

ST. CAMILLUS MISSION HOSPITAL

ART CLINIC

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KCCB-KENYA AIDS RESPONSE PROGRAM (KARP)

ART PROJECT



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YEAR 18 ANNUAL REPORT

January – December 2021

1.Introduction.

1.1. Program Goal:

Reduce HIV related morbidity and mortality in Nyanza, Western and Rift Valley Provinces through provision of comprehensive high-quality services at faith-based affiliate sites for the second phase of PEPFAR funding to end in 2022.



Fig.1: St.Camillus KARP Human Resources for Health 2021.

1.2.Background:

St. Camillus M. Hospital, Karungu is one of the celebrated facilities in Kenya with historical contribution in HIV Management courtesy of PEPFAR funded Kenya AIDS Response Program (KARP). Her participation has not only reflected in Care and Treatment but prevention too. This has witnessed a decline in new HIV infection across the country. As stipulated in the Kenya ARV Guideline, patient retention to care through sustainable mechanisms should be prioritized. At Close of the year, St. Camillus had 3502 HIV patients active on treatment besides 342 HIV Exposed Infants (HEI) also being monitored under PMTCT interventions.



Fig.2: A Clinician Reviews his patient

Program Objectives.

Program Action Planning and Budgeting is initially outlined as follows for implementation indicator specification:

- (a) Increased access to comprehensive HIV prevention services,
- (b) High quality HIV treatment, care and support maintained and expanded.
- (c) Strengthened Health Systems at St. Camillus Karungu.
- (d) Increased capacity among integrated faith-based networks and County level health systems.



Fig.3: Ministry of Health Support Supervision at St. Camillus

2. Annual Performance Review per Indicator.

HIV Care and treatment activities slightly normalized within the year compared to the challenges faced in 2020 when COVID-19 compromised every service delivery.



Fig.4: Internal Data Quality Assessment (DQA) Session.

Strategies have been put in place in case identification commonly referred as HIV Counseling and Testing which is the first step in Care and Treatment. A total of 1,155 people had the opportunity to know their HIV status within the year. However, this fell below the expectation due a number of challenges including erratic supply of test kits. HIV Positivity yielded 156. This scaled cumulative number of patients on treatment 3502 from 3383 in 2020 albeit attrition challenges encountered.



Fig. 5: Clinician attends to an Adolescent Patient

Adherence to ARTs is scientifically measured through amount of HIV virus in human blood cells through a process referred as Viral Load (VL) test. This is usually done at 3 months after ARV initiation, then after 6 months and then routinely at 12 months if the patient is adhering well. Recommended VL should be < 1000 copies /ml of blood. Due to logistical challenges with the National Supply Chain, the 2021 was the worst hit in this vital exercise. It's in February and May when the samples were collected and sent for VL Tests to AMPATH-Eldoret Referral Laboratory. In February, 325 samples were collected which came with a VL Suppression of 92%. Equally, 345 samples collected in May (PMTCT patients), exhibited a Suppression of 96%. Hopefully, 2022 will come with some improvement in regard to commodity management.

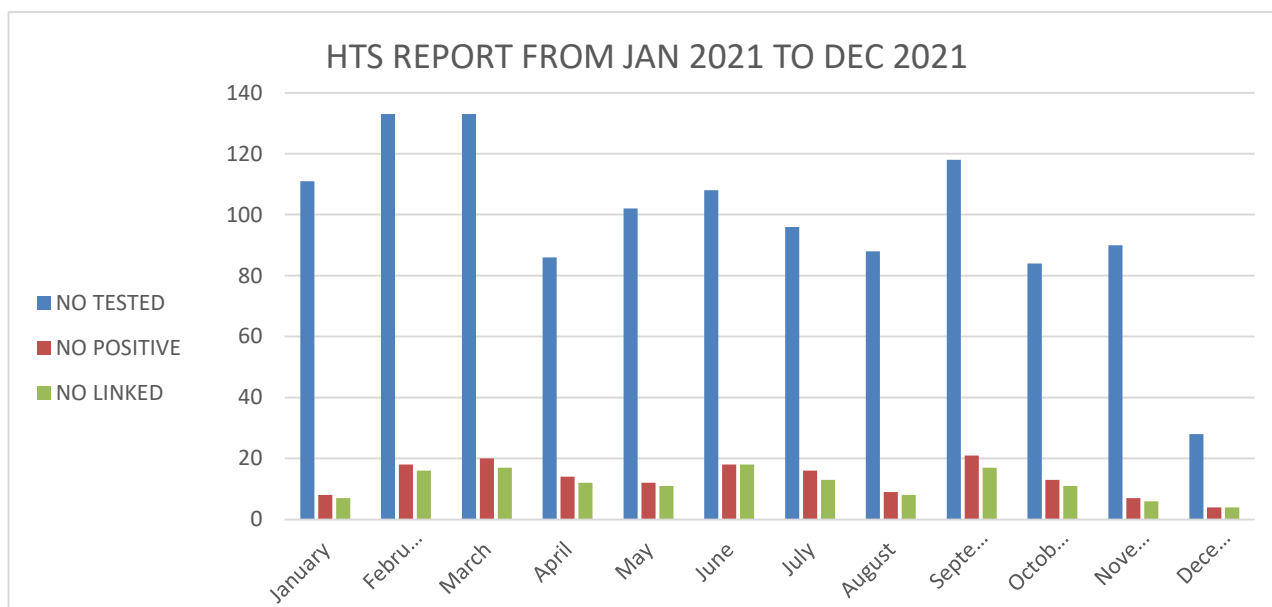


Fig.6: HIV Testing Vs ART START trend within the year.

Once a patient has been enrolled to care and virally suppressed, the next is ensuring continuity of care or retention as defined by World Health Organization (WHO). This is only possible through effective Patient Management. Adherence officers made reminder phone calls to all patients a day to their appointment date and on the very day. Those missing appointments were further called or attached to area Community Health Volunteers (CHVs). Prompt physical tracing at the community by adherence officers equally contributed to improving retention. Overall retention netted 87% thus missing WHO target by 8%. Correctional measures are in place though Lost Follow Ups (LTFU) which is the major attrition is still posing a great challenge due to nomadic nature of the patients we serve. Majority are either fisherman or gold miners.

Prevention of Mother to Child Transmission (PMTCT) indicators surpassed its targets within the year. This is attributed to leak proof screening and testing at the ART Clinic and MCH. Mothers started on PMTCT were 277 against a target of 196. This posted HIV positivity of 78 translating to ART initiation of 100%. Only 2 HIV Exposed Infant (HEI) turned Positive during Early Infant Diagnosis (EID) turned HIV Positive out of 83 samples sent for PCR tests during the period under review. The two are blamed to mother's poor adherence to treatment and late contact.



Fig.7: ART Adherence Class for Clients failing VL

On HIV prevention, those who are at a high risk of exposure are enrolled for prophylactic intervention, Pre-Exposure (PrEP). At the close of the year, apart from those that had been exited following the guideline, 33 were still active. St. Camillus is equally managed Post Exposure circumstances that may be out of Unsafe Sex(n-5), Occupational(n-2), or any other(n-4) risk area. Number seen was 11 in the year 2021.



Fig.8: New Enrollment to Care by Adherence & Longitudinal Officer.

Tuberculosis (TB) is categorized under communicable diseases and a renowned HIV Opportunistic Infection (OI). St. Camillus is among the top Hospitals within Migori County in screening for TB both at the facility and surrounding communities through Active Case Finding (ACF). Presumptive (Suspect) Sputum sent for Gene X-Pert diagnosis at the Sub County Laboratory was 295 up from 275 in the previous year. The 23 Positives were initiated on anti-TBs. 12% of the positive samples were TB/HIV Co-infection cases. To mitigate new TB infection among HIV Known Positives (KPs), only 13 were started on 6-month Isoniazide Preventive Therapy (IPT). This is attributed to overstretched IPT stock-outs.



Fig.8: Adolescent is issued with a wrist watch to remind him during drug taking time.

Gender Based Violence (GBV) is categorized into Physical, Sexual and Emotional has a direct correlation with HIV Infection and Adherence to treatment. Screening for GBV is expected on patients at all point of service for possible correctional intervention that includes legal proceedings. However, screening for the same has been challenged due to stigma associated with self-reporting especially by male counterparts. Over-rally, 643 cases were detected out of the number screened within the period and necessary steps taken.



Fig.9: ART Clinic Lead (Left) briefs visiting Global Fund/Amref Team.

A 'new normal' that came with the pandemic continued successfully due enhanced infection control against COVID-19. Virtual interactions for Staff Capacity Building, Mentorships, and Performance Reviews are still on going. Thanks to KCCB-KARP for ensuring PPEs are ever in stock at the facility.



Fig.10: Karungu Adolescents follow Virtual OTZ Camp at the facility.

Albeit the COVID Pandemic, no funding hitch was encountered. However, ARV Supply was heavily affected by inadequate stocks for a better part of the first 2 quarters. This necessitated reduced clinic appointment dates from 3 month for most of the patients to one month or bellow depending on the proximity to St. Camillus Hospital. Viral Load uptake was also challenged for lack of reagents at the Eldoret Referral Laboratory. At some point, similar hitches were realized with TB Gene X-pert diagnosis within Nyatike Sub County. PCR for EID was neither spared the agony till end of the year.



Fig.11: A young mother awaits PMTCT procedure shortly after delivery.



Fig.12: Adolescent Clinic Day

Operation Triple Zero (OTZ) for Adolescent and Young People (AYP) on HIV care and treatment 2021 Annual Camp was held virtually for the second time due to COVID-19 Conditions. Staff and Care givers had the opportunity of participating in Songs and Plays that would be later watched by the AYPs as centrally aired by KARP on November 23, 2021. The young also shared treatment experience with their peers in other facilities as were linked through the virtual sessions.



Fig. 13: Clinician (in mask) on a Home Visit at the Community.

Conclusion

Optimizing HIV prevention and treatment services through the introduction of better medicines, diagnosis and patient-centered approaches will go into history as having restored hope within the society that HIV is no longer a hindrance to pursuing human goals.

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