

NANASI

**UPDATE ON HIV/AIDS ACTIVITIES
FOR KENYAN CHURCH HEALTH PROGRAMS
Newsletter No. 1**

April 2002

The purpose of **NANASI** is to keep Kenyan church health programs informed of new developments in Kenya's fight against HIV/AIDS. We intend to share information with each other and respond to specific questions from Christian health professionals.

This first issue of **NANASI** contains the essence of a survey of all church hospitals in Kenya, conducted in February and March 2002, on behalf of CHAK, KCS and MEDS. The survey asked what HIV/AIDS work is being done and what needs to be done. Using a semi-structured interview & discussion guide, the surveyors visited 37 hospitals and interviewed 16 others (in person, by phone, or by E-mail). The findings thus cover 53 of the 57 church hospitals.

A SURVEY OF AIDS ACTIVITIES IN KENYAN CHURCH HOSPITALS FINDINGS AND RECOMMENDATIONS

1. COUNSELING: The main question: Have members of your staff had training in counseling skills?

Findings:

Almost all church hospitals have staff trained in basic counseling principles and skills

Their training usually included only one or two types of subject matter:

- sexually-transmitted infections
- HIV testing
- family planning
- behavior change
- financial and legal planning
- pastoral counseling
- bedside counseling
- grief and bereavement

People who were trained in one or two of these subjects are uneasy and unsure about counseling people on other subjects

Recommendations to KCS (Kenyan Catholic Secretariat and CHAK (Christian Health Assoc of Kenya)

Provide update sheets to help counselors work with these people:

- Pregnant women
- Walk-in test clients
- Pre-marital couples
- Rape victims
- Needle-stick victims
- Discordant couples
- HIV+ persons, asymptomatic
- HIV+ persons, symptomatic
- HIV+ persons, considering ART
- Spouses of HIV+ persons
- Children of HIV+ parents
- Members of support groups
- Families caring for AIDS patients
- Persons near the end of life
- Bereaved families
- Orphans
- Widows and widowers

Recommendations to the hospitals

Use these counselors' sheets to provide updates for staff members, pastors, and others who are

already trained or experienced in counseling

NANASI is produced by Christians Concerned about AIDS in Kenya

Send your AIDS information and questions to **NANASI, P.O. Box 1968, City Square 00200, Kenya**

2. WALK-IN TESTING: The main question: Can someone walk in, be tested for HIV (without consulting a doctor or CO), and receive test results the same day?

Findings

Only nine hospitals have easy, walk-in testing available daily

Two have special programs for some clients, some of the time

(Misikhu offered free testing on World AIDS Day; Chogoria has a free Saturday Men-Only clinic)

Most hospitals have lengthy, costly test procedures that require

a consultation fee

doctor's orders to get the test

counselors who are often unavailable

tests done in laboratory

high test fee (Kshs 400-500)

patient must come back on a later day to get results

Recommendations to MEDS

Stock 15-minute, finger-prick, inexpensive tests (Kshs 120)

Recommendations to the hospitals

Buy inexpensive tests, and lower your testing fees

Train all counselors to do HIV-test

Specify a counselor-tester to be on duty each day

Arrange for receptionist to send HIV-test clients directly to the counselor-tester

Advertise your walk-in, low-cost, confidential testing

3. PREVENTING MOTHER-TO-CHILD TRANSMISSION: The main question: Are women in the ante-natal clinic offered Nevirapine for themselves and their newborn infant ?

Findings

16 hospitals are offering nevirapine to pregnant women & their newborn babies

(Kijabe has pioneered these efforts and is willing to help others begin PMTCT activities)

12 others have personnel trained, but have not started, because they have no nevirapine

Recommendation to MEDS

Stock nevirapine tablets (Kshs 60 per woman) and syrup (Kshs 5 per newborn baby)

Recommendation to the hospitals

Invest Kshs 5000 in starter stock (one bottle of each)

Get started!

4. POST - EXPOSURE PROPHYLAXIS: The main question: Is a protocol in place and are drugs available for immediate ARV treatment after rape or a needle stick?

Findings

Only Tenwek and 7 other hospitals have even thought about

procedures after accidental needle-sticks by staff
preventive anti-retroviral drugs for rape victims

In hospitals that do have ARV drugs, few staff members think of using them for rape victims.

Recommendations to the hospitals

Request a copy of Tenwek Hospital protocols
Write procedures for your hospital
 needle-sticks
 rape victims
Keep post-exposure drugs accessible (especially in casualty room)

5. FOLLOWING HIV-POSITIVE PATIENTS: The main question: Are records kept on all HIV-positive patients, and are patients always given review dates, to come whether they are sick or not)?

Findings

Most hospitals do not actively monitor & follow HIV-positive patients
Most treat one infection at a time, as it arises
Most tell the patient to return only if another problem occurs
Frequently, the patients do not know they are HIV-positive

Recommendations to the hospitals

Set a protocol for active follow-up of HIV-infected patients and for prevention of opportunistic infections
Consider having HIV clinic on a particular day, so patients see regular staff members who follow the course of their disease (similar to TB & diabetes clinics)
Always give a return date, whether the patient is sick or well

6. ANTI-RETROVIRAL (ARV) TREATMENT: The main questions: How many doctors or COs have attended a MEDS workshop or other training in the use of ARV drugs? How many patients have begun using ARVs?

Findings

43 hospitals have personnel trained to use ARV drugs
As of 31 March 02, 25 hospitals have started patients on ARV drugs
Over 600 patients have started ARV drugs
The cheapest approved regimen costs Kshs 6000 per month
Hospitals are reluctant to buy ARV drugs until the patient's money is in hand
Hospitals have trouble stocking ARV medicines to meet immediate needs

Recommendations to the hospitals

Invest funds to stock at least 3 treatment-months of ARV drugs
Announce the price and availability of ARV drugs
If you do not offer ARV treatment, collaborate with another hospital that does

Recommendations to MEDS, CHAK, KCS and their partners

Keep pressure on the government to import less expensive, generic ARVs as soon as possible

7. SUPPORT GROUPS: The main question: Does the hospital foster clubs or groups for persons living with HIV/AIDS?

Findings

Hospitals differ in their attitudes toward anonymity, confidentiality and privacy about HIV/AIDS

Some boast of “complete confidentiality, so no one except the doctor ever knows....”

But others would like to be more open. One doctor lamented, “This privacy thing is killing us. We can’t really help our patients, and they are dying – alone!”

In fact, 11 church hospitals already host support groups. They include these creative ideas:

Hospital staff group of persons infected and affected (Karungu)

Serving tea and playing music on AIDS clinic day (Chogoria)

Post-Test Clubs (Mumias, Mukumu)

Living With AIDS Clubs (Mutomo, Muthale)

Widows groups (Nangina)

Young health volunteers -- children caring for ill parents (Karogocho program)

Recommendations to the hospitals

Get started – at least, introduce 2-3 willing patients to each other, to share experiences and advice

Visit a nearby hospital that already has support groups

Be creative!

8. END-OF-LIFE CARE: The main question: Does the hospital assure palliative care and end-of-life support to terminally ill patients, both within and outside the hospital?

Findings

Some hospitals have no knowledge, skills, or options for palliative care of patients with terminal AIDS or cancer

Some hospitals plan with patients and families for discharge and home care, when appropriate

Eleven hospitals assign nurses to visit and teach patient care to families

Five hospitals assign nurses to supervise community or church volunteers who offer care and support for end-of-life patients and who teach the families how to care for them.

Recommendations to the hospitals

Help staff members learn the attitudes of palliative care -- when and how to change from *curing* disease to *caring* for the patient and the family

Teach doctors, nurses and attendants the ideas and skills of palliative care:

- pain control
- symptom relief
- wound care
- patient comfort
- frequent re-assessment
- support of patient and family
- grief and bereavement support

Work with the assurance that there is always something more that can be done.

9. LOCAL CHURCH INVOLVEMENT: The main question: Does the hospital collaborate with local church groups in the care and support of AIDS patients?

Findings

Most hospitals report little collaboration with local churches or Small Christian Communities

Five hospitals have trained church leaders for counseling

Five other hospitals do work with local churches (particularly women’s groups) for home care of end-of-

life patients

Recommendations to the hospitals

Visit a hospital that is collaborating well with local churches

Study and consider Maua Hospital's four-step approach to church mobilization

1. Start at the top
2. Allow time for initiative to grow
3. Take time to build a pilot program - slowly and together
4. Convince through success

CONCLUSIONS

For many years, church hospitals couldn't do much for people infected with HIV.

Now we are able to do much more, and it doesn't cost us a lot of money.

But we aren't doing all we could be doing

Let's get moving!

This survey of church hospitals was carried out by J Brown (PhD), R Brown (MD, MPH), and E Manuthu (MBChB).

If you would like more detailed information on the survey or the hospitals, contact one of these agencies:

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