Comboni Health program

SUBMITTED
TO
NANGINA CLUB

PREPARED BY
EVERLINE ACJIENG
PROJECT COORDINATOR

[END OF YEAR REPORT]

Reporting period from January 2016-December 2016

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti Retroviral Drugs
CBRP	Community Based Rehabilitation Program
CCC	Comprehensive Care Clinic
CD4	Cluster of Differentiation 4
CHAK	Christian Health Association of Kenya
CHP	Comboni Health Program
CHVs	Community Health Volunteers
CP	Cerebral Palsy
CWD	Children with Disabilities
EMTCT	Elimination of Mother to Child Transmission
Govt.	Government
HTS	HIV Testing Services
HIV	Human Immunodeficiency Virus
IGA	Income Generating Activities
IPT	Isoniazid Prevention Therapy
LTFU	Lost To Follow Up
M&E	Monitoring and Evaluation
NASCOP	National Aids Control Program
OIs	Opportunistic Infections
PLWA	People Living With AIDS
PMTCT	Prevention of Mother to Child Transmission
RUNH	Ruaraka Uhai Neema Hospital
SEP	Special Educations Professionals
TB	Tuberculosis
UNICEF	United Nations Children's Fund
WF	World Friends

TABLE OF CONTENTS

Introduction

Target Groups/Goal/Objectives

Program Activities/Program Areas:

- Comprehensive Care Clinic
- Natural Therapy
- Community Based Rehabilitation Program
- Cross Cutting Issues
- Community Health Volunteers
- Trainings
- Networking
- Monitoring and Evaluation (M&E)

Challenges and Recommendations

Lessons learnt

Planned Activities for 2017

Conclusion

COMBONI HEALTH PROGRAMME YEAR 2017 REPORT

INTRODUCTION TO CHP

Comboni Health Program (CHP) is a Community Based Health Organization operating in the slums of Korogocho and Kariobangi and Huruma region within the vast Nairobi county. These two regions are considered low income regions, densely populated with most families living in single rooms of approximately 10 by 10 feet with average occupancy of 4 to 5 people per room. Majority live in extreme poverty conditions and are not able to afford the most basic daily needs of food, shelter and clothing. 99% of houses in Korogocho are semi permanent houses but Kariobangi and Huruma consist of both permanent apartment like and slum like dwellings with majority of the population still occupying single rooms. Water and sanitation is still a major concern in these regions despite the efforts made by several community initiative projects to improve them. Korogocho has no sewer systems but Kariobangi and Huruma where they exist; they are overstretched with the population outburst in the region since the same have not been improved since. Water supply is a major problem in all the areas but especially in Korogocho and the residents depend on water bought from a several water vendor points at a cost of sh. 5 per 20 litre container. Toilets and bathrooms are communal shared by an average of 10 households living in the same compound or flat.

With the underlying tough living conditions, many people in these regions are not able to access proper health care due to affordability and also because the already existing government facilities

are overstretched. The poor road infrastructure and cost of frequent transportation makes it even more challenging especially for clients who get very sick and the people living with disabilities who especially experience a lot of challenges in using the public transport services. This makes long term health conditions such as HIV and disability management almost impossible since they require constant monitoring. CHP seeks to address through its projects these two concerns, by providing health care and support through its various interventions. These are done through our two projects, a ***Comprehensive Care Clinic (CCC***) for diagnosis and management of HIV and related complications and a ***Community Based Rehabilitation Project (CBRP)*** that offers therapy interventions for children with disabilities.

CHP seeks to provide these services to the community where they are easily accessible in terms of cost and infrastructure and works with a team of 11 professional staff which include a clinical officer, nurses, counsellors, occupational therapist, assistant physiotherapist social worker and 5 support staff supported by the programme. We also work with a team of 20 community health volunteers who offer their services for free and are our point persons in the community. Through collaboration with partners CHP has been able to have 7 more professional staffs; these included physiotherapists, occupational therapists and a data person

We advocate for prevention as key in curbing various health risks and sensitize the community in the importance of knowing their HIV status and early identification of disability by advocating for close follow up on post natal clinics and collaborating with both private and local health care facilities in the region that offer antenatal and post-natal care.

Goal

The overall goal of Comboni Health Program has been to ensure early intervention to care and management to improve the quality of life for people living with HIV and children with disabilities from poor families.

Objective

- To conduct outreach programs to increase HIV testing rate and ensure as many people as possible know their HIV status.

- To facilitate 100% linkages for all people who test HIV positive to care and treatment services.
- To ensure early identification and intervention for children with disabilities
- To conduct awareness creation on management and prevention of HIV
- To undertake capacity building for caregivers and beneficiaries to ensure active involvement in their treatment plan.
- To offer quality and professional services to beneficiaries.

SUMMARY AT A GLANCE

1512 people were reached through our project interventions, that is HTS, CCC and CBRP
1017 people were tested on site and through our community outreach programs
54 tested HIV positive 44 enrolled to care 35 were started on ART
359 people living with HIV were attended to at our community Comprehensive Care Clinic in Korogocho slum
416 clients at the Comprehensive Care Clinic had their medical examination tests supported by the programme
126 children with disabilities received occupational and physiotherapy sessions at our two Centers in Kariobangi Catholic Parish and St, John school in Korogocho
1 child at our CBRP had free corrective orthopedic surgery on club foot corrected by World Friends through our project collaboration
618 Beneficiaries on follow up home based care programs
130 families given food support
4 children from very needy families had their school fees paid, 2 of them in special school.
332 projects beneficiaries received counseling support
22 clinics organized and conducted in the year
10 staff members went through various trainings
292 were beneficiaries of workshops and trainings in the year at our facility

And we have remained 1 great united and diverse team determined to support and give service to the people with love, care and concern despite the challenges and sometimes harsh realities of working in the slums, our strength is derived from the support of one another and the show of love from the community.

OUR ACTIVITIES

1. **Comprehensive Care Clinic**

- HIV Testing Services (HTS)
- Enrolment to care and treatment
- Patient monitoring
- Early infant diagnosis
- TB screening
- Prevention of Mother to Child Transmission
- Treatment Adherence Support (TAS)
- Natural clinic

2. **Community Based Rehabilitation Project**

- Physio and occupational therapy services
- Home therapy program
- Monthly follow up and review clinics
- Referrals

3. **Social support**

- Counseling
- Support groups………youth CCC youth SEP
- Follow up home visits
- Food program

4. **Trainings/capacity building**
5. **Partnerships**

6. **Monitoring and Evaluation accounts and projects**
7. **Challenges**
8. **Lessons learned**
9. **Action plan for year 2018**

THE COMPREHENSIVE CARE CLINIC

Comboni Health Programme with the support of Nazareth Hospital and Nangina Club Germany operates a Comprehensive Care Clinic in Korogocho slums for people living with HIV&AIDS. The project had a cumulative total of 359 clients seen within the reporting period and 328 clients current in care by end of this reporting period. HIV care and management still remains a major concern in the slums of Korogocho. This can be attributed to a number of factors observed which include; early initiation of sex and early marriages, engagement in risky sexual behaviours, high prevalence of multiple sexual partners, low use of protection, drug use and abuse, poverty and despair in life among many others. The objectives of our clinic are to address issues of HIV transmission and prevention; care and treatment of opportunistic infections and offering psychological and social support to clients to enhance treatment and adherence. These are done through the following activities planned throughout the year;

HIV Testing Services (HTS)

The HIV Testing Service is a program that advocates for and encourages the community to know their HIV status and minimise the risky sex behaviour mostly attributed with slum areas. The program does this by initiating HIV testing in the community through community outreach programs and availing a free testing centre at the facility. The community members are mobilised by the community health volunteers and a counsellor goes out to test on planned days and venues. In the reporting period of year 2017, 1017 people were counselled and tested both on site and outreach program. 54 tested HIV positive and 44 were linked for care; 41 within our clinic and 3 linked to other facilities as indicated in the table below.

Table showing testing targets and achievement

Testing target		1200 people
No. tested		1017
No. tested positive		54
LINKAGE TO CARE	No. linked within	41
	No. linked out	3
	No. on TPS	1
	No. on follow up	2
	Declined linkage	3
	Lost to follow up	4
	Percentage linkage	81%

Year 2017 saw a reduction in the testing rate compared to the previous year and this was attributed to the following factors:

The countries political situation: being an election year, the heated campaigns and two elections held had the following negative impacts to our activities.

1. Quite a number of people moved to their rural villages a few weeks before general elections in fear of their security.
2. Due to security risk to our staff we could not undertake the outreach programs in the two election months of August and September. The following months were slow in activity with a lot of political tension with some areas being inaccessible.

The HTS also provides enhanced family testing and contact tracing to follow up on families and partners of index clients in the clinic who are considered to be more at risk of HIV infection. During this reporting period the project embarked on a 6 months follow up on all index clients majority of which had been identified in the previous year to ensure all at risk or exposed persons are tested for HIV. A target population of 99 clients were identified from our registers for follow up and by the end of the six months 86 had been tested, 4positives identified. Other services offered at the HTS are psychosocial support and 129 clients received counselling support during this reporting period.

Enrolment to Care and Treatment

A total of 41 clients were started on ART within the reporting period with, 35 clients having been linked form our HTS and 6 referred in from other facilities. 3 clients from our facility were linked to other health facilities making our linkage rate this year at 93%. 3 clients were still on adherence training by end of the reporting period and are on follow up for linkage in the following year of 2018. Our enrollment rate in the reporting period was at 92%. Several factors hinder our enrolment rates and the most common one being clients poor attendance of treatment adherence support classes that are supposed to prepare them for their long treatment plan. Clients are given lessons on the medication they are to take and a healthier life style they are to adopt after HIV diagnosis. Some clients after testing HIV positive do not attend the lessons consistently or to completion delaying their introduction to ART and adherence plan. In the year we have been able to start the immediate test and treat to only 22 out of the 41 tested in the year. The other 19 clients have had their treatments delayed for up to 3 months for some since they were considered not to be ready.

Table showing enrollment to care and treatment

Set enrolment target	84
Tested positive	54
Enrolled to care	44
Started on ART within our facility	35
Successfully linked to other facilities	3
Referred in from other facilities	6
Enrolment percentage	86%

Patient Monitoring Tests

The CCC conducts a number of patient monitoring examinations to clients in the clinic. There tests include; viral load tests, X-rays and scans, liver function tests, full haemogram, haemoglobin tests ,random blood sugar, fasting blood sugar, and renal function tests. Most of these tests are paid for by the programme and in the reporting year a total of 326 patients benefited from this medical support services. CHP not having its own laboratory, all the medical examinations are done in collaboration with other health facilities. TB screening is also done to all patients visiting the clinic

and in the year a total of 11 TB diagnosis were made, all were started on treatment, 6 were successfully cured of TB, 3 still ongoing their TB therapy, one was lost to follow up and reported to the sub-county TB and infectious disease control department and one died before completing treatment. 7 out of the 11 diagnosed with TB also tested HIV positive.

Other monitoring follow ups done at the clinic include: Prevention of Mother To Child Transmission (PMTCT) where we had 10 expectant mothers enrolled on follow up, 5 newly diagnosed and 5 known positive. Early Infant Diagnosis for HIV Exposed Infants (HEI) or babies born to women who are HIV positive. All the 10 registered HEI tested HIV negative at PCR with 1 discharged at 18 months with negative result.

Table showing number of patients and routine laboratory tests done

Laboratory tests done	**No. done**	**Target**
Viral load tests	326	328
EID	10	10
PCR	10	10
TB GENE X-PERT	11	11
X-RAY & SCANS	40	On need
Other laboratory examinations	43	On need

Treatment Adherence Support (TAS)

Most patients before and through their ART treatment require supporting treatment adherence readiness through initial and continuous counseling to ensure they understand and are ready for the life time treatment they are to undertake. This is based on information-motivation and behavioral skills change or adaptations to ensure a healthy living. It includes brief pill taking practice and a performance driven dose regulation systems that would ensure clients are actively involved in their treatment and take a front line in even deciding on their support systems. All the 41 clients enrolled for treatment went through the initial TAS with continuous support given to those experiencing adherence issues. Of our 328 clients in the clinic 49 have not been consistent in taking their ART. These were mostly due to underlying social and psychological issues with poverty being the major concern.

Natural Therapy Clinic

The natural therapy clinic is designed for patients who present with adherence challenges. They are mostly alcoholics but also people who are not ready or willing to start ART. This is a maintenance clinic that works on boosting the bodies' own immunity to suppress the HIV virus. 18 people are enrolled in this clinic

Natural Therapy Clinic - is an alternative treatment program for managing HIV based on natural nutrition to increase the body's own defense systems. The nutrition both feeds the body and aids different organs to function well improving the body's own natural defence which directly reduces HIV in the body. 18 clients are currently enrolled in this clinic. Various foods are prepared at the clinic and taken as supplements by clients who have tested HIV positive.

Main food items used in the natural clinic as treatment supplements

Item	Purpose
Fermented cabbage juice	Contains (probiotic) friendly bacteria, also contains antioxidants and is medicinal for the skin, digestion and cellular function.
Brazil nuts	High in selenium, a necessary antioxidant for the immune system.
Pilipili dawa	Balances the acidity level in the intestines and blood, balances body temperatures, enhances appetite, enhances sleep, and improves digestion.
Hydrogen peroxide	In small doses will act as a natural antibiotic. Hydrogen peroxide is naturally produced in the body for the same purposes
Isabgol (pesylium husks)	Improves and balances digestive health and intestines function
Whole lemon and olive oil drink	Detoxifies the liver, improves lymphatic drainage and neural function thus checking lymphadenopathy and neuropathy

**Pilipili dawa is a homemade "medicinal" hot sauce made of the following ingredients in measured proportions: garlic, vinegar, chilies, turmeric, ginger and molasses.*

The natural therapy is recommended for clients with poor liver conditions, clients who present with poor adherence due to underlying conditions like alcoholism and drug use and generally those who by choice wish to delay the start of ART. This treatment can be self-administered and regulated, and the client can also prepare it at home when given basic knowledge and has no side effects so there is no question of viral resistance or mutation and no drug failure. All clients must go through base line laboratory tests (Viral load, CD4 count, Liver function test and Full Heamogram) before starting the treatment. This is to check their health condition before enrolment and for continuous health monitoring. The treatment has proven to be effective since 13 out of the 18 clients who take their supplements correctly have retained the required health standards. Their CD4 counts are above 800, viral loads above 500 and weight above 65 kilograms. All the 18 clients had their liver function and Full Heamogram tests results within normal range.

COMMUNITY BASED REHABILITATION PROJECT (CBRP)

Comboni Health Programme CBRP targets children with disabilities of age up to 10 years from poor families who are not able to access professional rehabilitation services due to their socioeconomic status. The project has availed two therapy gyms within Korogocho slum and in Kariobangi area managed by qualified therapists. Besides offering therapy services the project in collaboration with Special Education Professionals (SEP) also seeks to address the social and cultural issues attached to disability by organizing trainings for beneficiaries and sensitization talks for the community. This project also offered home therapy program to children with special needs and counseling support. Beneficiaries who could not be supported at our centers were referred to other institutions that we worked in collaboration with to ensure a holistic care approach. In the 2017 reporting year, we were able to reach a total of 126 beneficiaries through our programs as outlined.

Therapy services

Through our therapy intervention the project was able to reach a total of 95 children with special needs at the two rehabilitation centers in Kariobangi and Korogocho. The children are brought for therapy on three days in a week days were left for follow up home visits on home therapy monitoring program. A total of 1438 sessions were conducted in both centers.

Table I: shows the no. of beneficiaries reached and sessions conducted

Therapy center	***No. sessions done***	***Number of children seen***		
		Male	Female	**Total**
St. Joseph Kariobangi	1109	35	38	**73**
St. John Korogocho	329	10	12	**22**
TOTAL	**1438**	**45**	**50**	**95**

During therapy care givers are instructed on basic therapy techniques to practice at home and assigned home program which they demonstrate at every therapy visit. 55 parents were trained on home therapy programme and are actively practicing. This active involvement and participation of the parents in their child's rehabilitation process has been seen to increase therapy success. Out

of *91 children* enrolled for therapy within this reporting period 4 have been discharged after acquiring the required milestones for their ages, 5 children have shown significant progress in milestones development.

Trainings: A total number of 35 parents and one care giver were beneficiaries of trainings done within the reporting period on topics as indicated below.

Topic	Target group	Attendance	Facilitator
Chest Therapy	Care givers	25 caregivers	SEP/CHP
How to improvise and use assistive devices in the home	Parents of children with cerebral palsy	10 mothers	World Friends

Trainings form an integral part of our activities and besides the workshops, individual trainings are done to parents on their specific needs during therapy interactions, they range from understanding their child and how to handle them at home to training on home therapy activities that is monitored both at home and during sessions. We also had a siblings training workshop where 36 siblings participated and were trained in understanding disability and how to participate in taking care of their brother or sister with disability and interact with them through play and other daily activities.

Medical and health Care Support: World Friends has been our major collaborator in offering medical treatment and corrective surgeries to children with special needs in our project. This has been done through Ruaraka Uhai Neema Hospital and world friends visiting orthopedic surgeon Dr. Antonio. Medical care supported by partner World Friends has ensured that children with disabilities from our project are always in good health which has in turn facilitated positive development with their physical therapies. **Referrals:** A total of 13 medical referral cases were done from our project with 6 of those referrals sent to Ruaraka Uhai Neema Hospital under charity 1 of them for surgical review.

CHP also issued anti-convulsion drugs to 16 children in the project. These drugs are issued on shared or cost sharing, where the beneficiaries are expected to pay half the cost of the drugs they are issued with. This has however been a challenge as most parents are not able to meet this cost and during this reporting period only 4 parents were able to pay the expected half cost of the drugs

price, 4 children were given drugs for free and the other 8 paid different amounts below the expected cost of their respective drugs.

Psychosocial Support: All parents of children with disabilities enrolled in our projects undergo an initial counseling session on enrolment and parents of ***30 newly*** enrolled children received counseling within the reporting period. Counseling is mostly done to determine their expectations for therapy but also to check their emotional and social status with regards to their child's disability. This has ensured consistency in therapy since the parents get to understand the therapy process. Continued counseling support is offered on need basis either identified by therapists or on self presentation by parents. ***50 parents*** have received counseling support and ***46 sessions*** were done. ***3 group*** therapy sessions were done with ***30 parents*** being beneficiaries.

Social Support: Besides the health care services offered by the project, CHP also gives social support to very needy families or in times of crisis by issuing food, clothing and even monetary support towards medical expenses. ***21 families*** have been issued with either food, clothing or had their medical/hospital, transport, x-rays and laboratory tests paid for by the programme through our social service support.

Home Based Care Program: CHP being a home based care programme, a lot of our activities revolve around working with families in their home environment. One of our active home programs is the home based therapy where follow up and monitoring on home therapy programs are done by our therapists. Positioning and handling is also emphasized during this visits as it's in the home environment that the children spend most of their time and correct positioning is important in preventing secondary disabilities. The therapists also advise the parents on how to improvise special aid in the home and making adaptations to try and make the home environment more disability friendly. A lot of insight was gained in this area after a training done by world friends on "*how to improvise and use assistive devices in the home*" which 10 parents attended and 1 care giver from our project who in turn reported on the training and gave a talk on the training to those parents who were not able to attend.

Follow up home visits are also done to follow up on children who don't attend therapy regularly. This is based on identifying and dealing with the social and psychological needs that could be

hindering the therapy process. ***82 families*** were visited on follow up visits and families that needed other social support that could be supported by the programme were linked for help. These visits are done by the programme social worker who not only links families for support but also helps them in identifying other self coping mechanisms and supports them through. 2 mothers who have not been able to bring their children for therapy since they are the sole bread winners were supported by the social worker to develop a therapy program at home which was closely monitored together with our occupational therapist and they now only have to come for therapy sessions once a month.

Our home programs also target the involvement of siblings and other family members in the care for a child with disabilities as mothers are normally the sole care givers. Siblings are especially encouraged to actively get involved in attending to and playing with their brother/sister with special needs. Our staff are involved in teaching these siblings engagement techniques as many don't normally know how to. 17 siblings have been involved in this programme and in the next year we plan to bring in the siblings in a play therapy session during therapy at our centers.

Table 2: shows beneficiaries of home care program

Reason for visit	**No. visited at home**					**Total**
	Jul	Aug	Sep	Oct	Nov	**no. visits**
Monitoring home program	7	3	6	3	1	**20**
Newly enrolled children	2	1	3	2	0	**8**
Lost to follow up (3 months)	2	2	12	2	0	**18**
Sick children	4	3	8	4	2	**21**
Psychosocial issues	3	2	4	4	2	**15**
TOTAL	**18**	**11**	**33**	**15**	**5**	**82**

Our Partners

CHP has in the six months maintained a stable working relationship with the following partners in ensuring proper care and management of children with disability within our catchment areas.

World Friends has supported the project by supporting the salary of one therapist, medical treatment on charity to children with special needs enrolled in the project, free surgical clinics and corrective surgeries done to identified children and trainings to both staff and beneficiaries of the project.

Special Education Professionals (SEP) provided 6 technical staffs to our centers; 2 physiotherapists, 1 occupational therapist and 3 interns to work in the project. SEP also together with CHP organized and facilitated a workshop on chest therapy and continuous therapy training for beneficiaries.

Association for the Physically Disabled of Kenya (APDK) has continuously conducted mobile clinics on monthly basis at our centers which are open to the community where reviews and fittings for special appliances were done for already identified children in the project and issued at a very subsidized cost. The clinics were also open to the community to bring in new cases and get information on disability related issues.

Light and Hope Project paid the full cost of special appliances for 3 children in in our project in collaboration with APDK.

CROSSCUTTING ISSUES (SOCIAL SUPPORT)

CHP's area of operation and target group being people living in poverty, a lot of social needs are presented, the major one being the increasing need for food support. During the reporting period, the program gave food support to 102 families. 30% of this food was donated by Nazareth hospital for CCC clients only about 5% of the food received from Holy Trinity Catholic Church Kariobangi with 65% bought by the program. There still is still a great need for food support to families especially those on TB and ARV treatment. This is because nutrition remains very important in HIV management and there are still clients/families that can go a day or two without a meal a day. This has become a major challenge that hinders treatment success.

Many clients cannot afford medical care for treatment of conditions that

cannot be managed in the CHP facility. This makes referral a big challenge and poses a major drawback when it comes to treatment success. These include lab tests, x-rays and other specialized consultations that need to be referred to specialist doctors, cases that require surgeries and special aid appliances for children with disabilities. The program catered for lab and x-ray expenses for 109 beneficiaries and emergency hospital transport and consultation fees given to 7 people to access treatment for further management.

The program also paid school fees for 2 boys with hearing impairment in special schools in the year and 4 girls from very needy families receiving school fees and pocket money supported by UNICEF.

COMMUNITY HEALTH VOLUNTEERS

In order to successfully undertake its activities, CHP works with several Community Health Volunteers (CHVs). These are people who live in the community who have offered their services to the program to support the sick and needy. CHP works with several CHVs who have been trained on basic health care management but works directly with 11 selected CHVs that are assigned to make regular visits to clients at home and report back to the clinics. The CHVs are in charge of monitoring CCC clients' adherence by doing regular pill counts, following up on those who skip clinic appointments and referring clients to the clinic or organizing home visits with a health care provider where needed. The CHVs also play a very important role in mobilizing community members for HIV testing and facilitating linkages within CHP and other service providers. They also act as informers on the current happenings in the community and play a vital role of security by accompanying health workers during home visits.

TRAININGS

Staff trainings

Besides provision of health care to the target community CHP together with other partners conducted several trainings both for beneficiaries and staff members. CHP considers capacity building a key aspect of development and through various programs has seen the successful training of 7 staff members through refresher courses to sharpen and update their skills and 2 of the staff taking a full course on HIV management sponsored by the county government. This has ensured professionalism in service delivery and up to date information on current management of conditions by health workers. Other trainings and workshops supported or done in collaboration with partners are as indicated in the table below.

Table of staff training-2016

Topic	Beneficiaries	Facilitator	Department
Infection prevention control	Nurse	CHAK	CCC
Integrated module on HIV	Nurse/Clinician	County govt.	CCC

Malaria management	Nurse	County govt.	CCC
TB management in HIV	Nurse	County govt.	CCC
Data quality management	Clinician	CHAK	CCC
New HTS guidelines	Counselor	CHAK	CCC
Trainer Of Trainers	OT	SEP & CHP	CWD
Counselor supervision	Counselor	County govt.	CCC
Kenya HIV Quality Improvement Framework (KHQIF)	Clinician	CHAK	CCC
Disease surveillance	Nurse	County govt.	CCC
Cerebral palsy & club foot management	Therapists	WF & CHP	CWD

Community Health Volunteers Trainings

In 2016 the Ministry of Public Health and Sanitization launched a Community Health Strategy that provides for the specific roles and responsibilities for all players in health provision from the national level down to the community level as well as appropriate strategies to be used by each player in promoting community health. In line with this strategy 21 Community Health Volunteers (CHVs) working with CHP were identified and trained by the government and non-governmental organizations in mobilizing communities to initiate sustainable community health programs that entail community health talks, growth monitoring and linking communities to health care services at the county and national levels through referrals. Areas of training included basic communication skills; best practices for health promotion and disease prevention; infection control and prevention of communicable diseases and sanitation. These trainings were done in collaboration with the county government and Nazareth hospital.

Table of Community Health Volunteers Trainings-2016

Topic	**Facilitator**
Communication skills	Nazareth hospital& CHP
Best practice for health promotion &dieses prevention	Afya jijini & county govt.
Infection control	CHP
Prevention Of Communicable Diseases & sanitation	County govt.

Beneficiary/Caregivers Trainings

CHP also conducts continuous trainings for its beneficiaries to increase their understanding of their treatment processes and by extension facilitate full participation in their life time treatment or therapy. 504 project beneficiaries and caregivers have gone through various trainings. Trainings are designed based on presented need.

Beneficiaries Trainings

Topic	Beneficiaries	Facilitator	Department
Adherence Training	Clients	CHP	CCC
Infection Control	CHVs	CHP	CCC
Communication	Parents	SEP	CWD
Activities Of Daily Living	Parents	SEP	CWD
HIV awareness and OIs	Clients	CHP	CCC
First Aid	Parents/staff	SEP	CWD
Club Foot & CP Management	Parents	WF	CWD
Toy Making & Play	Parents	SEP	CWD
Nutrition	Clients	CHP	CCC
Toy Making	Parents/Staff	SEP	CWD
Acceptance	Parents	SEP	CWD
Chest Therapy	Parents/staff	SEP	CWD
Patients Management And Tracking	CHVs	NAZA	CCC
Feeding	Parents	CHP	CWD
Mobilisation Skills	CHVs	CHP	CCC

NETWORKING

To enhance success in meeting its goal CHP has partnered with several organizations within and outside its operational region that complement its work. Networking has been important for ease of referrals and ensuring beneficiaries access other related services that are geared towards creating a holistic impact by accessing other services not offered by the program. The following organizations have been key collaborators and referral institutions with CHP;

- **Nazareth Hospital**- partly funds the CCC activities and fully supplies ARVs and other opportunistic infection drugs, they also offer operational support to the clinic by sending personnel, trainings on HIV care and management and client referral. They also support the program with food. Nazareth also monitors and evaluates CCC activities.
- **CHAK**- through Nazareth Hospital partly funds CCC activities and also offers monitoring and evaluation of activities
- **Ruaraka Uhai Neema Hospital**- referral of medical and surgical cases and laboratory services.
- **Kariobangi Comboni Dispensary**-offers laboratory services and treatment.
- **World Friends**-referral of orthopaedic and medical cases of children with special needs that are treated on charity. This year 2 children benefitted from free corrective surgery with several others being treated for free.
- **Baraka Health Centre**- nutritional support and treatment of rickets.
- **Korogocho Health Centre**- linkage and referral for services not offered at our facility mainly family planning services and protection against re-infection especially for discordant couples.
- **Baba Dogo Health Centre**-linkage of clients outside our catchment area to the CCC and also family planning services
- **SEP**-provides therapists to work in our community rehabilitation project This year SEP has sent us 1 occupational therapist, 1 physiotherapist, a speech therapist and 4 intern therapists to work in our therapy centres. SEP also conducts continuous trainings for parents and caregivers on a regular basis and project evaluations.
- **APDK**- conducts mobile clinics with our CBRP on monthly basis to review and assess children progress advice, design and make orthopaedic appliances for our beneficiaries at a very subsidized cost or give for free at times.
- **National County Government**- supplies all HTS consumables and testing kits, trainings and monthly CCC support meetings

MONITORING AND EVALUATION

CHP carries out continuous monitoring and evaluation of activities at different levels to ensure success of their performance. This is done through feedback of monthly activities, where success rates and challenges are measured with possible ways of countering the challenges designed and implemented. Each activity is separately evaluated mid implementation to ensure that it's on course and creating the desired impact.

External valuators' are also engaged in all projects activities every quarterly and half yearly to monitor and evaluate performance, after which they give a report on findings and recommendations on areas of improvement. At the end of each year all program activities are reviewed and from that new activities are set up depending on the previous year's achievements or failures. In 2016 our projects were evaluated by CHAK, Nazareth Hospital and SEP.

Feedback reports are also collected from the program beneficiaries to get their views concerning services provided and areas of need. This is either done directly especially during beneficiary meetings and trainings and also anonymously through our suggestion box.

CHALLENGES AND RECOMMENDATIONS

Food security: quite a number of beneficiaries of CHP projects are people living in extreme poverty. Slightly more than a quarter of the beneficiaries were found to be malnourished with 57 being severely malnourished. Most of these families cannot afford a meal in a day with some going even 2 days without food. During the reporting period 102 families received food support from the program. There is need for the program to come up with strategies for sustainable food security through economic empowerment. This could be done through training beneficiaries on Income Generating Activities (IGAs), savings and internal lending activities (table banking) and the establishment and management of kitchen gardens.

Poor adherence: clients sometimes stop taking their treatment as prescribed and some stopping completely their ARVs and anti-convulsion drugs. This causes major setback in treatment intervention and even failures that sometimes cause death. The other challenge related to adherence is the inconsistency of children in attending therapy and big breaks in between and some giving up and stopping all together. This delays progress and greatly hinders development and therapy success. The program has continuous trainings and workshops for beneficiaries on various topics relating to their health in order to help them understand fully their condition and the importance of strictly following their treatment plan. Ongoing counselling is also done to address this problem just to ensure other underlying issues that can affect treatment are dealt with.

Insecurity: CHP has its projects operating in the informal settlements which are areas of high insecurity. Several times the program has had to cancel field activities due to tension or unrest within the community, these tensions range from gang fights, police and gang fights and even inter community wrangles. Muggings are also very common and our team members have to be accompanied by CHVs in making house visits on most occasions. The CHVs also act as informers on the happenings in the community and keep us updated especially of foreseen tensions.

Stigmatization-this mostly experienced in Korogocho CCC. Being an exclusively HIV clinic most community members do not wish to be associated with our project and even some of those already enrolled in the programs still hide while visiting the clinic or do not want to be visited at home by program employees. This also explains why HIV testing onsite is not well taken up by the community. There is need to open up the project to embrace other activities not HIV related like prevention programs that target the community regardless of one's HIV status.

Client retention-is challenges since Korogocho/Kariobangi are temporary dwellings for people in search for better opportunities. This leads to a number of clients seeking transfer out to other CCCs. This in turn leads to client defaulting treatment and some lost to follow up since it becomes

very difficult to follow up on clients who transfer to other clinics especially those outside Nairobi County. This is an area that has become extremely difficult to deal with because some do not get to the transfer facility. The program is in the process of getting contacts to other CCCs to try ensuring linkage.

LESSONS LEARNED

Most people lack proper information even on topics considered over discussed or talked about. HIV is such area that has been publicly broadcasted but many people still lack factual information in this region. Disability on the other hand is a hushed topic or not considered a major concern hence very little information is out concerning the same and most care givers always look lost and not knowing or expecting what lies ahead of them. Giving information has proven to be one of CHPs effective interventions, when people understand their problems, they develop better coping mechanisms and strategies to deal with them, own their treatment plans and participate actively.

PLANNED ACTIVITIES FOR 2017

CHP will sustain the services provided in 2016 and introduce a youth awareness program on HIV prevention. This has been a concern especially after the latest Kenya AIDS Response Report-2016 indicated that young people aged 15-24 years contributed to 51% of adult new infections in year 2015, a rise from 29% in 2013. This is attributed to the fact that young people have incorrect perception of their risk of HIV infection and limited knowledge on sexual behaviours that expose them to HIV. CHP plans to initiate holiday programs based on sharing factual information about HIV. This activity is also meant to open up the program to reach out to the community and not only people living with HIV.

CONCLUSION

HIV and disability still remains an issue of concern in Korogocho, Kariobangi and its surroundings. Despite there being a lot of information about HIV and opportunities for testing, care and treatment, quite a number of people are not ready to know their status. Majority only access HTS, very late when they are down with opportunistic infections, delaying treatment and compromising their health. HIV in Korogocho is still faced with a lot of stigma and many community members live in fear and would rather not know their status. Existing organizations dealing with HIV management only benefit those willing to take the test, thus early intervention becomes rare and diagnosis and care delayed, this is normally after an experience of recurrent infections and other trials on treatment and HIV testing becomes a last resort.

Disability on the other hand is a problem that is not talked about and remains the immediate family's concern. Lack of information on disability and the economic strain in dealing with disability issues makes rehabilitation an out of reach intervention for most families living in poverty conditions. Many people are ignorant of disability issues until it hits home. Due to lack of information many families do not know how to deal with disability and even leads to family break

up especially since it is linked to cultural issues and come with a lot of blame, both on self and others on who is thought to have caused it. The affected families seek to find solutions in all wrong places with medical intervention being the last solution to seek.

CHP services remain relevant in meeting the needs of people living with HIV and disability in this community. Through outreach programs, CHP campaigns for early identification and intervention strategies to ensure people affected live a fulfilling and healthy life and access information about their conditions and learn the importance of their therapy plan. CHP is a home based care program and works closely with families to jointly address and support on these health issues that affect the socioeconomic status of families. The program also trains community health workers and caregivers empowering them to reach out to others in trying to address disability and HIV concerns in the region. Prevention programs on HIV are planned for the next operating year targeting the youth. Community participation through ownership of activities and active participation in the organizations projects through volunteership is an indicator of community acceptance of the projects and future ownership of programs and more community volunteers are encouraged to join CHP in the effort to address these health issues affecting them.