COMBONI HEALTH PROGRAMME

ANNUAL REPORT 2015

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ABREVIATIONS

CHAK	Christian Health Association of Kenya
MOH	Ministry of Health
MEDS	Mission for Essential drugs and Supplies
WF	World Friends
TB	Tuberculosis
CWD	Children with Disabilities
ACREF	African Cultural Research Education Foundation
RUNH	Ruaraka Uhai Neema Hospital
APDK	Association for the Physically Disabled of Kenya
KNH	Kenyatta national Hospital
KISE	Kenya Institute of Special education
KAWE	Kenya Association for the Welfare of Epileptics
SEP	Special Education Professional
CHP	Comboni Health Programme
CBRP	Community Based Rehabilitation Program
ART	Anti-Retroviral Therapy
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
CD4	Cluster of differentiation 4
PLWH	People Living With HIV
CCC	Comprehensive Care Clinic
PMTCT	Prevention of Mother to Child Transmission
ANC	Ante-Natal Clinic
CHV	Community Health Volunteer
MDR	Multi Drug Resistance
VCT	Voluntary Counseling and Testing
HTC	HIV Testing and Counseling
BMC	Baraka Medical Centre
CP	Cerebral Palsy
HBC	Home Based Care

1.0 BACKGROUND

Comboni Health Programme (CHP) is a Community Based Health Organization that operates in the non-formal settlements of Korogocho, Kariobangi, Huruma, Kariadudu and Kasabuni areas on the North Eastern part of Nairobi County. The programme has since changed management three times, having been started in the mid 80s by Medical Mission Sisters who handed it over to Comboni Missionary Sisters in year 2006 and is presently run by Verona Fathers, in charge of Holy Trinity Kariobangi North Parish, from January 2015. After the change over, the programme has gone through a number of restructuring both in administration and activities. Despite these changes, the project scope remained the same with various improvements in operations and service delivery aimed at meeting the programmes new goals and objective. This was seen to be necessary after an evaluation of activities and achievements of previous years and the financial situation of the programme.

The programme has since undergone a lot of growth and achievements, having started as a health and sanitization programme in the 80s. Living conditions then were deplorable due to poor disposal of garbage and human wastes. Communicable diseases such as upper respiratory, skin and stomach infections like cholera were then life threatening. The programme grew from addressing these issues to address the crisis of AIDS in the late 80s and early nineties. This led the programme to change scope and take up support of families of people infected and affected by the then AIDS pandemic, by caring for them in the homes and ensuring they access medical health care. In the mid nineties with the support and collaboration of other organizations, the programme started home based treatment and management of AIDS patients who were then sick and bed ridden.

In 1991, the programme came across another felt need in the community, children with disabilities were kept in the small houses besides being fed and probably bathed either through ignorance or neglect they were forgotten! This led to the formation of the *"The Children with Disabilities project"* to address the need for intervention for this special group of people.

By the time of taking over by CHP, based on the previous history of the programme, there have been major achievements. Very few people are sick and bed ridden, through the various community trainings and awareness programs, many people get to know their status and start treatment in time. However it has been an observation by CHP that despite a good number of people who tested HIV positive started

treatment early, new infections were still on the rise and testing sites were under utilized. Many people only go for testing when they fear they are at risk of being infected by HIV. A very small number go for testing voluntarily.

2.0 OBJECTIVES

- Management of HIV/AIDS clients and prevention of new infections
- To encourage the community to know their HIV status through awareness creation and community testing
- Offer alternative naturopathy treatment for people living with HIV.
- To facilitate early identification and intervention on disability.
- Client follow up through home based care programs
- To offer psycho-social support to the beneficiaries and care givers.
- To conduct trainings to empower the specific target groups
- To network and collaborate with other stakeholders to ensure a holistic positive impact among the beneficiaries
- Continuous Monitoring and evaluation.

3.0 ACTIVITIES

1. HIV Testing Services
2. Comprehensive Care Clinic
3. Natural Clinic
4. Community Based Rehabilitation Program
5. Trainings (Team capacity building, Care givers, Patients, CHVs,)
6. Net working partners

3.1 HIV TESTING SERVICES AND COMPREHENSIVE CARE CLINIC

The aim of this project is to reach out through counseling and VCT services to the community and provide quality health care services to those who test HIV positive. The CCC receives and enrolls to treatment people who test HIV positive. A total of 386 clients received counseling and testing services

in our facility in 2015. 80 clients tested positive for HIV of which 45 were successfully linked to the CCC.

Summary of HTC activities for the year 2015

Age Group	*Testing and counseling*		*HIV positive*		*HIV negative*		*Linked to CCC*	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Total	*152*	*234*	*21*	*59*	*131*	*175*	*9*	*36*

In this year the CCC enrolled 45 clients bringing to total 329 clients on ART at the end of 2015**.** The CCC also conducts a Tuberculosis (TB) screening and treatment clinic that is not only restricted to our target clients but is also a ministry of health approved center for TB screening and treatment. All TB suspect cases are referred from the community regardless of their HIV status. The clinic enrolled 13 TB patients in the year, 7 were on treatment from the previous year bringing to total 20 clients attended to in 2015.

Table showing number of clients seen for TB treatment in 2015

Total seen	*Newly enrolled*	*transferred*	*Defaulters*	*MDR*
20	*13*	*1*	*1*	*0*

TB clinic just like the ART clinic enrolls clients throughout the year but TB unlike ART which is a life time treatment takes between 6 and 9 months hence we are always having new clients enrolled and others completing their treatments at different intervals in the year.

The other aspect of the CCC activity undertaken this year is the PMTCT clinic. This is a follow up program for expectant mothers in the ART clinic. Close monitoring is done to these clients to ensure they are enrolled in antenatal clinic, to ensure safe pregnancy and hospital delivery to protect the baby from acquiring the mothers HIV status. Since we do not have an ANC, these mothers are advised on safe motherhood and referred to antenatal clinics within the region. The social worker and CHVs follow

up to ensure they are attending their ANC while the clinician on site and nurses ensure they are in good health.

After delivery the babies are enrolled in the CCC for monitoring of HIV. Those who test positive are immediately started on pediatric ART after a confirmatory DNA PCR while those who test negative are temporarily enrolled for monitoring within which repeat HIV tests are done and are discharged on a final negative PCR at 18 months. A total of 15 mothers were attended to in our PMTCT with 11 babies' delivered in the year. None of these babies tested positive for HIV which is a big achievement in the clinic.

3.2 NATUROTHERAPY CLINIC

This is an alternative clinic of natural food supplements for those who are ineligible for ART or those who would like to delay their start of ART after testing HIV positive. This mode of therapy is best suited for people who test HIV positive but have a viral load count of above 500 and in good health, those with liver function problems and ART would further harm their liver and the alcoholics and drug users who may have difficulty adhering to the conventional HIV treatment. Before enrollment, the clients have the following tests done; viral load count, CD4, liver function and full Heamogram to determine their initial health condition and for monitoring their treatment. These laboratory tests are repeated every 6 months.

Natural therapy works as immunity restoration and digestive system cleansers to ensure the body maintains its normal functions even with the presence of the HIV virus. 37 PLWH were attended to in this clinic by end of this reporting period.

3.3 COMMUNITY BASED REHABILITATION PROJECT

The Community Based Rehabilitation Project is an intervention project for children with disabilities. The projects aims at identification of disability at its onset which has been made successful by working in collaboration with local health facilities within the catchment area, especially those with post natal clinics to ensure immediate and easy referral of children who are suspected not to be having developmental issues. The project also with the support of Special Education Professionals organization addresses learning issues among the children and doing assessments and advising

caregivers on learning possibilities and options. SEP also sends 1 physical therapist, 3 occupational therapists and 1 special education teacher to work in the projects therapy center.

Therapy is offered in two main centers; St. John in Korogocho and St. Joseph chapel in Kariobangi. 107 children benefited from this program, 59 male and 48 female between the ages of 1 month and 13years.

Table showing the no. of therapy sessions and beneficiaries attended to in the year 2015

Center	**Days per week**	**Total number of sessions**	**Number of children seen**
St. Joseph Kariobangi	*2*	*1062*	*100*
St. John Korogocho	*1*	*38*	*7*
Total	***3***	***1100***	***107***

3.3.1 Anti-convulsion drugs clinic

The programme provides anti convulsion drugs to children enrolled in the project who have been diagnosed with convulsive disorders. This is done on presentation of a prescription from a recognized health institution and a close follow up is done to ensure the children follow up their neurological clinics and are taking their medication as required. In case of inability to attend the neurological clinics due to financial incapability the project facilitates the same by financing the clinic visits.

25 children were given anticonvulsant drugs in this year, with the project working in collaboration with Kenya Association for the Welfare of Epileptics for management and referral of children. A close follow up is done on these clients and a correspondence maintained with the supporting institutions. The social worker makes follows ups on these children and this year 2 children with severe convulsion were managed.

3.3.2 Home therapy programs

Home therapy programs are conducted to ensure continuity of therapy at home, children are placed on home therapy program where caregiver after being trained on basic therapy skills are encouraged to continue giving therapy to their children. They are given small activities to undertake at home which

is monitored at each therapy session. An occupational therapist visits the families on regular basis to follow up on therapy and improvise or adapt assistive devices for children in their homes. This reduces the number of children who have to attend therapy at the centers.

4.0 TRAININGS

Table of trainings done in 2015 for beneficiaries

Training topics	Date	Venue	Target group	Facilitator	Beneficiaries
First aid	29th Jan	CHP	Parents/caregivers	SEP	21
Feeding	12th Feb	CHP	Parents/caregivers	CHP/SEP	13
Refresher on HBC	20th Feb.	CHP	CHVs	CHP	33
Adherence natural clinic	20th Mar	CHP	PLWH	CHP	27
Toy making and Play	26thMarch	CHP	Parents/caregivers	SEP/CHP	13
Adherence ART	8th April	CHP	PLWH	CHP	45
Management of club foot and CP	7th May	ACREF	Parents and staff	W.F	14
Economic empowerment & micro-finance	6th July	CHP	Parents/caregivers	APDK	22
Massage & passive movement	16th July	CHP	Parents/caregivers	SEP/CHP	8
Adherence ART	15th July	CHP	PLWH	CHP	48
Positioning and handling	20thAug	CHP	Parents/caregivers	SEP/CHP	12
Up dates on HIV management	14th Aug	CHP	CHVs	CHP/Nazareth hospital	39
Chest therapy	24th Sept	CHP	Parents/caregivers	SEP/CHP	11
Play	October	CHP	Parents/caregivers	SEP/CHP	13
Mothers mentor training	1st – 7th Nov 2015	Kikuyu hospital	Parents/caregivers	SEP	1
Adherence ART	14th Oct.	CHP	PLWH	CHP	55
Early intervention of club foot & CP	16th Nov	BMC	Parents/caregivers	W.F	20

World disability day	3rd Dec	CHP	ALL	CHP/WF	60
Acceptance	10th Dec	CHP	Parents/caregivers	SEP	13

4.1 Staff Trainings for the year 2015

course/training	***dates***	***designation***	***facilitator***
Adolescent Package Of Care	5th May, 2015	Counselor	CHAK
Isoniazid prevention therapy	20th Jul, 2015	Nurse	MOH
Harmonized curriculum -clinical track	27th Dec, 2015	Clinician	Nazareth hosp
Integrated management of acute malnutrition (IMAM)	14th – 18th Sept, 2015	Nurse	MOH
Infection control	22nd – 25th Sept, 2015	Nurse	CHAK
TB Training	6th – 9th Oct. 2015	Nurse	Nazareth
Program planning and management	1st – 7th Nov, 2015	Program Coordinator	MEDS
Clinical reasoning, Child Development & Assessment	18th – 23rdMar, 2015	Counselor/physio assisstant	WF
		Occupational therapist	
		Assistant physiotherapist	
		Social worker	

5.0 Social Support

- The programme issued dry foods to 54 clients who were either very sick or in need of food intervention either due to lack or malnutrition.

- Laboratory tests were paid for 67 clients
- Transport to various referral institutions was given to 19 people who were critically ill and needed hospitalization. 7 got transport and consultation fees.

6.0 Achievements

- We achieved a 95% TB adherence
- No PCR positive for all exposed (babies of HIV positive mothers) babies seen at our clinic.
- High service uptake at the CWD St. John therapy center in Kariobangi.
- 2 corrective surgeries for children with disabilities done for free through one of our collaborators
- A social worker was employed to address client's social needs and facilitate their referral to other institutions that offer social support; this has eased access of our clients to various social support systems available.
- The new arrangement at the comprehensive clinic has provided privacy for clients when being attended to by the clinician and also eased client flow from one station to another.
- Staff capacity building has increased client care.
- We were able to have a staff retreat and team building outside the facility to motivate staff and increase team spirit and performance.
- With support from Nazareth hospital we were able to conduct capacity building for CHV that is expected to increase client follow up and management.
- 1 mother after undergoing peer mentorship training is actively engaged in our CWD center and is creating a positive impact in addressing especially emotional and acceptance issues among caregivers.

7.0 Challenges

- 35 clients out of the 80 who tested HIV positive were not linked to treatment, some declined and others could not be traced.
- 4 clients declined (defaulted) from taking their ARV drugs in the year.
- Major adherence problems experienced in both the natural and the comprehensive care clinic hindering effective treatment.
- The natural supplements are expensive and not easily available.

- Under utilization of services despite knowledge of their existence. Very few people visit the VCT and the therapy center at Korogocho St. John.
- High dependency and expectations on the project by the community.
- Food crisis in some families; due to extreme poverty some families are not able to afford daily meals leading to malnutrition especially in children and this also compromises treatment.
- Poverty also makes it impossible for other clients to access other medical health care or purchase equipment needed for their treatment/therapy, making interventions slow or unsuccessful. This especially is a major challenge with the CWD when they cannot purchase special adoptive/assistive devices.
- Alcoholism and drug use among clients hinders effective treatment.
- Major security risks are also experienced by staff members on community follow up or home based care program.
- Stigma some clients still do not want to be associated or known to come to our clinic, this complicates follow up. Stigma also makes disclosure a challenge to a number of clients.

8.0 Recommendations

- There is need for regular community outreach programmes especially on HIV testing to encourage community members to know their status and the importance of early interventions.
- A linkage mechanism needs to be established to ensure 100% linkage to treatment.
- Clients follow up need to be strengthened by empowering the CHVs and giving them a clear mandate of what is expected from them. This will further decrease the work load on the nurses on site.
- Client economic empowerment strategies need to be established to increase self reliance and try and address the high dependency of clients in the programme.
- The programme needs to encourage clients to co-share in the services offered and explore other avenues that would involve community members especially the beneficiaries to support the programme. This would be intended to reduce dependency and also work towards programmes sustainability

9.0 NET WORKING PARTNERS

I. Nazareth hospital
II. Special Education Professionals
III. World friends
IV. Association for the Physically Disabled of Kenya
V. County government under Ruaraka subcounty
VI. Kenya Institute of Special Education
VII. Ruaraka Uhai Neema Hospitals

10. FINANCIAL REPORT

10.1 Financial Analysis