

ST. CAMILLUS MISSION HOSPITAL



ART CLINIC.
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Project

ANNUAL REPORT

March 06 – February 07

REPORT FOR THE PERIOD BETWEEN
1st MARCH 2006 - 28th FEBRUARY 2007.

INTRODUCTION

AIDS Relief project ST .CAMILLUS was started in August 2004 by a consortium that includes CRS-Kenya, CMMB, Futures Group, IHV-Baltimore and IMA. It is sponsored by the American government through the Presidential Emergency Program for Aids relief [PEPFAR].

The project was started with the main aim of providing responsible, sustainable, durable, quality and cost effective treatment with the ultimate goal of restoring hope.

This reporting period marks the end of the third year of the project. It is a period in which our dedicated staff focused on rigorous clinical reviews and extensive community organization and action for purposes of scaling up and improving adherence.

A lot of success was realized to the above effect albeit with some draw backs.

OBJECTIVE 1: scale of delivery of quality art services.

The project focused on scaling up delivery of quality and durable clinical care and treatment with very impressive results. The statistics thus as at 28th Feb 2007 is as follows.

Total number of clients	2277
Males	700
Females	1415
Children	162
Patients on ARV's	881
Males	252
Females	537
Children	092
Patients no longer on ARV's	109
Died on ARV's	062
Stopped on ARV's	027
Transferred out	013
Lost follow up	007

Objective one was a big success in that we were able to meet our targets for year three.

OBJECTIVE 2: capacity of site increased to allow initiation of art.

This was done in various ways within the point of service in this reporting period. Within this period the project hired three more staff in order to assist the ones available to provide quality care to our clients. More training were also organized in year three 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 more efficiently and effectively. Technical assistance by the consortium members was conducted in earnest to the various

departments in the clinic namely the clinician, pharmacy, strategic information, accounts and the community department. Quality Assessment/ Quality Improvement process was initiated within that period that would enhance improved quality of services. And lastly there were four CME meetings organized in year three of which the point of service gained and shared a lot of experience.

OBJECTIVE 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 their capacities as well. The project over three years is privileged to be in possession of the services 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. There were five trainings targeting support group members and about 300 participants were trained in the community. This was meant to ease the work of the volunteers in the community. ART witnesses were increased from 2 to 10 within the reporting period results being that there was increased uptake as the witnesses attested positively to living with the virus. There were four meetings for the project management committee.

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

ART St. Camillus Karungu has initiated mobile clinics in five sites within our catchment area. This was made simpler by the virtue that, over years, we had developed a network of collaborative meetings with the government and private facilities over the same. This we did in preparation for our expansion program due in the reporting period. We are also in the process of strengthening networks with other local organizations with the intention of extending our services to clients in the community

OBJECTIVE 5. Community mobilization promotes and increase 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 Patient Support Groups who are involved in the mobilization through testimonies. Public forums included chief's barazas, funerals, school sports days, Churches and any other such gatherings that involve huge numbers of people.

6.0 CHALLENGES.

- The vast geographical area coupled with poor infrastructure made it hard for the staff to follow up patients at home and for the clients to access the clinic.
- Space was inadequate to accommodate the increasing number of clients and staff.
- In-patient care was a challenge as our budget could not support that even for the clients that it was critical that they be admitted.
- Nutritional care as a way of supplementing treatment was lacking.
- Discordant couples as social support was lacking from the discordant partner.
- To have to place client under palliative care.
- Inadequate staff i.e. Pharmacists.
- High illiteracy and poverty levels made treatment preparation process longer.
- Traditional and religious healers.
- High staffs turn over that stands at 33.3 today.

6.1 ACHIEVEMENTS.

- Reduction of HIV related stigma.
- Reduction in mortality and morbidity levels in the area.
- Awareness creation on HIV/AIDS and ART in specific.
- We've been able to set up 4 mobile clinics.
- Improved quality of life for those on ART.
- We have successfully managed to form 68 support groups.
- We successfully managed to put patient target numbers on HAART and on care.
- Capacity building for both staff and CHV's.
- Enrolment of patients on NHIF.

6.2 LESSONS LEARNT.

- ART works.
- ARV is not an emergency.
- It is necessary to involve other stakeholders in care and treatment.
- We cannot talk of care and treatment without addressing other pertinent issues like nutrition.
- Adherence is mandatory for treatment success.
- Proper treatment preparation is mandatory for proper adherence.
- Efficiency and effectiveness in service delivery is correlated to staff capacity building.
- Much more to learn in year 4.

We at St. Camillus mission hospital Karungu, the ART project, the Camillian community, and the larger Karungu, Nyatike, Muhuru, Gwassi, and Kobama communities appreciate the continuous support of CRS-AIDS Relief. May the Lord bless you abundantly as we continue to partner together in providing treatment and giving hope to people living with HIV.

Prepared by: David Siso



New comprehensive care centre



Patients at the waiting bay



St. Camillus gone mobile.
Staff at a mobile clinic site



Capacity building. Support group training in one of the regions



A staff conducts post-pharmacy counseling to newly initiated client.