

ST. CAMILLUS HOSPITAL ART CLINIC

AIDS-RELIEF



YEAR 1 REPORT FOR THE PERIOD BETWEEN 1ST AUGUST 2004 – 28TH FEBRUARY 2005

INTRODUCTION

St. Camillus Mission Hospital Karungu ART PROJECT wishes with great pleasure, to report on our year one activity.

On behalf of the whole staff, I would like to report that year one activities were marked by a lot of hard work accompanied by much success. Lots of planned activities were undertaken as reported on the monthly basis with a view to provide responsible, sustainable, durable, quality and cost effective treatment with the ultimate goal of restoring hope. All this, however, was not albeit with some hiccups.

OBJECTIVES FOR THE MONTH OF FEBRUARY

1. Scale up delivery of quality ART services.

The project focused on scaling up delivery of quality and durable medical care and treatment with very impressive results. The statistics thus as at 28th Feb 2005 is as follows;

Total number of patients	413
Males	135
Females	246
Children	32
Patients on General care	241
Males	84
Females	127
Children	20
Patients on ARV's	172
Males	80
Females	92
Children	14

Patients no longer in the program	24
Died on ARV's	02
Died on general care	18
Stopped on ARV's	00
Transferred	04
Defaulters on ARV's	00

Objective one was a big success in that we were able to meet our targets for year one. Patient on care was targeted at **500**. However, at the end of the year we had **413**. Patient on ARV's was targeted at **200** but we had **172** at the end of year one.

2. Capacity of site increased to allow initiation of ART.

This was done in various ways within the point of service in the financial year one. Within this period, the project hired four more staff in order to assist the ones available to provide quality care to patients. A lot of trainings were also organized in year two that were meant to refresh the old staff and to equip the new staff with knowledge and skills that would enable them discharge their duties. There were several visits organized by the IHV, CRS, FUTURES GROUP and CMMB technical assistance team to the point of service to provide technical assistance to the community, the clinicians, the pharmacist and the strategic information team. And lastly there were three CME meetings organized in year two of which the point of service gained and shared a lot of experiences.

3. Community level services providing ART to low income HIV infected persons are expanded.

St. Camillus ART Project recognizes that it's important to involve the community in the process and to build on their capacities as well. The project in year one is privileged to be in possession of the service of 80 Community Health Volunteers. Over years, these volunteers have been trained and equipped with knowledge and skills in providing quality care for patients in the community. Within last year we had five days training for our volunteers with the curriculum developed courtesy of IHV. Even though there are no immediate plans to increase the number of the volunteers, there are always plans to increase the capacities of the few.

4. Health care networks are created and strengthened to support capacity building within the country and community.

ART St. Camillus Karungu is in the process of initiating Dispensary and Satellite Clinics. The project has found implementation of this activity simpler due to series of collaborative and network talks with both government and private facilities from which these activities could be carried out. This we did in preparation for our expansion program due in year three of our program. We are also building strong networks with other local organizations with intentions of extending our services to clients in the community.

5. Community Mobilization Promotes and Increases Awareness to Accessible and affordable Programs and Reduces stigma.

Our Point of service involved the community members in our mobilization services. Community mobilization was conducted in earnest by the Community Health Volunteers who were identified from the local CBO's. Their work was coordinated by the project social workers. The mobilization campaigns were backed by the patients support Groups who are involved in the mobilization through testimonies. Public forums included chiefs Barazas, Funerals, School Sport Days, churches and any other such gatherings that involve huge numbers of people.

YEAR TWO CHALLENGES

- Many clients were coming from far places which made it difficult for the community staff to access them to the community level and vice versa
- Due to continuous increase in number of patients, it was realized that the room in which we were working in, could not allow effective delivery of services
- Most clients could not afford the In-patient care.
- Lack of proper nutritional care among many clients.
- Cases of discordance. Some of the clients whose spouses were not of the same status were not ready to support them in care.
- Many clients were coming at late stages in which they could not qualify for ARV treatment.
- Staff shortage.
- Traditional and religious healers.

YEAR ONE ACHIEVEMENTS

- Reduction of HIV related stigma.
- Reduction in mortality and morbidity levels in the area.
- Awareness creation on HIV/AIDS in general and ART in specific.
- Improved quality of life for those on ART.
- Capacity building for both staffs and CHVs.
- Enrolment of patients on NHIF

YEAR TWO LESSONS LEARNT

- ART works
- ARV's is not an emergency
- It is necessary to involve other stakeholders in care and treatment.
- It is necessary to address issues like nutrition for patient's treatment to be successful.
- Adherence is mandatory for treatment success
- Proper treatment preparation is mandatory for proper adherence.
- Efficiency and effectiveness in service delivery correlates to staff capacity building.
- Much more to learn in year 2.

CONCLUSION

We at St. Camillus Mission Hospital Karungu, the ART Project, The Camillian community and the larger Nyatike Constituency community appreciate your continued support. May the Lord bless you abundantly as we continue to partner together in improving the quality of lives of people living with HIV/AIDS.

