

# **The Homa Bay Jeep Line Handbook**

**Revised September 2011**

# ROTARY DOCTORS SWEDEN

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## Homa Bay Area

Homa Bay District, which is the base for this Jeep Doctor Line, is situated in the Nyanza province 475 km northwest of Nairobi. Due to the vicinity of Lake Victoria the climate is humid and warm. The province capital Kisumu is situated 140 km from Homa Bay. The altitude of Lake Victoria is 1100 meters and the landscape rises gently from the lake towards the hilly landscape further south and west. Fishing in the lake is of great importance, 90% of Kenya's fish harvest comes from Lake Victoria. Try the tilapia or the Nile perch - you can get them everywhere in Homa Bay Town.

Big rains fall from March to June and small rains from November to December, but even during the rainy seasons the sun shines. During these periods the malaria is more prevalent than ever. This is one of the worst malaria areas of the world: "the Malaria Belt" around Lake Victoria. 15 km north of Kisumu, at Kisian along the main road to Uganda, Kenya Medical Research Institute has an institute for vector research, e.g. malaria.

The Nyanza Province is a fertile and densely populated part of Western Kenya. Here live 5 million of the country's 32 million inhabitants. Homa Bay District comprises 350 000 people of mainly the Luo tribe, the second/third largest tribe in Kenya (14%), which dominates the Nyanza Province. In this area you will find all the tropical crops you can think of e.g. maize, rice, casava, pawpaw (papaya), mango, avocado, banana, pineapple, sugar cane, ground nuts, cotton and at higher altitudes tea, coffee and flowers for export. Despite this, Nyanza is the poorest province in Kenya.

Homa Bay Town (35 000 inhabitants) is a friendly little town and the people try to live a normal life among all the usual problems of a developing country. The health situation (>35% HIV-positive) the literacy situation and the economic situation is very bad. One reason is underdeveloped infrastructure i.e. very bad roads both to Kisii and Kisumu. A new road from Kisumu is under construction and has gone past Kendu Bay, it is now 7km away from Homa Bay.

The town spreads around the main street coming from Kisumu/ Kendu Bay and going to Kisii/Migori/Tanzania. Along this street on the right hand side are the fishing harbour, the Tourist Hotel and the jetty. Homa Bay used to have a stream boat connection with Kisumu but this has been cancelled. Due to a 200 – 300 meter wide belt of water hyacinths that covers the bay, boats can not reach the jetty any more. On the left hand side is the town business area with banks (i.e. Barclay's, Kenya Commercial Equity Bank with ATM), internet café and all kinds of small shops.

When you continue the main street up the hill in the direction of Kisii you reach Total Service Station that accepts Master Card, VISA and Euro card. Turn left into the main street. If you make another left turn, a dirt road will lead you to the Rotary Doctor's House in the AMREF Compound and the MOH Office. If you continue the main street towards Kisii you will find gas stations, the bus station and many shops. The District Hospital is located up the hill, to the left. Continue up the main street and you will reach Hotel Hippo Buck, a nice hotel with modern rooms and a good restaurant.

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In the market you will find vegetables, fruit, chicken, meat and fish for sale in open stands. In Shivilings Supermarket, opposite the market, you can buy most of what you need for your everyday life. Freezers have recently been installed- bacon, sausages, ice cream, yoghurt are now available (2007). A better selection of European food is found in the Nakumatt Supermarkets in Kisii or Kisumu.

Money can be changed in Kisumu but the service of the banks is slow, especially on Saturdays (open first and third Saturday of the month). There is also a Forex Shop with speedy service at the main road Oginga Odinga Street (The same street as Barclays, Nakumatt and Nyanza Supermarket). A better way is to make an automatic withdrawal at Barclays ATM in Homa Bay with VISA Card, Master Card and Euro card.

Kisumu, the third largest town in Kenya (430 000 inhabitants in the town and 950 000 in the surroundings), is a widely sprawling town. It can offer nice hotels like the Nyanza Club (nice pool), Sunset (swimming pool, evening drink, good meals), the Royal Terrace (drinks, meeting point), the Imperial (Rotary Club meetings Thursdays at 12.45 and a very nice cafe for light meals) and Wimpey's (when you have got an urge for western type of fast food). The Kisumu Museum is well worth a visit.

## **How to reach the area, airport and transport**

Most doctors arrive in Nairobi early in the morning. The Rotary Doctors coordinator Hand&Soul International (HSI) – Henry and Agnes Mugweru or the Rotary Doctor driver (Orina) will meet you at the airport. The onward flight to Kisumu is usually in the morning.. The flight takes just 50 min. and light refreshments are served onboard. The aeroplane will take you over the Great Rift Valley, the soda lake of Elementaita with its pink carpet of flamingoes and then up over the main tea growing areas in Kenya, centred around the town of Kericho at 1.600 metres altitude. The descent to Kisumu on the shores of Lake Victoria the aeroplane flies over the Kano plains with its sugarplantations.

Daniel Muruka, coordinator in western Kenya, will meet you at the airport of Kisumu. And however delayed your plane might be, don't worry, Daniel will check on arrival times and will always be waiting for you!

**If you have some relatives who wants to visit you in your project, please ask them to arrive on weekends, so you can pick them up yourself. Our coordinator Daniel Muruka has no possibility in normal weekdays to support with this service. Please contact Doctor Bank in Malmoe for further information.**

## **People to work with and their roles.**

### HAND & SOUL INTERNATIONAL

Hand & Soul International (HSI) is an NGO based in Nairobi that represents Rotary Doctors Sweden in Kenya. Address: P.O. Box 11947, 00400 Nairobi.

Phone: +254 (0) 733 41 88 24

- Henry Mugweru is the country coordinator. Phone: + 254 (0) 722418824, e-mail: [hmugweru@yahoo.com](mailto:hmugweru@yahoo.com), [henry@handandsoul.org](mailto:henry@handandsoul.org)
- Agnes Mugweru is the HR administrator. Phone: + 254 (0) 722466203 e-mail: [agnes@handandsoul.org](mailto:agnes@handandsoul.org)

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Henry and Agnes are responsible for the management and administration of the Rotary doctors' programmes in Kenya. You will therefore be in contact with them regarding financial issues and reports. They are also responsible for logistic issues, for example meeting doctors at the airport, transfers, assisting with hotel accommodation at request.

## DANILE MURUKA

Daniel Muruka is the coordinator in western Kenya for Rotary Doctors. He is registered nurse and lives in the Doctors' house compound.

He can always be reached by his mobile phone. The number is +254 (0)722 46 06 00 and +254 (0)734 89 68 34. E-mail: [healthforrural@yahoo.com](mailto:healthforrural@yahoo.com)

Daniel is the overall responsible coordinator for all the jeep-lines in Western Kenya and can assist in all kind of issues regarding your work, such as information regarding the health system and treatments in Kenya, referrals, working routines and issues regarding the jeep-line team.

## JACINTA KARIMI.

She is a registered Nurse and licensed by the Nursing council of Kenya. She is the assistant regional coordinator. You will not work with her everyday but once in a while.

Her Roles include;

1. Responsible for special programs (spring protection/education programs)
2. Assisting the doctors in the field with the patients.
3. A stand by HIV counselor/driver.
4. In Siaya only: procurement of drugs from meds, controlling the pharmacy

## THE GOK NURSES.

The RDS homabay has been working with the retired nurses. There was an agreement with the ministry of health to loan the RDS nurses on a three monthly basis, however due to shortage of nurses in the hospital they decided to give the RDS retired nurses.

These retired nurses have been used merely as translators, however translation should be arranged by the committee so that the nurse can undertake the roles stated below. These nurses are paid a daily allowance of 400ksh per working day.

The roles/responsibilities of the govt nurses include

1. Providing immunization services.
2. Providing antenatal clinics services.
3. Providing F/P
4. Health education
5. Assit the doctor if need be.
6. Assist with dispensing of drugs if need be.

(the use of a nurse as a translator is to under utilize the knowledge she /He has on the above )

## TRANSLATORS

Translators will continue to be the responsibility of the health committees (read more about the health committees further down). The doctors should not make their own arrangements in this matter.

## THE HIV COUNSELORS.

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Two trained counselors Janet Akotse and Merab Anyona are working in Homabay line 1 and Homabay line 2 respectively, giving education and information on STD, and HIV/AIDS to the patients of the doctor. Since many doctors are not familiar with pre- and post test counselling of suspected HIV/AIDS patients in this culture, we recommend referral of these patients to them. (If a patient after counselling is willing to be tested, the HIV concsellor obtains the blood and the test is done at the clinic using rapid testing kits, Determine as a first test and if positive a second test is done using unigold). If a patient is HIV positive there is now a possibility of being enrolled in ART centers which are close to them after discussion with the HIV counselor.

Role/ responsibilities.

1. Offering HIV testing and counseling services in the field.
2. Helping the HIV positive with referral plans.
3. Educating the patients on various health issues.
4. Writing report.

Procuring HIV consumables

## DRIVER

Yusuf Kasim is the driver, driver for homabay line one. He is also help with dispensing of drugs in the clinics. Paul Ologe is the driver for Line 2 and also assisting with dispensing drugs in the clinics. The drivers have long experience of helping the drug dispensing. (It hower important to know they do have formal training for this so, they need support)

## Cooperation with Ministry of Health

The Homa Bay Jeep Doctor Line is a joint venture between Rotary Doctors and the Medical District Authorities of Homa Bay (MOH's office). The director of all the health services of the district is the District Medical Officer of Health. Our closest collaborator is the District Public Health Nurse, who is in charge of all services pertaining to our clinics. You will find the District Health Nurse and the DMOH at the MOH office, close to our house. Director of the hospital is Medical Superintendent.

## Referrals

Serious cases may be referred to Homa Bay District Hospital. It is possible for the jeep doctor to use the poverty fund to pay for patients without economical means (see "Working Routines" point 6 Using poverty fund....). When referring patients, remember that a government hospital is always the cheapest place for the patient even though they have to pay for each separate service. There is no agreement that the Jeep Doctor's jeep should be used to transport patients, if you do that it is alright, but it is purely your own decision. When more extensive investigations need to be done, patients are generally referred to the Kisumu Provincial Hospital where somewhat better medical facilities are available.

## The Doctor's House

**Josephine Olando-** Is the house attendant, she is assisting with housekeeping, cooking and buying of your food wares which are locally available in the busy homabay market. The Securicor guard at the main entrance Philip always helps with the gardening at a small fee given by the regional coordinator. The Doctor's House is situated at the AMREF Compound. Here is also the AMREF administration (phone (+254) 059 22410 - direct line to

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the manager Mr Steve Amollo 059 224 94 - general office line), some workshops and two other senior staff houses.

The house is built in concrete stone of the kind that is regarded as of high standard in Kenya. The house is in very good shape and comprises a living room with dining space, a master bedroom with shower and toilet, two guest bedrooms and one further shower and toilet. The beds are equipped with mosquito nets. The house staff will be trained how to wash and impregnate the nets twice a year. The kitchen has running water and is equipped with a gascooker and a refrigerator a water filter and extra cans for water. Water is always a problem in Homa Bay Town despite the vicinity to the second largest lake of the world. However, rainwater is normally available. There are two terraces with a small garden around the house.

The house has electricity and the supply is fairly reliable. Power failures do occur regularly, but are often short-lived. The house is also furnished with a fan for warm days but there is no radio. There is a telephone, number: +254 (0)59 22159, mobile +254 (0)733 53 26 91

Do not forget to bring a torch and mosquito protection ointment (e.g. Mygga) from home. Medicines can be bought at a considerably lower price in Kenya. Reading glasses are sometimes supplied by Swedish Rotary clubs, and some doctors have brought toothbrushes. Pens for schoolchildren are a popular gift. Do not forget to bring your own stethoscope.

## **Communication**

Each doctor will have a mobile phone for communication. We request you to maintain this local line for ease of reaching you. For internet connection there is a modern in the house please check out with the housekeeper.

## **Culture shock**

When you go to new places, such as a new country, you often enter a culture that is different and even contradictory from the one you left. You may encounter unfamiliar clothes, weather and food but more important different values that for example define the way people look at health and decision making within the family. You may find yourself struggling to adapt, understand or act in your new surroundings. Dealing with the differences can be unsettling that is though part of adjusting to and understanding a new culture.

Several things that may be done differently from the way they are done back home;

1. Jambo (meaning how are you) is a common word to catch your attention.
2. Hand shakes are common in Africa
3. People, especially the women, don't maintain eye contact. This should not be construed to mean that they have something they are hiding from you
4. Hugging is not very common except in the bigger towns.

## **About the jeep**

The cars are Toyota Hilux, good, comfortable cars, excellent on rough roads. There is a 4-wheel-drive when required which means that you can get through on slippery roads. However,

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the road conditions in Homa Bay District are at times (when it is raining heavily) extremely difficult and a bigger car should be of great use.

The jeep is intended for official business and necessary shopping in the region including Kisumu. Use by other persons or visitors are not allowed and use, which means travelling outside the normal working area, has to be agreed upon with the Jeep Doctor Coordinator. The Jeep Doctor is responsible for the jeep and the Rotary Doctors pay for fuel, oil and repairs, refunded upon receipt. Private driving should always be paid for.

When you are driving yourself, be careful, the traffic is aggressive and unpredictable. Beware of mutatus (a kind of minibuses), they may over-take you at a high speed and then suddenly brake heavily for an emerging passenger at the road side! The traffic is particularly dangerous during the dark hours. **Never drive after darkness**. Vehicles very often lack one or all front or rear lights. Some heavy truck drivers keep to the middle of the road and do not go down to their side when meeting smaller vehicles. There may also be a broken down truck or a bus left on the road for several days before it will be removed. In Kenya it is not permitted to switch on the lights before 6 p.m. (signal for emergency), but an exception is during heavy rains, when you may turn on the head lights.

After rains the mud roads get very slippery. Be careful so the car does not slip sideways on dangerous passages. If you are hesitating, take advice of assisting personnel. Put in the 4-W-D before you attempt driving through a difficult part of the road.

Your national driver's licence as well as the international one are required for driving in Kenya. You are required by Law to carry these licenses whenever driving a motor vehicle.

## **The hospital**

The District Hospital in Homa Bay is a medium sized hospital with 240 beds. However, the pressure on the hospital is often heavy and the number of in-patients may at times be twice the number of beds. Five Medical Officers, a large number of Clinical Officers and Nurses assist the Medical Superintendent. This is by Kenyan standards a fairly large medical staff but necessary in view of the large patient load.

The hospital has a good water supply and its medical facilities are comparable to those at other District Hospitals.

The Medicine Sans Frontiers (MSF) organization has since 1997 been running an HIV/AIDS and Tuberculosis treatment project in Homa. At present more than 5000 patients are enrolled and treated in the MSF programme. 3000 patients are on anti-retroviral tri-therapy (ART) and 2000 patients have been diagnosed with TB and are being followed by the MSF teams.

There is a Nurse's Training College adjacent to the Hospital.

## **Working Routines**

The Nyanza Province with its 5 million people is served by 65 doctors working at the governmental hospitals which makes the work load very difficult. However, there are good mission hospitals at places like Kendu Bay and Migori which helps the situation. In Kisumu is the excellent Aga Kahn Hospital and within the governmental system New Nyanza Provincial Hospital to which complicated cases could be transferred.

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The Rotary Jeep Doctor Line is concentrated to one of the two divisions of the district, This is an area with very poorly built out health facilities and that is the reason for us being there. In the other division you will find, Medicines sans Frontieres.

Regularly, there occurs a need for a Clinic to be changed, moved or even closed. This, however, must be done with outmost care and always in co-operation with the local people concerned. These decisions are taken by the western coordinator in cooperation with the headquarters in Sweden.

## **Some useful phrases**

Doctors who have worked on the Homa Bay Jeep Line have compiled this list.

### Greeting people in Luo

Amosi?	How are you?
Ber!	Fine!
Ber ahinya!	Very fine!
Oya ore!	Good morning!
Osao ore!	Good afternoon!
Oimo re!	Good evening!

### Some symptoms in Luo

Ing'ook?	Are you vomiting?
Idiewo?	Are you having diarrhoea?
Ifuolo?	Are you coughing?
Ere kama lit?	Where does it hurt?
In gi ich? (Iyach?)	Are you pregnant?
Kanyolit?	Is it painful where I am touching now?

The patient will answer with a sinking calm "eeeh!" if confirming and with a divided brief sinking "a-ah!" if negating.

### Some instructions

Ng'am dhogi!	Open your mouth!
Gol lewi!	Put out your tongue!
Gam yueyo! (yue!)	Take deep breaths!
Kendo!	Continue breathing deeply!
Nindi ataro!	Please lie on your back
Chung' malo!	Please stand up!

## **Medicines and fees**

Rotary Doctors charge KES 50 per patient for each Clinic visit. KES 40 goes to the Medicin Fund and the remaining KES 10 to the local Clinic Committee.

In Homa Bay the doctors will order drugs on their own from MEDS. When ordering please kindly use the MEDS ordering template which is available electronically. (note: check if the template does not contain previous order). If not sure confirm with Jacinta 0729 673 828 or Henry/Agnes for assistance.



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Ministry of Health has published the book “Clinical Guidelines” as a manual for medical services at health centre and dispensary. This should also be a manual for our work.

**Please note:** Do not prescribe large doses of medicine as the occasional may sell some of it. The local health authorities are not in favour of Jeep Doctors prescribing expensive drugs in the outreach system (please confirm with “Clinical Guidelines”). There is always a question of sustainability to think of.

## **Clinic Committees and Community Health Fund**

Clinic Committees have been established to improve collaboration between the doctor and his/her team and the local clinics and community. The Clinic Committees consists of 10-14 members elected with a chairman, a secretary and a treasurer and they meet on a monthly basis. They are responsible for planning and monitoring the mobile clinic. We have experienced that a representative clinic committee is of fundamental importance for adequate patient frequencies and a good performance at the clinics.

Connected to the committee are 2-3 volunteers/clinic who are assisting the doctor in the daily work with registration, translation and others. Some of these are trained CHW (community health workers) some are just members of the committee. It is of utmost importance that the selected volunteers have a good knowledge in speaking and understanding English. If possible they should work with the doctor on a rotation basis in an attempt to bring in as many CHW as possible for mutual exchange of knowledge and experience.

The TOT (trainer of trainer) are supporting and supervising the work of the clinic committee and the CHW. The two TOTs in each clinic area should be the counterparts for the doctor in health issues. You will find the names of the TOT in the weekly timetable.

### **The main tasks for the local Clinic Committee are:**

- to find suitable place for the Doctors reception
- arrange for translators
- to make sure that the clinic is well equipped with examination couch, curtains and so on for isolation (privacy)
- to arrange for practical service for the doctor, including serving tea
- to use their money (KES 10 per patient) in order to improve the facilities around the reception, for instance the equipment, clean water and build latrines
- to limit the number of patients to 60 per day in order to achieve satisfactory health care to the patient
- The Health Committee is only allowed to receive maximum 60 x KES 10
- If the number of patients seems to be higher than 60 it is the duty of the nurse to make priorities in the queues – if necessary with permission from the Doctor
- **The jeep-Doctor has to perform his/her service with available resources.**
- **If necessary the Doctor can remit patient to hospital. The poverty fund can then be used to pay the transport, but is not intended to pay the hospitalcare.**
- **The main task for the RDB is ”to do little for many”**

If Rotary Doctors cannot do anything for the patient, he or she does not have

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to pay. When patients are asked to come back for a review, this should also be free of charge. If the Doctor Bank can do nothing for the patient, there is no need to pay.

## Poverty fund

The purpose of the poverty fund is to support patients unable to pay for transportation to hospitals, in some emergency situation, or for necessary drugs. It cannot be used to cover long-term needs, or hospital stay. It is a very difficult task to judge who really needs the fund money. In Kenya most people are poor. The GDP per capita is only USD 294. However, there usually is a possibility for people to raise some money within the extended family system when really needed.

- The jeep-Doctor has to perform his service with available resources.
- If necessary the Doctor can refer patient to hospital. The poverty fund can then be used to pay the transport, but is not intended to pay for hospital-care.
- The main task for the RDB is "to do little for many"
- The jeep doctor has to account for the money spent.

The poverty fund is a combined poverty- and medicine fund in the jeep-relay activity and shall so remain. If other costs should arise owing to the Doctors acting, the Doctor himself has to pay for these. If you are hesitating for something, please contact HSI.

Each jeep doctor will be paid SEK 3000 as poverty und. SEK 900 will be paid for the allowance of one serving volunteer on the Jeep Doctor Line. The doctor should pay him/her at the end of the week KES 2,000/week (SEK 200) for full service. If the volunteer is not present whatever the reason he/she should not be paid.

## Local administration

The local governmental administration under the Office of the President is as follows:

<u>Area</u>	<u>Head of Office</u>	<u>Head of Health Services</u>
Province	Prov. Commissioner PC	Provincial Medical Officer PMO
District	District Commissioner DC	Medical Officer of Health MOH
Division	District Officer DO	Clinical officer/nurse (health centre)
Location	Chief	Community nurse (dispensary)
Sublocation	Assistant Chief	TOT, VHC
Village	Village Headman	CHW

At a hospital there is a Medical Superintendent or a Medical Officer In-charge acting as a director. There are also Medical Officers (=medical doctors), Clinical Officers (3 years of training at a medical college), Diploma and Registered Nurses, Nurse aids and subordinate staff.

On the local level the following persons/groups exist:

TOT = trainer of trainee for health issues

VHC = village health committee

CHW = community health worker

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## Notes on teaching and training of the Rotary Doctors

- ❖ Rotary Doctors are asked to teach and train local staff in subjects of interest to the doctor in question
- ❖ Rotary Doctors are asked to give health education to patients when ever possible
- ❖ Rotary Doctors are asked to teach the CHW in the outreach clinics to improve their knowledge and skill

During your service in Kenya you can be asked to help in the teaching and training programme, the jeep doctor coordinator will discuss with you.

## Public holidays in Kenya.

On these days the staff and doctors will not visit the clinics.

New year's day	1st January
Easter	Universal
Labourday	1st may
Madaraka day	1st June
Mashujaa day	20th October
Jamuhuri day	12th December

## Routines for Changing Rules of the Handbook

A doctor who wants to change rules has to contact the coordinator in Nairobi, who will comment on the request and forward it to Headquarters in Sweden.

New rules have to be confirmed by HQ in Sweden before applicable. This means that the handbook shall be observed until decision to change it is made. However, the decision could be made within a few days.