

11 October 2006

Dear Friends of Kijabe Hospital,

Greetings from Kenya! I bring you news of growth and change in the Kijabe Hospital AIDSRelief program.

1. 2100 patients have now been enrolled in the project, 1250 (almost 200 children) are receiving antiretroviral drugs
2. Over 60 nurses and clinical officers have completed the HIV training program
3. 700 patients receive ongoing HIV care through three satellite clinics
4. Training patients as community health workers continues on a monthly basis
5. Arrival of Dr. Nate Smith to replace me as we go on our furlough to the US

Now, some more detail.

1. 2100 patients enrolled in the program, 1250 receiving antiretroviral drugs.

Just over two years into the current program—and seven years after the first patient was treated with antiretroviral drugs at Kijabe—we have now enrolled over 2000 patients into care. Over half of these are using ARVs; about 75 patients are starting the medicines every month. And to think we used to be happy if we were able to start just five!

2. Over 60 nurses and clinical officers have now completed the clinical training program.

Now a year old, our AIDSRelief training at Kijabe Hospital has already graduated over sixty learners from various mission hospitals in Kenya. In September we welcomed our first international trainees from the country of Uganda. These trained nurses and clinical officers (physician assistants) are now back at their home institutions providing high-quality clinical and counseling services to thousands of patients. When I visit these other clinics I am impressed by the effect of the training: improved clinical care, proper dosing of drugs for children, strict systems for monitoring patient adherence to the medications, and new support groups.

I had the opportunity to share this model training program with University of Maryland faculty members working in various African countries. One of them said, “This is what we are missing: a place where people can go and see what is possible.” Kenneth Miriti, clinical officer in charge of the training program, presented our model to the Kenyan national HIV meeting.



Teaching about the use of HIV viral loads in Nairobi.

Kijabe served as the reference laboratory for a successful quality assurance program carried out at eight mission hospitals. The success rates equal those seen in Western clinical trials.

### 3. 700 patients receive ongoing HIV care through three satellite clinics.

Three satellite clinics—Kijabe Hospital-Marira Clinic (10 miles), Holy Cross Dispensary-Thigio (30 miles), and Kijani Clinic-Naivasha (also 30 miles)—now provide easily accessible, chronic care to a third of our HIV patients.

We are greatly indebted to friends of Kijabe Hospital who assisted with the purchase of the Marira property and renovation of the clinic, which also provides general outpatient services and maternity care in addition to HIV treatment. The location is ideal, near the main road leading out of Nairobi and reachable by many local people on foot. The hospital is hoping to further expand the general medical services at this location if necessary resources become available.

Expansion of the clinical services in the Lake Naivasha region has now become a priority of the Kijabe AIDSRelief program. We currently collaborate with a private, local clinic but will soon outgrow the physical space. Although we are expecting the grant will provide staff and supplies to operate the HIV clinic on a full-time ongoing basis, we need to find additional private resources to complete the purchase of already identified land and to build our own dedicated HIV clinic. The US government grant will not pay for land or for new infrastructure.

Naivasha is an area of dire need. The population of a quarter million people has very little access to quality, affordable health care, despite high rates of HIV, tuberculosis, and other diseases. Many residents have emigrated from western Kenya looking for jobs in the local flower farms which feed off of the lake. Only one dysfunctional government hospital and a few small clinics are available to the majority of the population. The land we have identified is adjacent to a large slum (called Karagita) and is accessible to virtually the entire population of Naivasha and even to those living in nearby areas of the Great Rift Valley.

Naivasha and the Karagita slum were featured in a recent *Vanity Fair* article about the murder of a naturalist trying to save the lake from water depletion, pollution and over-fishing. A local resident and business owner had this to say:

*“Naivasha is the perfect microcosm for the larger picture of Kenya: lawlessness, poverty, collapsing infrastructure, corruption, abuse on all levels—the sad story of a displaced society where money talks.”*

We are already serving 300 HIV-positive patients in Naivasha, and we hope to bring compassionate care to even more people living in this blighted place.

#### 4. [Training patients as community health workers continues on a monthly basis.](#)

With support from the Merck Sharpe & Dohme Foundation, we are training patients already in our program to follow-up their fellow patients in local homes and communities. By focusing on the patients themselves we are laying the groundwork for long-term sustainable HIV treatment in the region. With the help of our former lead nurse, this model has been shared and implemented at other mission hospitals and is part of the long-term strategic vision of the AIDSRelief program in Kenya. Due to Kijabe’s low cost and efficiency, we will be able to share the grant resources with another mission hospital in western Kenya.

#### 5. [Arrival of Dr. Nate Smith to oversee the AIDSRelief program at Kijabe and in Kenya.](#)

Dr. Smith served at Kijabe from 1999 until 2002. During that period, with the help of the Elizabeth Glaser Pediatric AIDS Foundation, he started one of the first and largest programs in Africa for preventing transmission of the HIV virus from mother to child. Initially located at Kijabe, that program has now spread to dozens of mission hospitals in Kenya. In addition, he started the antiretroviral therapy effort here at Kijabe, again one of the first programs in the region. The University of Maryland asked Dr. Smith to return to oversee the growing training program at Kijabe as well as to provide clinical supervision and teaching to the other 16 mission hospitals in Kenya which comprise the AIDSRelief consortium.



[Dr. Nate Smith and family: Dr. Kim Smith \(ob-gyn\) and children Penny, Oscar and Malachi](#)

After four years of very intensive medical work at Kijabe and throughout Kenya, Amanda and I believe it is time for a rest. In November, we will return to the US for our one-year furlough. I will be working in the HIV clinic at the University of Texas Southwestern Medical Center in Dallas. We will continue to be very closely involved with the work at Kijabe. Because of the outstanding Kenyan team guided by Dr. Smith, we will be weighing a return to Kijabe along with other opportunities to provide HIV and general medical care elsewhere in Africa.

I would like to take this opportunity to thank all of you for the support you have given to us as a family and to this effort. Without your generosity and concern, we could not have seen the Kijabe AIDSRelief clinic grow as it has. We are greatly indebted to the US government and to the AIDSRelief consortium led by Catholic Relief Services for providing drugs and staff, while friends of Kijabe Hospital have been crucial in supporting the following projects:

1. Initial resources (1999-2004) to subsidize the purchase of antiretroviral drugs
2. Initial support of an HIV team prior to AIDSRelief: counselor, nurse and clinical officer
3. First funding of community outreach efforts and training of community health workers
4. Renovation of the existing Kijabe clinic to allow program growth
5. Purchase of the Marira satellite clinic land and renovation of the clinic building
6. Renovation of the virology lab, which now serves as a reference center
7. Renovation of the voluntary HIV testing and counseling room
8. Construction and renovation of necessary housing for program staff and visiting trainees
9. Assisting with hospital, maternity, and surgical costs not covered by the grant
10. Providing nutritional assistance to needy patients and support groups, especially during last year's drought
11. Supporting the Fielder family as we serve with AIM in Africa

And much, much more... Without these complements to the AIDSRelief grant we would have been forced long ago to restrict access to care and training. Instead, Kijabe AIDSRelief has become a model program positively influencing the care of thousands of HIV-infected individuals living in Kenya and beyond.

We will continue to provide you with updates of the program and its needs. Dr. Smith and I will be in frequent communication. We hope that you will consider staying connected with this amazing project, and we look forward to seeing many of you when we return to America.

Grace and Peace,

Jon, Amanda, and Matthew

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### **The Fielder Medical Assistance Foundation and Donor-Advised Funds**

A donor-advised fund (DAF) is essentially an account within a larger established foundation, although the DAF may itself be known as a "foundation." The larger foundation oversees the proper management and disbursement of the money based upon guiding principles. The fund "advisor" may recommend appropriate uses for contributions to the DAF, but final authority regarding the DAF resides with the foundation, not the fund advisor. This structure prevents abuse of contributions to the DAF, which must have a clear purpose and focus.

The Fielder Medical Assistance Foundation is a DAF within National Foundation, Inc., a respected non-sectarian organization that is partnered with the Christian Community Foundation. Information about the National Foundation, including its guiding principles and management of DAFs, may be found at [www.thefoundations.org](http://www.thefoundations.org).

The Fielder Medical Assistance Foundation was established to provide a mechanism for ongoing support of worthy health-related projects to assist the poor. Its mission statement is as follows:

The Fielder Medical Assistance Foundation is dedicated to the provision of quality, dignified health care to the world's poor, particularly in Africa. The initial and major focus of the endowment will be in the area of HIV/AIDS treatment. This commitment will include support for access to essential medicines but may also encompass prevention, capital expansion, and training. Consistent with this philosophy and depending upon Foundation resources, subsequent projects may address other established or emerging health issues affecting the poor. Further objectives may include education of national healthcare workers and support for expatriate professionals (excluding Dr. Fielder).

I have notified National Foundation that Kijabe Hospital will be the major organization recommended for support. After appropriate review by National Foundation, contributions to this fund may be used for HIV work or other worthwhile projects at Kijabe Hospital.

Advantages of the DAF include the potential for more flexibility regarding use of donations, significantly lower administrative costs, and the option of placing fund resources in conservative investments so as to meet operating expenses and to build principal. Donations remain tax-deductible. To donate, a check may be made out to National Foundation, Inc. In the memo section please write Fielder Medical Assistance Foundation, #07089. The address is:

NATIONAL FOUNDATION, INC.  
2925 Professional Place, Suite 201  
Colorado Springs, CO 80904-8105  
Telephone (719) 447-4715 Fax (719)447-4700  
E Mail: [nfi@ccfnfi.org](mailto:nfi@ccfnfi.org) Website: [www.thefoundations.org](http://www.thefoundations.org)

The Fielder Medical Assistance Foundation is a donor-advised fund of National Foundation, TIN# 54-1230512. All contributions are completed and unrestricted gifts to National Foundation. Contributions may also be received in the form of money orders or via another donor-advised fund. Please expect a receipt for tax-purposes.

Africa Inland Mission (AIM) will remain another channel for contributing to the Kijabe HIV Patient Fund. Africa Inland Mission is a highly respected and trustworthy organization that has handled all previous contributions with great care. We are indebted to its ongoing administrative and logistical support of missionaries and activities at Kijabe Hospital. To donate to the Kijabe HIV Patient Fund via AIM, checks made out to "Africa Inland Mission" may be sent to:

Africa Inland Mission  
PO Box 178  
Pearl River, NY 10965

Please do not write in the memo line of the check but rather include a separate note indicating that the contribution is intended for the "Kijabe HIV Patient Fund, #006036." Donations are tax-deductible.