

# Marimanti Visit 18<sup>th</sup>-22<sup>nd</sup> of November 2024

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In November 2024, I visited Marimanti Level IV Hospital. Marimanti is warm and humid these days, the rain started a week ago. The environment is green, the rivers are filled with water. Much was achieved in these days; I only did not manage to meet the County Minister Dr Thuraku and the gynecologist Dr Grace, since they were not around.

## Medical doctors and specialists

Two new medical doctors have started to work in Marimanti Hospital. They have work experience in other hospitals and seem to be adequate in their work. Also, some medical specialists are paying visits to Marimanti for 2-3 days per week, namely a gynecologist, general surgeon, orthopedic surgeon, ophthalmologist and family physician.

## Kenyan board members of the foundation Friends of Marimanti (FoM)

The Kenyan board has one new member, namely Mr. Kamaja, the head of the nursing staff. Mrs. Angelica has changed position to be advising party for the board.

## Experiences and meetings with the FoM board members and staff

### Solar

During my visit, phase 1 of the solar system started: forty-four solar panels were placed on three roofs. The week hereafter, the dry batteries and inverters were placed, and the connections with the different wards and parts of the hospital were made. All parts of the hospital were connected immediately. The second phase will start after a few months adding panels, inverters and batteries depending on the demand. The system will be checked upon and cleaned every three months, under the responsibility of the county engineer for a period of 5 years. With the money saved by using solar energy, the maternity ward will be rebuilt.



## Interns from the Netherlands

Three Dutch interns from Rotterdam have been visiting Marimanti Hospital this year. Dr Andrew would like to continue this program. Although for now FoM is not responsible for these interns, we have discussed that students should come in pairs of two, and that supervision and responsibility needs to be clear, preferably using a weekly schedule. The students can join the MD on call, the medical specialists when available and the midwives in the maternity ward. Responsibility should always be with the supervisor. Supervision should be clinically and mentally, since the students meet other circumstances, severe diseases or death, as well as other behavior than in the Netherlands.

Dr Andrew adds a request on the following, since this is part of the Kenyan medical curriculum:

- 1) A logbook to document all activities performed
- 2) A more advanced and detailed evaluation form
- 3) A kind of donation from the students for the supervision given. (An option could be a small payment by the university to Marimanti Hospital (when official place for interns), or that the students bring materials which they use (gloves, gowns, N/S). Also, they could give a clinical lesson on a Wednesday morning for the staff.

## Education

### In-hospital education:

Gynecologist Grace engages in the monthly maternal death, neonatal death and near-miss meetings and she discusses cases in the ward.

### Out-hospital training:

Caroline Kawira Micheri will start her **pediatric specialization training** in Nairobi Gertrude's Children Hospital in March 2025. This training will be paid for by FoM.

The nurse who is appointed has a strong motivation to improve her knowledge and skills. She has 6 yrs of work experience in Marimanti Hospital, and before she worked at another place. She will share the training materials and her knowledge with the hospital workers during the training and after returning to Marimanti. The government has arranged replacement in Marimanti hospital to ensure continuity in staff. She will soon F/U on the replacement.

Two medical doctors will join the **Life Saving Skills Training** which is organized by the LSTM in Nairobi. The doctors started with the online part of the course just after my stay (eLearning and ZOOM meetings). The trained medical doctors will do training of the midwives and other doctors to ensure knowledge transfer. Hopefully, some midwives could be included in this training in 2025 as well.

## Meeting Quality-of-Care Working group.

Dr. Martin and I had a meeting on the quality-of-care workgroup. Since gynecologist Dr Grace is around, there is no place for the FoM NL people to come to train the midwives in the ward. So, we discussed which initiatives could be part of the quality-of-care improvement within the ward, next to the fact that in 2025 the ward will be rebuilt, and some people are sent for training. Several topics were discussed like 1) Introduction of the SBAR communication method, 2) improvement of the quality of the ultrasounds performed in the maternity ward by replacing the ultrasound probe and attending the international online training ISUOG for the doctors to improve the skills of U/S scanning, adjustable chairs in the labour room, improving respectful care in terms of hygiene and the attitude towards the patients, involve a counsellor in case of

trauma (SB, Rape, FGM). (e.g., psychiatry CO (woman), a separate room for patients with a stillbirth and a plan to make contraception for women <25 free of charge.

## Teenage pregnancies

Dr Andrew and I had a meeting on how to address the problem of teenage pregnancies in the area. The report of intern Paula (three interviews, prim, sec school and university) stimulate our ideas as described below.

Fifteen percent of girls in Kenya between 15-19 years are or have been pregnant, within Tharaka Nithi county the percentage is 10% (Ref DHS 2022). Contraception use below 18 years of age needs parental consent and contraception is paid for except condoms, which are free of charge. Schools give sexual education whereby mainly abstaining is stimulated. The plan to address this issue will be further developed in 2025, considering education improvement in secondary schools and in the university by the hospital counsellor and community health promoters, and research on the factors behind teenage pregnancies, the interventions already introduced and the results on possible new interventions (education about teenage pregnancies and contraception and improving knowledge on global campaigning (“World Contraception Day” and the “Your Life” awareness campaign via different social media channels).

## Nursing students

A group of 25 Kenyan medical nursing students coming from Chuka, are taking part in the hospital for 3 months. A meeting was held with the management of the hospital (Dr Andrew, Kamaja, James, Dr Myrrith) and all twenty-five students. In general, the management is content with the performance of the group. Challenges they faced in different wards were discussed. Mentioned challenges were a reduced patient flow (OPD) due to problems with the new insurance system, inadequacy in delivery packs, light deficit at night, staffing problems and inadequate hygiene (Maternity ward) and shortage medication, bed linen and cloths (General ward).

I told the students that they are our future colleagues and that we want them to learn as much as possible. Everything they see or experience needs to be taken with them to their future careers. Also, they should be an example for others already and take the experienced challenges into account during their future jobs.

## Maternity

### Kangaroo Care

The ward has three incubators used for premature babies. Kangaroo care is not or hardly done. We (the doctors) clearly explained why we want mothers to Kangaroo the babies as much as possible and not only when they feed the baby (better than an incubator, increases breastmilk production, giving a better contact with the child, improving outcome). I sent the KMC video of the LSS training to Andrew, Martin, Kamaja and Henri (nutritionist) to be used in counselling.

### Prematures and nutrition:

Since premature babies possibly do not get enough intake, I have made a clear feeding schedule which can be used for prematures. The nutritionist has started to use this schedule right away. He has stimulated the women to express breastmilk, weighs the children daily and tries to get Formula 1. I advised making one student responsible for the prematures to help to stimulate feeding, measure BWT and stimulate KMC.

## Outreach/MCH

Outreach for vaccinations is performed 1-2x/yr during one week in +/-10 primary schools in the environment. Also, mothers with under-fives are invited to come to the schools to get the children vaccinated. In the villages, CHPs give education on vaccinations.

A yearly nutrition outreach is organized by the government for one month. The hospital is not responsible for this. Many villages are visited, and under-fives are measured. Vit A and anti-worm is supplied, and malnourished children are referred to a clinic.