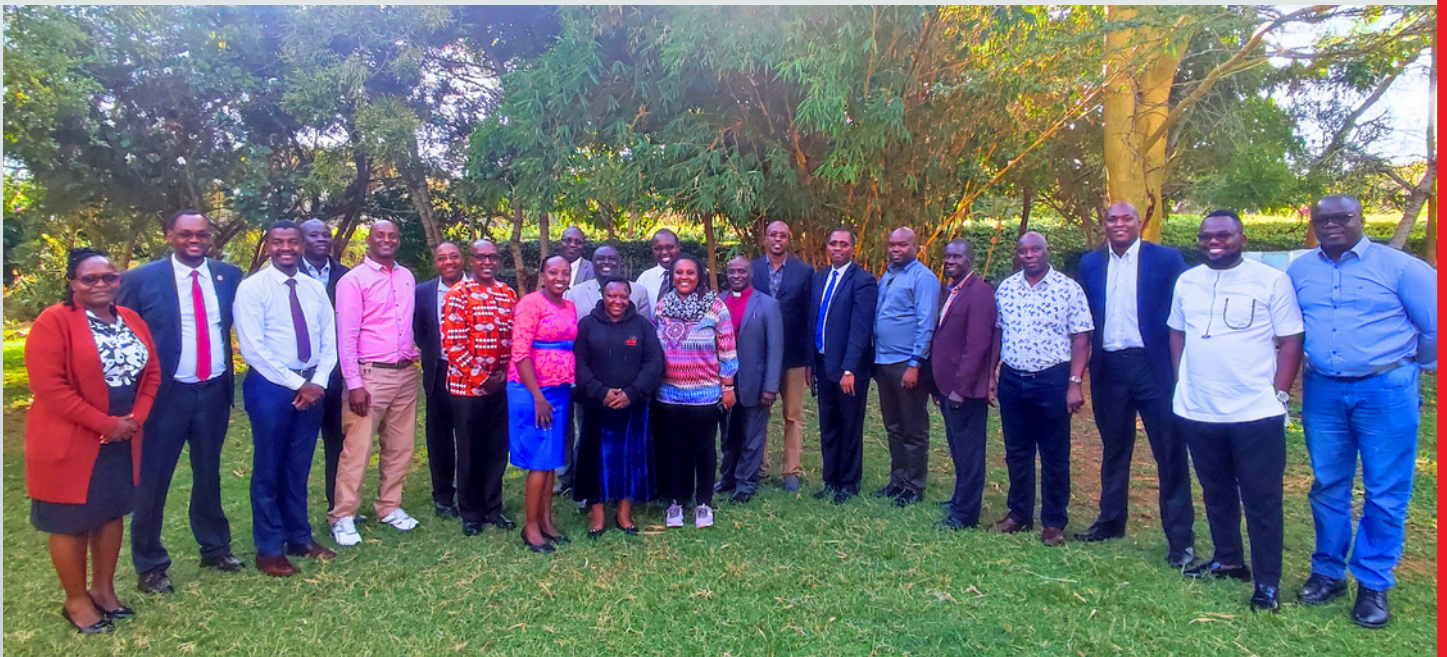
African Inland Church Kenya (AIC-K) has been a recognized and highly credible health service provider in Kenya for over 60 years. AIC-K was founded in 1895 in Kenya and registered as a society to serve humanity. AIC-K is a local faith-based humanitarian organization, dedicated to saving lives and building a better future for marginalized communities through its department Africa Inland Church Health Ministries (AICHM) which is responsible for the health programs within the Africa Inland Church-Kenya. AICHM is a member of the Christian Health Association of Kenya (CHAK), an organ of the mainline Protestant Churches for coordinating National health policies and collaborations. It is also an associate of the Mission for Essential Drugs and Supplies (MEDS). AICHM partners and collaborates with relevant arm of Government in their area of operation, with keen observation on all Government regulatory bodies. AICHM delivers a broad spectrum of health, emergency relief, and long-term development projects. The organization focuses on offering quality health care services both preventive, curative, rehabilitative care, and implementing a range of programs on food security, economic development, and health programs.

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AICHM extends its services to all people in need regardless of tribe, religion, ethnicity, sex, political or social standpoint to help improve and sustain the well-being of humanity within families and communities, especially the most vulnerable.

For over 60 years, AICHM has reached out pro-actively to develop strong partnerships with the Kenyan government both at National and County levels, humanitarian agencies, both international and NGOs like the UNHCR, UNICEF AA- Johanniter International Assistance and Malteser International, Action Medeor -BMZ, CBM, AMREF, Ericks, Global fund -Kenya through Red Cross Society and others with a focus on preventive, promotive, curative healthcare services, community health programs, rehabilitative care for children with disabilities, sustainable livelihoods, relief and emergency response.

Although our mission is rooted in the Africa Inland Church faith, our operations serve people based solely on need, regardless of their age, sex, race, religion, or ethnicity within Kenya.



"Jesus had compassion on the crowd, and healed the sick" Matthew 14:14

Our Vision

“To be a preferred Christian health care provider, empowering communities with the compassion of Christ”

Our Mission

“To offer quality and affordable health care services to diverse communities through comprehensive health care, training and chaplaincy to the glory of God”

Core Values

- ◉ Transparency
- ◉ Professionalism
- ◉ Accountability
- ◉ Christ Centered
- ◉ Integrity
- ◉ Compassion
- ◉ Teamwork

THEMATIC AREAS



MEDICAL SERVICES



EMERGENCY & RELIEF



REHABILITATIVE CARE



TRAINING & CHAPLAINCY



COMMUNITY HEALTH PROGRAMS

BOARD CHAIRMAN'S STATEMENT



Dear esteemed members,

It is with great honor and gratitude that I address you on behalf of the African Inland Church Kenya (AIC-K) board. For over six decades, AIC-K has stood as a beacon of hope and a steadfast pillar of health service provision in Kenya. AIC-K was founded in 1895 and registered as a society with a noble mandate to serve humanity, AIC-K has remained unwavering in its commitment to saving lives and fostering a brighter future for marginalized communities. At the heart of our operations lies AIC Health Ministries (AICHM),

a department dedicated to spearheading health operation and programs across our nation Kenya. AICHM has a well elaborate governance, board of directors who meet in biannual and provide insightful support and direction to its secretariat and programs. Additionally, AICHM embraces internal audit and external audits, and also is a compliance with Government regulatory authorities.

Our approach is rooted in inclusivity and compassion. AICHM extends its services to all individuals in need, irrespective of tribe, religion, ethnicity, or socio-political affiliation. We are committed to improving and sustaining the well-being of humanity within families and communities, particularly the most vulnerable among us.

Through collaborative efforts and partnership with government and other stakeholders, AICHM has impacted positively to lives of people we work with.

While our mission is firmly grounded in the Africa Inland Church faith, our operations transcend religious boundaries, serving individuals solely based on their needs. In Kenya, AICHM strives to engage people in living out our faith by standing in solidarity with the poor and suffering, embodying the principles of compassion and justice.

As we reflect on our rich history and look ahead to the future, let us reaffirm our unwavering commitment to serving humanity with humility, integrity, and compassion.

Sincerely,

Bishop Peter Wahome

Chairman,
Board of Management

EXECUTIVE DIRECTOR'S STATEMENT

Dear Stakeholders,

As we reflect on the achievements of the past year (2023), I am filled with gratitude for the dedication and resilience demonstrated by the entire AICHM team and our valued partners. Despite the challenges posed by the ongoing global pandemic and other obstacles, we have continued to advance our mission of improving the health and well-being of communities in need. AICHM complements Governments support and contributes to realization of universal health care (UHC) to all.

Throughout 2023, AICHM deployed approaches that were geared in addressing the health issues at hand through capacity building, health information improvement through technologies, provision of high-quality health care, and nutrition programs, with the focus reaching vulnerable populations in remote and underserved areas. Our efforts were guided by a steadfast commitment to equity, inclusivity, and sustainability, ensuring that no one is left behind in our pursuit of a healthier future for all. AICHM integrated a wide range of interventions such as livelihood and economic empowerment, to ensure we serve the people holistically.

I am pleased to report that our partnerships with local communities, government agencies, and fellow humanitarian organizations have grown stronger than ever. Together, we have made significant strides in addressing pressing health challenges, improve access to healthcare, tackle public health issues i.e. infectious diseases, chronic conditions, and address social determinants of health. Advances in areas like medical training, digital health technologies, implementing health policy, community-based interventions (community strategy approach) and much more.

Looking ahead, we remain steadfast in our commitment to innovation and excellence, continuously seeking new opportunities to expand our impact and reach even more individuals in need. With the unwavering support of our dedicated staff, volunteers, donors, and partners, I am confident that we will continue to make a meaningful difference in the lives of those we serve.

I extend my heartfelt thanks to every member of the AICHM family for their tireless efforts and unwavering dedication. Together, we will build a healthier, more resilient future for communities across Kenya and beyond.

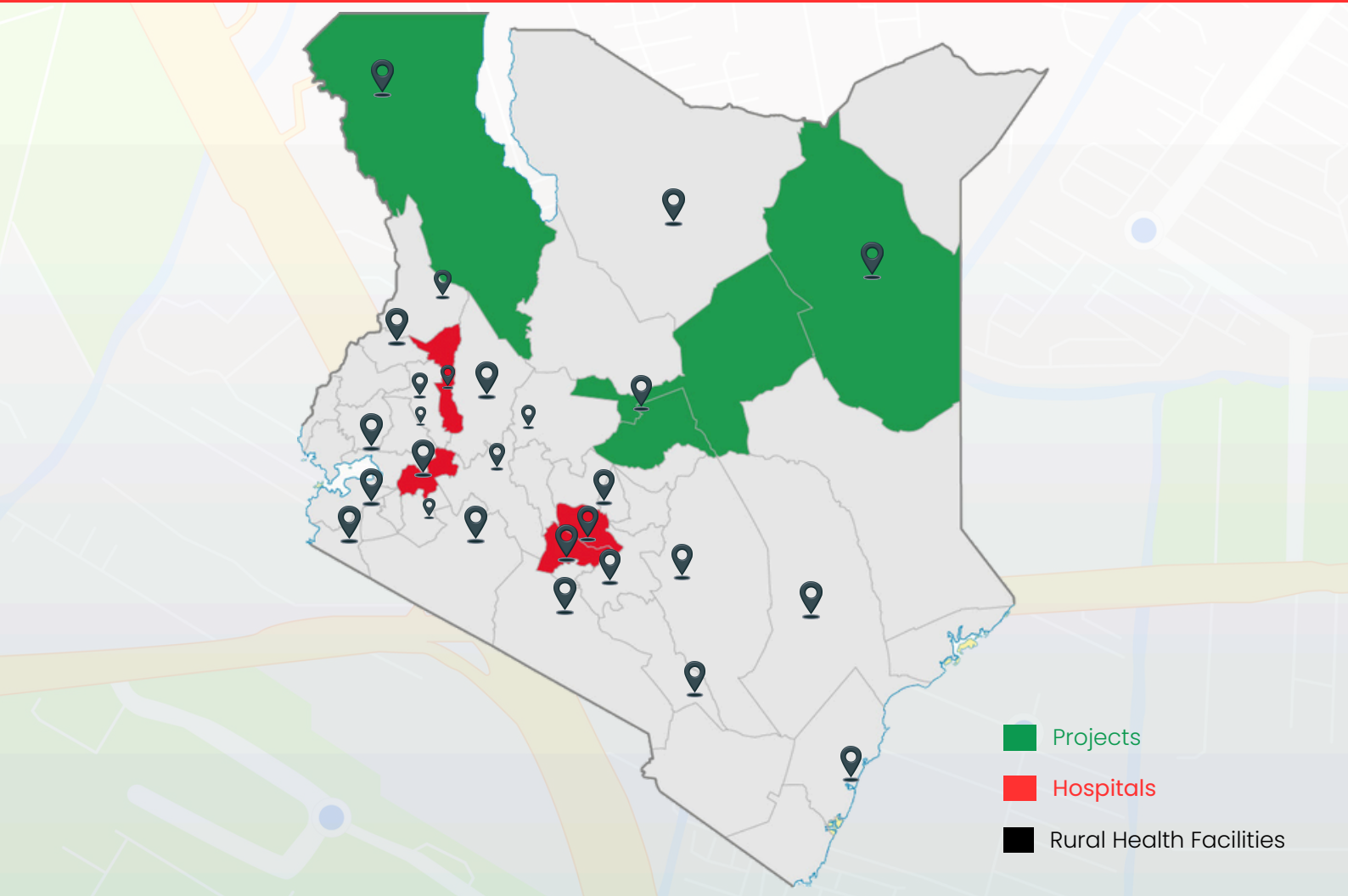
Sincerely,

Jacob Kimote

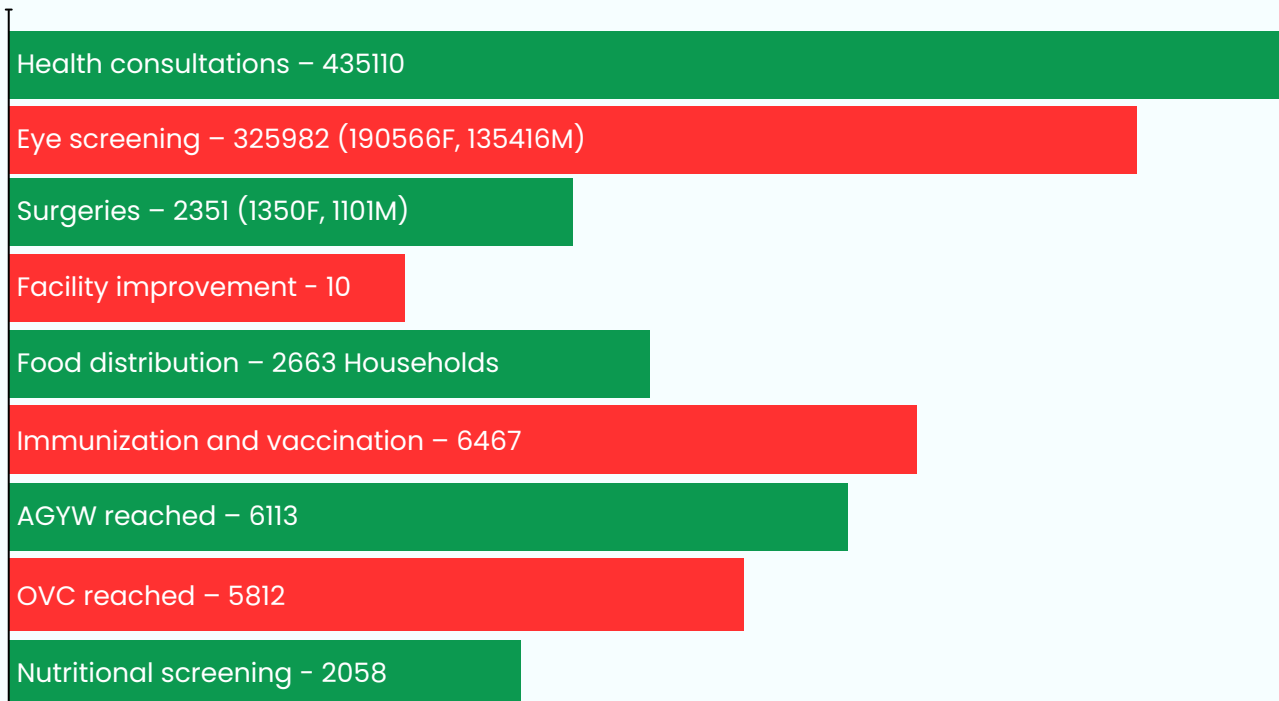
Chief Executive Director,
AIC Health Ministries



WHERE WE WORK



AT A GLANCE – 2023 AICHM Programs





AIC HEALTH MINISTRIES HOSPITALS

AIC Kijabe Hospital

<https://kijabehospital.org/>

AIC Cure International Children's Hospital

<https://cure.org/hospitals/kenya/>

AIC Githumu Mission Hospital

<https://githumuhospital.org/>

AIC Liten Hospital

<https://litein-hospital.org/>

AIC Kapsowar Mission Hospital

<https://kapsowarhospital.org/>

AIC Kajiado Child Center

<https://aickajiadochildcare.org/>

The graphic features a central white area with a faint grid pattern, framed by a thick green border at the top and bottom. A red wavy line runs across the middle, separating the top and bottom green sections. The text is centered in the white area.

AIC HEALTH MINISTRIES PROGRAMS



cbm
christian blind mission

...med at Accelerating
... through Comprehensive,
... and People-Centered
... in Kenya

PROJECT PROJECT
COUNTY
ERABLES:

... population -60% (724,346)
... schools
... and Referral Hospital with
... to serve as a
... reach activities in Meru County
... primary Health care facilities to
... training in eye health.
... teachers on the use of
... avoidable Blindness
... planning

peek

... off Haile Selassie Avenue, Upper Hill,
... bi, Kenya Tel: 020 8000474
... Website: www.aichm.org

KWALE EYE CENTRE

PROJECT
Integrated and People - Centered Eye Health Service

peek

cbm

eyeskwale@africaonline.co.ke | 10km South C

WALE
E CENTRE
Quality Eye Care

e for

AICHIM
AIC Meru Association

VISION
MISSION

Our Vision

"To be a preferred Christian health
... provider, empowering community
... with the compassion of Christ"

PROJECT KENYA

... Universal Health Cover
... Comprehensive, Includ
... and People Center
... Kenya

cbm
christian blind mission

49
YEARS

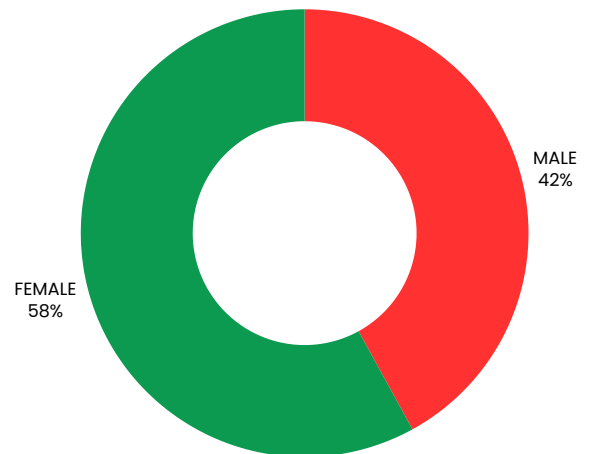
OF PARTNERSHIP

"The Blind D
The La

**PREVENTION OF BLINDNESS
PROGRAM (POB)**

PREVENTION OF BLINDNESS PROGRAM (POB)

The Prevention of Blindness program encompasses three distinct projects aimed at addressing various aspects of visual impairment and promoting inclusive eye care services within communities. These projects include the Vision Impact Project (VIP) located in Meru County, the Meru Inclusive Trachoma (MINT) initiative also situated in Meru County, and the Promoting Inclusive Delivery of Eye Care (PRIDE) project based in Isiolo County. In the year 2023, the POB program reached 325982 (190,566 F, 135,416 M) people in both Meru and Isiolo covering 95% of the target. This has been realized in collaboration with CBM and County Government of Meru.



Population reached by POB Program

Vision impact Project, VIP– Meru County (12/2021– 12/2025)

The objective of the project is to reduce the prevalence of visual impairment and avoidable blindness in Meru County by ensuring access to inclusive eye care services through peek technology.

The project adopted a reverse referral approach, ensuring that screening, treatment, and surgical services are brought closer to the community which has proved to be effective and efficiency, resulting in reducing cost burden, patient centered care, continuity of care, helps to streamline the healthcare experience and ensure that the patient's care is coordinated and cohesive and lastly but equally important enhancing adherence levels to treatment. County eye healthcare providers and community health workers conduct treatment and screening exercises to ensure the continuity and sustainability of the provision of inclusive eye care services.

The project comprises two concurrent exercises:

1 Community Eye Health (CEH): Over the project's five-year duration, the objective is to reach 724,346 community members, constituting 60% of the total population. To achieve this, the project has adopted a door-to-door or household eye screening approach.

2 School Eye Health (SEH): The project aims to cater to a school population of 366,534, which is 80% of the total school population in Meru County. Screening and treatment are conducted within the school premises on the same day, ensuring a 100% adherence rate to referrals.

Key Achievements – 2023

5

(3M, 2F) health care providers sponsored for a Higher Diploma Course in Ophthalmic training at KMTC and 16 (9M, 7F) ophthalmic staff for an Ophthalmic skills upgrade course (OSUC) at Sabatia Teaching and Referral Hospital.

9

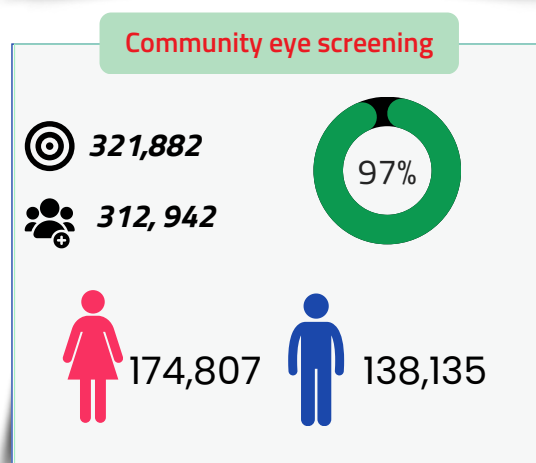
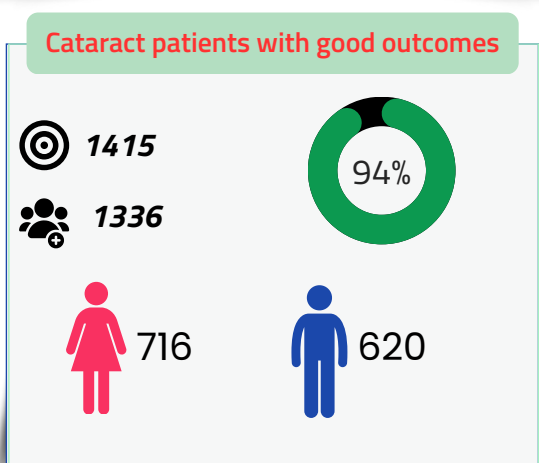
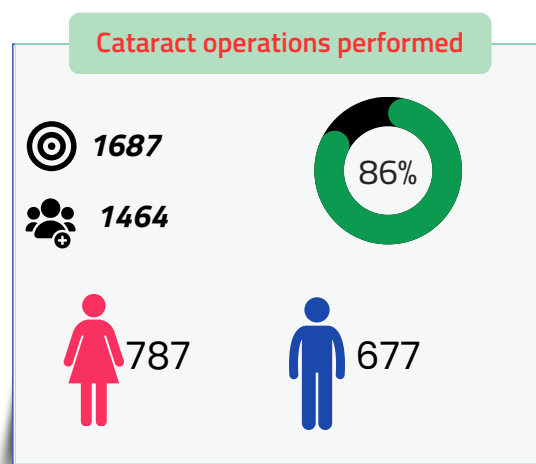
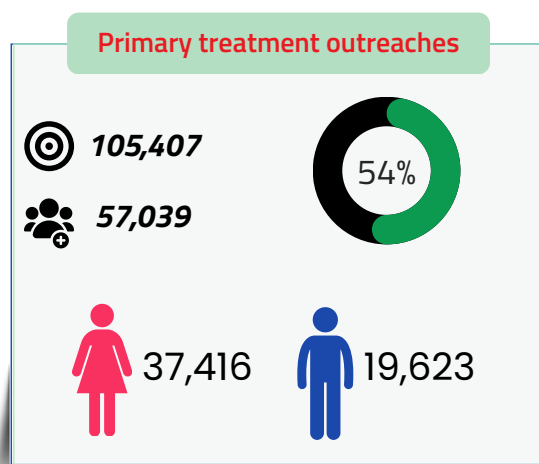
Health facilities with eye care equipment such as refraction boxes, VA charts and torches.

Meru

Teaching and Referral Hospital supported with major eye care equipment i.e. Visual field analyzer, Autorefractor, Lensometer, Oct, Slit lamps and Trial box.

Key Result areas

Increased coverage of eye health services in communities in Meru County.



Key Result areas

Increased coverage of eye health services in schools in Meru County.

Activities	Target	Male	Female	%
School eye screening	109,960	27,748	27,939	51%
Treatment Outreach	11,486	5,325	5,999	98%
Cataract surgeries performed	119	24	24	49%

SUCCESS STORY



Tumaini, an eighty-five-year-old mother of five, shared her struggle: "Living with my grandchildren, I manage household chores and our bean and maize farming. In 2021, after harvesting, I noticed a decline in my ability to sort cereals due to eye discomfort. A large white patch appeared in my right eye, signaling a turning point. I feared for my livelihood and my grandchildren's future. Though I accepted it as part of aging, I longed for a solution I couldn't afford. As my vision deteriorated, I grew dependent on my grandchildren and battled low self-esteem."

In December 2022, Tumaini found hope when Community Health Volunteers informed her of free eye screening services by AIC Health Ministries and Christ Blind Mission's Vision Impact Program (VIP). These services, using PEEK technology, promised to identify and address eye conditions. Rejuvenated by the prospect of free assistance, Tumaini participated in the screening and was referred for treatment after failing the visual acuity test. At a treatment outreach in Kieni Kia Ndege dispensary, she was diagnosed with a cataract in her right eye and prescribed medication. She was booked for surgery at Muutiokiamama Health Center the following month.

After a successful operation, Tumaini achieved a clear vision of 6/9. Her story underscores the importance of accessible eye health services at the community level through PEEK Technology, eliminating avoidable blindness. Tumaini's resilience and restored vision through the VIP project inspire many cataract patients.



A happy Tumaini after she achieved a clear vision of 6/9 day one post-operation.

Promoting Inclusive Delivery of Eye Care Project (PRIDE) Isiolo – (2023 – 2026)

The PRIDE project, in collaboration with the County government of Isiolo, aims to enhance the health of the population in Isiolo County by reducing preventable blindness and diseases related to Water, Sanitation, and Hygiene (WASH) in Isiolo North & Merti Sub Counties. The project focuses on three main areas:

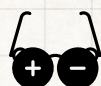
1. Inclusive eye care
2. Improved knowledge, attitude and practices on WASH
3. Strengthening economic development and resilience for households of persons with disabilities.

To achieve its objectives, the project conducted various activities, including eye screening, treatment and surgical interventions, providing corrective glasses, constructing model accessible toilets, Community-Led Total Sanitation (CLTS) activities and training Persons with Disabilities (OPDs) on economic sustainability through Village Savings and Loans Associations (VSLAs).



3944

patients screened and treated surpassing project expectations, exceeding the target population by 4%



355

Patients received corrective glasses



280

Individuals who underwent cataract surgery



13

Organizations trained of Persons with Disability on Village Savings and Lending Associations (VLSA) to bolster their economic sustainability.



10

Villages where Ophthalmic personnel and community health workers received training on Primary Eye Care (PEC) and dialogue sessions were facilitated.



4

Healthcare providers attended training at Sabatia Hospital.



People with disability VSLA Meeting

Meru Inclusive Trachoma WASH Plus Project (MINT)

The project aimed to contribute towards Trachoma-free inclusive communities in line with the Breaking Transmission Strategy by the Ministry of Health in Kenya. To address the prevalence of eye conditions, diseases such as trachoma, and related WASH issues, while promoting inclusivity, AICHM conducted 740 community health sessions and forums focused on behavior change. These comprised 309 dialogue sessions and 515 action-day sessions. Ensuring equal access to eye services for persons with disabilities and individuals from remote areas, the project organized four inclusive eye surgical camps across four sub-counties. These camps screened and treated 9,096 patients (4,098 males, 4,998 females) for various eye conditions, provided 559 individuals with surgical interventions, and offered eye refraction services to 639 school-going children. Aligning with its mandate to raise awareness and encourage behavior change among students, the project supported school health club activities. Three additional health clubs were formed, bringing the total to 72 since the project's inception. Through poems, songs, and skits, the health club members disseminated eye health messages, reaching

29,238 school-going children and teachers. To integrate trachoma and inclusive WASH-plus into Community-Led Total Sanitation Plus (CLTS+) activities, the project supported community-based initiatives such as triggering, follow-up, verification, and certification. As a result, three villages were triggered, 32 previously triggered villages were followed up, 25 were verified, and 21 were certified and celebrated for achieving open defecation-free (ODF) status.



World toilet day. Kariene Primary School



Eye surgical camp at Kangeta sub-county hospital



LIVELIHOOD PROGRAMS

LIVELIHOOD PROGRAMS

BMZ- Nasinyono, Turkana West



Watermelon harvest in Nasinyono

The overall project objective is to break the recurrent cycle of food insecurity in Nasinyono, Turkana County. To achieve this, the project focuses on two pillars: increasing food production and preventing moderate acute malnutrition (MAM) with locally grown food. The project also supports good governance through the strengthening of local structures like the Ministry of Agriculture to enhance commitment and ownership of the project, which will be key to sustainable production growth. Empowering adolescent girls and young mothers through training serves as the pivotal force in breaking the cycle of food crises sustainably. They become catalysts for change, wielding their positive influence among peers and shaping the foundations for future generations. This project recognizes the significance of social dynamics and intergenerational aspects as pivotal factors in achieving the desired transformative effects.

Project Performance

During the year 2023, significant progress was made in increasing and diversifying agricultural production. This included:

Ploughing a 272-acre farm, distributing seeds to farmers who later did the planting in collaboration with the project team and county government department of Agriculture.

Construction of a water pan for irrigation, elevated water tanks, drip irrigation systems, fencing, cattle troughs and a canal linking the water pan to the river as a water source. 2 mills were continuously serviced to enhance their use by the community.



A filled Water Pan.

The project also prioritized coaching an ongoing support for farmers on sustainable agricultural practices.

Efforts to ensure access to safe and clean water included the ongoing installation of a reverse osmosis system.

Completion of 33 operational latrines by the end of the year.

Training for Mother-to-Mother support groups in infant and young child practices, conducted monthly.



Sorghum farm in Nasinyono

Training sessions were carried out for farmers' cooperatives, focusing on leadership, group dynamics, and governance to bolster sustainability.

Training sessions for adolescent girls and young women on the "Make Me a Change Agent" program, empowering them to disseminate the lessons learned to other community members and make a positive impact.

Distribution of dignity kits to girls in the project area was carried out. Post-distribution monitoring revealed that the dignity kits had a significant impact, as beneficiaries expressed high satisfaction and reported improvements in hygiene, self-esteem, and confidence.

The impact of dignity kits on young women



“Receiving a dignity kit has been life-changing for me. Before, I struggled to manage my menstrual period with limited access to sanitary products. It was embarrassing and uncomfortable, during the first two days of my menstrual period I could remain indoors seating on animal skin, and this often caused me to miss social engagement with my fellow peers. With the dignity kit, I feel more confident and empowered to socialize and pursue my dreams. It’s not just about the practical items it’s about feeling supported and valued as a young woman.” ~ Akai Lopodo, a 24-year-old from Ngidukanin village in Nasinyono testifies.

Emergency Response Project

CBM- Turkana West

In response to the severe drought conditions experienced in the region, AICHM partnered with CBM International to address acute food insecurity needs. The **"Nasinyono Drought Emergency Response Project-Phase 3"** was initiated to provide critical support to Early Childhood Development (ECD) centers and the Nasinyono community in Turkana West, Turkana County. The overarching goal of this project was to contribute to the ongoing efforts of the Kenyan Government and other humanitarian organizations in meeting the immediate needs and safeguarding the lives of the affected populations. Specifically, the project aimed to reach 2,150 individuals (430 households) from the Nasinyono community and 1,140 children across five ECD centers, collectively impacted by the devastating drought crisis in the country.

Through this intervention, AICHM and CBM International collaborated to deliver urgent relief measures, ensuring access to essential food supplies and nutritional support for vulnerable communities. The project’s comprehensive approach addressed the critical needs arising from the drought, providing a lifeline to those facing food insecurity and enabling them to withstand the impacts of this natural disaster. AICHM ensured regular monitoring and evaluation mechanisms were put in place to ensure transparency, accountability, and the effective distribution of aid to the intended beneficiaries.

Project Performance

Output	Activities	Target	Achieved	Remarks
1.1: The Nasinyono community affected by drought has access to adequate food to meet their food and nutrition needs throughout the implementation period	1.1.2: Registration of beneficiaries	2,150 (430 Households)	2,150 (430 Households)	The targeted beneficiaries were registered as per households and the records were documented in the AICHM's database.
	1.2.1: Food distribution	2,150 (430 Households)	2,150 (430 Households)	The 430 households comprised 387 female-led households & 43 male-led households. The distribution is once per month, for 3 months. The food distributed per household per month comprised 60kgs of maize, 12kgs of beans, 4ltrs of cooking oil, and 250 grams of table salt.
2.1: Increased access to inclusive emergency school feeding	2.1.1: Identification of ECD schools for the feeding program	5 ECD Centers	5 ECD Centers	The five most needy schools were identified through a collaborative effort with the county's Ministry of Education. The 5 identified schools were in 3 different wards: 1 in Nanam, 3 in Lopur and 1 in Kakuma
	2.1.2: School feeding	5 ECD Centers	5 ECD Centers	Food was distributed to all the 5 ECD Centers for 2 months. Each of the schools received the following food items in each of the months: <ul style="list-style-type: none"> • 6480 kgs of maize • 1350kgs of beans • 90 liters of cooking oil • 1 bale of salt



Nasinyono school feeding

SUCCESS STORY

Case studies were conducted in each Early Childhood Development (ECD) Center to evaluate the impact of an intervention aimed at addressing hunger among school-going children. Eight children were randomly sampled and interviewed for the case study. Before the implementation of the food distribution program, all children reported experiencing hunger. However, after the program, none reported feeling hungry, indicating a significant reduction in hunger among beneficiaries. They also noted feeling stronger and more energized after receiving food relief, suggesting an improvement in their physical well-being. The children expressed gratitude towards the organizers for providing much-needed food, indicating positive perceptions of the program. Additionally, they reported better academic performance, attributing it to improved concentration resulting from the provision of food. Furthermore, four ECDE centers showed increased enrollment post-program, with growth ranging from 0.6% to 19.0%. Finally, the children expressed that the program not only addressed their immediate hunger but also empowered them to pursue their future aspirations.

“The food makes me feel strong and happy, and now I can go to school every day. I love learning and playing with my friends even more now” ~ Lucy Nakalale an 8-year-old girl from Lopusiki ECDE Center



Food distribution in Nasinyono Community

Turkana 4 Resilience Plus Project

The project aims to build resilience for the most vulnerable communities affected by drought through access to health care, relief food, water and storage facilities, child protection services, and adoption of farming practices to reduce negative effects of drought and help them bounce back better.

Objectives

- To increase access and utilization of quality MNCH (Maternal Neonatal Child Health) services/indicators by 10 % in Nanam, Lokichoggio & Songot wards by December 2024
- To reduce harmful cultural practices that violate children's rights through strengthening community-based child protection mechanisms.
- To reduce the vulnerability of 300 Households to shocks and stresses in Nanam ward by December 2024.

The project activities are implemented in Nanam, Lokichoggio, Songot and Kalobeyei wards of Turkana West sub-county but Nanam ward is the epicenter of the project activities because of the following reasons.

- About 90% of the population are migratory pastoral populations.
- It is the point of collection and dispersion of Pastoral communities.
- Only Administrative and urban Centres in Nanam ward
- Prone to Disease Outbreaks–Measles & Polio due to its proximity to South Sudan
- Always in RED during Nutrition SMART SURVEYS
- Has only one health facility

Project Components Achievements

"Bridging Healthcare Gaps in Remote Areas"

The project's health initiatives have made a significant impact on improving the well-being and health status of children in the target communities. From January to December 2023, a total of 5,329 children (2,540 males and 2,789 females) directly benefited from comprehensive health services. These services included full immunization, essential vaccinations, vitamin A supplementation, supplementary feeding programs, deworming, and other crucial care components. By ensuring access to these vital interventions, the project has contributed to strengthening the immune systems of children, preventing life-threatening diseases, and addressing nutritional deficiencies. Consequently, this has led to improved child health outcomes, reduced morbidity and mortality rates, and enhanced overall child development and growth. The project's efforts have empowered communities with the knowledge and resources necessary to prioritize preventive healthcare measures, ultimately fostering a healthier and more resilient generation of children.

Safeguarding Children's Rights and Well-being (Child protection):

The child protection initiatives have significantly contributed to empowering children and strengthening the community's capacity to safeguard their rights and well-being.

Through awareness campaigns, 548 children (292 girls and 256 boys) gained valuable knowledge about their rights, reporting mechanisms for abuse, life skills, and environmental conservation practices. Moreover, by training 19 healthcare providers (10 men and 9 women) on proper case management and treatment protocols for child abuse and sexual assault cases, the project has enhanced the ability of local healthcare systems to appropriately handle such cases and ensure that perpetrators face justice. These efforts have fostered a more protective and supportive environment for children, promoting their safety, development, and access to essential services.

Livelihoods:

The project enhanced food security at the household level and reduced the impact of drought among 513 beneficiaries (78 males and 435 females). This component incorporated four key resilient approaches:



Aloe vera farm

Aloe Vera Production, Value Addition and Commercialization:

The aloe vera farmland, covering 13.5 acres, supported 170 households. From January to December 2023, aloe vera farmers harvested 3,378 liters of liquid sap, which was processed into 1,470 kilograms of solid form and sold at 350 Kenyan shillings per kilogram, earning 514,500 Kenyan shillings. Additionally, aloe vera value-added products generated 14,300 Kenyan shillings. The total revenue from the sale of solid aloe vera and value-added products amounted to 528,800 Kenyan shillings. The collected funds were pooled to facilitate financial access for members, reduce poverty rates among those who lost livestock due to raids and banditry, and ensure the inclusion of vulnerable community members in Nanam and Lorus villages.



Aloe vera soap making process

Sustainable Flood-based Farming:

Nakinae akiyar farmers prepared their farmland before the April-June rains and subsequently harvested 45 bags of sorghum, each weighing 50 kilograms, totaling 2,250 kilograms from May to July 2023. This produce supplemented the food supply for 70 households (23%) with a total of 397 children (187 males and 210 females) who benefited directly. Additionally, 48 households sold their harvest at a rate of 300 Kenyan shillings per kilogram of sorghum.



A government official from KEFRI inspected aloe group members preparing aloe value-added liquid soapy detergent, shampoo and solid soap.

Rangeland Reseeding and Pasture Production:

Pasture group farmers received training in grass production, harvesting, storage, entrepreneurship, and routine management practices to increase yields, minimize losses, and maintain product quality. The group cultivated 15.5 acres of farmland and, after a successful April-June rainy season, harvested and baled 2,000 tonnes of the *Cenchrus ciliaris* grass species. The harvested seeds were replanted in November to increase the area under production.

Village Savings and Lending Association (VSLA) Groups for Income Generation:

Three lending and borrowing groups were established to improve the living standards of member households, prioritizing children's basic needs and wants, and better nutrition for entire family members. From August to December 2023, members contributed savings worth 110,020 Kenyan shillings and loaned out 53,450 Kenyan shillings, which were repaid with a 10% interest rate as stipulated in the constitution. Members were eligible to borrow three times the number of shares they saved in the group, resulting in loan amounts ranging from 3,000 to 15,000 Kenyan shillings. The member households have been economically empowered, enabling them to support school-going children by providing learning materials, school uniforms, medical bills, and food. Members have shared plans to enroll new learners in the 2024 academic year.

SUCCESS STORY



"My name is Namoit, I am a 10-year-old boy in grade 2 at Africa Inland Church Lokichoggio Mixed Primary School. When I was asked to drop out of school by my uncle and start herding goats, I felt hopeless and had no choice but to obey. Herding goats in an insecure environment was dangerous, and my uncle cared more about his animals than my well-being. But thanks to the Child Rights Club members at AIC Lokichoggio Mixed, my life took a turn for the better. They stood up for my right to education and advocated on my behalf. The Child Protection Officer and school administration visited my uncle and explained to him the importance of education as my fundamental right and how he had violated that right. My uncle was afraid and finally agreed to let me go back to school. When I returned, my friends were overjoyed to have me back in the classroom, and I was invited to join the Child Rights Club. Being part of the club has been an incredible experience for me. I have learned about my rights as a child, and I now understand that education is crucial for my future.

Through the club, I have participated in various activities promoting child protection and empowerment. I have also had the opportunity to share my experiences with other children and learn from their stories."

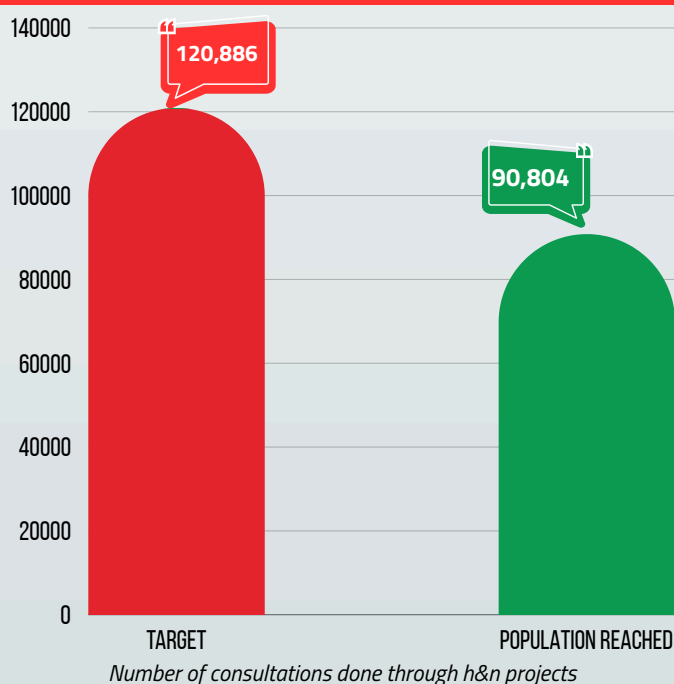
"This project has had a profound impact on my life. It has not only safeguarded my right to education but has also given me hope and a sense of belonging. I am grateful to the Child Rights Club, the Child Protection Officer, and the school administration for standing by me and ensuring that my voice is heard. I am determined to make the most of this opportunity and work hard to achieve my dreams. I want to become a teacher someday so that I can inspire and educate other children who may be facing similar challenges. With the support of this project, I believe that I can make a difference in the lives of others and create a brighter future for myself and my community."





HEALTH AND NUTRITION PROGRAM

HEALTH AND NUTRITION PROGRAM



During the reporting period, AICHM undertook significant efforts in the realm of Health and Nutrition, implementing two distinct projects aimed at enhancing access to quality healthcare and nutritional support for vulnerable populations. These projects were EAF0101 HEALTH AND NUTRITION PROJECT and Malteser International Emergency Program in Africa - MIEPA 3 Through a combination of community outreach initiatives and clinical consultations, the projects successfully reached a substantial number of individuals. Specifically, during this reporting period, a total of 90,804 beneficiaries were reached through these efforts.

EAF0101 Health and Nutrition Project

The project aimed to enhance access to quality health, nutrition, and WASH services to people affected by the South Sudan crisis in Kenya. AICHM recognizes the significance of primary health care services for refugees and the host community through collaborative efforts with MOH, JIA, UNHCR, IRC, KRCS, and other stakeholders. AICHM, with the support of JIA, provided health services in several contexts, monitored health status and access to health services, and built local capacity through technical guidance, infrastructure improvements, as well as the provision of medicines, equipment, and supplies when needed.

The project operated in 3 facilities namely Nakoyo, Nalemsekon, and Naragae plus undertaking medical outreaches to hard to reach communities.

Primary health care services offered through this project are preventive, diagnostic, and curative. These services include clinical consultations, immunization services, laboratory services, reproductive health newborn child adolescent health (RMNCAH), community health program, linkages/ referrals, Safe motherhood interventions with a focus on high-risk pregnancies, and nutrition care both preventive and curative.

Key Achievements:

Outcome: Improved utilization of health, nutrition, and WASH services by pregnant and lactating women, children, and other vulnerable people in Kenya by 2023.

Indicator	Target	Achievement		Remarks
Number of health consultations provided for beneficiaries (HEALTH)	114,186	85,221	74.63%	Health-seeking behavior has gradually improved among people we work with in the course of this project
The proportion of children under 5 years presenting with malaria who have received effective malaria treatment within 24 hours of the onset of their symptoms (HEALTH).	100%	100%		Utilization of LLTNs and non-stock out of antimalarial drugs has led to reduction of malaria disease trend.
Prevalence of diarrhea in children under 5 years (WASH and others)	R - <6% H - <9%	R -28.39% H-22.06%		Water is a scarce commodity in the region, hence access to clean and safe water has not been achieved.

Output 1: Increased access to primary health services including RMNCH, PSS and GBV by 2023 and Uganda by 2023

Indicator	Target	Achievement		Remarks
Number of health referrals (from community to health facilities)	9,213	2560	27.79%	
Number of healthcare consultations	176,895	83,095	46.97%	
Number of women who attended ANC visits (New and re-visits)	7727	8059	104.3%	
Number of Mobile Medical Unit outreaches conducted	24	28	116.67%	
Total number of children fully vaccinated in the reporting period	1133	1116	98.50%	



AICHM-Malteser International

Emergency Program in Africa - MIEPA 3

Enhancing Healthcare Access and Nutritional Well-being

AICHM in partnership with Malteser International and MoH, implement health and nutrition program, targeting Lopur community. The project aims to improve access to essential healthcare services, promote nutrition education and enhance the overall well-being of people we work with.

The project has been committed in addressing the challenges faced by refugees and host communities in accessing quality healthcare and maintaining adequate nutritional levels and reducing the malnutrition level through promoting effective nutrition approaches through social behavior communication and health promotion.

Key Project Components:

Healthcare Access:

Ensuring individuals have access to essential medical care, including vaccination services, maternal and child health services, and treatment for common illnesses. The project facilitates the provision of these vital healthcare services to the target communities in Lopur and its environs.

Nutrition interventions and Education:

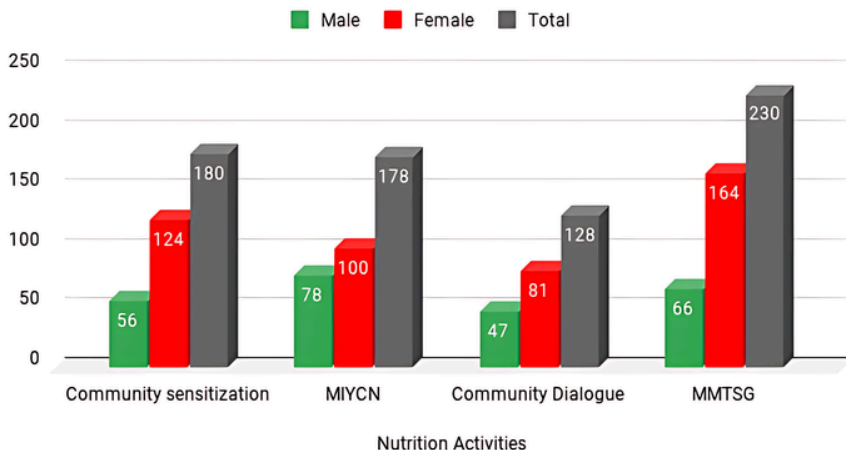
the project implements both preventive and curative nutrition interventions, Implementing comprehensive nutrition education programs targeting both adults , with more focus to pregnant and lactating mothers, this done through community outreaches, Mother and Infant/Young Child Nutrition (MIYCN), Social and Behavior Change Communication (SBCC), Mother-to-Mother Support Groups/Father-to-Father Support Groups (MTMSG/FTFSG), and community dialogues, the project raises awareness about dietary diversification using the local available food stuff, healthy eating practices, proper personal hygiene, and the importance of proper nutrition for overall well-being and promote healthy seeking behavior.

Community Empowerment:

The project places strong emphasis on community involvement and empowerment. This was implemented, with meaningful engagement of community leaders, stakeholders, and community health promoters, the initiative fosters community ownership and participation in decision-making processes related to health and nutrition initiatives. This approach ensured that the project interventions are tailored to the specific needs and cultural contexts of the target communities, promoting sustainable change and long-term impact. Through these comprehensive and integrated components, the project addressed the pressing healthcare and nutritional needs of refugees and host communities, ultimately contributing to their overall well-being and resilience.

Key Achievements:

OUTPUT Activities Sept -2023-December 2023	Baseline	Project target	Project achieved	% achieved
Provision of health consultation services to targeted populations (host community and refugees)	0	6700	5583	83.32%
Provision of life saving diagnostic/test Laboratory services (Malaria test/MRDT, HB, urinalysis, HTs etc).	0	5000	2249	44.98%
Provision of antenatal services to pregnant women with timely and appropriate ANC services (IFAS, TT, SP, ANC Profiling) & PNC) both new and revisit	0	700	186	26.57%
Conduct 360 Integrated nutrition Mobile clinics and provide Nutrition services, ANC, Immunization and health construction targeting hard to reach Communities in Lopur ward.	0	60	27	45%
Children fully immunized (children receives all due vaccine (BCG, preceivehtheria, pneumococcal, rota, measles) as per National immunization Schedule within 1st year of age of child).	0	62	22	35.48%
Community referrals to health facility done by the CHVs, during CHVs routine duty (contact tracing, follow up, community disease surveillence, screening) they identify the patients within the community who requires medical attention and link them to the health facility.	0	600	896	149.33%
Provision of nutrition therapeutic feeding and/or nutrient supplements for children under 5 (Moderate acute malnutrition (MAM) & severe Acute Malnutrition (SAM).	0	SAM – 50 MAM – 240	SAM – 33 MAM – 208	
Nutritional screening of malnourished children under five. (Targeted Mass Screening,) the activity will engage the CHVs /P during Malezi bora campaign to undertake mass nutrition MUAC screening.	0	2000	2058	102.9%
Mothers/caregivers with children under five years old received nutrition education and counseling.	0	2500	718	28.72%
% GAM rate	20.3%	>19.5%		15%
% Cure Rate	0	>75%		SAM:100% MAM:84.9%



Nutrition Activities	Done
Community sensitization	3
MIYCN	3
Community Dialogue	4
MMTSG	5
Total	15



Partner Visit during breastfeeding week.

Community health program

In line with Kenya National community health strategy (2020-2025) AICHM implemented successfully robust community health program in Lopur ward, Our community health. Promoter have bridged critical gaps in healthcare accessibility, reaching marginalized hard to reach. Communities some of intervention include but not limited to; community disease surveillance and preventive messages, through tireless dedication and collaboration, our team has achieved remarkable. milestones, revolutionizing how we approach and address healthcare needs at the grassroots level. The project in collaboration with Malteser International issued bicycles to community health promoters in Lopur. ward to ease their mobility during their routine community work, additionally this was to facilitate their social economic activities.



Medical Outreach services



CHP Bicycle Donation

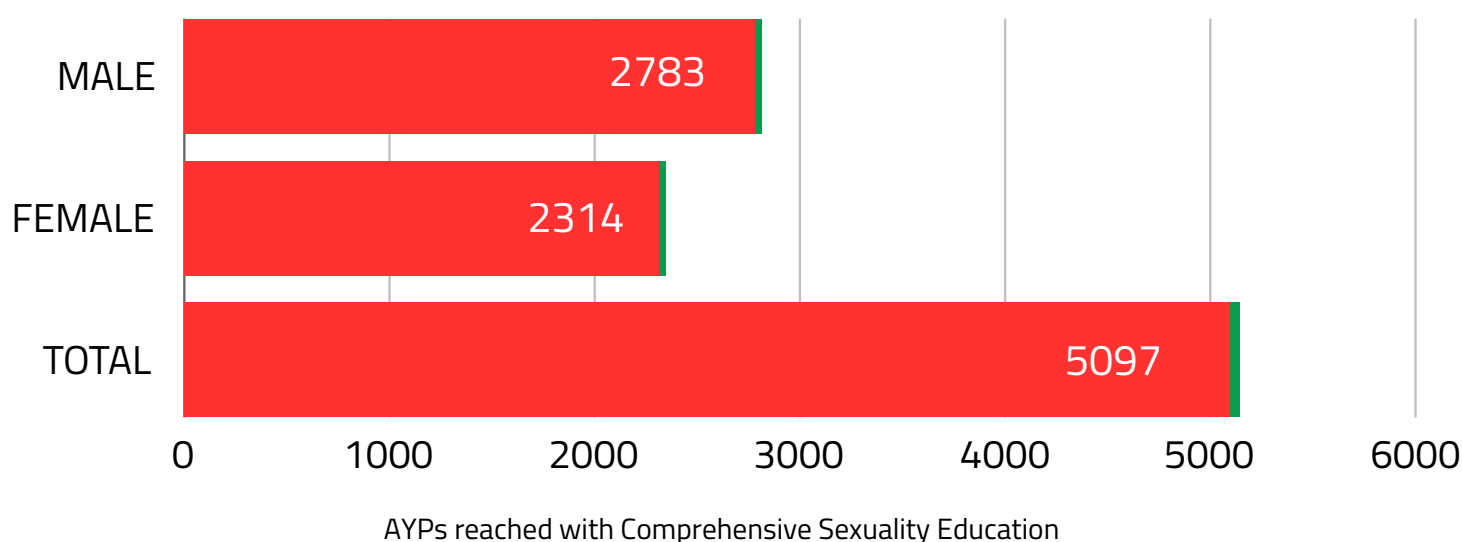


HIV/AIDS PROGRAM

HIV/AIDS PROGRAM

AICHM implemented two Health projects, namely, the Global Fund HIV Project and the USAID IMARISHA JAMII initiative focused on advancing universal health coverage by addressing HIV/AIDS and ensuring access to quality social services for Orphans and Vulnerable Children (OVC) and their families. These projects aimed to provide comprehensive HIV prevention, treatment, care, and support, along with ensuring OVC access to essential social services.

In addition to various activities targeting different people we work with, AICHM delivered evidence-based interventions through comprehensive sexual education tailored for Adolescents and Young People (AYP) aged 10 to 14. The target for this intervention was 5,374 individuals, and AICHM successfully reached 5,097 AYPs (comprising 2,783 males and 2,314 females), making significant strides towards achieving project objectives.



Global Fund HIV Project – Turkana

This project aims to contribute to the attainment of universal health coverage through comprehensive HIV prevention, treatment, care, and support for all people in Kenya.

The main objectives are:

- To reduce new HIV infection by 75%
- To reduce AIDS-related mortality by 50%
- To reduce HIV-related stigma and discrimination to less than 25%

This project is being implemented in Turkana County covering Turkana West & North. The project focuses on various activities targeting People Living with HIV (PLHIV) and Adolescent Girls and Young Women (AGYW) (10- 24 years) conducting various activities touching on behavior change interventions,

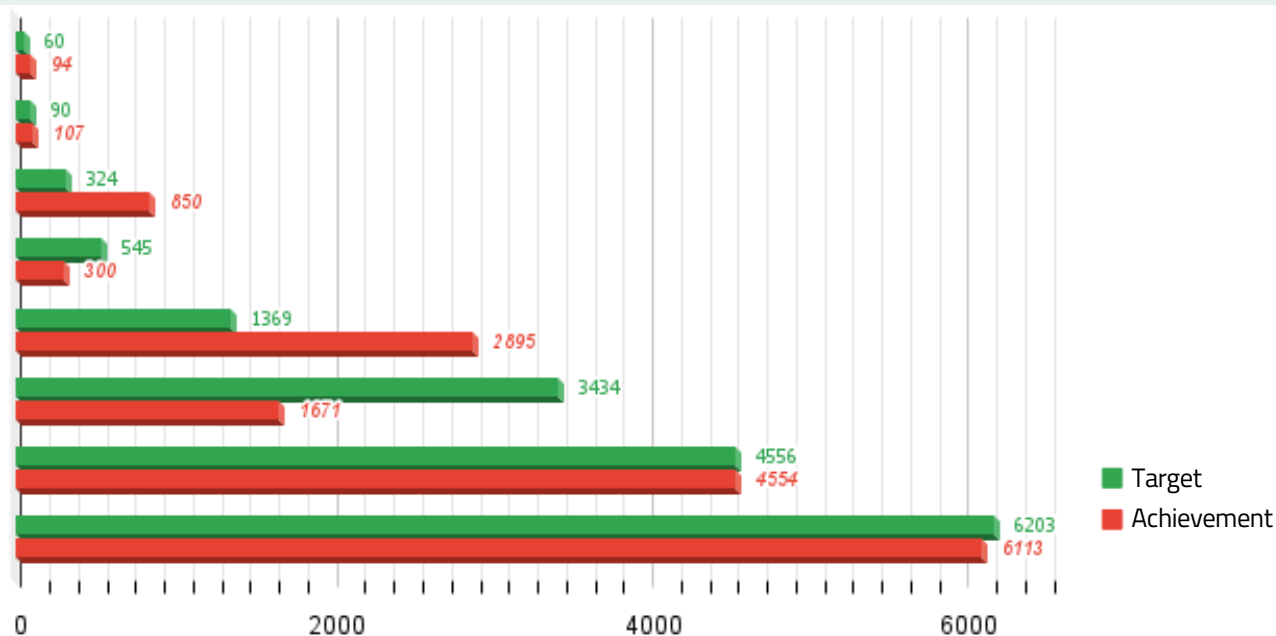
comprehensive sexuality education, Pre-exposure prophylaxis, and comprehensive sexual and reproductive health services. Also differentiated HIV testing, gender-based violence prevention, and post-violence care, addressing stigma, discrimination and violence, menstrual health and hygiene, community empowerment, defaulter tracing, and outreaches for Women Living with HIV (WLHIV) and PMTCT interventions.

Implementation is done in four modules.

- AYP (Adolescent and Young People)
- TCS (Treatment Care and Support)
- PMTCT (Prevention of Mother to Child Transmission)
- HRG (Human Rights and Gender)

Key Achievements 2023 :

Module	Indicator	Target	Achievement	%
Treatment, care and support	Number of PLHIV Defaulter who were returned to Care and are still on follow-up	60	94	157%
Treatment, care and support	Number of PLHIV Defaulters who are traced (Returned to care Self Transferred out)	90	107	119%
PMTCT	Number of WLHIV reached with PMTCT interventions through Expert mothers	324	850	262%
Prevention programs for adolescents and youth, in and out of school	Number of AYP who Initiated PrEP	545	300	55%
Reducing human rights-related barriers to HIV/TB services	Number of AYP reached through the SASA interventions	1,369	2,895	211%
HIV Testing services	Number of people reached with HTS	3,434	1,671	49%
Prevention programs for adolescents and youth, in and out of school	Number of young people aged 10–24 years reached by comprehensive sexuality education and/or life skills-based HIV education out of schools	4,556	4,554	100%
Prevention programs for adolescents and youth, in and out of school	Number of adolescent girls and young women (AGYW) reached with HIV prevention programs-defined package of services	6,203	6,113	99%



SUCCESS STORY

A Journey towards Empowerment - My Story

My name is Akeno Longoria of 19 years of age, I was born to a family where both parents are on ART, I'm the second born in a family of five children and the only child taking ART. My parents never told me the drugs I was taking were ART they used to tell me I was on TB treatment.

In 2015, through the help of a healthcare worker who encouraged me to join OTZ adolescents' program at AIC Lokichoggio Health Center and through the teachings from the program and frequently attending this program every month that is when I realized I was taking HIV treatment drugs and that means I'm HIV positive. I was shocked and the fear was overwhelming, and I felt lost and isolated. The stigma surrounding HIV/AIDS in my community made it challenging to open up about my diagnosis, and I often struggled with shame and blaming my parents. Throughout these struggles, I stopped taking my medication and attending clinic visits and meetings. After months of struggling in silence, someone (a treatment supporter) from the facility reached out to me with frequent home visits encouraging me to come back to the clinic, understand my diagnosis, the importance of adhering to medication, and how to live positively.

Through adolescents, and support groups at the facility, I was able to come back from my struggles and fears since I realized I was not alone in this journey. My treatment supporter continuously supported me through this process with teachings at the facility and showing us testimonies of other adolescents in social media living with HIV who are confident about their diagnosis. Connecting with others who understood my journey provided a sense of belonging and reassurance. Through counseling and educational sessions, I learned that living with HIV was manageable with proper care and treatment.

In 2015 my viral load was LDL and because of failing to adhere to medication my VL changed in 2016, it was 550 copies, in 2018 it was 4287 copies, in 2021 it was 37000 copies. Having been armed with knowledge about HIV, its transmission, and treatment options, I gained a sense of control over my health. Regular appointments with healthcare providers and adhering to my antiretroviral therapy (ART) became my top priority. I discovered that being proactive about my health not only improved my physical well-being but also boosted my emotional resilience. On 12/06/2023, my blood was taken for testing and the results came out as LDL, I was happy about the results having been proactive and committed fully to treatment adherence. My parents are happy that I was able to come to terms with my diagnosis and the fact that I understood the reasons why they were unable to disclose to me my status at an early age. Inspired by the support I received, I have been able to help other young adolescents in our facility navigate through the journey of self-acceptance, aiming to break down the stigma associated with HIV. By being open and honest about my journey, I hoped to show others that an HIV diagnosis should not define one's worth or future.

Today, I continue to live a fulfilling life while managing HIV. I dream of a future where every adolescent living with HIV receives unconditional support and understanding. My HIV journey has been challenging, but it has also been transformative and empowering. By accepting my status, and educating myself, I have turned a difficult situation into an opportunity to make a difference. I hope my story inspires other adolescents to embrace their journey and find strength in their vulnerabilities. Together, we can create a world free of HIV stigma and full of compassion and support.





Health Choice for Better Future (HCBF) Session



HCBF Session during support supervision



SASA outreach session

USAID Imarisha Jamii

USAID Imarisha Jamii is a 5-year project funded by the President's Emergency Plan for AIDS Relief (PEPFAR) and the US Agency for International Development (USAID) to increase the use of quality county-led health and social services in Turkana County. AICHM as one of the consortium partners, implements Sub-purpose three of the projects which is the Orphans and Vulnerable Children Program (OVC)

Project Objectives

The OVC project aims to guarantee that OVC and their families have access to high-quality social services, achieved through the pursuit of the following objectives.

- Increased Targeted Services for HIV Exposed, Infected, and affected OVC
- Increased Economic Stability of Households to Care and Protect OVC
- Strengthened Capacity of Social Services Systems and Structures to Support OVC

5812
Target

5847
Total served

760
Received preventive
services

241
Graduated

101%

Total percent

4846 Beneficiaries of the OVC
comprehensive model

Sub county	OVC Comprehensive (Active)	OVC Comprehensive (Graduated)	OVC Preventive	Total Served (OVC Comprehensive + OVC Preventive+ graduated)	COP 22 Targets	% served based on COP Target
Loima	222	0	0	222	187	119%
Turkana Central	2079	88	289	2456	2334	105%
Turkana East	241	51	0	296	435	68%
Turkana North	347	0	0	347	471	74%
Turkana South	749	102	270	1121	1277	88%
Turkana West	1204	0	201	1405	1108	127%
Grand Total	4846	241	760	5847	5812	101%

OVC _Comprehensive

1429 F and 1425 M OVC received healthy services, 604 F, 635 M OVC received services in the safe domain, 17 F, 13 M OVC in stable received services, and 1956 F, 2003 M in the schooled domain. The below table gives a breakdown of the OVC age range per domain and services received in the program during the reporting period.





Domain	Healthy		Safe		Schooled		Stable		Grand Total
Age Range	Female	Male	Female	Male	Female	Male	Female	Male	
a.[<1yrs]	11	10	2	1	2	3	0	0	22
b.[1-4yrs]	191	189	72	91	54	72	0	0	418
c.[5-9yrs]	226	235	220	228	564	559	2	0	1218
d.[10-14yrs]	446	439	174	180	677	711	2	2	1561
e.[15-17yrs]	324	320	86	91	404	413	3	2	970
f.[18-20yrs]	231	232	50	44	255	245	10	9	657
Grand Total	1429	1425	604	635	1956	2003	17	13	4846

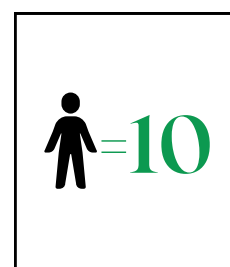
OVC_Preventive

The project has been implementing Coaching Boys into Men (CBIM) as an evidence-based intervention that targets boys in schools aged 10 – 14 years. The project COP target for preventive was 818. The EBI was delivered in 12 sessions facilitated by teachers as coaches during school games sessions. The project completed the training of 46 coaches in Q1 of coaching boys into men (CBIM) in partnership with the Teacher's Service Commission and the Ministry of Education. Coaches successfully enrolled 1090 (133% of the COP target of 818) 10 to 14-year-old boys in the project (From the 1090 targeted 259 boys could not

complete sessions as the coaches never facilitated the sessions to end this affected Turkana Central whereby out of the 6 coaches 4 were transferred different schools while two got other commitments within the schools.

Despite the challenges, the project team was able to graduate 760 (93%) boys who completed their sessions, 201 in Turkana West, 270 in Turkana South, and 289 in Turkana Central. Certain schools have not yet concluded sessions, involving 249 beneficiaries in Turkana Central.

Lokichoggio	
Kanamkemer	
Lodwar	
Lokichar	



CBIM graduation at Nakwamekwi Primary School



SUCCESS STORY

ANWAR GOES TO SCHOOL/AFTER A LONG PERIOD OF STRUGGLE

It's indeed heartening to hear that Anwar CPIMS ID 4656556, a 10-year-old child born on June 15, 2013, with a CCC number of 1505701114, from Lokwadat, was linked to the OVC program on April 6, 2018. Anwar's viral load (VL) is 822,098 copies, as of June 26, 2023. The above-mentioned CALHIV was living with his grandmother a residence of Lokwadat village in Lokichar Sub County. His parents are deceased, The CALHIV in question has been having problems with his health because he hasn't been adhering to medication due to a lack of basic needs since the grandmother and other family members relocated and left him with the fear of getting infected.

Isolation and Critical Illness:

When the child fell seriously ill, both his grandmother and other family members abandoned him. He decided to reach the facility on his own, realizing that no one was taking care of him due to his illness and lack of nutritional support, he started living at the facility. The doctor overseeing his treatment recommended a three-month stay for recovery.

The fact that Anwar's viral load was never taken since 2018 was worrying ;the Caseworker tried sensitizing the grandmother on the importance of adherence and obeying TCAs as provided by the clinicians severally but the caregiver was not concerned until they had to relocate leaving Anwar behind, Anwar felt neglected then he had to look for a temporary shelter and found his way to the nearest facility and pitched a hut near RCEA facility. Through this, he was able to get support since his presence could be noticed by everyone passing by.

Intervention by the OVC Program:

The case was reported to the case manager by the case worker attached to the facility, who assessed the child's vulnerability in four domains.

Recognizing his exceptional vulnerability, the program provided an emergency cash transfer of Ksh 6,000 to buy food and basic items. This support allowed the child to re-enroll in a boarding school. The program is also supported with scholastic materials and school uniforms.

Recovery and School Enrollment:

During the three-month monitoring period, the child regained his strength and well-being, allowing him to resume daily activities. He was enrolled in school, provided with necessary supplies, and displayed great enthusiasm for education, expressing his aspiration to become a doctor.

The case manager conducted background checks to identify any close relatives who can live with the child during school closure the child disclosed having a sibling who lives at Kalemgorok. He said he had a sibling sister who is married and stays at Kalemgorok with her family. The case manager had to visit the sister to discuss the well-being of the brother and sought for the sister's approval to give consent she can host her brother.

CCC and case manager provided adherence education to the sister to enable effective monitoring during school holidays. The OVC expressed deep gratitude to the OVC program for intervening when others had shown little compassion or concern for him. The case manager at the school confirmed his significant improvement and understanding of educational topics.

This story illustrates how timely and comprehensive support can transform the life of a vulnerable child, enabling them to pursue their dreams and aspirations despite facing adverse circumstances.

"Thank you, Maxy (*Case manager*) and USAID, for your care and support," said Anwar



FINANCE

Revenue contribution per program

AICHM possess a vibrant financial controls and active management systems in place, AICHM has maintained a strong financial position, with revenues meeting projections and prudent expense management. This fiscal discipline has allowed us to allocate resources effectively to support our programs and initiatives; uphold the highest standards of transparency and accountability in financial reporting. The annual financial report reflects our commitment to open communication with our stakeholders, including donors, partners, and the community we serve. Our financial practices adhere to regulatory requirements and industry best practices. Our governance structure ensures oversight, risk management, and ethical conduct in all financial matters.

As we reflect on the accomplishments and challenges of the past year, we remain focused on our mission and vision for the future.



Ksh 19,688,075

EMERGENCY HEALTH AND NUTRITION



Ksh 18,061,017

TURKANA FOR RESILIENCE



Ksh 15,886,981

IMARISHA JAMII

PRIDE

Ksh 23,446,863



EMERGENCY RESPONSE

Ksh 24,167,744



HIV PROGRAM

Ksh 31,959,119



VISION IMPACT PROJECT (VIP)

Ksh 80,335,521



LIVELIHOOD

Ksh 47,133,422



JOHANNITER

HEALTH AND NUTRITION

Ksh 39,205,316



JOHANNITER

Thank you!

The work of AIC Health Ministries would not be possible without our many different sponsors and donors.

On behalf of our team and all our local project partners, we extend our deepest gratitude to you for your invaluable support.





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