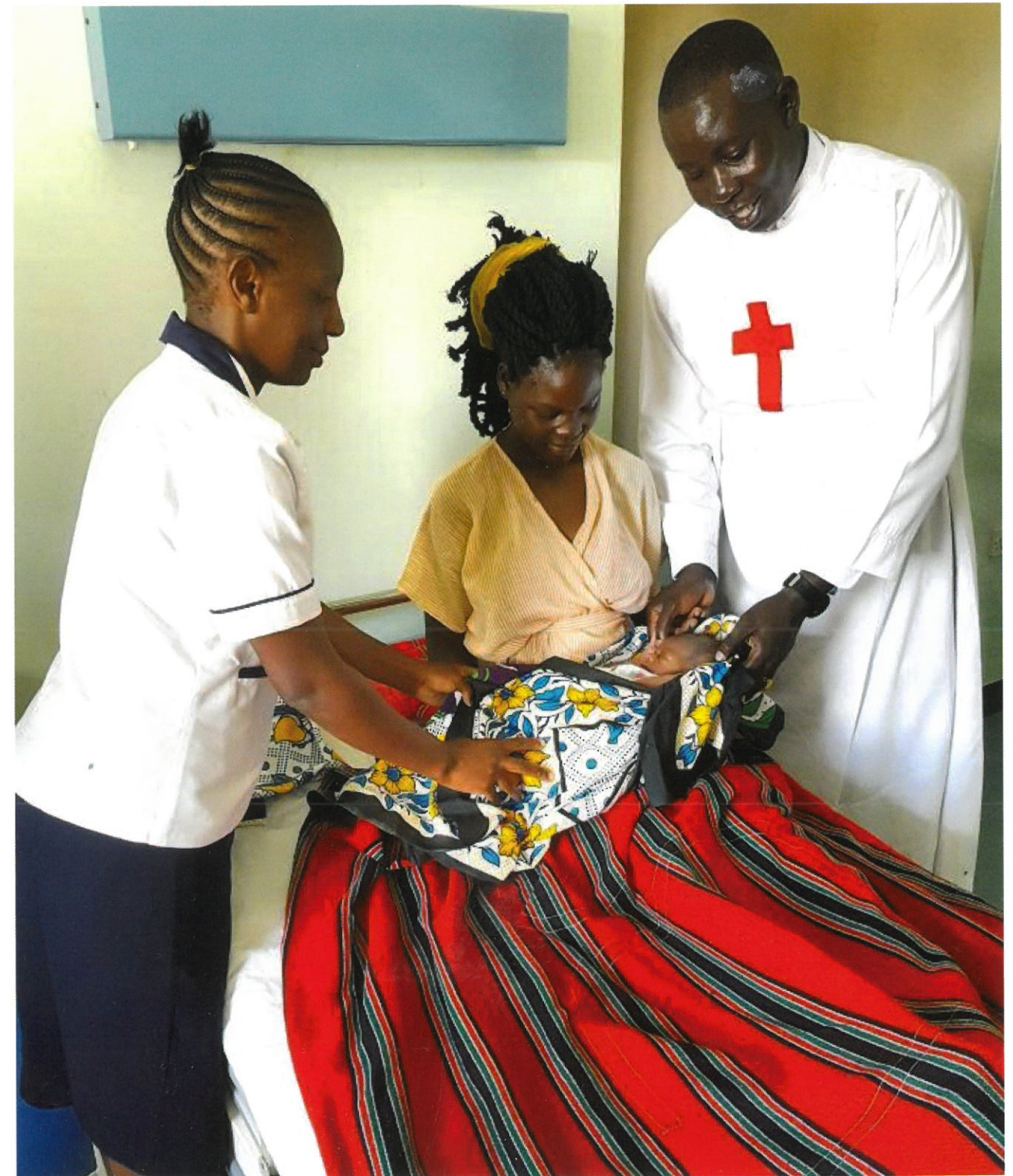


# **CAMILLIANS IN KARUNGU**

**“25 years of service to the community”  
(1993—2018)**



## CAMILLIANS IN KARUNGU 25 YEARS OF SERVICE TO THE COMMUNITY



It is 25 years since St. Camillus M. Hospital in Karungu, Kenya opened its doors to the public in the year 1993.

To celebrate the 25th anniversary of our inauguration, we would like to use the milestone to reflect on the 25 years of hard work and dedication and outline our activities, achievements, challenges and future plans as we continue to strive to provide quality, reliable and affordable health services to our fellow brothers and sisters.

The history of St. Camillus M. Hospital is deep and full of incredible stories, a quarter century of providing access to quality health services to the marginalized, sick, poor, widows, the elderly, the orphans and people living with AIDS directly or indirectly to be accepted, restored to health and assisted in alleviating their pain and suffering.

The local Karungu community is burdened with high poverty levels and the area also has a high prevalence rate of HIV/AIDS. The main challenges to St. Camillus Mission Hospital revolve around illiteracy, poverty, and agriculturally poor climatic conditions. From the day the Hospital opened, we have been dedicated to providing hope, healing and the best healthcare for all our patients. , Over the years, we have impacted the lives of thousands of families and it's our patients who make us so passionate about the future.

We are grateful to our esteemed Camillian Order through Salute E Sviluppo and Pro.sa ONG's, for their contributions to the progressive development of St. Camillus M. Hospital ever since our inauguration. I also appreciate the financial, material, physical and psychological contributions from various individuals and corporations including the Kenya Conference of Catholic Bishops, KARP, GOK, MOH Migori County, KEMSA, CRS, Italian Co-operation, just to name a few. We remain greatly indebted for your support in kind and in deed which made it possible to offer our services to the sick and needy all these years.

I want to acknowledge all staffs whom through their duties and responsibilities optimized our commitment in serving the sick. You are appreciated for a job well done.

The past 25 years of our journey tell more than a story of past achievements. It's a promise to our patients and the Karungu community that the very best care available in our capacity, is available in their own backyard. And it's a pledge that each and every patient who needs it, will get that care.

St. Camillus M. Hospital remains focused on delivery of quality health services efficiently and effectively. Having been in Karungu for 25 years, serving the poor and the sick is a clear indication as per the dream of St. Camillus De Lellis our Patron saint and founder, who volunteered himself and regarded the sick as his Lord and Masters. St. Camillus De Lellis, were he to be alive today in Karungu, then, his wish of having a hundred hands to serve the sick could be a reality.

### **Acknowledgement and appreciation for the compilation of this job goes to:**

- *Iris Gherbesi*
- *Ornella Volpato*
- *Kira Dall'Antonia*
- *Benedetta Piccoli*



## ST. CAMILLUS M. HOSPITAL



### OUR VISION

Imagine a healthy society where the marginalized, namely the sick, the poor, the widows, the elderly, the orphans and the people living with AIDS, directly or indirectly, are accepted, restored to health and assisted in alleviating their pain and suffering.

Our vision means that we have to make an effort to provide access to quality health services and to encourage the community to adopt behaviour patterns that will be conducive to the maintenance of good health and a life of dignity.

### OUR MISSION

As Camillians, we place the human being at the centre of our daily activities. All men and women are God's children and hence the dignity of every single individual is an inalienable right, as is the right to life and to health.

At the St. Camillus Hospital, we are committed, day after day, to satisfy the needs of the sick, especially of the most indigent. Our mission is to show unconditional love to those who are suffering by offering them attention, solidarity and hope, in addition to an appropriate medical treatment. The AIDS patients are received and treated by competent and motivated staff who work to alleviate their pain and help them fight against the discrimination of which these patients are victims within their community.

We put ourselves at the service of the last, as instructed by Jesus Christ, without distinction of sex, age, ethnic group and religion, because everyone has a right to be the subject of our respect and dedication. According to the teachings of our founder, St. Camillus de Lellis, we do our utmost, day in day out, to *"put more heart in our hands"*

### MOTTO

*We cure with love*





## STORY

St Camillus M. Hospital project was started when the Camillian community moved to Karungu and bought land at Rabuor village with the intention to build a Health Institution. Fr. Emilio Balliana and



Br. Valentino began the project. While the excavation of the foundation trenches for stores, workshop and religious house were started, a small dispensary was opened at Kiranda Mission.

On 1<sup>st</sup> May. 1994, the Camillian General Superior Very Rev. Fr. Angelo Brusco did the blessing and opening the religious house .



in December of the same year, the excavation job of the Hospital started and Most Rev. Bishop of Homa-Bay Diocese Linus Okok blessed the building's foundation

In February 1996, the Dispensary was moved from Kiranda Mission to the newly finished staff houses. In 1997, the administration offices, laundry and sewing room were completed while Paediatric ward and some other rooms for patients were opened.

On 14<sup>th</sup> July was done a partial opening of the Hospital building, which composed of O.P.D. Department, Pharmacy, Laboratory and 25 beds as a general ward.

Due to an outbreak of cholera, we opted to use the X-ray Department area as a small temporary Isolation ward, in this way the bed capacity reached 75.

Dr. Lawrence Ayoo Oteng' began rendering his services as a Doctor at St. Camillus Mission Hospital.

On 29<sup>th</sup> May, His Excellency Mons Giovanni Tonnuci, Apostle Nuncio in Kenya officially inaugurated the Hospital. Present at the ceremony was Archbishop of Kisumu Diocese, Rev. Zacheus Okoth, Bishop of Kisii Diocese Rev. Joseph Okemwa and Bishop of Homabay Diocese Rev. Linus Okok, other religious priests, sisters and locals.

The District Commissioner Mr. Alfred Kirui did the official opening.

Theatre Department was completed to handle both minor and major operations.

Children's welfare and Antenatal .Clinic, as well as the Ultra-sound and E.C.G services were launched.

In September the construction of 8 apartments for hospital staff begins

The main road through the grounds of the hospital that goes from the main entrance to the religious area is under construction. A new electric generator was installed to maximize the power supply.

The Solar panel for supply of hot water regularly to the patients and staff was installed. On the other hand the National Hospital Insurance Fund (N. H. I. F.) Board approved our Hospital.





In 2000, the General Father accompanied by all the Camillian Provincial Superiors all over the world in the occasion of their meeting in Kenya, did the official inauguration of the Hospital new medical ward.

The erecting of the statue of Saint Camillus was also done to bless the sick here in the hospital.

## HOSPITAL PROJECTS

### ART PROJECT – ANTIRETROVIRAL THERAPY



70% of people living with HIV are in Sub-Saharan Africa. In Kenya there are about 2 million HIV-positive people and in Karungu division alone, to date there are about 5,000 infected people in a population of 20,000.

In Western countries, access to antiretroviral therapy, effective in the treatment of AIDS, has drastically reduced the mortality rate, but in the south of the world people continue to die because of the high cost of drugs.

In January 2003 our Mortuary with cold rooms became operational. A new entry gate to the mortuary as well opened.

A new cemetery constructed to bury the still-births from our hospital.

In April the PMTCT (Prevention of Mother to Child Transmission) started operating.

In May the twins project: Hope and Life (PLWHA) and AWAKE groups for prevention and control of HIV/AIDS offices start to operate with six member staff.

In 2004 the antiretroviral (ARVs) program began, funded by the American government in collaboration with CRS and this led to the improvement of our laboratory with a CD4 counting machine

The construction work for the clinics, the internal road, the rehabilitation and physiotherapy facilities is completed.

After three years of work, on 21st May 2010 the new maternity wing, surgical ward, operating theater and delivery rooms were officially inaugurated.



From 2010 to date, there has been an upgrade of the hospital equipment: the X-ray department has a new ultrasound system, the laboratory was furnished with a new roller mixer, an autoclave machine and a urinalysis reader, in the operating theatre a new sterilizer machine was provided. There was the initial installation of a generator and subsequently of batteries which were useful to reduce the use of the generator and lower the energy running costs and has definitely contributed to improve the situation. To date, the hospital has 120 beds

In 2001 in Sub-Saharan Africa about 2 million people died of AIDS, including 500 thousand children. As Karungu division is a transit post, since it is located on the border with Tanzania and Uganda, and taking into account the sexual freedom of the fishermen who frequent its shores, this area and its residents are particularly exposed to the HIV virus. For this reason, St. Camillus Mission Hospital started and integrated the ART project in its structure in August 2004, with the main objective of treating and caring for those who have contracted the deadly HIV/AIDS virus. To date, the project has supported 11,698 patients, of whom 6,097 are enrolled for antiretroviral therapy.

There are two services related to patient therapy:

**Home visits and follow-up:** reduced the number of people who leave the therapy; has enhanced the care of competent nurses of new patients, especially at the beginning of treatment.

**Mobile outpatients:** external visits are carried out every month, in pre-established places, where patients receive the necessary medicines and a quality medical check-up, without having to go to St Camillus in person. This service was initiated with two objectives: to reduce travel costs for a certain number of patients and to relieve the flow of patients to our mothers clinic.

The goal is to reach about 90% of the population by 2020, making people aware of the problems related to HIV, carrying out the test and if they are positive, initiate them into the antiretroviral therapy program and make sure that the therapy is followed successfully.

## PMTCT - PREVENTION OF MOTHER TO CHILD TRANSMISSION

90% of HIV infections in children under the age of 15 are due to transmission of the virus during pregnancy, childbirth and breastfeeding.

The PMTCT program aims to integrate interventions for the prevention of mother-to-child transmission of HIV.

### The St. Camillus Mission Hospital through the clinic provides:

- Consulting services
- Control of the newborn with laboratory tests such as: hemoglobin, VDRL, urine, weight, blood pressure
- Physical examination of the whole body
- Health education on the dangers during gestation, delivery and post-delivery
- Individual program of childbirth, use of the treated mosquito nets , importance of resorting to treatment on time
- Administration of Nevirapine to the mother at the beginning of contractions and of Nevirapine syrup to the child after delivery, within 72 hours
- Advice on safe sexual practice, prevention of sexually transmitted infections, risk of breastfeeding after the sixth month and an alternative to a balanced diet.

The aim of the project is to reduce the infections transmitted during the gestation to ZERO by 2020. To do this, we use the following tools:

- Preventing discomfort and maintaining the psychological, mental and social status of HIV-negative parents and newborns; provide health education for the purpose of preventing infections and maintaining personal and nutritional hygiene.
- Ensure the health of the newborn (HIV negative), born of a positive HIV mother, with counseling on the correct method of feeding the child and laboratory tests with possibility of the use of antiretrovirals.
- To ensue a general good health condition to the positive mother, educating her to the birth control, giving her information about breastfeeding, in order to let her live her state of positivity as serenely as possible.



## VCT - CENTER FOR VOLUNTARY HIV TESTING

The center for voluntary AIDS testing opened to the public in January 2006 with the aim of preventing the spread of HIV / AIDS, informing individuals and couples about the risks of the disease, developing a contagion reduction strategy through the HIV test .

St. Camillus M. Hospital has a V.C.T. (Voluntary Counseling Test), center that is open and active 6 days a week and is available to both in and out patients wishing to know their HIV status. The patient is helped to be aware of their health in order to prevent the spread of the virus.

The St. Camillus Mission Hospital offers this service to everyone, as in addition to the health needs, there are human, psychological and spiritual needs to be met, for which the hospital has formed a team of professional advisors. Generally this service has to do with the problems related to human and social development.

During the meetings with the counsellor, the patient is guaranteed total confidentiality of the information received.

The counsellors who attended the course and obtained the Certificate of the Professional Association of Counselors of Kenya (KAPC), are 14. Some of these counsellors work full time in the villages, while the majority work within the hospital.

The goal is to reduce the new HIV and AIDS cases in the Karungu region by 2030.



## MERESA ATIENO THE CHAMPION CLIENT

A testimony by Meresa Atieno, the first patient enrolled for HIV/AIDS treatment, care and Support at St. Camillus Mission Hospital, Karungu in Kenya in 2002 and still active with a wealth of milestones in her life. Her story touched hearts when she personally narrated on November 28, 2016 in Nairobi during a national convention dubbed Faith Based Organization (FBO) Dissemination to mark achievements made in HIV/AIDS care in Kenya by Mission Facilities. This was followed by another meeting on December 3, 2016 organized by CDC for partners funded by US Government in Kenya.

" My name is Meresa Atieno aged 38, married and a mother of three. I reside within Sori Township, Karungu, Migori County. I was diagnosed with HIV/AIDS in 2002 while a staff at St. Camillus M. Hospital. The decision to know my HIV status was necessitated by recurrent illness out of multiple opportunistic infections to the extent of being admitted for inpatient care quite often. Dr. Bertha, the then Medical Officer in-charge at the wards found it appropriate to advise me and my family over seeking HIV test. The result was positive. In 2002 when HIV stigma was at its peak, such a result was automatically a certificate to social discrimination especially in the Luo Community where I belong. To the worst, many condemned me to death. With all the challenges, I had to find time to internalize the outcome and face the hard reality.

Antiretroviral (ARVs) had been introduced but not very popular nor accepted within my community. Further, they were at a fee. St. Camillus Karungu was one of the few facilities in Western Kenya that had started HIV/AIDS care with the use of ARVs. Still a support staff at St. Camillus, I was initiated on ARVs on approval of the Hospital Director Fr. Emilio Balliana. The approval was mandatory since ARV fee was to be catered for by the Hospital Administration for staff. My 1<sup>st</sup> CD4 count was only 200. The deteriorating health could not allow me to discharge my duties to the organization satisfactorily hence my monthly wages were reduced by half just to ensure that I got something for subsistence and not relieved of my duties.

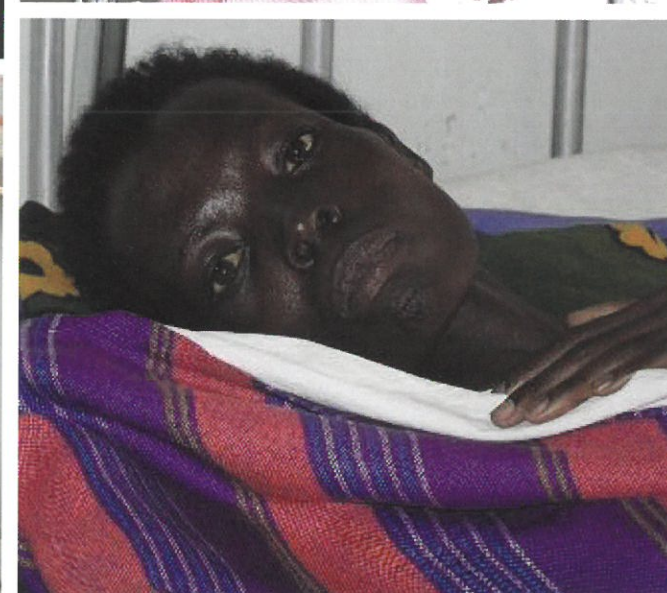
Taking my ARVs was not the task, but how my colleagues viewed me at work place! They had to dust the toilets with disinfectant anytime they realized I had used one. Any cloth of mine on the lines would be dropped down to avoid contamination and subsequent HIV infection from my linens. These among many more crops of humiliations almost broke my heart amidst acute abdominal pain that orchestrated my sufferings. If it were not for the support I received from my family and health care providers, I could have abandoned my treatment and succumbed to the ailments at this nascent stage.

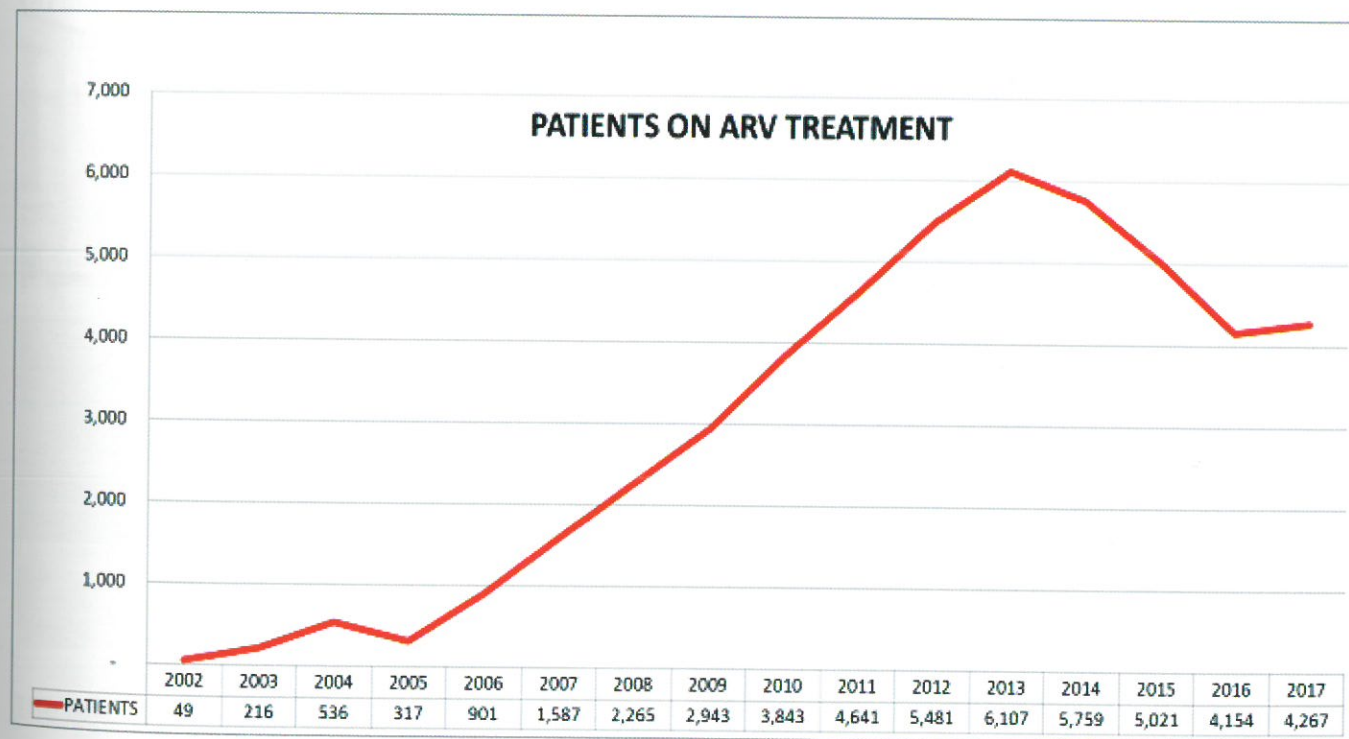
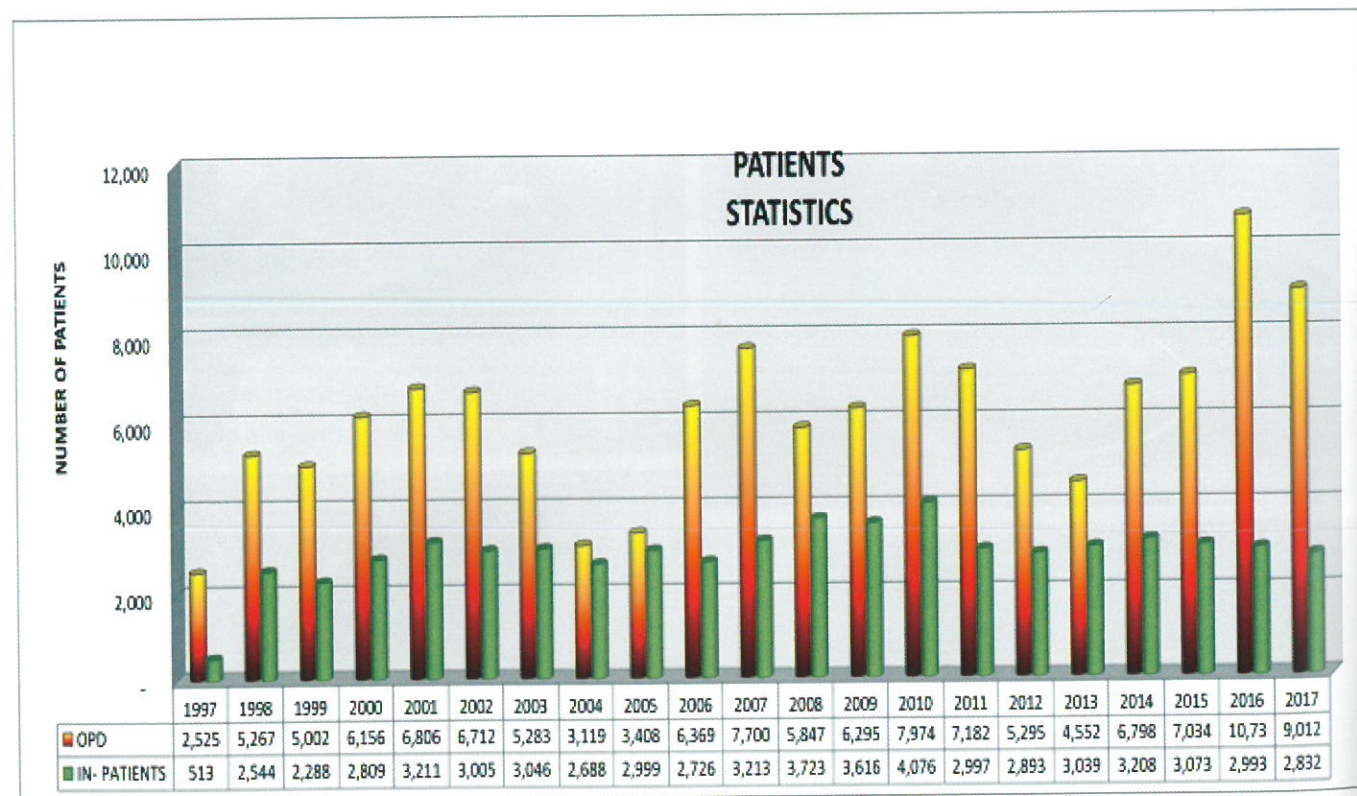
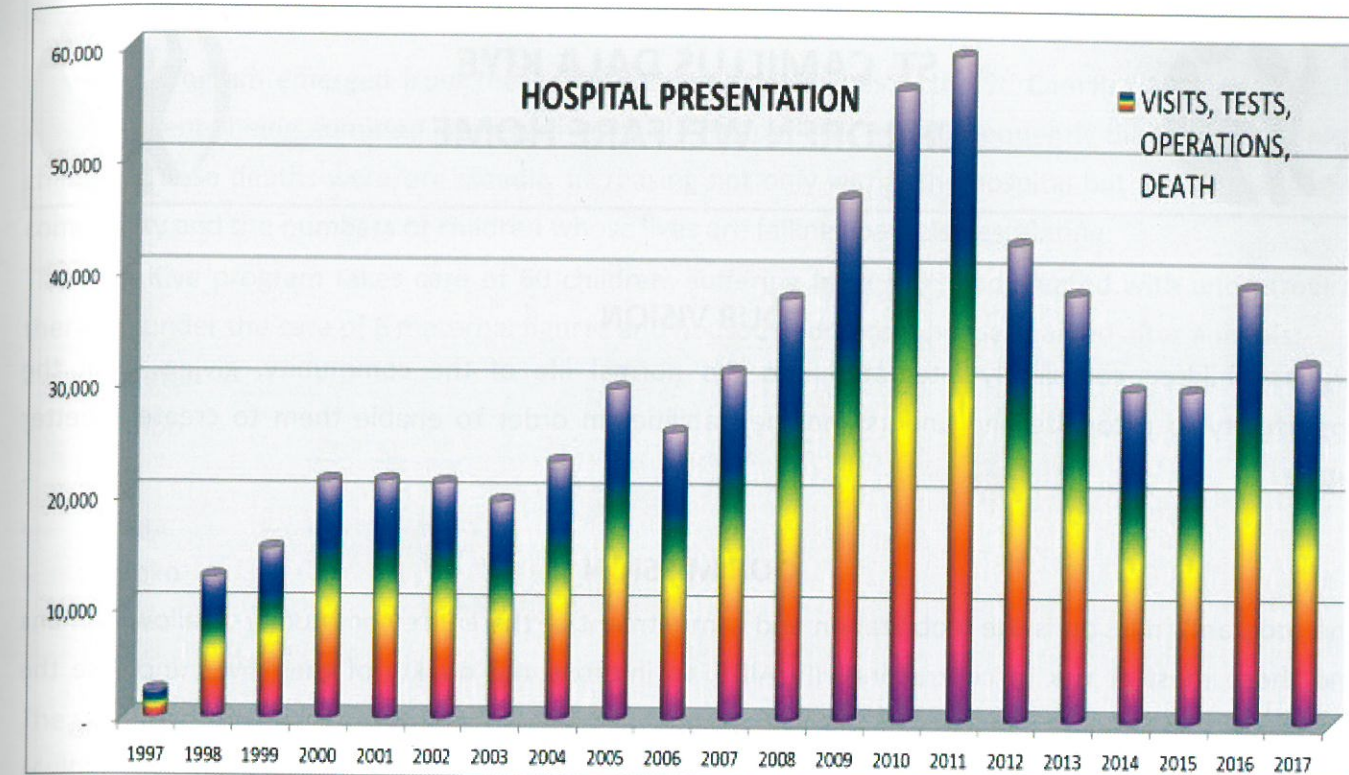
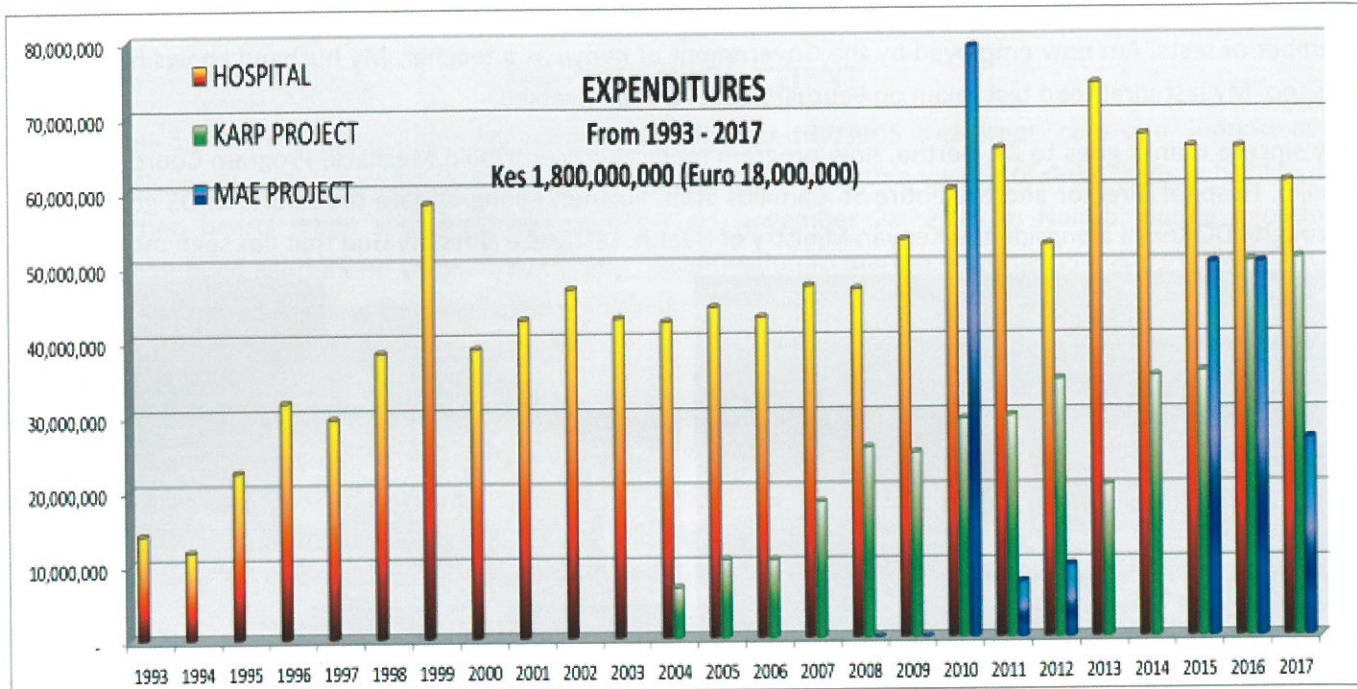
My health improved each day I took my medication, opportunistic infections subsided and I started gaining weight. Once more I started feeling like myself. After one year of my treatment, I consulted with my health care provider over my clinical adherence indicators. To my excitement, the CD4 count had risen to 970 in December 2004. Same year I made a decision to pursue my studies having secured an opportunity to join Kenyan Teachers Training College (TTC) which I had applied for earlier. My college to be was Garissa TTC in North Eastern Kenya, far away from my home area.

Despite discouragements from a section of family members who foresaw my demise again due to my status, I made it without any major complications within the two year training period. I was able to be issued with three months drugs for the entire period. My graduation with a certificate in Education was a surprise to many. To me, this was a fulfilled dream. While I waited for four years to be absorbed in Government Schools, I participated actively patient support groups now initiated under AIDS Relief Program. AIDS Relief was a US funded program implemented by Catholic Relief Services since 2004. It came with free treatment to the people living with HIV/AIDS where we were rolled over to within St. Camillus.

Besides Education, I am blessed with 3 little girls aged between eight and one year. All HIV negative after a number of tests. Am now employed by the Government of Kenya as a teacher. My husband knows his HIV status too. My last Viral Load test taken on February 2015 was suppressed.

My sincere thanks goes to Dr. Bertha, now program medical officer, Obillo Meshack, Program Coordinator, Fr. Emilio, Hospital Director and the entire St. Camillus Staff. Further, I congratulate the efforts of US government through CDC Kenya alongside the Kenyan Ministry of Health. Lastly the almighty God that has seen me through"









## ST. CAMILLUS DALA KIYE CHILDREN WELFARE HOME

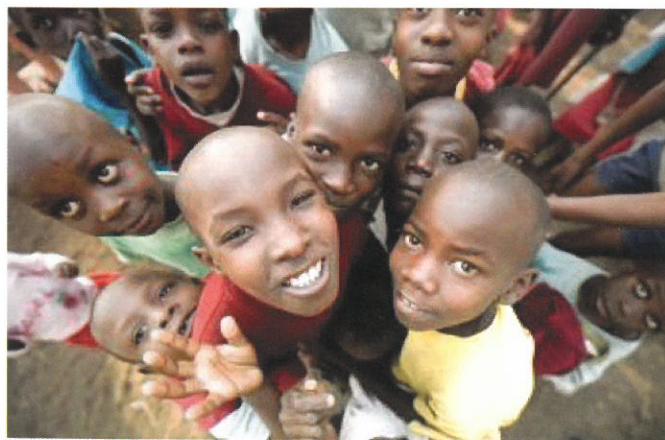


### OUR VISION

Orphan children completely integrated into the normal life of the community, giving them the opportunity to recognize and understand their abilities in order to enable them to create a better future.

### OUR MISSION

The program's mission is the mobilization and commitment of the entire community to allow orphans and those most at risk of contracting HIV/AIDS, to improve the quality of their lives, increase the chances of surviving the pandemic of AIDS and become active members within their communities.



## DALA KIYE HISTORY

Dala Kiye Program emerged from the dumbfounding experiences in the St. Camillus Mission Hospital where patients being admitted were terminally ill AIDS patients and subsequently died leaving behind children. These deaths were/are steadily increasing not only within the hospital but also in the entire community and the numbers of children whose lives are falling apart also escalating.

The Dala Kiye program takes care of 60 children, suffering from AIDS and treated with antiretroviral therapy, under the care of 6 maternal figures and housed in different houses named after animals:

- Cheetah
- Tembo
- Tai
- Twiga
- Kiboko
- Simba

The works for the construction of the Dala Kiye complex began in 2000 with the construction of the Multifunctional Block (offices, library and meeting room). The following year we moved on to the construction of the dining hall of the center that can accommodate up to 300 children.

In 2002 the construction of the houses began, the last of which opened in 2008.

On 30th September 2002, the dining hall was officially opened.

On 28th April 2005 marks the official beginning of Dala Kiye's activities with the entry of Nicholas Oyugi, the first child to be welcomed into the orphanage. Nicholas has completed his secondary studies and is now a Clinical Officer.



The organization is non-profit and has no political affiliations. Dala Kiye projects and programs depend on both the funding and the material resources made available by non-governmental organizations.

Dala Kiye's projects are designed and developed under the supervision of donors after a careful study of the primary needs of the community. The organization prepares financial reports with particular reliability and transparency in agreement with donors.

The program includes several projects for orphans: one modeled on family housing, one on adoptive families and one on the assistance of HIV-positive children.

The structures created for the program include:

- A building with offices, a meeting room, a library, an auditorium and wash rooms.
- A fully equipped kitchen and dining hall for up to 300 children, with an adjacent laundry and a store.
- 6 small foster houses hosting 60 HIV-positive children.
- Sports equipment suitable for both children and adults.
- B.L. Tezza Complex school (Nursery, Primary, Secondary and special school for the deaf) that welcomes the orphans of Dala Kiye and offers them an adequate education.
- The program Director co-ordinates the entire educational group of the project and is the principal Administrator of every St. Camillus mission initiative. The educational group is composed of competent professional figures: they are responsible for administration, subsidies, management and implementation of projects. Other staff members have the task of carrying out the various phases of the project.

The purpose of Dala Kiye is to curb the damage caused by HIV/AIDS on the community.



## DALA KIYE PROJECTS

### MERCY PROGRAM

The Mercy Support Program (Orphans Support Group Program), founded in 2000, has developed the project The Children Behind (TCB), funded by the CRS-Kenya organization and aims to reduce the impact of HIV/AIDS within Karungu population. The project deals with 3,500 orphans, children at risk and their families. We are trying to involve the entire Karungu region in the project, which includes 4 counties and 8 sub-counties. To achieve the goal of the TCB project, the MOSGUP has prepared a package that includes medical and nursing care, psychological support, disease prevention, education, community aids. This has proved to be the most productive approach to address the complexity of the needs of orphans and their families, promoting a better quality of life and reducing the social hardship that a disease such as AIDS involves.

The objectives can be subdivided into macro-areas:

- Encouraging the physical and psychological well-being of 3,500 OVCs (orphans and vulnerable children) and their families through programs of:
  - ◊ General health: health education, support for needy families, drug delivery, drinking water supply
  - ◊ Psychological support: participation in events such as World AIDS day, Day of the African child's, World Orphans day and doing home visits
- Development of productive activities within the community in order to make the inhabitants autonomous in the care and support of the orphans.
- Improvement of the quality of life of the 3,500 children through education programs.
- Reducing the risk of contracting HIV through specific training.



## POULTRY FARMING

The project initiated in 2011 aims to improve the quality of life of children and young people in and out of the school, in the Karungu division, with the creation of a poultry farm managed by the Dala Kiye children.

This type of breeding supplies most of the meat produced in many developing countries and is the most important activity of almost all rural, para-urban and urban families.

The objectives of the project:

- Establish a commercial poultry business within the St. Camillus Mission.
- Improve community nutrition by using poultry products (eggs, meat, vegetable manure).
- Give young people a job opportunity.

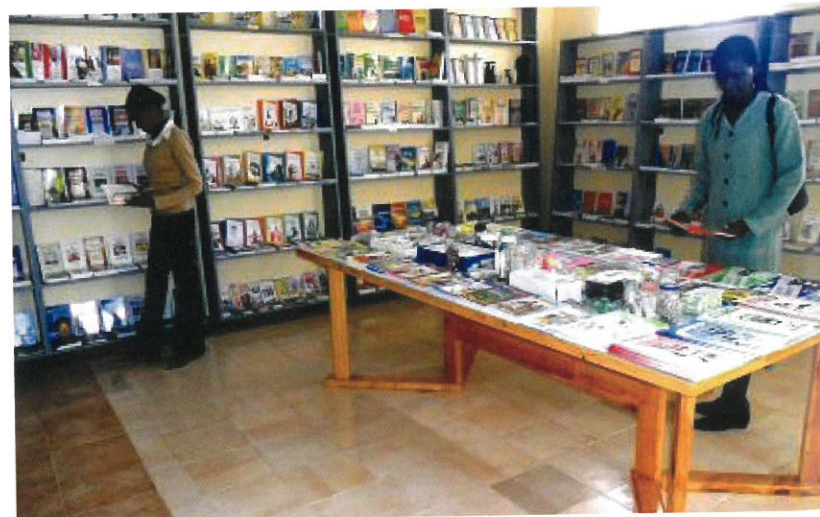
Poultry breeding involves the majority of children and young people in Dala Kiye and it is both a hobby and an opportunity for community gain because the products derived from it (white meat and eggs) are in great demand by the market.

The primary objective remains to improve the quality of life of the children of Dala Kiye, as the youngsters involved can put their production skills into practice.



## ST. CAMILLUS CATHOLIC BOOKSHOP - RONGO

On August 25<sup>th</sup> 2011, St. Camillus Catholic bookshop was officially opened in Rongo. During the opening ceremony, the Bishop of the Diocese of Homabay, Most. Rev. Philip S. Anyolo, blessed the bookshop. The Camillian confreres of the Tabaka and Karungu hospital also took part in the function. The bookshop mainly serves the Dioceses of Homabay and Kisii.



## DALA KIYE ANNUAL EVENTS

During the year the Dala Kiye often becomes the scene of special initiatives, designed to make known the reality of Karungu and the problems that it lives.

**The World Orphans Day** is celebrated every year on 7<sup>th</sup> May. During this event, through the songs, poems and theatrical representations, the challenges that every day the orphans face are highlighted, with the accent on possible solutions. The event serves to remind the community to provide assistance and support to orphaned and vulnerable children. It is very important the participation of all those figures who are at the forefront for the protection of children's rights, such as parents, guardians and teachers.



**The Day of the African Child** is celebrated on June 16<sup>th</sup> each year since 1991, when it was introduced by the organization "Africa Unity". This day is dedicated to the memory of all those children who participated in the Soweto uprising in 1976. The goal is to create greater awareness on the need to improve the educational level of African children. Dala Kiye has always been concerned with providing education for children and for this reason celebrating this day means remembering that more needs to be done in this area.



Each year a theme is proposed, such as "Accelerating the processes of protection, development and equal opportunities for children in Africa by 2030". This theme highlights the need to provide more opportunities for African children with regard to access to education.



**The World AIDS Day** takes place on 1<sup>st</sup> December of every year and is an opportunity for all the people of the world to unite in the fight against HIV, to show their support for those affected by the virus and to commemorate the people who died because of it. The importance of this day is to remind the public that there is still the need to raise funds, raise awareness, fight against prejudices and improve the knowledge on HIV, the virus that causes AIDS. The main theme remains that of prevention: we speak for example of the contagion between adolescents and adults trying to identify the most vulnerable groups on which to intervene.

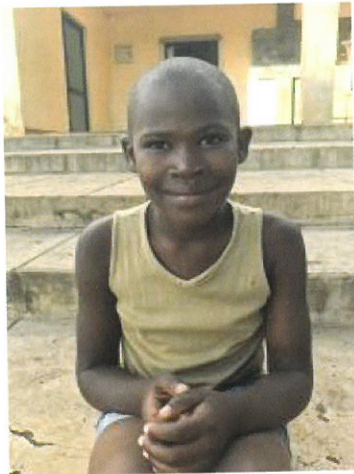
At the stand, set up for the occasion, everybody is free to request for information on HIV and, for those who wish, undergo voluntary HIV testing.



## DISTANCE ADOPTIONS

The Distance Support is a valuable support for the Dala Kiye Center which takes care of 60 HIV-positive orphans. For the supporter it represents the possibility of identifying a child to take responsibility for over time, following the growth and school progress, with affection and attention. The quota paid annually supports the global project and goes directly to all the children of the Center.

### ROSELINE ACHIENG



Roseline was born on 12<sup>th</sup> March 2009 and is a total orphan. On 19<sup>th</sup> January 2011, she was diagnosed with HIV and on 2<sup>nd</sup> February, the antiretroviral treatment began.

After the death of the parents, the four children were entrusted to the care of their grandmother. Following an illness, the grandmother became blind and is no longer able to guarantee the care of the child, both in terms of nutrition and for the administration of drugs. The Social Workers request their transfer to the Dala Kiye center.

At her entrance the girl weighed 19 kg, she was frail and scared. After two weeks, Roseline opened up to life. Now she's happy.

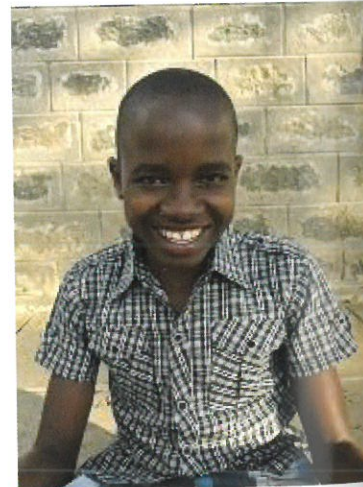
### MAURICE OWOUR

Maurice was born on October 18<sup>th</sup> 2002 in a polygamous family and is a total orphan. Maurice is HIV positive after being tested on April 2<sup>nd</sup>, 2008, and started on antiretroviral therapy on 8<sup>th</sup> May 2009.

Maurice's father did not accept the status of his son and this led to a big dispute in the family. The family lived in a very difficult situation since then until the mother passed away on 19<sup>th</sup> March 2011. After the death of the mother, Maurice and his siblings living conditions became worse. Maurice became sick and his father isolated him totally from his siblings. He was given his own utensils and beddings and was not allowed to play with the other children.

A neighbor and Maurice elder brother discussed the situation and decided to take Maurice to St. Camillus ART clinic secretly while the father was away from home. Due to the fear, Maurice drugs were kept by the neighbor and Maurice had to sneak in the morning and evening to the neighbors place to take his drugs without being spotted by the father.

The neighbour informed the social workers about the situation and they decided that the step mum should care for the child. The step mum is blind and fails to administer the drugs correctly and there is no health improvement for Maurice. On the death of his father, the brother submits an application for admission to the Dala Kiye Center for Orphans and Maurice is admitted on 9<sup>th</sup> January, 2012. Now Maurice is a serene boy who interacts with other children and has a very sweet look.



## B.L. TEZZA COMPLEX SCHOOL

The B.L. Tezza Nursery school was officially inaugurated in the year 2008. There are three classes: baby, middle and pre-unit. The lessons end at 12:30pm.

B.L. Tezza Primary School has been open since September 1999 and was inaugurated on 23<sup>rd</sup> May 2004. It is located near St. Camillus M. Hospital and is managed by the local Karungu community.

The school's 8-year education program is intended exclusively for the partial or total orphans whose parents have died from AIDS. Children attend school from 8 am to 5 pm.

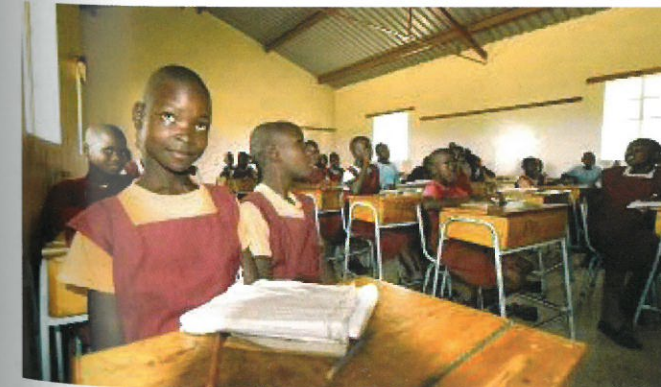
The B.L. Tezza special school for deaf-mutes has been operational since the year 2016.

B.L. Tezza Secondary School has been operational since February 2005. The school is registered as government institution and is managed by an internal committee. The Camillians, in addition to offering the structure, are the main sponsor. Once the four years of secondary school are over, the students will have access to university or college.

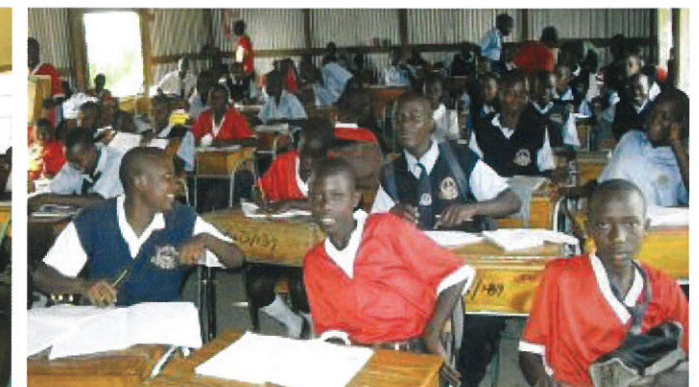
*B.L. Tezza Nursery school*



*B.L. Tezza special School for the deaf & mute*



*B.L. Tezza Primary School*



*B.L. Tezza Secondary school*

## COMPLETED PROJECTS

### CONSTRUCTION & RENOVATION OF SCHOOLS:

During the year 2005 to 2017 Dala Kiye Centre coordinated the renovation of many schools :

- Obondi Primary school –2005
- Kopala Primary school –2005
- Rabour Karungu Primary school –2006
- God Oloo Primary school– 2007
- Aringo Primary school –2009
- Sori Primary school –2011
- Agolo Muok Primary school –2012
- Mukuyu Primary school –2012
- Nyamanga Primary school –2012
- Otati Primary school –2013
- Lwanda Magwar Primary school –2013
- Wachara Primary school –2013
- Wachara ECDE –2013
- Lwanda Gwassi ECDE –2013
- St. Emilio Marjan ECDE –2013
- St. Emilio Marjan Primary school –2013
- Gunga Primary school –2014
- Agolo Muok ECDE –2016
- Nyamanga Disii ECDE –2016
- Aringo ECDE –2017
- Obondi ECDE –2017



*Aringo Primary school before renovation*



*Kopala Primary school after renovation*



*Inside Aringo primary school during renovation*



*Inside the classrooms at Kopala Primary school after renovation*

### HOPE AND LIFE PROJECT

The Hope & Life project was started in 2003 with the aim of providing psychological support to HIV-positive people living with HIV/AIDS in Migori County.

Supported PLWHA networks (People Living With HIV/AIDS) encouraging lifestyle change, promoting antiretroviral therapy, voluntary counseling and testing (VCT) as well as education in avoiding mother to child virus transmission.

Hope and Life has worked actively throughout the County, managing group therapy sessions and home visits to bring serenity to the people, giving greater security and a sense of belonging, protecting human rights, the right to health, work, leisure, marriage and procreation. The project ended in 2013.

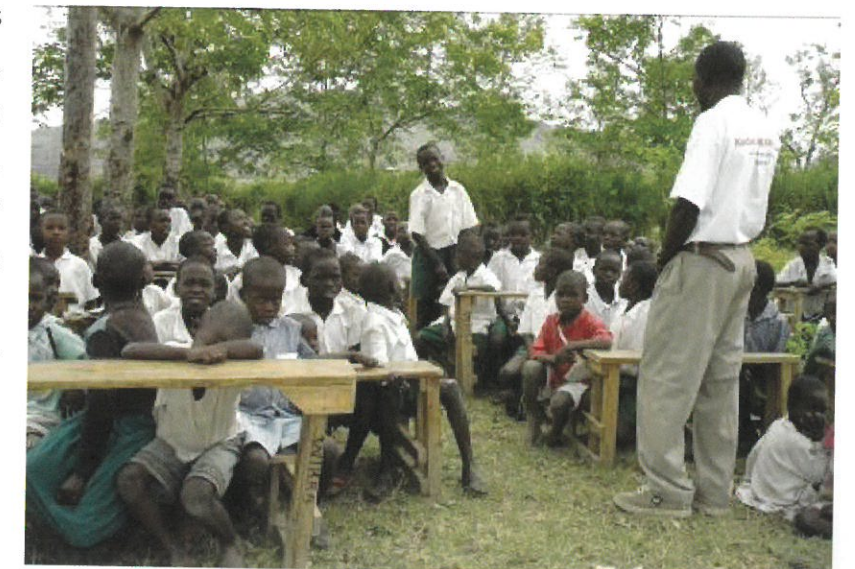


### AWAKE PROJECT

The project was initiated in 2003 to cope with the serious HIV/AIDS crisis that particularly affected the Nyanza province, where St. Camillus M. Hospital is located. The aim of the project was to provide information on the prevention and knowledge of HIV infection, always placing at the center the importance of human dignity and the civil rights of every person.

The action of the project officers was based on the formation of leaders, able to explain what HIV is, the transmission methods and sexuality, with the aim of curbing the spread of the disease. People who are positive about the virus have been supported during the process of accepting their status through meetings with people who live the same condition.

The project was closed in December 2011.



## HAPPEN PROJECT

HAPPEN project was specifically run under the Homa Bay Catholic diocese, the region with the highest percentage in the entire country of new infections and of HIV-positive people.

This is due to the lack of education, especially with regard to girls in the age group between 10 and 24 years.

In this very precarious context, the HAPPEN project dealt with social and health prevention in schools. Through the help of volunteers, they increased education in school going children by fully covering the topics of sexual education and prevention. From the final reports received from the schools it was clear how the young people who had been trained had improved and increased their educational performance, understanding the importance of education.

The project, started in 2006, was completed in 2010.



## CLEAN WATER PROJECT FOR KARUNGU PROJECT

The Italian Cooperation, through Health and Development NGO, financed the project "Clean Water for Karungu".

The project consists in pumping water from the lake, putting it in decanting tanks and then subjecting it to a purification process.

Water is distributed by means of 5 kiosks, managed by the local community, located along the road between the St. Camillus Mission Hospital and Sori town. Approximately 16,000 people are benefiting from clean water.

The project was inaugurated on 28<sup>th</sup> April 2017. The Italian Ambassador to Kenya, Mr. Mauro Massoni, the Director of Italy Agency of Cooperation, the President of Health and Development, Fr. Efsio Locci, with his team from Rome, the Project Manager and the ENEA team from Rome were present at the ceremony.







## NATIONAL HOSPITAL INSURANCE FUND—NHIF

The NHIF (*National Hospital Insurance Fund*) was started a few years ago, through the Kenya Government national health plan, for the purpose of guaranteeing the right to health to the greatest number of people. Furthermore, the project is part of the government's intention to hospitalize the healthcare, increasing the number of those who turn to hospitals and competent doctors, especially for special cases, such as childbirth. In fact, many women still choose to give birth at home, without adequate midwifery care.

The hospital insurance applies to the whole family: spouses and all children up to 18 years. For disabled people there are no age limits, for students the card is valid until the end of the studies. Even orphaned children can benefit from it, as long as that those who sign the insurance can demonstrate that they are officially taking care of them.

From 2016, the insurance covers the first aid, the daily hospitalization, but also the necessary medical and surgical treatment. This justifies the insurance cost increase.

With a contribution of 6,000 Kshs (around 60 Euro) per year, each family unit can access, health care free of charge, from selected health facilities which are subjected to frequent checks by a special commission that assesses the equipment quality and the staff preparation to guarantee the quality standard levels required. Only those facilities who pass these checks are covered by the insurance agreement, and among these is the St. Camillus Mission Hospital in Karungu.

The SCMH also serves as an intermediary between the population and the local branch of the NHIF located in Migori County which Karungu falls under. Once a week, anyone who wants to subscribe to the insurance can contact the Hospital where staff prepared fill out the necessary forms, check the required documents and take a picture of all the individual members of the family, which is necessary to complete the practice. Funds are then collected for the installments of the policy that will be paid to the NHIF headquarters in Migori. All this is possible thanks to the confidence born from a collaboration that lasts, and is offered as an additional service to the population.

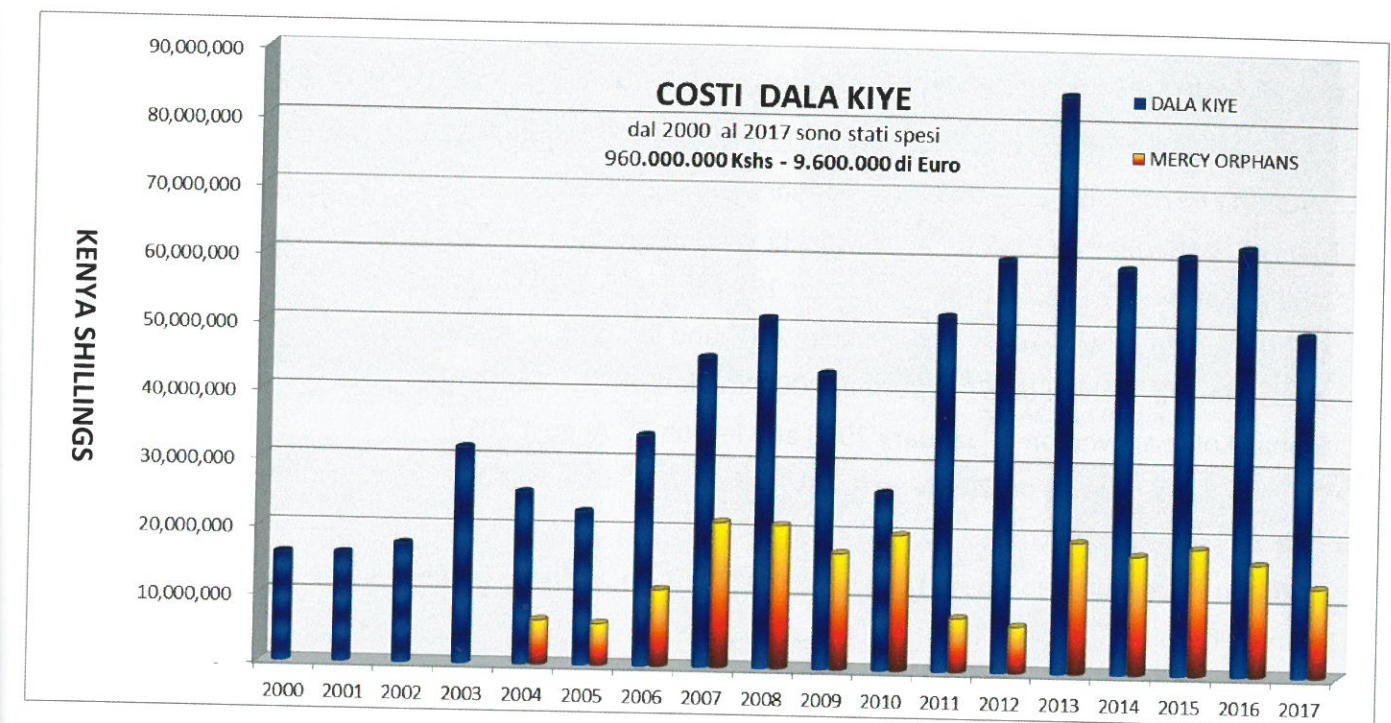
## GOOD SAMARITAN FUND PROJECT

For those who are ill, have a child with chronic problems or a large family, the need to resort to the hospital is frequent but suffered: the economic factor is crucial.

In a situation like that of Karungu, where HIV/AIDS spreads, the need becomes even more present. At the same time, St. Camillus Mission Hospital is located in one of the poorest areas of the country, and there are very few people who have the opportunity to pay the hospital fees and the necessary medical treatment.

Naturally, the Camillian hospital never refuses its services, but the need of its patients and the numerous cases of unpaid hospital bills severely challenges the economic subsistence of the missionary structure. For this reason our hospital, through the Good Samaritan project, offers the most needy the health insurance it needs.

Hospital insurance has a double benefit: it offers families the opportunity to access quality medical care, and to support the hospital and continue its charitable work.



## CAMILLIAN PRIESTS & BROTHERS OF KARUNGU

In the 25 years, there are many Camillians who have worked in Karungu:

Fr. Emilio Balliana: arrived on 28<sup>th</sup> January 1993.

Fr. Valentino Castaldello: arrived on 28<sup>th</sup> January 1993 and died on 25<sup>th</sup> April 1995

Fr. Mario Cattaneo: arrived on 30<sup>th</sup> August 1995 and left on 25<sup>th</sup> February 2012

Br. Albano Balzarin: arrived on 19<sup>th</sup> November 1994 and left on 2<sup>nd</sup> August 2007

Fr. Gabriel Omenya: arrived on 4<sup>th</sup> Septmber 2004 and left on 11<sup>th</sup> August 2005

Fr. Julius Morara: arrived on 3<sup>rd</sup> Septmber 2005 and left on 15<sup>th</sup> September 2013

Fr. Elphas Kolia: arrived on 4<sup>th</sup> January 2010 and left on 7<sup>th</sup> August 2017

Fr. William Augo: arrived on 20<sup>th</sup> March 2013 left on 17<sup>th</sup> March 2014 came again on 15<sup>th</sup> August 2017 and left on 7<sup>th</sup> February 2018

Fr. Reuben Njagi : arrived on 7<sup>th</sup> November 2013 left on 15<sup>th</sup> January 2015 came again on 27<sup>th</sup> August 2016 and left on 17<sup>th</sup> August 2017

Br. Dominic Mutuku: arrived on 15<sup>th</sup> June 2016 left on 18<sup>th</sup> February 2017

Br. Bonaventure Muswi: arrived on 28<sup>th</sup> March 2012

Br. Paul Kabito arrived on 15<sup>th</sup> August 2017 and left on 9<sup>th</sup> May 2018

Fr. John Kariuki arrived on 21<sup>st</sup> August 2017

### NOVICE MASTERS

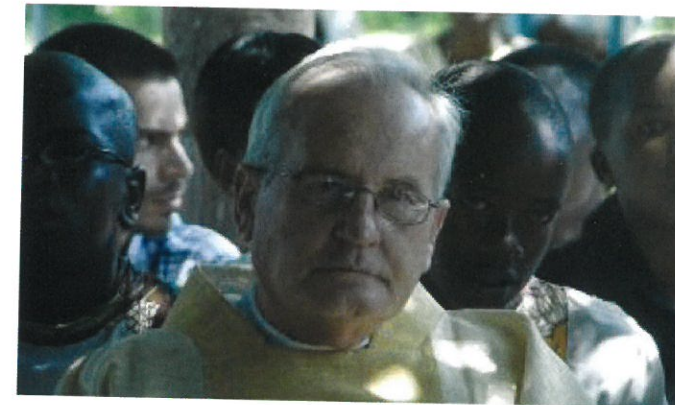
Fr. Alessandro Viganò: arrived on 4<sup>th</sup> June 2000 left on 6<sup>th</sup> July 2004 came back on 31<sup>st</sup> July 2007 left on 3<sup>rd</sup> August 2008

Fr. Dominic Mwanzia (Asst. Master): arrived on 4<sup>th</sup> June 2003 left on 1<sup>st</sup> August 2004 came back on 10<sup>th</sup> October 2011 left on 1<sup>st</sup> May 2012

Fr. Martin Njau: arrived on 14<sup>th</sup> July 2008 left on 15<sup>th</sup> July 2012

Fr. Ellickal Kurian (Province of India): arrived on 21<sup>st</sup> July 2012 left on 24<sup>th</sup> May 2013

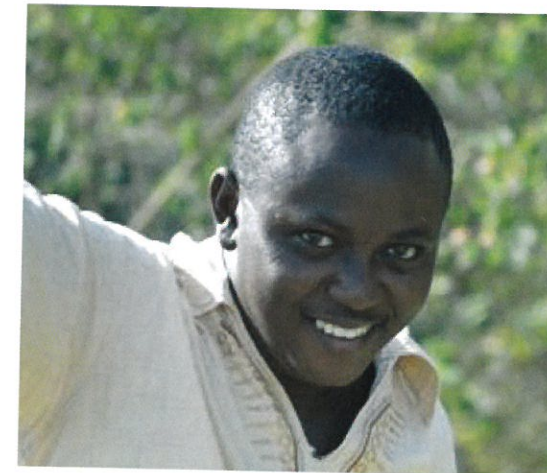
Fr. Ermenegildo Calderaro (Province of Thailand): arrived 2<sup>nd</sup> September 2015 left on 18<sup>th</sup> July 2016



Fr. Mario Cattaneo



Br. Albano Balzarin



Fr. Reuben Njagi



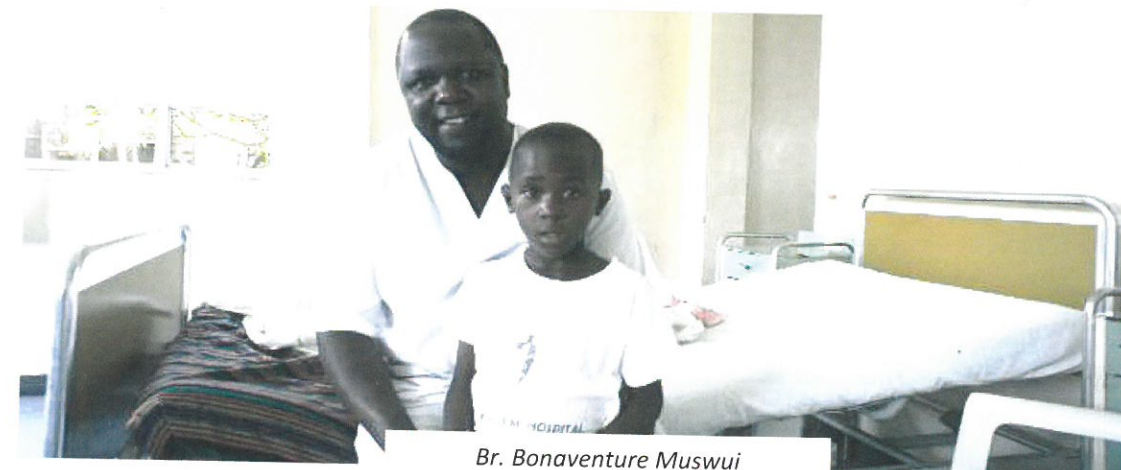
Fr. Elphas Kolia



Fr. Emilio Balliana



Fr. Alessandro Viganò



Br. Bonaventure Muswi

## VOLUNTEERING

Thanks to the many volunteers who have succeeded over time, giving a big support to the Mission in Karungu.



## TESTIMONY OF A MEDICAL VOLUNTEER

### Africa of my Missions

"I am a doctor who has been fortunate and privileged to volunteer in Africa for many years. After the first experiences in Uganda at the end of the 80s, for several years the Camillian mission of Karungu, in Kenya, was the place where I had the opportunity to get to know the problems and the realities of the third world with all the painful aspects. and sad, but also the most beautiful sides related to the simplicity of everyday life and the desire to live despite everything, represented by that "life force" that in Africa represents the very essence of man.

And so every year, in January, I leave with my wife Gabriella to spend a few weeks in Kenya, working among the various departments of the hospital, where work never fails and where resources do not abound, and the orphans center with the numerous children of every age we have seen growing up in an oasis of great solidarity and well-being. The center, which also welcomes HIV-positive children in care, has become the best testimony of Christian charity as well as being the realization of the great dream of Father Emilio Balliana, the only Italian Camillian Father of the mission.

The most beautiful feeling of each period spent in Karungu I think it is feeling happy to have been among the "last" and have given, along with time, even the hope of a better life. It is in a place so far, in every respect, from our western world, that over the years I have found perhaps those keys of wisdom that are discovered when you are no longer young and approach the time of the final balance of life.

Life is ultimately a vocation and a journey, and the meaning of life is in the journey, in going beyond to develop one's own abilities and the best of oneself, managing to overcome the narrow limit given by our presumed certainties. Not everything I think came by chance. My cultural and professional training and above all my profession as a doctor helped me to discover the difficult realities of the third world. I understood that even with few means and despite difficulties of all kinds you can help to help others by learning to "be more than to have". (Happiness and unhappiness are within ourselves). This is how, precisely in Karungu's mission, thanks to the curiosity and enthusiasm that they never left me, I was able to discover the values of friendship, solidarity and cooperation together with the example of many people, missionaries, doctors, volunteers of all ages with whom I shared the beauty and the joy of service, learning a medicine rich in humanity and gratification. Karungu's mission proved to be the ideal place for me, because thanks to the hospital and above all thanks to the orphans center of AIDS the distance that could make the meeting between different cultures more difficult has been canceled. Abandoning our prejudices and starting from the smallest gestures to start a dialogue, I discovered that there are no barriers in the exchange of giving and receiving. After each mission you are no longer the same".

Dr. Giuliano Bachecca

Giuliano Bachecca is a retired radiologist who travels to Karungu every year with his wife Gabriella.



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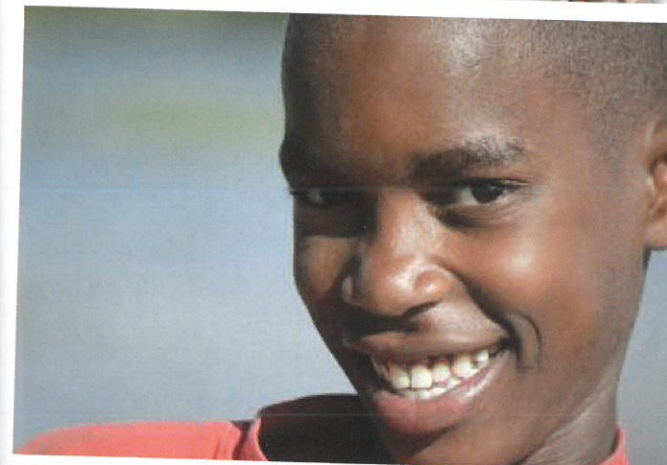
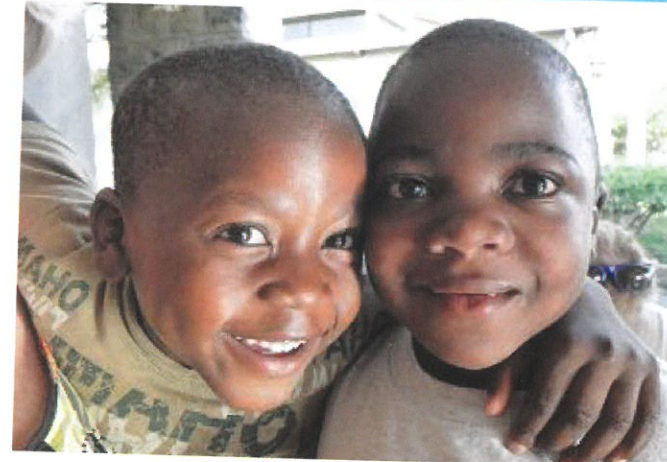
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*Thanks to all the Sponsors who have contributed and continue to contribute to the development of the Mission through their donations*



## LIFE OF ST. CAMILLUS DE LELLIS

Camillo de Lellis was born on 25th May 1550 in Bucchianico di Chieti, in Abruzzo. He learned to read and write, which is not unimportant for a child of those years, but when his mother died at age 13, he lived a dissolute life.

In 1568 he enlisted, following his father, in the army of the Republic of Venice fighting against the Turks but soon became an orphan also of his father. Just during the enlistment, he was forced by a varicose ulcer to the foot, to undergo free treatment at the hospital of San Giacomo degli Incurabili in Rome, from where he was removed because of his gambling vice. Partially healed, Camillo thought about resuming his military life. He was dismissed in 1574 and lost his every game. He began to wander about Italy, until he was hired by the Capuchins of the convent of Manfredonia. They sent him for a commission at the nearby convent of San Giovanni Rotondo. On 2<sup>nd</sup> February 1575, on his return to Manfredonia, his conversion took place in the "Valley of Hell": he decided to embrace religious life and become a Capuchin friar in Trivento. But the scourge of the foot, once again became a serious problem and he returned to treatment at the San Giacomo in Rome. Here he began to realize the state of neglect and misery in which the sick were found, at the mercy of an indifferent and insufficient staff. He began to serve his suffering companions and once he had resigned, together with the first five companions who, following his example, had consecrated themselves to the care of the sick, decided to give life, in August 1582 to the "Company of Ministers of Infermi", whose first statutes were approved by Pope Sixtus V on 18<sup>th</sup> March 1586.

Meanwhile, under the spiritual guidance of St. Philip Neri, he resumed his studies and on 26<sup>th</sup> May, 1883, he was ordained a priest.

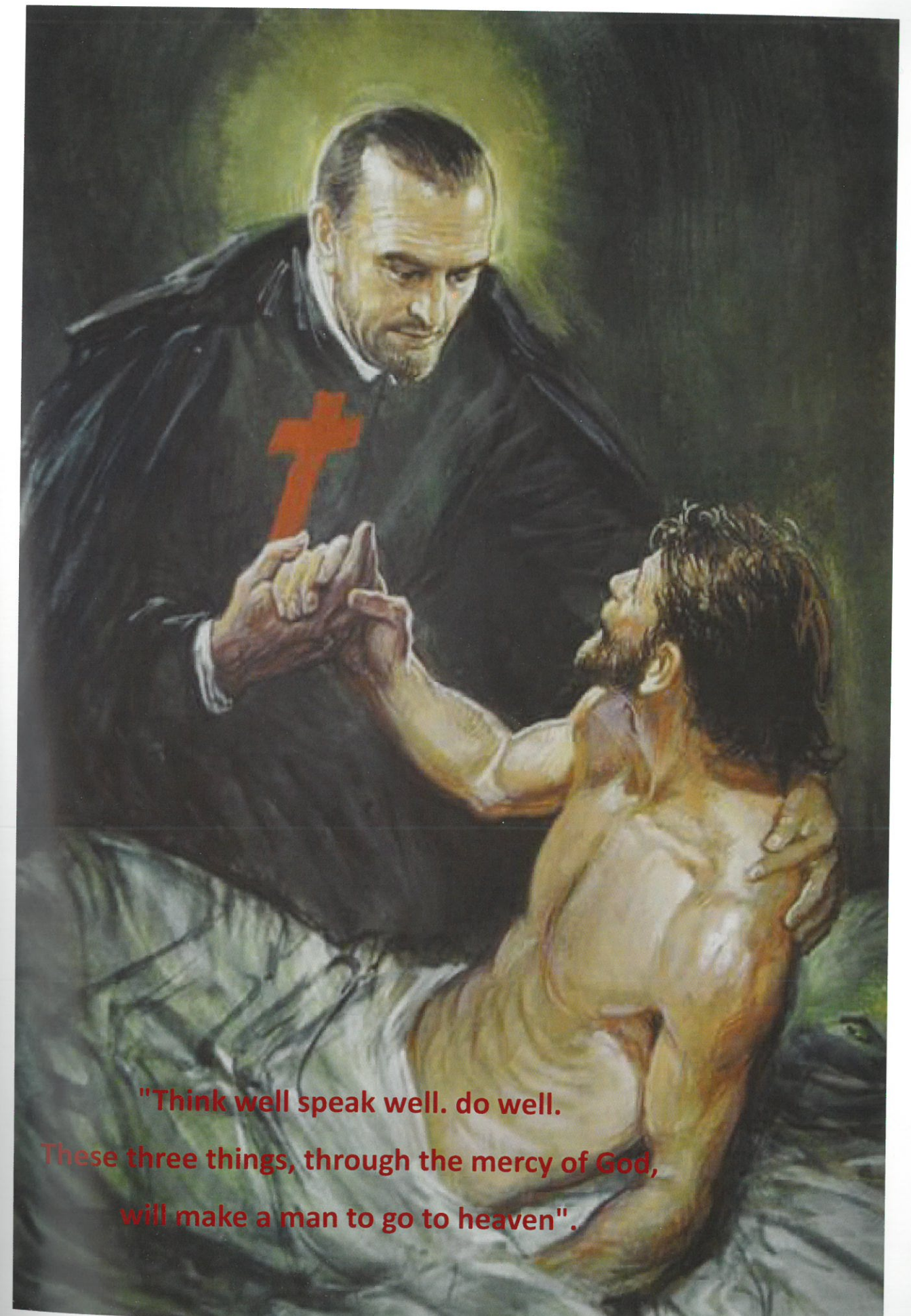
His "Company" was immediately distinguished and, on 21<sup>st</sup> September 1591, was recognized as a religious order (Order of Clerics Regular Ministers of the Sick) by Pope Gregory XIV. On 8<sup>th</sup> December, 1591, Camillo and his first companions emitted the religious profession of solemn vows, with a fourth vow of assistance to the sick even with the danger of life. A new religious Order was born.

The Order expanded rapidly in many Italian cities, in which Camillo founded new communities, all serving the citizens.

Severely ill, in 1607 he left the direction of the Order, but continued to assist the sick until his death, 14<sup>th</sup> July 1614 in the convent of La Maddalena.

He was canonized in 1746.

In 1886 he was proclaimed Patron of the sick and hospitals and in 1930 Patron of nurses.



**"Think well speak well. do well.  
These three things, through the mercy of God,  
will make a man to go to heaven".**

# ST. CAMILLUS

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