

**BARRIERS TO ACCESS OF QUALITY RENAL REPLACEMENT THERAPY IN END-STAGE RENAL DISEASE PATIENTS AT KENYATTA NATIONAL HOSPITAL.**

**BY**

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## **CERTIFICATE OF APPROVAL**

This dissertation is submitted as partial fulfillment of the award of Master of Science degree in Critical Care Nursing of the University of Nairobi with our approval as supervisors.

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## ABSTRACT

**Background:** In sub-Saharan Africa, economic and man power factors dictate a conservative approach to RRT but majority of ESRD patients “perish” because of lack of funds, very few patients can afford regular maintenance hemodialysis and renal transplantation is often not available (Schieppati and Remuzzi, 2005). Kenya has a high number of kidney ailments but acute shortage of kidney specialists with one nephrologist catering for one million people (Mwaura, 2010).

**Study objectives:** The study sought to determine the barriers to access of quality renal replacement therapy in ESRD patients at KNH.

**Materials and methods:** A quantitative and qualitative descriptive cross-sectional hospital based study was conducted on KNH ESRD patients over a period of one month, that is June, 2012. Data was collected through administration of questionnaires, information from medical records from respondent’s files and key informant interviews. A convenience sample of 108 respondents and purposive sample of 6 medical caregivers was used to select respondents. Qualitative data was coded through content analysis according to themes and quantitative data was analyzed by computer software Statistical Package for Social Sciences (SPSS) version 17.0.

**Results and Findings:** In the study (98%, n=106) of respondents did not get the minimum required three hemodialysis sessions per week. Respondents felt doctors (87.9%) and nurses (76%) at the renal unit were not adequate in number. Eighty eight percent of respondents had little or no income thus depend on family contributions to pay for RRT services. There was a strong statistical association between respondents’ with low monthly income and missing of dialysis sessions. (Fishers’  $p = 0.008$ ). There was a strong statistical significant association

between respondents missing hemodialysis sessions and at the same time reported dialysis surgical materials are not always available at KNH pharmacy (Fisher  $p < 0.001$ ). Peritoneal dialysis was only acceptable to one respondent (0.93%) and (34%) of the respondents did not have sufficient knowledge on it. Respondents reported that high cost of kidney transplants (42.99%) and difficulty in finding kidney donors (51%) are the two major barriers to this RRT procedure.

**Conclusion and Recommendations:** ESRD patients at KNH do not have access to quality RRT services. The government of Kenya should increase funding to healthcare and fast track decentralization of RRT services to the provinces and counties. Adequate resource allocation and cost containment measures are needed at KNH nephrology department for better management of the ESRD patients. Kidney transplants should be advocated and made accessible as it is the most effective treatment for ESRD.