ST. CAMILLUS MISSION HOSPITAL

ART CLINIC

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CRS ART PROJECT

YEAR 9 ANNUAL REPORT

March 2012 – February 2013

1. INTRODUCTION

1.1. Background Information:

St Camillus Mission Hospital-Karungu has been partnering with Catholic Relief Services (CRS) for implementation of US-Presidential Emergency Program for AIDS Relief (PEPFAR) since 2004. St Camillus' Mission is to offer quality uninterrupted ART services to low income communities of people living with HIV/AIDS (PLWHAs), alleviate pain and suffering, mitigate the socio-economic impact of HIV and fight stigma and discrimination. St Camillus Mission Hospital serves a catchment population of 300,000 spanning a radius of 32 km. Cumulative patient enrollment by February 2013 stood at 9458.

Fig.1: *A.R.T Project Staff by February 2013.*

Objectives, goals, strategies, achievements, challenges and way forward are the set indicators that guide our service delivery. For the purpose of effective performance evaluation, the ART Program operates within an annual plan that commences in March of every year and runs through February of the subsequent year. This report covers the just-concluded year Nine (March 2012-February 2013).

Fig 2: *St. Camillus Tent During Suba 2012 World AIDS Day Functions.*

2. YEAR 8 (March 1-February 29) GOALS & OBJECTIVES

2.1. Clinical:

1. Achieve 95% Septrin (CTX) Prophylaxis.
2. Enrol 58 new clients each month.
3. Initiate ARVs on 40 clients per month.
4. Provide Post-Pharmacy Counselling (PPC) on a daily basis.
5. Treatment Preparation Sessions on the first 3 Fridays of every month.
6. Retain 85% of the patients.
7. Monitor 95% of the patients with CD4.
8. TB Intensive Case Finding (ICF) to all suspected cases.
9. Prevention of Mother-to-Child Transmission (PMTCT) intervention.
10. Collect PCR sample at >6 months.
11. CD4 cell count at baseline and at 6 months to all clients.
12. Quarterly Viral Load testes to qualifying clients.
13. Adhere to Kenya National (NASCOP) Guidelines.
14. Adverse Drug Reaction Reporting (ADR) at 100%.
15. Continuous Quality Improvement (CQI).

Fig.3: *Fr. Emilio, Director, awards Certificates to New Satellite Staffs trained on ART Basics.*

Fig 3: *St. Camillus ART Youth Clients in an Annual Conference.*

2.2. Community:

1. Health Education every morning at the Clinic.
2. Daily tracking of patients missing appointments through Data Computers.
4. Link newly enrolled/initiated clients to Patient Support Groups (PSGs) and CHVs.
5. Maintain TB-DOT and defaulter tracking.

6. Provide home-based counseling and testing (HBCT).
7. Participate in World AIDS Day celebrations at St.Camillus, Ndhiwa & Nyatike District.
9. CHV mentorships during monthly co-ordination meetings.
10. World AIDS Day Participation at all partner Districts.
11. Enhanced Youth Friendly Services.

2.3. Programme Administration:

1. Facilitate personnel development through external trainings and internal CMEs.
2. Full Integration at 4 Primary Health Care Facilities (Satellites).
3. Monitoring and Evaluation of Programme activities.
4. Maximize staff motivation and retention.
5. Timely generation of reports to partners.
6. Networking and Collaborations.
7. Strengthen Capacity at our at Satellite facilities.
8. Doing more with less resources.

3. PERFORMANCE ANALYSIS

3.1. Clinical:

Strict adherence to treatment is of immense clinical importance in the delivery of anti-retroviral therapy (A.R.T). To achieve this, Early Diagnosis of suspected OIs, Early ARVs Initiation, Post Pharmacy Counseling, (PPC), clinical follow ups, enrolling patients within our geographical area and generating defaulter lists daily are some of the vital approaches we have always practiced with good results in enhancing adherence. We also acknowledge the Government of Kenya's NASCOP support in provision of updates on guidelines in relation to acceptable drugs, PMTCT protocol, TB management etc.

Fig.6*: Mr. Cleophas of St. Camillus orients Mirogi Satellite Laboratory technologist on donated Lab Equipment.*

- *Coming to measurable facts of the clinical performance, this is how we realized our goals against the set targets:*

Table 1: Clinical Performance.

CLINICAL INDICATOR	**TARGETS FOR THE YEAR**	**ACHIEVED**	**COMMENTS**
New Enrollments	926	1,168	Targets surpassed by 242 patients due to high transfer-ins seeking quality care.
Initiation to ARVs.	740	818	Targets bypassed due strict adherence to NASCOP guidelines.
CD4 monitoring	95%	79.14%	Missing targets attributed to: CD4 monitoring not done to HEI, Reagents out of stock for 2 months, Machine breakdown, Poor timing.
CTX uptake	95%	86.27%	Targets missed due to some patients on Dapson & HEI not on CTX
Started on second line treatment	All patients failing on 1st line.	51	All failing were started on 2nd line.
Patient retention	>85%	86%	Result of stringent adherence sessions & follow-ups.
DNA-PCR Sample Collection & Testing of exposed children	All Exposed Children	260	Only 13 turned HIV positive & enrolled, an indicator of strong PMTCT.
Viral Load Audit	Suspected patients with treatment failure(300 done)	Undetectable = 216 Detectable = 84	Represents strong adherence.
TB-ICF.	Continuous for all patients.	320 on anti-TBs	Screening on going
Treatment Preparation Sessions.	30 patients per week	583	All qualifying patients put on HAART.

3.2. Community:

This is the psychosocial and economic element of patient care. It is aimed at linking the clinic and the patient at the place of the patient's residence and/or daily life. Personnel with this responsibility are Social Workers, Community Nurses and Counselors. At the community level, CHVs complement staff capacity.

Fig.7: *Captured during a Public HIV Awareness Campaign.*

❖ *Patient Home Visits/Follow ups:*

An average of 1100 home visits were conducted monthly during the year by staff and CHVs which resulted into zero defaulter rate for a good part of the period. A number of psychosocial issues were also addressed.

Fig.10: *Cumulated Drugs recovered not swallowed by a non adherent client.*

Fig.8: *A Client follow up where only children are found at home*

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❖ *HIV Testing & Counselling*

We complied to both CDC and National Government requirement of HIV diagnosis through Provider Initiated Testing and Counseling (PITC) at 50% of OPD turnout, DNA-PCR tests to exposed children aged <6 months.

PITC/HTC Year 9 Outcome:

	Service Indicators	Totals During the Reporting Period
PITC (OPD)	Offered HTC Services	3189
	Tested	1519
	HIV +ve	220 (14.48%)
HTC SERVICES	Tested	3987
	Positive	391(9.8%)
	Referred	391

❖ *World AIDS Day 2012:*

This year, the Project actively participated in marking the day at 3 Government Districts we partner with in HIV care. Besides financial and material support, we mobilized patient groups for informative and educative entertainments. Further, HIV tests and ARV displays were conducted at the three separate venues by Project staff.

❖ *Decentralization of Activities:*

After successful interactive sessions with SCMH and FACES led by CRS, CDC and MoH, St. Camillus rolled over four mobile sites thus embracing full integration at four sites only by March 1, 2012. This necessitated support to retained facilities in terms of Staffing, Basic Clinical Equipments, and Refitting, ARVs and data forms. A total of 16 staff are decentralized to the satellites responsible for a cumulative patient load of 2887.

Table 4: Satellite Patient Load as at February 2012.

Satellite	Ever Enrolled	Active on Care	Cumulative on ART.	Current on ART.
Osani	599	467	410	390
Mirogi	1487	1,014	921	762
Kadem	573	504	472	447
Lwanda Gwassi	442	350	307	276
Total	**3,101**	**2,335**	**2,110**	**1,875**

3.4. Programme Administration:

Administration at the Project is done by the Project Coordinator. The office oversees planning, budgeting, implementation, monitoring and evaluation activities of the Project.

Due inevitable delays, some of the activities that had been planned could not be funded by the donor during the first 2 months. Fund flow, however, was consistent throughout the year. Collaboration between the Project, CRS, relevant Government ministries and the hospital administration went on very well with our concerns being addressed well in time. A report on fund audit revealed recommendable compliance to resource management.

Satellite realignment took a better part of the year with consultative meetings between stakeholders. St. Camillus to retain and strengthen 5 sites in the new arrangement.

A write up that we submitted to International AIDS Conference (IAC) 2012 won recognition and was selected for presentation at the event in Washington, USA in July. However, the abstract was presented by a US based Dr Kazadi on behalf of Mr. Obillo Meshach, the author due inadequate funds to facilitate the travel.

In regard to human resources, we can report that:

I. An average of 25 staff members were trained in various internal and external programs arranged under our personnel capacity building plan.

II. Vacant positions were filled well in time.

III. Retention rate was at 97.5%. the highest since inception.

IV. Six College students benefited from industrial attachments during the year.

Fig. 11: *ART Community Health Volunteers receive Water Containers as appreciation by the Project.*

Fig.12: *A product of Wang'aya ART Patient support Group*

4. SUMMARY.

Critical Analysis of Year 9 under Key Indicators

4.1. Achievements:

- Provided staff training and development at 75.8%.
- Achieved patient retention at 86%.
- Established timely management of opportunistic infections.
- Online reporting to Kenya Pharma for drugs.
- Active Youth and Adolescent clubs.
- Networking Project Pharmacy Computers.
- Full integration at satellites.

4.2. Challenges:

Compared to the last reporting year, we have improved on most of the challenges we faced and achieved more.

- Turnaround for Infant Diagnosis (PCR) done in is 3 months against recommended 5 days.
- Patient Lost to Follow was high at satellites.
- Daily electric power delay thus affecting the Data Management team.
- Illiteracy affecting adherence instruction uptake among some clients.
- Increase in TB infection in the Community.
- Inadequate staffing for Satellite Pharmacies and Laboratories.

Fig.13: *Government Officials receive Refreshments and Soaps donated by St. Camillus ART Project for 2012 Global Hand Washing Day at Suba District Hospital*

Fig.14: *Pupils mark 2012 Global Hand washing Day at Sindo supported by St.Camillus ART Project.*

Conclusion:

The program's success is embedded to the honest and dedicated relations that exist between St. Camillus Mission Hospital and Catholic Relief Services (CRS)-Kenya, as we inject our efforts to serve those affected and infected by HIV-AIDS. Without this kind of important intervention, numerous and vital lives could have been lost within Karungu and its environs. Our prayers will remain focused on more strength and spirit, so that we will be enabled to continue delivering efficiently and effectively.

Report compiled by:

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