

# ANEXO III

## **NASCOP**

y Certificación de Excelencia





**MINISTRY OF HEALTH**

ART Officer, Central Province  
P.O. Box, 27  
Nyeri.

Ref ART/CP/1

7<sup>th</sup> JULY, 2004.

**The Director,  
NASCOB  
P.O. Box 19361  
NAIROBI**

Att: ART Programme Manager.

**RE: SITE ASSESSMENT OF MARAGUA DISTRICT HOSPITAL FOR  
PREPAREDNESS TO DELIVER ART.**

Enclosed, please find a report of a site assessment done at Maragua District Hospital on its readiness to deliver ART.

The Hospital is ready to deliver ART. Arrangements to supply the Hospital with Antiretroviral medicines should be expedited. They will also benefit from inclusion in the Diflucan programme.

Yours faithfully

Dr. J.O. Mecha  
**ART Officer, Central Province.**

Cc Provincial Medical Officer,  
Central Province

✓ Medical Officer Of Health,  
Maragua District.

## **SITE ASSESSMENT OF MARAGUA DISTRICT HOSPITAL FOR PREPAREDNESS TO DELIVER ART. 6/7/2004**

### **Introduction**

Maragua District had a population of 387967 according to the 1999 National Census, with an annual growth rate of 8.5%. The district hospital is one of the HIV sentinel surveillance sites. At this site, the infection rate among expectant mothers attending antenatal care is 5%. The general prevalence is estimated at 6.1%.

In 2003, it was estimated that, it was estimated that 12623 people in Maragua District were infected with HIV. Approximately 1581 people required ART then. Maragua D.H. is classified as an intermediate burden hospital.

### **HIV Care at Maragua District Hospital.**

#### **1. Infrastructure**

The hospital has a comprehensive care center (CCC) that has been operational since February 2003. The CCC has three rooms for consultation and counseling. There are plans to expand the facility. However, it is adequate in its present form.

The hospital has a pharmacy manned by two pharmaceutical technologists. Arrangements for safe storage of ARVs are satisfactory.

#### **2. Patient Care.**

The CCC has been providing HIV care since February 2004, consisting mainly of health education and management of opportunistic infections. The center is open daily. Drugs for management of OTs and other complications are provided free of charge except fluconazole. As of May 2004, the center had 177 patients on regular follow up. Five have died since.

#### **3. Monitoring and Evaluation (Health Information)**

The center has an excellent and established system of record keeping using a tool borrowed from Zimbabwe. All patients are classified according to the WHO classification. As of May 2004, the center had 177 patients on regular follow up, consisting of 49 males and 122 females. A total of 85 adult patients were in WHO stages III and IV. Another 61 were in stages II and III. The center also has 25 paediatric patients on follow up. The center has 26 patients on antituberculous therapy.

#### **4. Clinical Care Team**

In June 2004, seven health care providers were trained and certified by NASCOP. The clinical care team consists of the following:

- 1 expatriate infectious diseases specialist from Spain
- 1 medical officer
- 1 clinical officer
- 3 nurse-counselors
- 1 nutritionist
- 1 pharmaceutical technologist
- 1 laboratory technologist

#### **5. Laboratory Support**

This is a major handicap at the hospital. The hospital does not have a Coultergram and it cannot carry out clinical biochemistry analysis. It also does not have a CD4 lymphocyte count machine.

#### **6. Partnerships**

The CCC at Maragua D.H. was constructed with the assistance of an NGO from Spain called VIDHA. This organization continues to provide the CCC with technical assistance and medicines for opportunistic infections. The organization has also promised to provide ARVs for 60 patients free of charge. However, a confirmation of this is awaited. Dr Elena Bermudez who works for this organization at Maragua can be reached at e-mail: [elena\\_bermudez2002@yahoo.es](mailto:elena_bermudez2002@yahoo.es)

#### **Conclusions and Recommendations**

1. Existing clinical HIV care at Maragua D.H. is excellent with a highly motivated clinical care team. Already 90 patients have been prepared and qualify to receive ART. It is recommended that enough ARVs for 50 patients be sent to Maragua D.H. urgently. Further supplies will be based on requests from the hospital. Maragua D.H. will be expected to have 750 patients on ART by 2005. The initial supply of ART should be for:
  - 30 naïve patients < 60 kg
  - 10 naïve patients > 60 kg
  - 10 naïve patients for option A, 5 patients < 60kg, 5 patients > 60 kg
2. Due to the numbers served by the hospital, it is recommended that the hospital should get a CD4 machine. The hospital will greatly benefit with assistance to upgrade its laboratory.
3. Like in all other public care facilities; efforts to avail paediatric ARV formulations should be made.

El fin principal de Asociación VIHDA es contribuir a mejorar el presente y la esperanza de vida de las personas con VIH/SIDA que viven en zonas con bajo nivel económico y escasa estructura de organización sanitaria y asistencia social.

Algunos de los fundadores y voluntarios somos profesionales con amplia experiencia en la atención a los enfermos con VIH/SIDA y conocemos las abismales diferencias que, en la atención sanitaria a este tipo de enfermos, existen entre los países desarrollados y los que carecen de medios económicos para financiar esta atención. Estas diferencias significan, un futuro radicalmente diferente para los enfermos de los dos tipos de países mencionados. La Asociación VIHDA quiere ayudar a las personas con VIH/SIDA que no pueden beneficiarse de los avances de la investigación, ni de las técnicas de atención, prevención y tratamiento de esta enfermedad.

Nuestro primer proyecto concreto lo estamos desarrollando en Kenia en el distrito de Maragua. Se trata de la construcción de una clínica de atención extrahospitalaria para enfermos de VIH/SIDA, en el área del Hospital del Distrito. Este primer proyecto, objeto de la presente memoria, ha podido ser financiado con la generosa aportación, tanto de recursos humanos como materiales y económicos de distintos organismos, sociedades científicas, empresas de diferentes sectores industriales y un buen número de iniciativas particulares. A todos ellos nuestro más sincero agradecimiento por su decidido apoyo y haber hecho posible la realidad del proyecto.

Asimismo, queremos expresar nuestro reconocimiento al Grupo Ars XXI de Comunicación, cuya desinteresada colaboración ha permitido la edición de esta memoria.

La Asociación VIHDA no tiene gastos de estructura, ni de personal, y la contribución de los profesionales sanitarios españoles se está haciendo de forma desinteresada.

Sin embargo, nuestros recursos siguen siendo insuficientes para atender la demanda asistencial existente y contribuir decisivamente a la prevención del VIH/SIDA y a mejorar la atención sanitaria y la calidad de vida de los enfermos que ya han contraído la infección en el distrito de Maragua, Kenia. Por eso, nos permitimos volver a hacer una llamada de atención a todas aquellas personas y organizaciones que puedan estar interesadas en ayudar al proyecto.

## Agradecimientos

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**Los donativos pueden ingresarse en:**

Aportaciones desde España: ccc 0128 / 8701 / 61 / 0500012723

Aportaciones desde el extranjero: ES28 0128 8701 6105 0001 2723

**Para cualquier información relacionada con la Asociación, dirigirse a:**

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\* Aquellas personas o entidades que quieran incluir sus donaciones en la próxima declaración de la renta, indiquen, por favor, sus datos completos.