



Tropical Institute of Community Health and Development (TICH) in Africa

17th TICH Annual Scientific Conference

20th -22nd August 2025

KISUMU, KENYA

Theme:

“Data Digitization and Utilization for Improved Livelihoods”



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1. INTRODUCTION

The 17th TICH Annual Scientific Conference on “Data Digitization and Utilization for Improved Livelihoods” was held on 20th to 22nd August 2025 at Mama Grace Onyango Cultural and Social Hall, Kisumu. This gathered a diverse group of experts, researchers, community consultants, research institutions, universities, policymakers and implementers.

1.1 MORNING DEVOTION

Devotion was led by Rev. Dr. George Okoth who shared from Matthew 6:33, which says, seek ye first the Kingdom of God and His righteousness and all these other things shall be added unto you. Highlighting the need to love God and have love for one another. He urged the participants to have a right relationship with God, dedicate time to worship, and have respect for one another.

2. OPENING REMARKS

MODERATOR - PROFESSOR MARGARET KASEJE



The CEO welcomed all guests and participants to the 17th TICH Annual Scientific Conference. She then read out the theme of the conference which was Data Digitization and Utilization for Improved Livelihoods. “This conference brings together our knowledge and thinking, we will engage in discussions for practical solutions and make our lives better and the lives of others better.”

3. OFFICIAL OPENING

Moderator: Mr. Bob Madanji

Mr. Bob Madanji Kisumu County Director for Protocol welcomed the county officials from both Kisumu and Siaya Counties who addressed the Conference, starting with an overview by the Chair of TICH Trust.

3.1 CHAIR OF TICH TRUST – PROFESSOR DAN KASEJE



Presentation Highlights

- **Alma Ata Declaration 1978**
- **Three themes of the conference**
- **Strategic partnerships, networking and collaborations**
- **Program content**

Professor Dan Kaseje, in his speech highlighted the Declaration of Alma-Ata that was endorsed at the Alma-Ata Conference in 1978, that focused world attention on enhancing access to healthcare for all, adding that governments were mandated to facilitate health for all. He emphasized the need to measure progress, highlighting a troubling reality; approximately 60 percent of households are trapped in a vicious cycle of poverty and ill health, unable to access healthcare, pointing out that **people are sick because they are poor and they are poor because they are sick**. In his address, he highlighted the three sub-themes of the Conference which were: digitization of health information systems, sustainable financing of health systems, and climate change and digital solutions for food and nutrition security. Prof. Kaseje also stressed the importance of routinely collected data in guiding policies and improving health outcomes. He acknowledged partners in attendance including representatives from Keele University (UK), as well as officials from Siaya, Migori, Homa Bay, and Kisumu Counties. He recognized the presence of policymakers and service providers, along with researchers and community consultants. He gave a brief highlight on the program, stating that the program would feature a lineup of experts who would share their thoughts at plenary and roundtable discussions. There would be capacity building sessions designed to equip participants with data management skills.

Mr. Madanji invited the County officials to address the Conference, including the County Executive Committee (CECM) Member of Health Dr. Martin Odhiambo K'onyango who officially opened the meeting.

3.2 DR. DON SANDE OGOLLA, COUNTY DIRECTOR OF MEDICAL SERVICES IN KISUMU

Dr. Don Sande in his address stated that the county is keen on leveraging and collaborating with research and learning institutions to address challenges in research pillar and envisaged to use digitized and technology driven data to improve service delivery. He expressed the county's readiness to utilize public data to improve service delivery. He said that a Quality Health Service and Patient-Centered Bill has been proposed. The aim is to ensure all health service delivery points provide services of consistently high quality. He emphasized building strong health information and record systems which is vital for better decision-making through data use, and in his closing remarks he indicated that budgeting and improving human resources remain critical areas for health sector strengthening.

3.3 DR. MARTIN ODHIAMBO K'ONYANGO CEC FOR HEALTH SIAYA COUNTY (REPRESENTED KISUMU AND SIAYA GOVERNORS)



He started by giving greetings from his Excellency Hon James Orengo, the governor of Siaya County. He stated that real time data save lives and improves services, digitized data system helps to maintain health, Siaya County has gone full scale to digitize their services, and it ensures long term health care financing. He emphasized that data must guide policies and budget, stating that data must go beyond desktops. He then declared the Conference officially opened.

Professor Kaseje introduced the new partnership between TICH and Biomark Diagnostics for health problems then invited Dr. Yonnie Otieno to address the Conference.

3.4 ADDRESS FROM BIOMARK DIAGNOSTICS REPRESENTATIVE – DR. YONNIE OTIENO

He stated that people in rural areas tend to die early compared to those that live in towns because they cannot access care as often as town people do, and the types of drugs being taken is also one of the major contributors. Biomark Diagnostics brings a new aspect of health care in terms of rapid results for timely evidence-based diagnosis and treatment. He emphasized that this new program would address the long queues in hospitals by treating patients from the comfort of their homes. Dr. Otieno also informed the Conference of the plan to work with TICH to launch the initiative. He then invited Dr. Rashid the CEO of Biomark Diagnostics who addressed the Conference virtually and gave further insights on the early-stage cancer detection innovation and the intended partnership with TICH.



Signing of MOU by Biomark Diagnostics, TICH, Siaya and Kisumu Counties

4. SUB THEME 1: DIGITIZATION OF HEALTH INFORMATION SYSTEMS (KEYNOTE SPEAKERS)

Moderator: Ms. Elizabeth Oywer



4.1 FIRST KEYNOTE SPEAKER: PROFESSOR MONICA MAGADI



Topic: Linkages between health system challenges and digital health interventions in UK context.

She highlighted the definition of digital health as described by WHO which recognizes the importance of data in supporting informed decision making to strengthen resilience of health systems. The presentation on linkages between health system challenges and digital health interventions draws largely on the WHO

(2023) classification of digital interventions, services and applications in health which provides a good introduction to the AUTOMATE project on ***“Harnessing routinely collected data for timely healthcare decisions in LMICs amidst pandemics”*** which the first day of this year’s TICH annual Conference is focusing on. She provided an outline of the AUTOMATE project which started by recognizing the project team and partners. The study is currently being undertaken in Siaya and Kisumu Counties and involves three main objectives:

- I. Establish current county capacity to use data for healthcare decisions, using COVID 19 outcomes for illustration
- II. Develop digital health and intelligent data analytics /visualization tools to facilitate data access/interpretation for decision making
- III. Pilot and assess feasibility of digitization of health care data for timely decision making

Findings will inform the development of appropriate data digitalization and visualization/analytics tools in LMICs to enhance evidence-based decision making for improved performance of the health systems with feedback loops at all levels.

Key Recommendations from the presentation

- Strengthen health systems via digitization to improve preparedness/responsiveness to future pandemics
- Bridge the gap between data evidence and policy and program gaps for timely decision making to strengthen health systems. Track trajectory pandemic and its effects on the overall including routinely collected data and modeling efforts
- Have commitment to support efforts to improve information and data technology in universal health coverage

4.2 SECOND KEYNOTE SPEAKER: DR. MARTIN OSUMBA



Topic: Linkages between health system challenges and digital health interventions in Kenya

Dr. Osumba in his presentation highlighted how adoption of Fast Healthcare Interoperability Resources (FHIR) could be accelerated and its results made persistent. The essence of integration of digital health in Kenya's health system is not up for debate. He raised the questions:

“How sure are we that we are counting the same data? How are we making progress as Kenya most especially Kisumu and Siaya? How do we know who the patient is? How do we ensure that these systems will upgrade to ensure we count the same information across?”

An example: A mother has delivered at home and then moved to the health facility by CHWs because of complications and blood is required and they start making phone calls on how they can get blood. The receiver of the information will not have the exact information.

In the space of health, the way Siaya may run the examination of a patient may be different. FHIR supports common exchange methods because of the problem of not counting the same thing. We have good digital system but cannot exchange and see we are counting the same information /data. Therefore, digital health system will continue to be mirage.

Key Recommendations

In his recommendations to overcome the FHIR technical challenges such as directory, security and identity, he stated the following transitioning process;

- Accelerate FHIR adoption and make the results persistent
- Create standards; update FHIR core specification, create FHIR Implementation Guide(s) and update specific artifacts and tools (e.g. FHIR version management/conversion)
- Support testing and piloting (e.g. making certain the solutions are implementable)
- Support regulatory processes
- Establish persistent process through testing& Certification, endpoint Directory(ies) and Trust Frameworks
- Identify relevant standards, adopt and integrate them
- Counties to handle digitization infrastructure challenges by upgrading and through resource mobilization

4.3 THIRD KEYNOTE SPEAKER: DR. KIERAN BROMLEY (KEELE UNIVERSITY, UK)

Topic: Health facility data quality assessment

He introduced his presentation stating the aim of the project is to assess the quality of the data collected across multiple sources, emphasizing that data quality is essential in healthcare research for generating

reliable, valid and actionable interventions. This data focused mainly on three sources ANC, maternity and immunization.

Key recommendations

- Data should be standardized
- Ensure data is in a usable format (data cleaning)
- Ensure data consistency, accuracy, completeness and timeliness
- Continue data quality assessment with deeper drive into maternity and ANC data.
- Link data to maternity and ANC outcomes,
- Analyze individual level outcomes data to determine impact of COVID 19 through modeling

QUESTION AND ANSWER SESSION

Moderator: Ms. Elizabeth Oywer

Q1. Professor Rewe: Are we envisioning a paperless health system?

Answers

Professor Magadi

Paperless can only be established if Kenya health system is ready for it. Paperless is not fully implemented but trying to go paperless.

Dr. Osumba

He stated that they want to make the system not to be paper dependent.

Dr. Ogolla (Director of Medical Health Services, Kisumu)

Kisumu is about 45% paperless. Kenya is more than ready to go paperless.

Q2. Dr. Onyango (CEC Health Siaya County)

The study you are conducting in Kisumu and Siaya counties is a very powerful tool for PhD students. Do you have students on the program?

Answer from Professor Monica Magadi

The current study is a pilot, once completed and digitalization adopted it will open doors for PHD students.

5. PAPER PRESENTATIONS

Moderator: Ms. Elizabeth Oywer

5.1 FIRST PAPER PRESENTER: MS. MERCY KORWA FROM ALEGO - USONGA SUB COUNTY



Topic: Trends in maternity service utilization by aggregated data in Alego- Usonga 2018 to 2024

This study aimed to explore the trends in maternity services utilization among women in Alego Usonga sub county between 2018 and 2024. By examining these trends, the research sought to identify patterns, challenges, and opportunities for improvement in maternal healthcare delivery. This study employed a retrospective analysis of existing data on maternal services utilization from the Kenya Health Information System (KHIS) in various health facilities.

Key findings

There was an alarming rise in maternal mortality 2020-2024

Exclusive to level 5 facilities handle high risk cases but may lack resources (staff, equipment, blood banks) for emergencies.

Still births increased despite fewer deliveries suggesting quality of care deterioration.

Baby discharge trends collapsed in 2024 implying increased neonatal complications/ deaths.

Weak referral systems and capacity gaps at primary levels

Key recommendations

Maternal Death Audits: Conduct root-cause analysis of all 2018-2024 maternal deaths and improve level 3 and 4 to manage referrals to reduce pressure on level 5.

2024 Anomaly Investigation: Assess service disruptions (e.g., strikes, drug shortages, infrastructure damage).

Emergency Response: Deploy mobile clinics to underserved areas (Levels 2-3 catchments). Stock essential supplies (oxytocin, antibiotics, blood) at all facilities.

5.2 SECOND PAPER PRESENTER: MS. MAUREEN ADERO – UGUNJA SUB COUNTY

Topic: Trends in maternity service utilization 2018-2024

The study was undertaken to analyze maternity service utilization trends in Ugunja Sub-county, specifically to examine patterns in facility-based deliveries, evaluate birth outcomes, including live births and stillbirths and analyze discharge trends among mothers. This was retrospective descriptive study using quantitative data from KHIS.

Key findings

- Service Utilization: 74% of deliveries at Level 4 facilities; underuse of Level 2 (1%).
- Delivery Trends: Dip in 2020–2021 linked to COVID-19 disruptions; recovery by 2024.
- Neonatal Outcomes: 98% live births; stillbirths rose to 2.07% in 2024.
- Maternal Outcomes: Only 3 maternal deaths (2022); MMR = 139.6/100,000, well below the national average 362/100,000 live births.

Key recommendations

- Strengthen lower-level facilities (Levels 2 & 3): Equip and staff these facilities adequately to reduce overdependence on Level 4 hospitals.
- Improve intrapartum care quality: Scale up emergency obstetric and newborn care (EmONC) training and introduce continuous fetal monitoring to address rising stillbirths.
- Institutionalize maternal and perinatal audits: Undertake regular MPDSR reviews to identify and prevent avoidable deaths.
- Policy and data strengthening: Ensure sustainable financing for free maternity services and improve HMIS/KHIS data quality for evidence-based decisions.

5.3 THIRD PAPER PRESENTER: MS. KIPRONO PRISCAH – NYAKACH SUB COUNTY

Topic: Maternal complications and perinatal deaths trends in Nyakach and Katito Hospitals, Kenya 2018-2024

The overall objective was to determine maternal factors associated with perianal deaths at Katito and Nyakach Hospitals. It was a retrospective descriptive study using secondary data derived from routine

health service records reported in the Kenya Health Information System (KHIS) for the period 2018-2024. Data was extracted from the KHIS web portal (DHIS2 platform) for specific facilities.

Key Findings

- 1) Increased number of maternal complications post COVID19
- 2) Increased perinatal deaths pre-COVID 19 =36, during COVID19 =41 and post COVID19 =61. There was a steady increase which needed interventions.
- 3) Katito was leading with perinatal deaths due to the fact that it serves a higher catchment population compared to Nyakach also it is located in an urban area.

Key Recommendations

County government together with partners come up with ways to reduce maternal complications e.g come up with a policy to ensure all women of reproductive age are screened for pregnancy when they visit a hospital. if they test positive, they should start the clinic immediately just like “test and treat in HIV program” and ensure that the ANC profile is mandatorily done, and this might help reduce the maternal complications that most of the time leads to perinatal deaths.

5.4 FOURTH PAPER PRESENTER: MS. ATANDI LUCY – GEM SUB COUNTY

Topic: Maternity service utilization trends between 2018-2024 in different facility levels in Gem-Sub County

The study aimed to examine the trends in maternity/ maternal service utilization among women in Gem Sub-County hospital in period of 2018-2024 and specifically analyzed annual trends in delivery service utilization, evaluated the trends on key maternal outcomes, assessed discharge trends on maternal utilization during the period under review and tracked birth outcomes trends in delivery utilization. Retrospective descriptive study was employed using quantitative data from KHIS.



Key Findings

- 5 deaths recorded 2022–2024.

- Deaths concentrated in Level 3 & 4 facilities due to high-risk referrals.

Key Recommendations

- Improve referral systems and emergency response
- Strengthen quality of care in Level 3 and 4 facilities and build the capacity of level 2 facilities for them to deliver maternal services
- Intensify community engagement and education
- Allocate more resources to maternal health
- Integrate maternal service utilization data into county level evidence-based decision making
- Conduct continuous monitoring and research into gaps in service delivery

5.5 ILLUSTRATIVE ANALYSIS EARLY FINDINGS

Presenter: Dr. Kieran Bromley (AUTOMATE project)

He presented health systems challenges; COVID-19 pandemic disrupted maternal, new-born and child health (MNCH) services globally, particularly in low- and middle-income countries (LMICs) where data systems often struggle to keep up with the pace of emerging crises. The service disruptions especially in Kenya resulted in a 29% decline in outpatient visits during the pandemic and raised concerns about the impact on MNCH outcomes, with increased risks of maternal mortality and neonatal deaths. He highlighted WHO recommendations that stress the importance of using timely, accurate data to inform policies and ensure continued delivery of essential health services during pandemics. He stated that routinely collected health data can be used to provide insights to inform policies and adapt service delivery during health emergencies.

He presented maternal and antenatal care data from 3 sub counties in Siaya and 7 sub counties in Kisumu from the KHIS (Kenya Health Information System) data. He highlighted the data from eCHIS (electronic Community Health Information System) on child deaths, delivery information and malaria cases. He then talked about the trends over time on HIV positive deliveries, revisiting ANC clients, supplements given to pregnant mothers and birth outcomes by county.

QUESTION AND ANSWER SESSION

1. Why were the death rates so high?

Our facility is a level 5 hospital (Siaya County Referral Hospital, Alego Usonga) so mothers are brought in our facilities when they are in a bad condition and end up dying because there is little the facility can do.

Some are brought in already dead and all these deaths have to be counted in our facility. Late referrals are also a cause of these deaths.

2. Was the study done in public hospitals or private?

This study was done in public and faith-based hospitals

3. Why did you conduct this study only in 2 facilities in Kisumu?

The study was done in Nyakach sub county, and we used these 2 hospitals because they are both level 4 facilities and they cover a bigger population compared to other levels.

4. How was the data collected?

The data was collected using the health facility registers.

6. POSTER PRESENTATIONS



6.1 FIRST PRESENTATION

- ❖ Digitization of health HMIS by KIKOP - Authors Vincent Okoth and Anne Kerubo
- ❖ The project is funded by Impact Global Health Alliance
- ❖ They work in 2 sub counties in Kisii.
- ❖ They used an app called Meaningful 2.0
- ❖ They narrated how this app is used by the CHWs to collect data. This app can be used offline once downloaded and synchronize data at the end of the month. Once the data is ready it's shared with the link health facility.

QUESTION AND ANSWER SESSION

1. Are there any challenges the CHWs encounter while using the app?

This app is very easy to use and we have trained them. Those who are not able to use the app are assisted.

2. Is the system operable with eCHIS?

Yes, this app can be navigated without restrictions.

6.2 SECOND POSTER PRESENTATION

Topic: Effectiveness of CHW training, equipping and deploying in reducing infections and deaths in rural western Kenya.

Presenter: Kennedy Orwenjo

The study was done in Siaya intervention site and Kisii control site. Focus group discussions were held with mothers who delivered between 2019 and 2020. The CHWs were given PPEs to protect themselves since the data was collected during COVID 19. There were challenges that were faced during this period; curfews made it a bit challenging but the CHWs were given curfew cards to allow them take the expectant mothers to hospitals.

QUESTIONS AND ANSWER

1. Did mothers die during this period?

We didn't examine that issue but there were cases of home deliveries.

2. How did Kisii come up as the control site?

Siaya had already started the program with two sites, so that left Kisii as the control site.

3. Did you have CHWs

Yes, we used the CHWs but the CHWs in Siaya were trained and equipped to detect, manage or refer clients whereas in Kisii the CHWs continued with their routine activities.

7. CAPACITY BUILDING SESSIONS



Moderator: Professor Monica Magadi

Facilitator: Kieran Bromley

The participants trained on the following topics; data types, descriptive analysis, confidence intervals, hypothesis testing, statistical testing, p values, analysis of intervals, t tests, linear regression, dummy variations, introduction to SPSS and data analysis using SPSS, the ODDs and the logit of p, adjusted effects, interpretation of logistic regression parameters and logistic regression with multiple predictors. The facilitator stressed that in analysis, one has to determine outcome of interest, dependent and independent variables, thereafter exercises were provided to participants using KDHS data.

8. SUB THEME 2: SUSTAINABLE HEALTHCARE FINANCING

Moderator: Mr. Kennedy Oruenjo

8.1 FIRST KEYNOTE SPEAKER HON. MARTIN OWINO (MP NDHIWA CONSTITUENCY)

Hon. Martin Owino is also a member of the health committee in the 13th Parliament of Kenya.

Topic: Sustainable Financing of Health Systems

Honorable Owino highlighted crucial aspects of health financing. He emphasized sustainable interventions that involve building the capacity of people to come up with solutions. He brought the Conference attention to answering the critical question, “who pays since government financing has been pushed so

high?”. However, he encouraged innovative solutions to address the current system’s shortcoming, stressing citizens’ responsibility in paying taxes. He pointed out that there is the war between preventive and reactive medicine. In Cuba for instance doctors treat patients beyond reactive medicine. The fundamental question in this regard was “what is the healthcare system we want?”.

The discussion highlighted the need for early disease diagnosis and prevention, raising another critical question: “How do we ensure every person gets physical check-up annually?” And this was identified as a major challenge. Furthermore, health facilities must be well-equipped to diagnose and treat diseases effectively, however, budget constraints often hinder proper equipping, and facilities require not only health-wise equipment but also financial support.

Another critical question arose, “what is the cost of health?” He emphasized the need to discuss and control the prices of medicine to make healthcare more affordable, especially for the vulnerable community members such as under 5 year children.

He emphasized the importance of managing health conditions early to minimize costs incurred on treating full blown illnesses.

In conclusion, a strong health system necessitates well-equipped facilities, efficient service delivery and adequate funding. He suggested that facilities should be given access to SHA directly for sustainability purposes. He pointed out that even though financing of healthcare is high, preventive care should also be included. Other critical questions that the speaker sought to be answered in the Conference were: “how do we get people to pay and cut costs or manage conditions early? What are the possibilities of exploring insurance options? If health is for all, who pays and if it is free, who pays?” If you are sick, you are poor and if you are poor, you are sick he concluded.

8.2 SECOND KEYNOTE SPEAKER: DR. DAN GIKONYO FROM KAREN HOSPITAL REPRESENTING THE PRIVATE SECTOR



Dr. Dan Gikonyo's presentation on sustainable financing of health systems provided valuable insights into the challenges and opportunities in the healthcare sector. He began by discussing the International Finance Corporation (IFC), a financial institution that helps developing countries grow their private sectors. IFC helps unlock private investment, creates markets and opportunities, and assists partners in overcoming financial, operational, and other challenges. However, he encouraged the audience to think beyond the traditional definition of IFC and instead consider it as a mindset for entrepreneurs. In this context, IFC stands for Idea, Finance, and Consistency and Passion.

He elaborated this concept, explaining that having an idea is the first step towards creating something impactful. The finance aspect involves selling this idea to banks or investors to secure funding.

Consistency:

- **Consistency and Passion** are important for the success of the venture. Consistency can be applied in various areas, including consistency in quality, where every product meets high standards, such as manufacturing precision in production processes.
- **Consistency in meeting deadlines** helps to establish credibility and build customer loyalty.
- **Consistency in data** ensures that all business data is derived from a single, consistent, and accurate data set, known as the One Source of Truth (OSOT) practice.
- **Consistency in operations** allows for measurement and improves employee productivity.
- **Consistency in plans** builds trust with employees by demonstrating that the business plans ahead and follows through.

Picking business location:

He emphasized the importance of picking the right business location. He noted that this is a critical decision for any business, whether it's a brick-and-mortar establishment or an online store. He cited the example of Karen Hospital, which was built in 2002 after carefully considering all relevant factors. Dr. Gikonyo stressed that once a business is established, it's essential to explore various ways of operating it effectively.

Agile supply chain management:

He highlighted the importance of having a responsive and agile supply chain that can adapt to changing market conditions. To achieve this, businesses should establish strong relationships with suppliers, consider alternative sourcing options, and implement inventory management strategies that allow flexibility.

Challenges that businesses face:

He also discussed the obstacles that businesses face, with financing being a major challenge. He noted that delayed payments from clients can significantly impact a business's cash flow and operations. To

overcome these obstacles, Dr. Gikonyo drew inspiration from the life and achievements of Wangari Maathai, who overcame numerous challenges to become a renowned environmentalist and Nobel laureate. Wangari Maathai won the World Award in 1989, the Golden Environmental Prize, the Outstanding Vision and Commitment Award in 2002, and the Nobel Peace Prize in 2004. Her story serves as a powerful reminder of the importance of resilience and determination in the face of adversity.

In conclusion, Dr. Gikonyo offered several key takeaways for entrepreneurs and business leaders. He encouraged them to think outside the box and embrace innovation and creativity. He also emphasized the importance of focus and staying committed to one's vision and goals. He also stressed the need for businesses to invest in employee development, as this not only enhances the skills and capabilities of the workforce but also improves morale and loyalty. A highly skilled and motivated team can adapt to changes more effectively and contribute to the long-term success of the business. Finally, Dr. Gikonyo concluded with a call to action, urging businesses to give back to society. He emphasized the importance of promoting local economic growth and development through initiatives like "Buy Kenya, Build Kenya." By adopting these strategies, businesses can achieve sustainability while contributing to the overall well-being of the community.

8.3 THIRD KEYNOTE SPEAKER: PROFESSOR VIOLET KIMANI



Professor Violet Kimani presented on factors influencing health and provided a comprehensive overview of the various determinants that impact health outcomes. She emphasized the importance of understanding these factors to promote health equity and improve healthcare systems.

Factors Influencing Health

She highlighted several key factors that influence health, including:

- 1) Health Promotion: This defines a process of engaging the public, individual, and communities.
- 2) Environmental Factors: This has a direct impact on people who live in it, embracing physical, psychological, socio-economic, water, housing, food, and access to services.

- 3) Afforestation Management: Preserving natural resources for a healthier environment.
- 4) Socio-Economic Status: This is at various levels consisting of individuals, families, communities, and national. Healthcare is influenced by economic status, per capita GNP, education, occupation, employment, and purchasing power. Affluence often contributes to poor health.
- 5) Political System: A country's political system and commitment influence decisions that facilitate resource acquisition and equitable allocation for manpower, policy, technology choice, and utilization, ensuring health services are available to all and accessible nearer to where people live.
- 6) Nutrition, Food, and Hygiene: Viable nutrition, cleanliness, and balanced diets ranging from farm-to-vendor-to-table promote health and wellness of the people.
- 7) Health Services: Ensuring accessible and quality healthcare for communities and individuals, with a top priority of reducing maternal and child morbidity and mortality. The services afforded include maternal care and monitoring, safe delivery, neonatal and child immunization, and growth monitoring services.
- 8) Population Health Aging: Managing health needs of diverse populations, including the elderly.
- 9) Gender Inequality and Health: Addressing health disparities arising from gender inequality.
- 10) Financing Health: Ensuring adequate funding for healthcare services and systems.

Professor Kimani posed the question, “What has changed over the last 50 years?”. She emphasized that health equity or inequity is a policy issue and highlighted the need for collaboration between research and public health facilities to address these challenges and ensure healthcare systems are designed to promote health equity for all. She noted that level 4 hospitals need to be equipped to provide quality healthcare services, and commended TICH for its great work in contributing back to the community.

8.4 FOURTH KEYNOTE SPEAKER: PHILIP ODAGA (SHA REPRESENTATIVE)

Report on Social Health Authority (SHA) and Universal Health Coverage (UHC) in Kenya

Mr. Odaga provided a comprehensive overview of Kenya’s progress towards achieving Universal Health Coverage (UHC) through the Social Health Authority (SHA) launched in October 2024. The SHA has made significant strides in providing equitable, affordable and quality health care for all. As of August 2025, approximately 24.3 million had registered under SHA, with 5.4 million accessing the Primary Health Care fund.

He highlighted notable achievements, including 4.6 million outpatient visits and 176,385 inpatient admissions. Furthermore, Ksh 50 billion had been paid to providers in just eight months, demonstrating the potential for sustainable healthcare financing. The implementation of digital tools, such as the health provider portal, had also shown promise, with 8813 facilities (56%) enrolled.

Despite these achievements, challenges persisted. Low means-testing, rural access gaps, and public mistrust due to NHIF's mismanagement history remained significant concerns. Regional disparities in

registration rates were also evident, with Kisumu achieving 54% registration, while counties like Garissa lagged behind at 2.3%.

To address these challenges, he emphasized the importance of targeted outreach, scaling the number of Community health workers (CHWs), and leveraging Public-Private Partnerships (PPPs). Investing in digital tools, clearing the Ksh 24 billion NHIF debt, and subsidizing premiums for informal sector workers were also recommended.

Mr. Odaga underscored the potential for Kenya to build a sustainable and equitable healthcare system. By addressing challenges and leveraging opportunities, Kenya can ensure that no citizen is left behind. As the country continues to progress towards UHC, it is essential to prioritize rural access, equity, and transparency in healthcare delivery.

9. SUSTAINABLE HEALTH FINANCING: PANEL (FISH BOWL)

9.1 INTRODUCTION

The discussions on the Social Health Authority (SHA) highlighted both challenges and opportunities within Kenya's healthcare system. Despite the government's significant contributions of reimbursements, many patients were not fully utilizing SHA. A major concern raised was that citizens contributed to SHA through taxation but did not always feel the direct benefits. For many, SHA was associated with compulsion rather than voluntary participation. Furthermore, there was limited standardized information to help Kenyans clearly understand what SHA actually covered. This lack of clarity discouraged its usage and weakened public trust. It was emphasized that technology, transparency, and accountability must be embraced to ensure that SHA is efficient, reliable, and accessible to all Kenyans.

9.2 ROUND TABLE DISCUSSIONS

PANELISTS (FROM RIGHT HANDSIDE)

Professor John Alar – Pediatrician and Health Systems Consultant

Honorable Martin Owino – MP and Member of the Parliamentary Committee on Health

Professor Violet Kimani – University of Nairobi

Dr. Dan Gikonyo – Chair of the Board Karen Hospital

Mr. Philip Odaga – Representative, SHA

Mr. Chris Opati – Ministry of Health, Gem sub county, Siaya county

Mr. Kennedy Oruenjo – County Director of Public Health and Sanitation, Siaya county

Mr. Aaron Otieno – Moderator



The session was moderated by Mr. Aaron Otieno, who facilitated a discussion on the main question: “Is SHA working or not?”.

9.3 SALIENT POINTS

- In their discussion, panelists were divided on whether SHA was working or not, as policymakers tended to agree while other participants categorically stated their dissatisfaction with SHA.
- Participants from the private sector shared their experiences especially SHA’s laxity and failure to pay reimbursements to health facilities, wondering why Kenya should not keep things simple, “Why initiate SHA to inherit problems of NHIF?”.
- The Policymakers on their part could not imagine *mama mboga* without SHA, and asked “Could *mama mboga* afford SHA?”.
- A participant observed that SHA was more expensive than NHIF since premiums were paid Ksh. 650 while NHIF charged Ksh. 500.
- If it is working, “How well is it working?”. It has teething problems and issues of efficiency. Expecting jobless people to pay on annual basis does not work but we have to make it work.
- Health is an asset that is never recognized until it is lost; the issue is the strategy. We need to learn from different stages we have passed through to make informed decisions. “Is health a good investment or a social good or public good?”.

The panel noted that healthcare is a top priority for citizens. Discussions revolved around whether NHIF should have been maintained since SHA is equally facing challenges. A key takeaway was that the greatest wealth any nation can possess is the health of its people. For this reason, SHA must be designed to serve everyone equitably.

9.4 AUDIENCE ENGAGEMENT

- System failures: Community health workers noted that patients complained that upon arriving at hospitals, they were often told that the system was inactive.
- Delayed reimbursements: Hospitals reported that delays in reimbursements disrupted service delivery.
- The role of government: Mr. Aaron Otieno posed the important question, “Can society function without social insurance?”. He argued that government has an obligation to provide such coverage.
- Bridging the gaps: Professor Kimani emphasized that SHA must bridge the gaps left by NHIF. However, there were concerns as to whether SHA is functioning effectively in practice.

SHA registration at the household level was also discussed, with Community health workers (CHWs) playing a central role in mobilization. If SHA can mobilize adequate funds early enough, it has the potential to provide quality healthcare services and strengthen facilities. However, the persistent problem of delayed reimbursements left many facilities unable to deliver on their mandate. This created a gap between policy promises and on-the-ground realities.

When SHA was rated on a scale of one to ten, Mr. Oruenjo gave it an average score of six, suggesting that while progress had been made, weaknesses remained.

Professor John Alwar introduced a philosophical dimension: “Should health be seen merely as a social component, or as a critical investment?” The consensus was that health is a national asset that must be prioritized for development. Equitable access to healthcare regardless of economic or social status was seen as essential.

The overarching conclusion was that SHA must be strengthened to ensure efficiency, accountability, and most importantly, trust among citizens. Health, the participants agreed, was not just a welfare issue but a strategic investment in Kenya’s long-term growth and stability.

KEY RECOMMENDATIONS:

- In order to achieve Health for all, the future is SHA.
- The SHA system should be made efficient to respond to claims as they come.
- There is need for periodic reviews to see where we have been and where we need to go in terms of social insurance.
- The SHA should be nurtured and not stones thrown at it. “SHA is a small baby trying to inherit the 60-year-old man NHIF” (Mr. Odaga).
- Rates for charges in SHA should be standardized for all citizens.

- The SHA should acknowledge problems and address them; it should not personalize the health seeking behaviors of its users.
- Health should be approached as a social capital, and everyone has a role to play.
- Descriptive and qualitative monitoring should be done to effectively monitor and manage our health system.
- The Members of Parliament to amend the health bill to allow levels 1, 2, 3 to access SHA and to provide oversight.
- The National Government should release funds.
- If it is health for all, then let's get value for money we are contributing.

10. SUB THEME 3: CLIMATE CHANGE AND DIGITAL SOLUTIONS FOR FOOD AND NUTRITION SECURITY

10.1 KEYNOTE ADDRESS – PROFESSOR THOMAS REWE (PWANI UNIVERSITY)

Professor Rewe opened his keynote presentation and repeated the thought-provoking quote: “We are sick because we are poor, we are poor because we are sick.”

He linked climate change directly to human well-being, noting its close ties to agriculture and land use. He described climate change as being driven by intensive agricultural practices and highlighted its consequences, including indoor pollution, fluctuating temperatures, floods, and the spread of diseases. In Africa, drought and heat waves were identified as the most pressing climate-related threats.

His address introduced the concept of the CAP Nexus (Climate Action, Agro ecology, and Public Health) a program that integrates Artificial Intelligence (AI) into biodiversity monitoring, promotes partnerships for food security, and converts market waste into valorization energy, guided by the National Bio Economy Education and Policy Framework.

10.2 PANEL DISCUSSIONS

The session was moderated by Dr. Osumba, with the following panelists:

- Professor Leo Ogallo
- Mr. Kennedy Oruenjo
- Dr. Kieran Bromley
- Professor Thomas Rewe

The main theme for the panel discussion was on the CAP Nexus programme.

- Professor Ogallo shared observations around Lake Victoria, where serious flooding has disrupted businesses, especially along Dunga Beach in Kisumu.
- Mr. Oruenjo noted the broader effects of climate change, including food insecurity, malnutrition, ecological imbalance, and the loss of indigenous foods.
- Professor Rewe reminded participants that “You are as healthy as the environment around you” and raised the political dimension of climate change, particularly energy, which powers economies and food systems. He asked the vital question “What is the alternative?”
- Dr. Bromley and Mr. Oruenjo identified barriers preventing households from shifting away from fossil fuels. Poverty and lack of knowledge were seen as key factors, since many families cannot afford green gas or other clean energy alternatives.

10.3 COMMUNITY FEEDBACK

Community voices represented by community health workers enriched the discussion with lived experiences.

- One community health worker emphasized that climate change extends beyond rainfall to prolonged dry spells. She highlighted the environmental damage caused by gold mining, lamenting “I don’t know where gold comes from the ground, but everyone nowadays is mining gold.” She urged government intervention in both favorable and unfavorable weather conditions.
- Another community health worker pointed to the positive side of climate change responses, noting that tree planting initiatives, research projects, and community support groups were increasing. He recommended that the government should increase its support for such initiatives, especially in research and innovation.

10.4 KEY ACTIONS AND RECOMMENDATIONS

Professor Rewe highlighted government efforts in waste management and environmental conservation, such as the use of color-coded waste bins:

- Green for biodegradable waste.
- Black for non-biodegradable waste.
- Blue for recyclable waste.

He further emphasized the role of universities in bridging the knowledge gap by promoting research, innovation, and partnerships that integrate climate solutions with public health.

Professor Ogallo noted that both citizens and government are already taking steps to mitigate climate change. At the community level, Kenyans are planting trees, supported by government initiatives. He urged participants to “Think locally, act globally.”

He also recommended:

- Greater use of AI to deepen climate knowledge.
- Community education targeting both the young and elderly on environmental conservation.
- Generating new knowledge on what can be done differently to sustain climate action.

10.5 KEY REFLECTIONS

The panel discussions underscored the interconnectedness of climate change, food systems, and public health. Experts stressed that tackling climate change is not just a scientific or technical issue, it is also a social, economic, and moral imperative.

Everyone has a role to play: from policymakers to farmers, educators to healthcare providers. Community-based solutions and indigenous knowledge were recognized as important, alongside flexible approaches that adapt to local realities. Ultimately, collaboration among government, civil society, private sector, and communities was seen as essential to achieving lasting change.

11. PAPER PRESENTATIONS

11.1 FIRST PRESENTER: PROFESSOR LEO OGALLO

Title: Chicken feeding on improved scavenging paddocks

The study objective was to determine economic benefits of feeding chickens on Improved Scavenging (IS) paddocks, with adequate resources all year round. The methodology involved testing chickens that were obtained from Kenya Agricultural and Livestock Research Organization (KALRO) breeders, the trials done on 15 smallholder farms in Kisumu County during 2022/23 and some 300 chickens, three months old and capable of scavenging, were sub-divided into the three feeding systems, which were replicated in five farms. The weights of the chickens were determined from third to sixth months, at monthly intervals. Cocks were sold during the sixth month. Egg production and sales were determined for 12 months.

The research results demonstrated that producing improved indigenous chickens by full scavenging or semi scavenging on improved scavenging paddocks was profitable, while zero scavenging made losses. Higher profits were expected to result from higher number of chickens and with increasing duration of production.

11.2 SECOND PRESENTER: PROFESSOR ALFRED OSORO

Topic: Determinants of maternal mortality in Kisii Referral Hospital

The study objective was to establish the determinants of maternal mortality among women seeking obstetric care in Kisii Level 5 Hospital. Approximately 350,000 women die each year from complications related to pregnancy and childbirth globally, 99% of them in developing countries. Kenya has a record of 488 deaths per 100,000 live births, while in Kisii County had a maternal mortality of 500 per 100,000 live births. The method adopted for the study was case control, the factors specifically studied were those that contributed to maternal mortality. A Confidential Female Death Questionnaire (CFDQ) was used to collect data from relatives of the 230 subjects with 72 subjects on the deceased arm at the hospital.

The study found that young women (15-30 years) of reproductive age were prone to maternal mortality. Unplanned pregnancies, abortion, home deliveries, delay in being attended while in hospital and preterm deliveries were the main contributory factors to maternal mortality. The study showed that maternal mortality was linked to both human resources working in under-equipped facilities and serving an unempowered population.

This study recommended that health education on antenatal care and birth-plan should be intensified targeting young women of reproductive age who should also be empowered economically. Again, skilled deliveries should be encouraged. Efforts must be made to strengthen weak health systems.

11.3 THIRD PRESENTER: PROFESSOR LEO OGALLO

Title: Climate-Smart strategies for mitigating climate change effects on agriculture and health in Kenya

The overarching objective of the study was to determine climate-smart strategies for mitigating climate change effects on agriculture and health in Kenya, especially in vulnerable regions and communities. The research design involved systematic literature review on climate change effects and mitigation strategies, research tools comprised of electronic information gadgets, online Google browsers and Artificial Intelligence (AI) searches, and latest information was obtained from latest publications, which were systematically reviewed and summarized for this presentation.

The key findings from the study were as follows: Even though livestock of different species are essential food resources but, ruminants, such as cattle, goats and sheep, release large amounts of methane, which is a major greenhouse gas and contributes to climate change. Non-ruminants, such as chickens, pigs, and fish do not release methane into the atmosphere, and are therefore climate smart alternatives.

11.4 FOURTH PRESENTER: PAMELA ABILA

Title: From Fabric Waste to Food Futures: Digital Data Traceability Innovations for Climate-Smart Nutrition and Livelihood Security

The presentation focused on the ways of digital reverse traceability of cotton fabric waste contribute to climate change mitigation, food and nutrition security, and improved livelihoods within a circular economy framework. The data collection adopted for study was pilot digital platform (QR codes and mobile tools), reverse traceability mapping by linking waste back to cotton sources. The application testing involved upcycling fabric into food-related products, and scenario modelling on dashboards to estimate climate and livelihood impacts.

The results showed evidence-based data on traceable cotton waste, proof-of-concept digital dashboard and reduced dependence on single-use packaging nets or plastics. There were projected emission reductions and new livelihood opportunities. In conclusion, reverse traceability reframed fabric clutter and is a replicable model for textile and food sector adaptation.

12. ENTERTAINMENT AND AWARD OF CERTIFICATES

The session started with presentation of the 3-day Conference highlights from the chief rapporteur, followed by entertainment from Misango Arts Group.

TICH/Keele University certificates for participation in training for data analysis and manuscript writing were awarded by Professor Magadi and Professor Margaret Kaseje.

13. CONFERENCE CLOSING REMARKS (PROFESSOR MONICA MAGADI AND PROFESSOR DAN KASEJE)

Professor Magadi congratulated TICH for a successful and wonderful 17th TICH Annual Scientific Conference. She also appreciated TICH for the opportunity to be part of the Conference and looked forward to collaboration with the whole team again during the next Conference.

Prof Dan Kaseje started by giving the Conference participants a chance to share what they had learnt and how it will influence their work when they go back home.

First community representative

The first participant appreciated TICH for the recognition and opportunity to be part of the Conference. She had learnt how important the household data they collect is useful in guiding decisions, planning and action to improve health. She planned to pass all the information she had acquired back to fellow CHWs and households to work harder in collecting and using data.

Second community representative

He had learnt how important it is to measure change in the lives of CHWs and households they take care of, and to work towards a greater recognition, based on evidence, as a TICH agent in his community.

Third community representative

She appreciated the recognition of community health workers as community representatives globally. She also advocated for digitalization and for proper salary payment and professionalization of CHWs. She invited the team to engage more formally beyond training to organize them to commercially market their skills through the e-fundi platform (digital mobile application that connects service providers with clients) for regular income. Such a framework would standardize their contributions, recognition and reward.

Other participants: They emphasized data use and climate change awareness.

14. CONFERENCE DECLARATION

We declare:

- That we will ensure data quality collection, timely extraction and analysis of data using appropriate software for timely evidence-based decision-making and action for continuous improvement.
- That we will continue capacity building data digitization and Artificial Intelligence (AI) towards professional growth and development.
- That we will plant climate resilient trees using sustainable practices, and utilize available land resources for energy, food and income production.
- That we will adapt and adopt local solutions in chicken feeding such as in modified scavenging paddocks to improve productivity of poultry farming.
- That we will write up successful innovations to share with others to scale up their application beyond the local area.

15. CLOSING REMARKS BY PROFESSOR MARGARET KASEJE-CEO TICH TRUST

She gave a brief final reflection and acknowledged the intensive three-days Conference proceedings and the wealth of shared knowledge.

This year's scientific Conference was a milestone in community empowerment, data-driven change, and environmental sustainability. The participants left equipped with new knowledge, stronger networks, and a renewed sense of purpose.

TICH remains available for support throughout the year. The next TICH Annual Scientific Conference will be held in September 2026.

She wished attendees safe travels.

ANNEX 1: LIST OF PARTICIPANTS

	Name	Gender	Designation/Organization
1	Prof. Willis Obura	Male	Conference Convener, TICH
2	Prof. Margaret Kaseje	Female	CEO, TICH Trust
3	Prof. Dan Kaseje	Male	Chair, TICH Trust
4	Hon. Martin Peters Owino	Male	MP, Ndhiwa Constituency
5	Bob Patrick Madanji	Male	Director for Protocol, Kisumu County
6	Dr. Martin Konyango (Health, Siaya County)	Male	County Executive Committee (CEC) Member for Siaya
7	Dr. Don Sande Ogolla	Male	County Director of Medical Services, Kisumu County
8	Mr. Kennedy Oruenjo	Male	County Director of Public Health (CDH), Siaya County
9	Mr. Collins Owuor	Male	CGIC, Kisumu County
10	Dr. Ogolla D.J.	Male	CDMI, Kisumu County
11	Mr. Benard Manyar	Male	Social Development Officer (SDO), Kisumu County
12	Mr. Peter Aggrey Oduor	Male	Chief Rapporteur
13	Prof. Monica Magadi	Female	Keynote Speaker, Keele University, UK
14	Prof. Violet Kimani	Female	Keynote Speaker, Formerly UoN
15	Prof. Thomas Rewe	Male	Keynote Speaker, Pwani University
16	Prof. Leo Ogallo	Male	Keynote Speaker & Dean, GLUK
17	Dr. Dan K. Gikonyo	Male	Keynote Speaker, The Karen Hospital
18	Dr. Martin Osumba	Male	Keynote Speaker & Consultant
19	Dr. Kieran Bromley	Male	Keynote Speaker, Keele University, UK
20	Mr. Philip Odaga	Male	Compliance Officer, Social Health Authority (SHA)
21	Rev. Dr. George Samuel Okoth	Male	University Chaplain
22	Mrs Elizabeth Oywer	Female	Moderator & Chair of TICH Institute
23	Mr. Aaron Otieno	Male	Moderator & Radio Host, Radio Nam Lolwe
24	Dr. Rashid Ahmed Bux	Male	CEO, Biomark Diagnostics
25	Dr. Yonnie Otieno	Male	Biomark Diagnostics
26	Mr. Cris Opati Aliona	Male	SCMOH, Gem, Siaya County
27	Mr. Hillary Okumu	Male	SCMOH, Ugunja, Siaya County
28	Mr. Solomon Onyango	Male	Assistant SCMOH, Alego-Usonga, Siaya County
29	Mr. Benjamin Bala	Male	SCHRIO, Alego-Usonga, Siaya County
30	Ms. Dorothy Nyanja	Female	SCHRIO, Ugunja, Siaya County

31	Ms. Linet Atandi	Female	SCHRIO, Gem, Siaya County
32	Ms. Linda Atieno Odaga	Female	SCHRIO, Kadibo, Kisumu County
33	Ms. Pamela Akinyi Okello	Female	Assistant SCHRIO, Nyakach, Kisumu County
34	Ms. Betty Nakhungu	Female	Nurse, Siaya County
35	Ms. Irene Nabwile Khureba	Female	Nurse, Siaya County
36	Ms. Jenipher Odero	Female	Nurse, Siaya County
37	Mr. Kennedy Ochieng Oruenjo	Male	Director of Health, Siaya county
38	Ms. Maureen Akoth Adero	Female	Nurse, Siaya County
39	Ms. Nancy Deya	Female	HRIO, Kisumu County
40	Ms. Priscah Kiprono	Female	HRIO, Kisumu County
41	Ms. Sarah Akinyi Ajwang	Female	HRIO, Kisumu County
42	Mr. George Adiedo	Male	HRIO, Siaya County
43	Ms. Bibiana Akinyi Gombe	Female	HRIO, Siaya County
44	Mr. James Otieno Odhiambo	Male	HRIO, Siaya County
45	Ms. Joan Makonjo Wekesa	Female	HRIO, Siaya County
46	Ms. Lilian Nalo	Female	HRIO, Siaya County
47	Ms. Loice Ouma	Female	HRIO, Siaya County
48	Ms. Mercy Korwa	Female	HRIO, Siaya County
49	Ms. Sarah Ochieng	Female	HRIO, Siaya County
50	Ms. Vailet Onwong'a	Female	HRIO, Siaya County
51	Ms. Dolphine Muyoyo	Female	CHA, Siaya County
52	Ms. Linet Otieno	Female	CHA, Siaya County
53	Ms. Mary Adero Nyona	Female	CHP, Siaya County
54	Ms. Maureen Akomo Wauda	Female	CHP, Migori County
55	Mr. Hesbon Ominde Ouko	Male	CHP, Kisumu County
56	Mr. Marire O. Mathias	Male	CHP, Homa Bay County
57	Ms. Everlyn Akinyi	Female	Social Worker, Siaya County
58	Prof. Alfred Osoro	Male	TICH
59	Ms. Adah Ogango	Female	TICH
60	Mr. Aggrey Ochieng	Male	TICH
61	Ms. Beldine Omondi	Female	TICH
62	Mr. Fred Odongo	Male	TICH
63	Mr. James Ombet	Male	TICH
64	Ms. Jerusha Otieno	Female	TICH
65	Ms. Josephine Yona	Female	TICH
66	Mr. Kennedy Oyugi	Male	TICH
67	Mr. Norah Achieng'	Female	TICH
68	Mr. Philip Nyawanda	Male	TICH
69	Ms. Ruth Mutisya	Female	TICH
70	Mr. Stephen Owino	Male	TICH
71	Ms. Teresa Oloo	Female	TICH
72	Mr. Tom Juma	Male	TICH
73	Mr. Trizer Juma	Female	TICH
74	Ms. Velma Jael Adhiambo	Female	TICH
75	Mr. Brytone Ochieng	Male	TICH
76	Mr. Chrispine Juma	Male	TICH
77	Ms. Cydel Olang'	Female	TICH
78	Mr. George Amala	Male	TICH
79	Mr. Gordon Onyango	Male	TICH

80	Ms. Judith Huggins	Female	TICH
81	Ms. Lesley Margaret	Female	TICH
82	Ms. Phoebe Odindo	Female	TICH
83	Mr. Steven Otieno	Male	TICH
84	Ms. Valary Achieng	Female	TICH
85	Ms. Lorine Olali	Female	TICH
86	Mr. Esau Otieno	Male	TICH
87	Ms. Grace Ondiek	Female	TICH
88	Mr. David Odero	Male	TICH
89	Ms. Anne Kerubo	Female	KIKOP
90	Mr. David Ogoro	Male	Disability Health Advocate
91	Mr. Donpaul Odhiambo	Male	Blue Cross Kenya
92	Mr. John Wachara	Male	Parliament
93	Mr. Washington Wachara	Male	Parliament
94	Mr. Gordon Babu	Male	Parliament
95	Ms. Pamela Abila (Biodiversity Project)	Female	Agribusiness Consultant, KYEP - Ecological
96	Ms. Akisa Andrea Elsa	Female	Online Participant
97	Mr. Neil Robert Prime	Male	Online Participant
98	Ms. Lynnet Situma	Female	Online Participant
99	Mr. Vincent Okoth	Male	MEAL, KIKOP
100	Ms. Martha Onyango	Female	Procurement, Ciala Resort

ANNEX 2: CONFERENCE PROGRAMME

The 17th TICH Annual Scientific Conference 20th – 22nd August, 2025

Venue: Mama Grace Onyango Cultural and Social Hall,

Kisumu Theme: “Data Digitization and Utilization for

Convener: Willis Obura (TICH) Improved Livelihoods.” Conference Coordinator: Margaret Kaseje (TICH) Chief Rapporteurs: Peter Oduor (TICH)			
DAY 1 : WEDNESDAY 20TH AUGUST, 2025			
SUB THEME 1: Digitization of Health Information Systems			
ACTIVITY/EVENT		TIME	MODERATOR
Registration and Information desk open		8:00 AM - 8:30 AM	
Welcoming Remarks & Devotion	Margaret Kaseje (CEO, TICH Trust) Rev. Dr. George Samuel Okoth	8:30 A.M – 9:00 AM	Moderator: Margaret Kaseje (CEO, TICH Trust) Rapporteurs: Oduor Peter & Otieno Sharon
OFFICIAL OPENING <ul style="list-style-type: none"> • Conference Overview • Introduction of Biomark Diagnostics • Key note Presentation • Official Opening • MOU Signing (TICH Biomark Diagnostics Partnership) 	Dan Kaseje (TICH) Yonnie Otieno & Rashid Ahmed Bux Dr. Martin Konyango (CEC Health, Siaya County) Hon. Dr. Mathews Owili (Deputy Governor, Kisumu County)	9.00 A.M – 10:00 AM	Moderator: Bob Patrick Madanji Rapporteurs : Oduor Peter & Otieno Sharon
	TEA BREAK	10:00 A.M - 10:30 A.M	
Key note Speakers Linkages between health system challenges and digital health interventions	Monica Magadi (Keele University, UK), Martin Osumba(RTI)	10:30 A.M – 10:50 A M	Moderator: Elizabeth Oywer Rapporteurs : Peter Oduor & Josephine Yona

Q&A		11:25 A.M – 11:35 A.M	
Paper presentations	Benjamin Bala Dorothy Nyanja Kiprono Priscah	11:35 A.M – 11:50 A.M 11:50 A.M – 12:05 P.M 12:05 P.M – 12:20 P.M 12:20 P.M – 12:30 P.M	
Q&A			
Illustrative analysis early findings	Kieran Bromley	12 :30 P.M- 12 :45 P.M	
Q&A		12:45 P.M -12:50 P.M	
	LUNCH	12:50 P.M – 1:50 P.M	
Roundtable 1: Developing a sustainable digitalization system Digitalization in UK general practice Use of digital technology and AI in UK healthcare Digital health applications in Kenya Response from the Community level	Panellists: Monica Magadi Kieran Bromley Martin Osumba Dickens Onyango	 1 :50 P.M – 2 :15 P.M 2 :15 P.M- 2 :45 P.M 2 :45 P.M – 3 :15 P.M 3 :15 P.M – 3 :25 P.M	Moderator: Monica Magadi & Martin Osumba Rapporteur : Peter Oduor & Josephine Yona
Capacity Building Workshops	Monica Magadi Kieran Bromley	3:25 P.M – 5:00 P.M	Rapporteur : Peter Oduor & Josephine Yona
Poster Presentations Market Place	Beldine Omondi Sharon Otieno		
TEA BREAK			
DAY 2 : THURSDAY 21ST AUGUST 2025			
SUB THEME 2:Sustainable Financing of Health Systems			
Morning Devotion	Rev. Dr. George Samuel Okoth	8 :30 A.M - 8 :45 A.M	
Key note Speakers	Neema Kaseje (SSRG) Hon.Martin Owino(MP) Dan Gikonyo (Representing the private sector Violet Kimani(University of Nairobi)	8:45 A.M - 9:00 A.M 9:00 A.M- 9 20 AM 9 :20 A.M- 9 :40 A.M 9 :40 A.M – 9 :50 A.M	Moderator : Ken Orwenjo Rapporteur : Peter Aggrey Oduor & Addah Amondi

Q&A	SHA Representative	9 50 A.M – 10:00 A.M	
	TEA BREAK	10.00 A.M – 10:30 A.M	
Round Table presentations and discussions : Sustainable healthcare financing	SHA representative Dr.Dan Gikonyo Ken Orwenjo John Alwar Ino Jonathan Margaret Oloo Hon.Martin Owino	10 :30 A.M- 12 :30 P.M 12:30 P.M - 12:40 P.M	Moderator: Aaron Otieno Rapporteur : Peter Aggrey Oduor and Velma Adhiambo
Q&A			
	LUNCH BREAK	12:40 P.M -1:30 P.M	
Paper Presenters	Janes Otieno Ouko Odhiambo Donpaul Beldine Omondi Alfred Osoro Tai Obino	1:30 P.M - 3:00 P.M	Moderator: Nancy Olunga
Capacity Building Workshops	Monica Magadi Kieran Bromley	3:00 P.M - 5:00 P.M	
Poster Presentations Market Place	Beldine Omondi Sharon Otieno		
TEA BREAK			
DAY 3 : FRIDAY 22ND AUGUST 2025			
SUB THEME 3 : Climate change and Digital Solutions for food and Nutrition			
Morning Devotion	Rev. George Samuel Okoth	8:30 A.M – 8 :45 A.M	
Key note speakers	Thomas Rewe (Pwani University) Leo Ogallo	8:45 A.M - 9 :00 A.M 9:00 A.M -9 :15 AM	Moderator : Margret Kaseje Rapporteur : Peter Aggrey Oduor and Trizer Juma
Q&A	Ken Orwenjo	9:15 A.M - 9 :30 A.M	
Paper Presentation	1. Mercy Rewe 2. Leo Ogallo 3. Pamella Abila 4. Leo Ogallo	9 :30 A.M -10 :30 A.M	
	TEA BREAK	10:30 A.M – 11:00 A.M	
Round table	Thomas Rewe Leo Ogallo	11:00 A.M -12:10 P.M	Moderators: Thomas Rewe & Leo Ogallo

<p>Regenerative solutions for regenerative future: This session will provide an overview of the concept of regenerative solutions, using examples from other sectors to showcase initiatives aimed at transforming degraded and polluted environments into green spaces where all can thrive.</p> <p>Response from the Community level</p>			<p>Rapporteurs: Peter Aggrey Oduor and Josephine Yona</p>
		<p>LUNCH BREAK</p>	
<p>Capacity Building Workshops</p> <p>Poster Presentations</p> <p>Market Place</p>	<p>Monica Magadi Kieran Bromley</p> <p>Beldine Omondi Sharon Otieno</p>	<p>12:10 P.M -1:10 P.M</p> <p>1:10 P.M - 3:00 P.M</p>	<p>Rapporteurs : Peter Aggrey Oduor and Nora Achieng'</p>
<p>Closing</p> <p>Award of Certificates</p> <p>CONFERENCE DECLARATION</p> <p>Closing Remarks</p>		<p>3:00 P.M - 4:00PM</p>	<p>TICH Trust CEO Oduor Peter Monica & Dan</p>
<p style="text-align: center;">TEA & DEPARTURE</p>			