

**ST. CAMILLUS MISSION HOSPITAL  
ART CLINIC**

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**KCCB-KENYA AIDS RESPONSE PROGRAM (KARP)  
ART PROJECT**



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**YEAR 13 ANNUAL REPORT**

**January – December 2016.**

## 1. INTRODUCTION

### 1.1. Background:

St Camillus Mission Hospital-Karungu has been Sub-awardee of US-Presidential Emergency Program for AIDS Relief (PEPFAR) grant since 2004. Offering Treatment, Care and Support to the people living with HIV AIDS in Nyatike, Suba and Ndhiwa Sub-Counties where HIV prevalence rate still stands at 15.1% in Nyanza (KAIS 2012), remains the core mandate. The program is referred as Kenya AIDS Response Program (KARP) with Kenya Conference of Catholic Bishops (KCCB) as the prime recipient.

St Camillus serves a catchment population of 300,000 spanning a radius of 32 km. As part of affiliate facilities empowerment and donor reorganization, three former satellites, Mirogi Mission Health Center, Osani Community Clinic and Lwanda Gwassi MoH Dispensary, were detached from St. Camillus Karungu. While Osani remained a satellite under Mirogi which was elevated to a standalone status effective September 29, 2016. Lwanda Gwassi Dispensary was aligned to be managed by EGPAF. This arrangement leaves St. Camillus with Kadem TB Clinic only as the satellite. This transition left St. Camillus and Kadem TB with commutative number of 8,321 patients. Active on ARVs being 4,121.



*St. Camillus Karungu Staff strategize in a Kisumu KARP planning meeting.*

## **2. YEAR 13 GOALS & OBJECTIVES**

### **2.1. Clinical:**

The project will undertake Baseline and routine lab investigations while focusing to implement the “TEST & START”, a NASCOP 2016 guideline. The project will strive to enroll 77 new clients each month and at the same time initiate 72 clients on ART per month to achieve >95% Septrin (CTX) Prophylaxis and work to retain >85% of the patients. Baseline CD4 count to all new enrolments is mandatory while on another level, viral load monitoring for all patients on HAART will be done at six month baseline and subsequent routines. This will achieve a >95% viral load suppression in all HAART patients. All Adverse Drug Reactions will be reported (ADR) at 100% while providing Post-Pharmacy Counselling (PPC) to all eligible patients. All patients who fail 1<sup>st</sup> line treatment will be started on second line ARVs. Intensive Case Finding (ICF) for TB screening will be conducted to all patients

Prevention of Mother-to-Child Transmission (PMTCT) interventions will be carried out together with Early Infant Diagnosis to all HIV exposed infants (HEIs). Clients will be line listed via Index for Family Testing. All these will be achieved through embracing the Kenya HIV Quality Improvement Framework (KHQIF).



*Program Pharmtech takes a client through Post Pharmacy Counseling.*

## **2.2. Psychosocial/Community Based Treatment Based Support (CBTS):**

The project offers enhanced HIV Testing at OPD, IPD, Maternity and other points of patients care while also giving health education every morning at the waiting bay. From this point. We link newly enrolled/initiated clients to Patient Support Groups (PSGs) and CHVs and have CHV mentorships during monthly co-ordination meetings to enhance disclosure and psychosocial support. Adherence monitoring and Defaulter tracing will be carried out through querying of data base (IQ-Care/MSH) for patients missing appointments daily to help maintain TB-DOT and defaulter tracking. The project will support quarterly adolescent and Paediatric psychosocial days while at the same time facilitating youth friendly services and participate at all International Health Days e.g. World AIDS Day.



*Program Adherence team engages students during Clinic adolescent Friendly Sessions.*

### **2.3. Programme Management:**

The management will facilitate human resource development through Continuous Medical Education (CME) and conduct staff performance appraisal.

Monitoring and Evaluation of the project activities will be done through donor and Government tools under joint supervisions with the County and Sub –County Health Management Teams. This will greatly enhance networking and collaborations with stakeholders.

Health systems strengthening for sustainability will be achieved through resource mobilization for enhanced capacity in service delivery. The management will also make sure that there is timely generation of periodical reports to relevant consumers and desired levels of pharmacy, lab and other commodities are maintained.

## **3. PERFORMANCE ANALYSIS.**

### **3.1. Clinical:**

High retention in treatment is the primary aim of every effort towards clinical intervention while observing WHO strategic goal of 90:90:90. To achieve this, Provider initiated HIV Tests, Early Diagnosis of suspected OIs, Early ARVs Initiation, Early Infant Diagnosis, Quality enrollments and generating defaulter lists daily are some of the pillars behind our performance. We also acknowledge CDC, Ministry of Health and our partner KCCB-KARP support in provision of updates and guidelines in HIV care and management. The table below analyses indicator based performance during the year:



*Hospital Labtech inspects performance of anew Chemistry Analyzer machine.*

**Table 1: Clinical Performance.**

CLINICAL INDICATOR	TARGETS FOR THE YEAR	OUTCOME	COMMENTS
New Enrollments	432	438	A result of Targeted testing
Initiation to ARVs.	480	333	
CD4 at baseline enrollment %	>90%	78%	
CTX uptake %	>95%	98.2%	Enhanced monitoring by clinicians.
Started on second line treatment	All patients failing on 1 <sup>st</sup> line.	198	
Patient retention %	>85%	82%	
DNA-PCR Sample Collection & Testing of exposed children	All Exposed Children	219 done.	7 turned positive due to late enrollment.
Viral Load Audit	All patients on HAART done VL within the last 6 months.	Detectable=18% Undetectable=82%.	Represents strong adherence
TB-ICF.	Continuous for all patients.	100%	Screening on going
Adverse Drug Reaction (ADR)	OPEN	77 patients	

**Table 2: Opportunistic Infection (OI) Incidence & Case Management:**

MAJOR OPPORTUNISTIC INFECTION	INCIDENCE (% of Active on HAART)	OI MANAGEMENT AND OUTCOME
PTB	35(1%)	Dropped from 73 last year.
Kaposi Sarcoma	3	A drop from 7 in 2015.
Cryptococcus Meningitis	3	Cases are reducing due to early diagnosis and initiation.



*KARP (A.R.T.) Community Support Group members and staff sing during a 2016 World AIDS Day celebration at Dala Kiye Grounds.*



*Program Clinical Officer explains A.R.T. Adherence to OVCs at Dala Kiye*



*Migori County Government 2016 World AIDS Day occasion in Rongo*

### **3.2. Psychosocial/CBTS:**

This is the Psychosocial, Political and Economic wellbeing 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. Cadres with this responsibility are Social Workers, Community Nurses and Counselors. At the community level, CHVs complement staff capacity. Performance evaluation can be tabulated as under:

**Table 3: CBTS Evaluation:**

STRATEGY/ACTIVITY	TARGET	OUTCOME
Link newly enrolled clients to Patient Support Groups (PSGs) and CHVs.	>90% to be enrolled and eligible are linked to any of 51 PSGs across the catchment area.	ART adherence and retention achieved at 90% and 84.5% respectively.
Health Talk every morning at the waiting bay.	A 30 minute health talk for 5 days a week..	95% schedules done compared to 80% in 2015.
Querying of Data base (IQ-Care/MSH) for patients missing appointments.	All patients missing appointments.	Lost to Follow Up 9.5. TEST and START ARVs policy was responsible.
Participate in all International Health Days.	<ul style="list-style-type: none"> <li>• At the County and within the Facility.</li> <li>• TB Day at 3 Sub-counties.</li> </ul>	100% Participations at St. Camillus Dalakiye and in Rongo for Migori County.
CHV mentorships during monthly co-ordination meetings	12 Monthly CHV meetings at St. Camillus and 4 affiliate sites.	Empowered CHVs and Strong Community Linkage. Enhanced patient Adherence.
Empower Youth Friendly Services.	Biannual sessions planned at the 5 sites.	>80% adherence rate among the Youths
Support Quarterly Adolescent and Peds Psychosocial Days.	Quarterly sessions planned at the 5 sites.	Adolescent friendly Clinics.
Enhanced HIV Testing at OPD, IPD, Maternity and other points of patients care within the Health facilities.	100% Testing at all points of care	130% achieved at close of the year. Thanks to KARP for additional staff for testing (HTCs).

### 3.4. Program Management:

Program management is done by the Project Coordinator. The officer oversees planning, budgeting, controlling, implementation, monitoring and evaluation of Project Activities. Below is the analysis of outcome for the period:

- Narrative, Data and Financial Liquidation reports were submitted to respective destinations at 90% within the first five days of every month.
- We are partnering with RCTP-SEARCH program in as study dubbed; TEST & TREAT for early initiation to ARVs at a CD4 count of 500cc.
- St. Camillus Identified for a NASCOP study (Cohort Event-CEM) among other 8 Health Facilities in Kenya, a performance based recognition in HIV management.

- Our Client first enrolled client (No.1) was invited for a testimony in a function convened by CDC Kenya in December 2016.
- Numerous Ministry of Health, NASCOP and donor Supportive Supervisions were hosted and benefitted facility staff.
- Fund transfer by KARP was consistent throughout the year.

**In regard to human resources, we can report that:**

An average of 50 staff benefitted from various internal and external training programs supported by both County Governments and KARP. Staff turnover reduced drastically from 61.7% in 2015 to 3.89%. This is due to revised remuneration rates in 2016 by SCM/KARP. Two College students benefitted from industrial attachments during the year. Annual leaves were broken down as desired with minimal off duties towards the end of the year.



*Dr. Dee Cock(CDC Country Director) share light moments with Mr. Meresa(Karungu Client No.1) in a Nairobi CDC meeting in December 2016. On the right is Meresa with her youngest daughter.*



*Mrs. Meresa Atieno (Karungu Client) gives a testimony at an FBO Forum in Nairobi, Nov.2016*





*Paediatric and Adolescents Day at Osani satellite.*

**Conclusion:**

To achieve the WHO's goal of 90% of the population knowing their HIV status, 90% put on ARTs and 90% adherence to treatment come the year 2020, the walk must start now with innovative approach and inclusivity of all stakeholders. Infection among the newborns can still be eliminated when access to EMTCT is widened where all pregnant mothers are encouraged to pursue skilled delivery at recognized healthcare facilities.

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