ST. CAMILLUS MISSION HOSPITAL

ART CLINIC

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CRS ART PROJECT

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YEAR 8 ANNUAL REPORT

March 2011 – February 2012

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. By end of year 8, 8315 patients had been cumulatively enrolled.

Fig.1: Part of A.R.T Project Staff as at February 2012.

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 seven (March 2010-February 2011).

Fig 2: *Mirogi Patient Support Group Meeting.*

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 Guidelines.

Fig.3: *Zipporah , Clinical Officer with CRS Technical Assistant attends to a patient at the Clinic.*

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 St.Camillus, Ndhiwa and Nyatike District Celebrations.

9. CHV mentorships during monthly co-ordination meetings.

2.3. Programme Administration:

1. Facilitate personnel development through external trainings and internal CMEs.
2. Monitoring and Evaluation of Programme activities.
3. Maximize staff motivation and retention.
4. Timely generation of reports to stakeholders.
5. Networking and Collaborations.
6. Strengthen Capacity at our at Satellite facilities.

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, post-pharmacy counseling (PPC), patient home visits, linkage to regional patient support groups (PSGs), transfer to mobile clinics, 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 (GoK) support in provision of updates on guidelines in relation to acceptable drugs, PMTCT protocol, TB management etc.

Fig 3: Nyakonya Support Group on a field day at their farm.

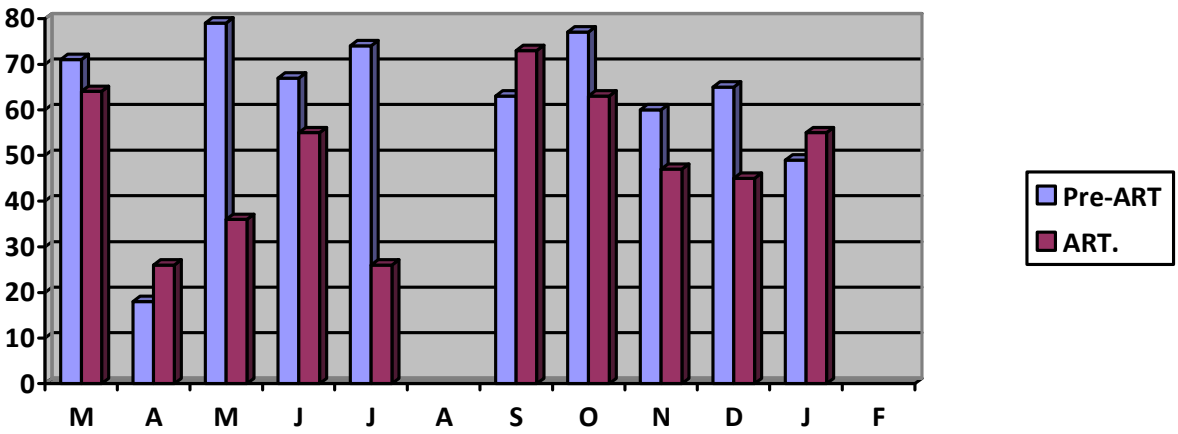
- *Coming to measurable facts of the clinical performance, this is how we realized our goals against the set targets:*

Table 1: Clinical Performance.

CLINICAL INDICATOR	TARGETS FOR THE YEAR	ACHIEVED	COMMENTS
New Enrollments	926	829	Target not achieved due cancellation of HBCT not be done by ART Staff.
Initiation to ARVs.	740	470	A drop is attributed to most patients getting enrolled with high CD4>350m/c
CD4 monitoring	95%	80.3%	CD 4 machine had a breakdown hence the decline.
CTX uptake	95%	98.7%	Target surpassed due to high intensity to guidelines.
Started on second line treatment	All patients failing on 1st line.	35	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	320	Only 13 turned HIV positive & enrolled, an indicator of strong PMTCT.
Viral Load Audit	Suspected patients with treatment failure.	Undetectable= 320 Detectable=35	Represents strong adherence.
TB-ICF.	Continuous for all patients.	183 screened	The exercise went for 2 months only due to workload hence low number.
Treatment Preparation Sessions.	30 to 40 per week.	357	These are class based while one ones were also conducted.

Fig.6*: Mary Oloo, Staff, during adherence session to kids.*

Monthly Enrollment and Initiation trend:



NB: *August data not plotted as was not separated in the Enrollment book but cumulatively fell in subsequent month, September.*

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: *Meshack of St.Camillus ART (in red shirt) receives a MICONAZOLE Award cheque of Ksh.250,000 at a MEDS Function.*

- *Patient Home Visits/Follow ups:*

An average of 920 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.8:*ART Driver offloads drugs ready for dispensation at the Clinic.*

- *HIV Counselling & Testing:*

Following government policy regarding assisting citizens to know their HIV status, we equally initiated HBCT along with DNA-PCR tests to exposed children aged <6 months, as supported for Disease CDC-Kisumu. Because of limited resources. we were only able to provide this service to SCMH clients.

- *World AIDS Day 2011:*

We joined others in celebrating 2011 World AIDS Day at St. Camillus grounds for two days before December 1. Our PSGs presented educative, informative and entertaining activities during the official day at Ndhiwa and Nyatike Districts World AIDS Day functions.

- *Decentralization of Activities:*

Mobile clinics continued under our decentralization of services initiative. After assessments and wide consultations between CRS, CDC, FACES and SCMH as guided by MoH, it has been agreed that come March 2012, no two HIV treatment organizations will be sharing a satellite. Services would be integrated and daily service delivery to start as opposed to Mobile Clinics. 28 Decentralized Children Interactive sessions were successfully conducted within 8 months.

Table 4: Satellite Patient Load:

Decentralization Site	Number of visits per month	Patients Attached.
1.Wath Onger Health Centre	3	362
2.Muhuru Sub District Hospital	1	135
3. Kiasa Dispensary	2	270
4.Osani Dispensary	2	270
5.Otati Dispensary	1	169
6.Lwanda Dispensary	1	107
7.Kadem TB &Leprosy	1	59
8.Mirogi M. Health Centre.	Operational daily	927
Total	11	2,299

Fig.10:*Dr. Obwogo (in pink) of CRS pays a visit to Kadem Clinic of Ivrea Sisiters (St.Camillus Satellite)*

3.4. Programme Administration:

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

Because of the global economic meltdown, some of the activities that had been planned could not be funded by the donor during the first 3 quarters. 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 preliminary report on fund audit revealed no anomalies in the 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 we submitted to International Conference on AIDS and STI in Africa (ICASA) 2011 won recognition and was selected for presentation at event in Addis Ababa, Ethiopia from 4TH to 8th December 2011. Meshack Obillo, ART Project Co-ordinator attended and presented the abstract.

Further, the Project also was awarded Ksh.250,000 for being the winner out 54 entries country wide in MEDS-JOHNSON & JOHNSON MICONAZOLE write up competition about: “Reaching the unreached for better health Care” Out

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. Staff turnover rate was 12.9% compared to 28.5% last year.

IV. Seven College students were welcomed and trained for industrial attachments during the year.

Fig.5: *ART Co-ordinator outside Conference Hall in Ethiopia.*

4. SUMMARY.

Critical Analysis of Year Eight under Key Indicators.

4.1. Achievements:

- Provided staff training and development at 75.8%.
- National Hospital Insurance Fund (NHIF) reached 985 patients.
- Achieved patient retention at 86%.
- Established timely management of opportunistic infections.
- Online reporting to Kenya Pharma.
- Active Peds Clubs.
- Creation of additional drug dispensing room saved time.

Fig.11*:ART Co-ordinator, Meshack, presents the abstracts at ICASA 2011, Ethiopia.*

4.2. Challenges:

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

- Inadequate funds for Youth Patient trainings.
- Herbal influence breakout in Tanzania, Loliondo.
- Inconsistency in drug supply from Kenya Pharma.
- Inadequate filling cabinets.
- Enrollment targets not met due to inadequate funds to support Home Based Counseling and Testing (HBCT).

Fig.12:*Meshack attends to Presentations at ICASA 2011, Ethiopia.*

Fig.13: Meshack(in front)disembarks a KQ plane arriving from Ethiopia.

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: Obillo Meshack.

Project Co-ordinator.