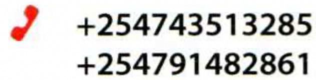

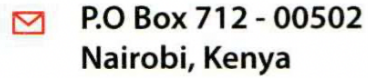

Preventing Kidney Disease in Kenya

Screening For Success!

INCUBATION PHASE CONCEPT FOR INTEVENTIONS IN CHRONIC KIDNEY DISEASE

YEAR 2024

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1. INTRODUCTION

1.1 Background information

Kidney disease is on the rise globally and locally. The drivers of kidney disease are mainly high blood pressure, diabetes mellitus and infectious conditions. All these conditions if detected early and well controlled can retard progression of kidney disease. At the advanced stage of chronic kidney disease (CKD), the patients require kidney replacement therapy (KRT) in order to survive. Kidney replacement therapy include dialytic and kidney transplant. Dialytic therapy include peritoneal dialysis (PD) and haemodialysis (HD).

1.2 Treatment for chronic kidney disease in Kenya

Haemodialysis is the most popular dialytic therapy worldwide and locally. In Kenya, haemodialysis was started in early 1980's in the referral hospitals in the capital city, Nairobi. It had low uptake due to limitations in access, availability and affordability. The cost of haemodialysis was serviced by out-of-pocket payment. It was not until the year 2015 when the government insurer started to reimburse for haemodialysis and this saw an upsurge in the number of privately-owned haemodialysis centres both as stand-alone or in hospitals. The number of patients on haemodialysis increased too. From the year 2017, the government of Kenya started to put up haemodialysis centres in each of the 47 counties. This was in form of a project called Managed Equipment Service (MES). The government contracted a private company to set up the dialysis centres, equip and service the machines as the counties provided the human resource to deliver the services. By the year 2019, majority of counties had functional government-owned dialysis centers. (Figure 1).

Despite these efforts by the government to provide the dialysis service, there are still many patients who are unable to get the services. Majority of the patients currently on dialysis are in privately owned dialysis centres.

1.3 Who is KENUSA

KENUSA is a private dialysis services provider in rural Kenya. The proprietors noted :-

i. Inadequate access to quality dialysis and kidney care in rural areas of Africa
ii. Lack of resources and infrastructure to support dialysis centers in underserved communities
iii. High prevalence of kidney diseases and limited treatment options
iv. Need for sustainable solutions to bridge the healthcare gap

To bridge these gaps, KENUSA has taken the following steps:-

1. 1.3.1 Partnership-based model: Collaborating with mission hospitals and faith-based institutions
2. 1.3.2 Opening and operating dialysis center in rural Rongai, in Kajiado county
3. 1.3.3 Providing comprehensive and affordable kidney care services
4. 1.3.4 Focusing on sustainability and long-term impact

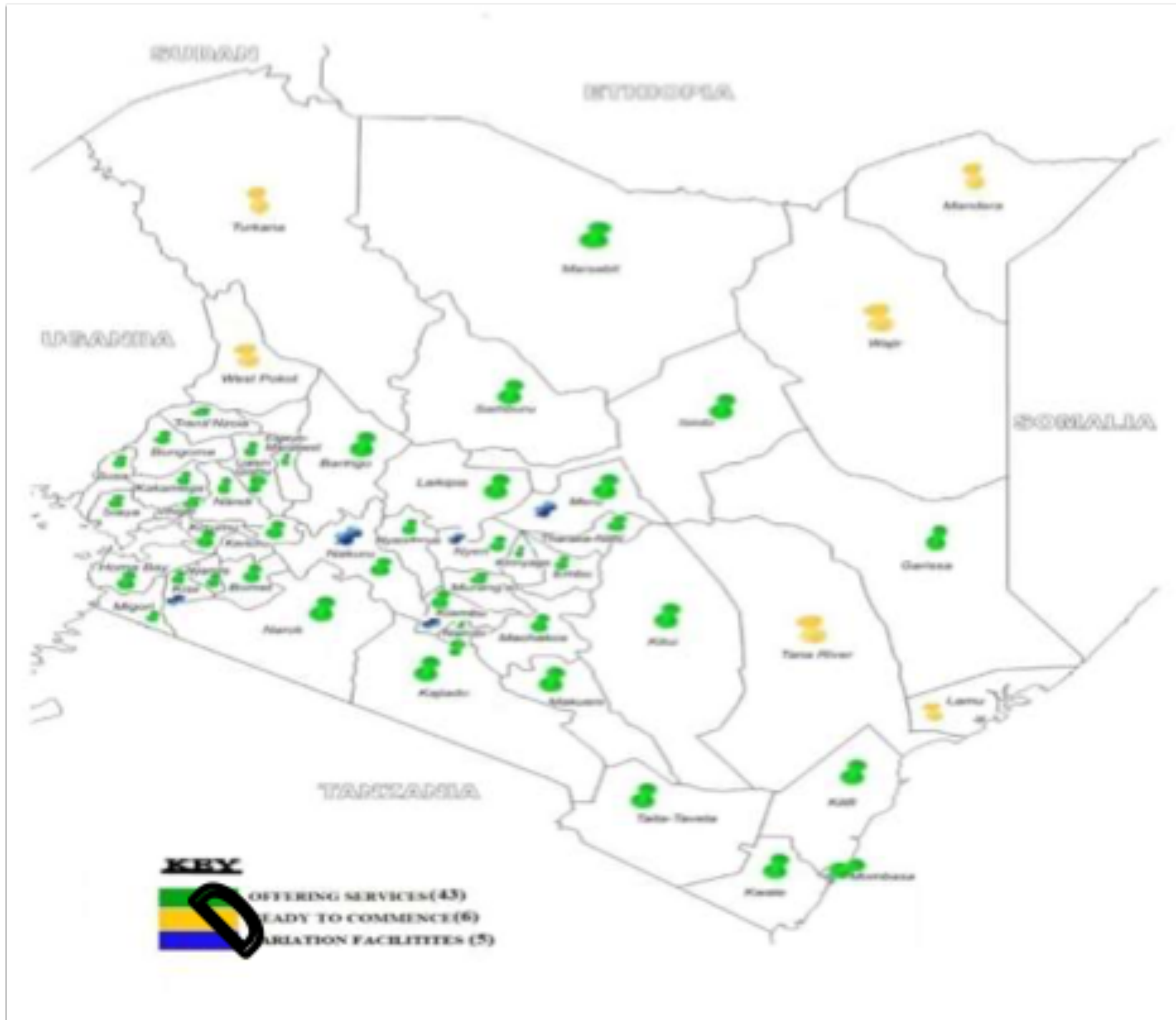

Figure 1. Distribution of government-owned haemodialysis centres in Kenya by 2019.
Source: Angelica Health Care(2019)

2. ACTIVITIES IN INCUBATION PHASE

In this phase of the project, KENUSA wishes:

2.1 To provide maintenance dialysis services to atleast 30 patients

KENUSA will provide maintenance haemodialysis services to patients with established end stage kidney disease. This will provided twice weekly. Screening and treatment for anaemia as well as regular nephrologist review will be done.

2.2 Reach out to relatives and neigbours patients and provide screening for diabetes, hypertension and kidney disease

The patient on maintenance haemodilaysis will provide the link to his/her relatives and neigbours who will be requested to attend scheduled screening during this period. The relatives will include spouses, children, siblings, parents, grandparents, nephews, nieces, uncles, aunts and others. The screening will include:

1. 2.2.1 Anthropometric/clinical parameters:-
    - - Weight
    - - Height
    - - Body mass Index
    - - Blood presssure
2. 2.2.2 Medical history

- History of diabetes, hypertension, kidney disease

3. 2.2.3 Laboratory screening
    - - Dip stick urinalysis
    - - Blood sugar
    - - Urea/electrolytes/creatinine
4. 2.2.4 Risk profiling and recommendations

Based on the findings, the person will have risk stratification and recommendations given. The recommendations will include:-

- - Health education
- - Regular screening
- - Referral for long term follow up

2.2.5 Data capture/record keeping

- The screening form will be filled (appendix 1)

The data will be captured on the outpatient register: over 5 years MOH 204B, MOH 701B Out-patient over 5 years daily tally sheet , MOH 705B Outpatient over 5 years

monthly summary sheet. Monthly summary will be made and this will be part of the facility monthly report submitted to the department of health in the county in Kajiado county

2.3 Referral and linkage for long-term follow up for persons at risk.