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# MILOME

## Newsletter from St. Camillus M. Hospital

*Year 2017*

Dear friends,

We welcome you to our new edition of “Milome” for St. Camillus M. Hospital, Karungu. As an introduction and reminder; Milome is a Luo word meaning “News”. St. Camillus M. Hospital remains focused on delivery of quality health services efficiently and effectively to all our clients. According to our Mission and the teachings of our founder, St. Camillus de Lellis, we do our utmost day in day out, to “put more heart in our hands”.

We hereby present to you the major activities and occurrences from different hospital departments and affiliate projects during the year 2017.

Fr. Emilio



## **KENYA AID RESPONSE PROGRAM (KARP)**

### **KARP 1 GRANT CLOSEOUT AND LAUNCH OF KARP 2 CONFERENCE**

The Conference that witnessed a high profile representation had its day on May 30, 2017 at Ukweli Pastoral Center Kisumu. KARP had no option other than presenting a mixed theme of 'Closeout' and 'Launch' at the same time since the joy of celebrating success in securing PEPFAR 3.0 award for the next five years could not just wait.

Kenya AIDS Response Program (KARP) is an ad-hoc commission on AIDSRelief within the Kenya Conference of Catholic Bishops (KCCB). KARP is implemented in partnership with faith based affiliate sites, Community and Government of Kenya facilities in Western and Nyanza regions. The program covers 9 Counties namely; Kisumu, Migori, Homabay, Kisii, Siaya, Busia, Vihiga, Bungoma and Kakamega.



Delegates who did not board within the Hotel started trooping in shortly before 8.00am as they were registered and ushered for coffee and snacks since the event was scheduled to begin by 8.30am.

The function started at around 9.00 am with a word of prayer for Rev. Simon Oketch, Bishop, ACK South. This was followed by welcoming remarks from Rev. Kivuva Musonde. Very Rev. Fr. Daniel Rono then took to the podium to take the congregation through Introduction and Acknowledgement.

KARP Director of Programs equally had the opportunity to share KARP 1 performance outcomes. In his speech, Dr. Milton Omondi, disclosed that the program took over in 2011 from CRS when Western Kenya sites were only 36. By close of KARP 1, the sites had grown to 57 as full standalones. Of the 457,000 patients on ARVs in 9 counties, 16% are seen at KARP supported sites. Throughout the five years of implementation, 900,600 people have been tested for HIV status with 2.4% turning positive and assisted to start treatment.

PMTCT intervention which is equally a key pillar in HIV prevention has not been left behind. Dr. Milton proudly revealed that transition rate has been drastically reduced to <5% among newborns. Loosing patients during treatment is not desired at all cost. While others may succumb to HIV related ailments, others opt out of care as defaulters. During this period, program retention rate rose to 89% above the set target of 85%. Patient treatment success is measured in terms of suppressed viral load within a client over a period of 6 months from the time of initiation to ARVs. As at March 31, 2017, overall suppression rate hit >90%. In terms of funding, \$ 10m was received from the US Government and disbursed to partner sites throughout the funding period. This was responsible for the success of program implementation.

Among the dignitaries who gave keynote address were Dr. Dickens Onyango, County Director of Health, Kisumu, Rt. Rev. Paul Kariuki-Chairman, Ad Hoc Commission on AIDSRelief and CDC Country Director-Dr. Kevin De Cock.

The Occasion was made colorful by live testimonies from selected client beneficiaries. A couple from St. Camillus Mission Hospital, Karungu carried the day when they shared what they underwent before getting to know their HIV status. Mr. Paul Obiero and his wife Ms. Beatrice touched souls with their testimonies over recurrent HIV related opportunistic infections, discrimination and fear of lose of job broke their hearts just before they knew their HIV status and subsequent treatment. Both who are School teachers disclosed that they owe their survival to St. Camillus Mission Hospital, more so Fr. Emilio who managed to incorporate HIV care within the facility as early as 2004 to alleviate the suffering in Karungu and its environs. Other testimonies came from Dismas Otworu from Christamarianne Hospital and Calistus Masika from St. Mary's Hospital Mumias.



The day's entertainment was dominated by a post-test club comprising of adolescents and youth from Tabaka Mission Hospital. The group membership was made of boys and girls from age 5 to 19 years.

Their colorful and informative songs and dances will remain in memory to a number of participants.



Towards effort recognition, best performing sites in different thematic areas over the course of implementation of KARP 1(September 2011-March 2017) were awarded with trophies. Among them was St. Camillus Mission Hospital, Karungu. The trophies for best performing site in Pharmacovigilance Reporting and Pediatric Viral Load Suppression were both handed to St. Camillus Karungu by Dr. Kevin De Cock representing US Ambassador to Kenya. Of the 57 sites, only 14 sites received such awards with only Karungu and Tabaka Mission Hospital walking away with two trophies each. However, the program made a special recognition to partner sites by issuing certificates of recognition to all the 57.

Launching KARP 2 was the last event with cutting the ribbon. This marked the climax and drew attention of all the participants.

The event then came to an end with a vote of thanks from Daniel Tirop, SDA, Southern Lake Conference and a closing prayer from Bishop Charles Ondoro of Roho Holy Ghost Church of East Africa.

Final Blessings were delivered by Most. Rev. Norman Kingoo of Bungoma Diocese.

## PAUL AND BETTY: WINNING TOGETHER

"We thank the St Camillus Mission hospital in Karungu through KCCB – KARP for giving us the opportunity to share our story in the just concluded KARP I close out and Launch of KARP II forum held on 30<sup>th</sup> May 2017 in KISUMU.

We are a living testimony that with good adherence to antiretroviral therapy, a strong psychosocial support network and quality HIV care from a health facility, one can live a long, normal and healthy life.

We hope our story makes a difference in somebody's life and ultimately changes his/her situation.

*Paul and Betty*

"We are a married couple in our 40s, we have been blessed with four children aged between 23 and 15. Three of them are young adults pursuing their university education while the last born is a high school student. We live in Sori – Karungu and we are both high school teachers."

*Paul*

"Sometime in 2008 while teaching in Turkana district (having been seconded there by the Catholic Church), I began experiencing on and off episodes of illness and a persistent cough. As time went on I began losing weight and so in October 2008 I gathered enough courage to visit a voluntary counseling and testing center (VCT) in Homabay for an HIV test, the result was positive!

I later visited Homabay hospital where a repeat test confirmed that I was indeed HIV positive. The test for Tuberculosis (TB) was also positive, I had the 'terrible two'! My life literally fell apart after these results.

I was immediately started on TB treatment, which during those days was a long and draining program. My CD4 count was also taken and when the results came out my CD4 count was one (1)! Even the doctor could not believe this and he requested for a repeat test but facts are stubborn....the result was still a CD4 count of one (1). *(Nowadays my wife teases me about it by saying that the results must have been a CD4 of zero but since the machines could not recognize zero they thought it was polite to give me one 1 instead)*

By this time I weighed a mere 47kgs from my normal weight of 65kgs, I was very ill.

As part of my TB treatment and care, I was required to visit the health facility in Homabay weekly for a refill of my medication. The journey from Turkana was tedious and so I asked my employer for a transfer back home. I felt I needed to be nearer my family for better care and also this would make it easier for any member of the family to pick for me my medication in case I got too frail to reach the health facility.

After stabilizing on my TB treatment, I was finally initiated on antiretroviral therapy (ARV) in March 2009.

The first person to whom I disclosed my status was my younger brother who is also a close friend, his response and support was awesome!

He flew back into the country and told me not to worry about anything else but concentrate on getting well, this was just the kind of boost I needed at this time. This gave me the courage to disclose my status to my remaining siblings. However, this was the easy part.....

The most difficult part was disclosing my status to my wife and indeed my fear was real!"

*Betty*

"When my husband disclosed to me his status, all hell broke loose literally! I lost count of how many cups and plates I smashed on the wall or how many window panes I broke during my moments of anger and frustration

Since he was too weak for any verbal or physical onslaught, I hit out at anyone and everybody. I was consumed with rage, anger, pain, frustration, confusion and all manner of destructive emotions.

This had a very negative impact on our relationship and family life as a whole.

It was a very dark moment in our life. At this time I was teaching at a school in Nairobi while he had just transferred back home from Turkana.

I began losing weight and my usual spark for life. I was a very sad and unhappy woman!

After a while I opened up to my mother and this is what she had to say,"

*"Betty, [in sickness and in health] is not just a pretty sentence said at the wedding it is a promise and a covenant you made to each other before man and God you can win this together and see your children grow into adults or you can destroy each other and leave your children orphaned and vulnerable, the choice is yours."*

That was not what I wanted to hear then.....I thought my mum's words were a bit too harsh. However, I soon realized that she was right. I needed to put a stop to my 'pity party' and open my eyes to the reality of our situation.... this brought back my sanity. It then dawned on me that my husband and I needed each other's support then more than ever before.

After a lot of counseling, psychosocial support, extensive reading on care and management of HIV and stories of people who had overcome HIV, we made the decision to fight and win together. With this resolve, I left full time employment and came back home to be my husband's primary care giver. This move soon bore fruit because by December 2009, my husband's weight had gone up from a lightweight of 47kgs to 58kgs, his CD4 count shot up to 720 from the initial one of (1) and his viral load was undetectable!

We were very excited, and slowly our relationship began to heal too."

*Paul*

"Though my family was very understanding and supportive, the extended family and community was not. Having been sickly and bedridden I had lost a lot of weight. Some members of the community had already passed a death sentence for me. They were sure I would never recover and it was just a matter of time. Some of them would make unkind remarks even within my hearing and since I was too weak to prove them otherwise, this hurt very much. If it were not for the support I got from my family, especially my wife I would have stopped taking my medication and hastened my journey to an unnecessary death.

Stigma is bad; it can break even the strongest person!

Coming from the Luo community where culture contributes to ignorance, many said I had contracted 'chira'- a disease mainly associated with breaking certain cultural norms.

The situation was not any different at my work place. My colleagues whispered unkind words behind my back and avoided sharing any space with me. They would not even touch plates or cups I had used despite them having been washed...this was very depressing.

It was clear to me that lack knowledge about HIV fuels stigma towards people living with HIV and it was then that I resolved to share whatever knowledge or experience I had about HIV.

As my health continued to improve and I was no longer sickly and frail, my self-esteem soared and I was able to ride over this stigma and come out stronger. I made a personal vow to do whatever was within my power to offer psychosocial support to people facing stigma."

### *Betty*

"My husband's health continued to improve tremendously, the opportunistic infections disappeared and his weight reached 60kgs, it was a time of great joy for us.

It was clear to the community around us that TB is curable and antiretroviral (ARVs) work!

However towards the end of 2011, I started feeling unwell too. I had on and off headaches, flu like symptoms and persistent diarrhea. Somewhere at the back of my mind I had always known that there was a possibility that I could also be HIV positive. But, since I was still in relatively excellent health, I concentrated on nursing my husband back on his feet.

So I continued living in blissful denial and uncertainty until March 2012 when I got an attack of Herpes zoster (an opportunistic infection). I knew then it was time to face the elephant in the room- it was time for me to take the HIV test too.

An HIV test soon confirmed that indeed I was HIV positive.

Luckily for me, at this time my husband had regained his health and he provided the much needed care, support and emotional strength that I needed.

I also had the advantage of having read so much about HIV in addition to being my husband's primary care giver when he was down therefore my ride through the initial shock of discovery was remarkably smooth.

My husband's strength and support was amazing and to date we remain each other's biggest support group!

My CD4 count was still a 'healthy' 272 after the test. However both my husband and the doctor at the facility advised that I begin my antiretroviral therapy. So in October 2012, I was initiated on ARV treatment. When I took my viral load test six months later my viral load was undetectable and I had a CD4 count of 950! That's the power of antiretroviral therapy."

### *Paul and Betty*

"We believe that in matters of HIV, 'ignorance is not bliss'.

The more knowledge one has on management of HIV, the better and richer the quality of life one leads.



As teachers of Guidance and counseling in our respective schools, we are often faced with dealing with the challenge of handling adolescents living with HIV. At such times our experience and knowledge on matters HIV have been instrumental in enabling us offer psychosocial support, guidance and mentorship. This has helped our students living with HIV adhere to their treatment and as a result achieve viral suppression which not only contributes to good academic performance but also a positive self-image and therefore improved quality of life.

We also take time to educate our colleagues about HIV/AIDS.

At the community level we mentor and educate people on HIV/AIDS and also encourage people we suspect are suffering from an HIV related illness to visit the nearest health facility for treatment. Seeing a once very sick person regain his/her health and go back to gainful employment or lead a normal life motivates us to continue being 'unofficial representatives' of people living positively with HIV.

The quality of care provided at our health facility has played a big role in enabling us adhere to treatment and also achieve and maintain viral suppression.

We continue to be on the 1<sup>st</sup> line ARV treatment regimen from initiation to date.

For this we most sincerely appreciate Fr. Emilio and his staff at St Camillus Hospital Karungu, the Kenya Aids Response Program (KARP) through the Kenya Conference of Catholic Bishops (KCCB) and the US government through CDC-Kenya."

***Betty and Paul***

**13/06/2017**

## **CAMILLIANS IN KARUNGU**

### **CELEBRATING 25 YEARS OF SERVING THE SICK AND THE POOR**

24 years ago, Fr. Emilio Balliana and Bro. Valentino arrived in Karungu to start on a mission. As history has it, Karungu was a marginalized area with high HIV/AIDS prevalence. This interested Camillian community whose main aim is to care for the sick, the poor and underprivileged people.

To remember this honourable mission, every year 16<sup>th</sup> of July, the Camillian fraternity celebrates the feast of St. Camillus. In line with this celebration, this year we begin to commemorate the 25<sup>th</sup> year anniversary of the presence of Camillians in Karungu. It has been a long journey with uncertainties and beautiful blossoms.

The venue for the celebration was set up at St. Camillus Mission hospital medical ward block. Guests started streaming in for the Holy Mass celebration at 9:30 am. Among the arrivals was Fr. Dominic Mwanzia, who has since been elected the Camillian Provincial Delegate in Kenya, Fr. William Augo from St. Francis Kasarani and Sisters from Macalder Baby care and friends from Italy. Children, B.L.Tezza complex secondary students, staff members and patients were present too



The Holy Mass was presided over by Fr. Dominic. During liturgy, he mentioned the reason behind yearly commemoration of the Feast of St. Camillus. "We mark these celebrations to help us remember our main goal as the servants for the sick. We have to do better, we have to improve our services and we ask Jesus to be in our hands as we serve the sick" he said.

"St. Camillus De Lellis was a good man. He cared for the sick and would not tolerate any ill acts against them." He said. He called upon doctors, nurses, clinicians and even cleaners to serve the sick from their heart. "Do it not because of the money but because it is right." He encouraged.

Before he concluded his sermon, Fr. Dominic shared a message from the Most Reverent Bishop Phillip Anyolo of Homabay Diocese whose absence from the feast was due to unavoidable duties. The Bishop's message to the congregation was a quote from St. Camillus De Lellis which was to "think well, speak well and do well. In these three things you will find a place in heaven". By the message from the Bishop, the congregation was encouraged to master the three words and practice them in their daily lives especially when attending to those in need.



St. Camillus Karungu has been growing. A mission which started by building a hospital to serve the sick revolutionized to a centre for children, Dala Kiye and two schools B.L.Tezza primary and secondary schools. As we celebrate the achievements of Camillians mission in Karungu, we also celebrate the spiritual growth that comes with it. During this celebration, a Camillian lay family was publicized. The group is made up of Christians who in their own unique calling into serving God, would go through formation to serve the sick.





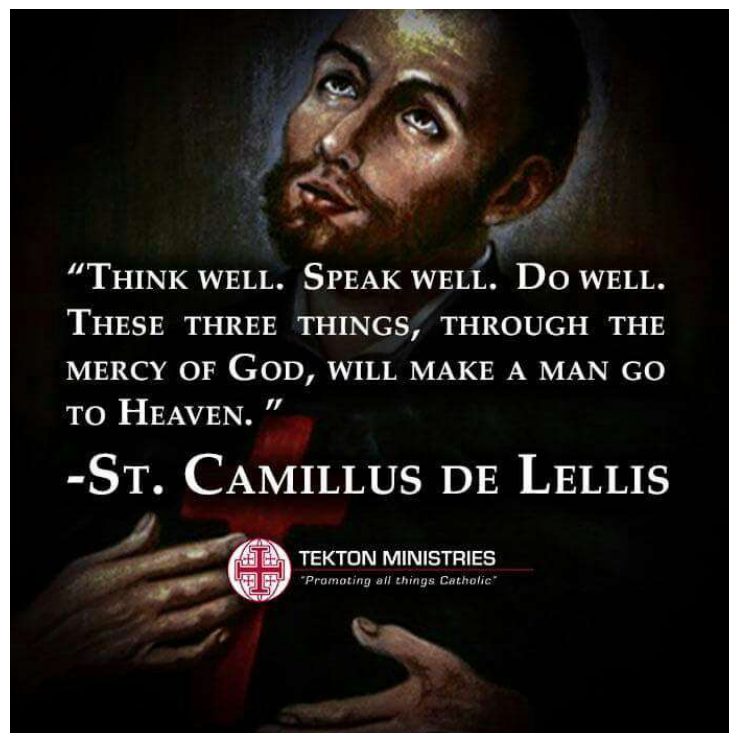
Fr. Emilio one of the founders of St. Camillus Karungu narrated his life as a Camillian. At 10 years of age he dreamt of serving people. Drawn by the Red Cross, a symbol of Camillians charism, he joined the Camillian community. He has been living his dream for 51 years now and he is happy to have followed his passion. "St. Camillus Hospital is among the best health facility we have in the country. We provide and will always strive to provide the best to our patients. The sick need to be treated with dignity. Everyone deserves the best care." He said. He also encouraged people to be generous and provide for those in need.

The celebration came to an end with an impressive performance from the children. They entertained the audience with colourful songs and dances. The guests then shared a buffet meal at the religious community dining hall and the sick shared soft drinks and sweets.





Karungu was not the first choice for Camillians to put up a hospital, but through persuasive invitation by Fr. Claudio Moscatelli who was the Passionist Superior by then, it came to grow into a beautiful facility. Thousands of people benefit from it. To the Camillians in Karungu, it is not only celebrating 25 years of service but also the great achievements and joy that serving the sick, poor and underprivileged has brought. It is still a long journey ahead.



# KCCB-CATHOLIC HEALTH COMMISSION OF KENYA 2017 ANNUAL GENERAL MEETING & HEALTH CONFERENCE REPORT

**Date:** October 2<sup>nd</sup> - 6<sup>th</sup> October 2017

**Venue:** Pride Inn Paradise Resort, Mombasa

**Facility Representative:** Obillo Meshack, KARP Coordinator

**Theme:** *"Building evidence for Health System Strengthening towards achieving the Sustainable Development goals"*

The Conference that went for four days brought together participants from Catholic Treating and Learning Institutions from all over the country translating into representation of all the Catholic Dioceses.

After the Holy Mass by Rt. Rev. Martin Kivuva Musonde, Archbishop Catholic Archdiocese of Mombasa on the second day, the Key Note Address was delivered by the Cabinet Secretary (Minister) for Health Dr. Cleopa Mailu who was the Chief Guest.



*Group photo with Dr. Mailu*

PowerPoint presentations then ensued circumnavigating on all aspects of Healthcare delivery from infrastructural improvement, Human Resource to Clinical result areas. Presenters who were drawn from both international and local partner organizations in health moved the audience despite a big number of over 300 participants. UNFPA, UNICEF, CABI, NORVATIS ACCESS, GLOBAL FUND TB PROGRAMME had their presentation tailored to Sustainable Development Goals (SDGs). For local organizations, MEDS, AON, KCB, PHARMACCESS, KEMSA, NHIF, KARP shared their focus areas beyond slides to include exhibitions within the conference venue.



*Obillo Meshack in front of the Conference banner*

### **Notable remarks from selected presenters;**

In her introductory remarks, Jacinta Mutegi, Catholic Health Commission (CHC) Executive for health highlighted CHC's Objective is to Update Health Commission affiliate Institutions on Policies and sustainable Health Systems Strengthening (HSS).

There has to be respect for a person's Health, Body and Mind. Body and Soul as one unit is created by God (Gen. 1: 27). In his opening speech, Rt. Rev. Paul Kariuki who is also the Chairman for CHC, further echoed that Catholic Institutions have highly contributed to NHIF compared to other faiths. He requested the Health Minister to prevail upon Health regulatory bodies so that a single licensing is pursued and suggested that Catholic need to be considered as a board member at the HNIF and KMTC.

Dr. Cleopa Mailu, the Minister for Health, who officially opened the Conference, acknowledged FBO contributions in the Health sector by highlighting its share at 11% of health facilities nationwide and more so when the sector is ailing out of strikes.

'The faith based has been key to improvement of health seeking behavior due to its wide network across the country. 1.1 million Kenyans are on ARVs with the support of the church while 600,000 to 1.2m access skilled free deliveries'. The Minister urged the church to acquaint themselves with Policy frameworks like Vision 2030. In response to the Bishop's request, he confirmed that the Ministry is working towards single regulatory licensing and this will be affective soon. As he declared the Conference officially opened, he assured the Catholic church of continued Government support. As matter of effort recognition, the Minister participated in awarding trophies to eight Catholic Nursing Training Schools that appeared in the Top 11 in the 2017 Nursing Council Examinations nationwide. Mwea Catholic School of Nursing topped all the Nursing Schools Countrywide including Public Colleges.



*Rt Rev. Paul Kariuki (CHC Chairman), Mr. Obillo Meshack of St. Camillus Karungu (in red ribbon) flank The Minister for Health Dr. Cleopa Mailu (far right) as he addresses the press during the Conference.*

From UHFPA, Dr. Ademola Olajide took to the podium on the ten goals of SDG where good health is the key goal as Mr. Meshack Ndolo, Health Advisor for Council of Governors emphasized on the sharing of data in making decisions and urged facilities to fully utilize data tools such as DHIS 2 in capturing health information.



*Obillo in the company of Rev. Sisters*

NHIF was neither left behind in guiding health facilities on areas that are likely to render their claims not honored or plunging into unsuccessful legal battles. Notable are unspecified patient conditions in 'case notes' by clinicians. '*Patient is doing well*' this is not acceptable and is likely to expose the organization to litigation. Signing 'for' is equally undesired. Medical Officers must take full responsibility and avoid giving instructions to junior healthcare providers who end up documenting the same in treatment notes. Overcharging also came up as a matter of concern thus depriving NHIF opportunity to serve health institutions effectively in the interest of value for money.



*Hon. Minister for Health, Dr. Cleopa Mailu (second from left) during the sessions.*

**After a number of presentation and deliberations, the Conference arrived at the following resolutions:**

1. Consideration for a single regulatory permit. A memorandum will be done to the Ministry of Health.
2. All sites to sign contracts with NHIF for full engagement.
3. There is need for reactivation of Medical Colleges meetings for registration of examinations.
4. Facilities to focus on investment in Non Communicable Diseases (NCD) with strategy and budgets.
5. Strengthening documentation and information use e.g. in DHIS2 and patient information management.
6. Engage with County Governments and other development partners, participate in their meetings.
7. Pay annual fee of KES. 15,000 the Health Commission.

**Payment Details:**

Cheques payable to KCCB Health Commission.

M-PESA Paybill Number is 560704,

A/C is Paying Facility Name.



*A 5kg Cake marked 60 years of KCCB in Kenya*

The Conference ended on the 5<sup>th</sup> day of October at 5.00pm with Closing Prayers from Rt. Rev. Paul Kariuki.



*Acrobats entertaining delegates during 60<sup>th</sup> KCCB Anniversary*

## ADVERSE DRUG REACTIONS (ADRs) IN KENYA 2010-2015

Kenya has been a member of the WHO Program for International Drug Monitoring since May 4, 2010 and has submitted ADR reports to the Uppsala Monitoring Center (UMC) since that year. ADR is monitoring of any side effects out of Classes of Drugs that include ARVs, Antibiotics, Anti-TB, Anti-Malarial, Anti-hypertensive and Anticancer. A standard reporting template/form is normally used for the same and reports sent on monthly basis. A total of 8,852 reports had been submitted as at December 31, 2015. Out of the 325 Health facilities in Kenya that participated in the exercise within the initial period of 5 years, St. Camillus Mission Hospital, Karungu was ranked number TWO in the whole country in evaluating and reporting ADR out of the above classes of drugs. This feedback was carried in *'The Lifesaver'*, a Publication of the Pharmacy and Poisons Board of Kenya.



St. Camillus Karungu as a facility compared to most of these Hospitals falls far much bellow a number of them in terms of Infrastructure, Specialized Human Resource capacity, Target Population and Patient turnover not to mention being located in the remotest part of Kenya. In spite of all the disparities due to limited resources, we strive to continue offering quality services to our patients and fairly compete among the most favored health facilities for the good course of ensuring human life is served with dignity. Our strength rests in the sheer staff dedication, supportive Administration and respect to God.

# ACCREDITATION PROGRESS ST. CAMILLUS M. HOSPITAL LABORATORY 2017

Accreditation is a procedure by which an authoritative body (accrediting body) gives a formal recognition that an organization is competent to carry out specific tasks (tests). The benefits of accreditation to the hospital include international recognition, sound management system, increased accuracy and access to global market place.

St Camillus Mission Hospital Laboratory was enrolled for accreditation on 24/08/2015 by the Global Implementation Solution (GIS) through CDC laboratory strengthening program, and strives to provide quality and competitive laboratory services. Baseline audit score was 0 star, which improved to 2 stars (current status) after several interventions made in the accreditation process.

St Camillus Lab is the leading in the accreditation process among the 10 laboratories selected in Nyatike Sub- County. St Camillus and Rongo Sub – County Hospital come second in Migori County after Migori County Referral Hospital. So far, Migori County Referral Hospital is the only laboratory accredited in Migori County.

Strategies were employed to achieve the current status which include mentorship programs by GIS, Specific trainings covering Laboratory Quality Management System (QMS), development of laboratory Quality Manual, Laboratory Standard Operating Procedures, improvement of laboratory physical infrastructure, sectioning of laboratory benches, improved waste management systems regular update meetings and Management Review Meetings that emphasized areas of improvement in the laboratory.

**ISO 15189:2012** standard is the benchmark tool for awarding accreditation. **AFRO – WHO SLIPTA (Stepwise Laboratory Quality Improvement Process Towards Accreditation)** checklist is used to award scores that qualifies a laboratory to be accredited.

Base line External Audit was conducted on 24/08/2015, the laboratory scored 0 star at **39 points**. Second Internal Audit was conducted on 12/03/2016 and managed to add more points - **98 points**, but still at 0 star. In mid 2017, another Mid-term RRI External Audit was conducted on 12/06/2017, more points were added **104 points**, score was still at 0 star. Final Exit RRI External Audit 01/09/2017 was conducted that elevated the laboratory tremendously from 0 star to 2 star at **191 points**.

