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# **THE ROTARY DOCTORS SWEDEN MID YEAR REPORT**



Helen Jelsma, a Rotary Doctor at the Matungu jeepline

**JANUARY TO JUNE 2013**

***BY  
DANIEL O. MURUKA  
JACINTA K. NICASIO***

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Rotary Doctors Sweden (RDS), Kenya Western Region, has continued to provide the health services to the local communities through a well organized mobile clinic outreach. These services are standard throughout Siaya, Homabay and Matungu.

### **SERVICES**

The services offered by the RDS team to the local communities includes:

1. Curative services
2. Immunization
3. Family planning
4. Antenatal Care
5. HIV/AIDS testing and counseling
6. Health Education
7. Clean drinking water.(Spring protection and Shallow wells)

### **SERVICE CHARGES**

The patient fee has been increased as from January this year as follows

1. Under five 50ksh.
2. Over 5 years 100ksh.
3. Preventive services like, immunization and Antenatal care are free, this in line with the government recommendations.

### **DOCTORS**

We have been quite privileged to work with about 18 doctors during the first half of this year. It has been very satisfying, to see doctors leave their stations with the team in the morning to very remote villages, and under very remote circumstances see patients and try to help them. This is very encouraging to the patients.

### **THE STAFFING**

The RDS project western region is coordinated by.

1. DANIEL O. MURUKA (KRCHN/DPM) assisted by
2. JACINTA K. NICASIO (KRCHN/DPM)

The other staffs are as shown in the table below.

#### **UGUNJA LINE**

NO	NAME	QUALIFICATION
1	SARAH ANYANGO	KRCHN
2	PHANICE OKELO	VCT CONCELLOR
3	ELKANA ASUDI	DRIVER

#### **MASENO LINE**

	NAME	QUALIFICATION
1	GEORGE OBUNGA	KRCHN
2	JOTHAM ONGOMBE	VCT CONCELLOR
3	JOSEPH MAANA	DRIVER

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**HOMABAY LINE 1**

	NAME	
	JANET AKOSE	VCT CONCELLOR
	YUSUF KASIM	DRIVER
	PHILIS MEGE	ECHN (Retired nurse)

**HOMABAY LINE 2**

	NAME	
	MERAB ANYONA	VCT COUNCELLOR
	PAUL OLOGE	DRIVER
	GRACE OMBATI	ECHN (Retired nurse)

**MATUNGU**

	NAME	
	JULIUS KETER	VCT COUNCELLOR (until end JAN)
	ERIK WAFULA	LAB TECHNOLOGIST
	AUXILA NYAMWOMA	GOK NURSE
	CHRISTINE CHESOLI	PHARMTECH ( TEMPORARY)
	JUSTUS OKOTH	DRIVER (TEMPORARY)

**PATIENTS TURN UP.**

The RDS main activity in the region is provision of affordable curative services to the local community. Doctors reaching out to the patients into their locality and under such remote circumstances the doctor are able to give quality care to the patients.

The table below show the patients turn up in different jeeplines.

	PTS CATEGORY		JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
UGUNJA	FEMALE	<5yrs	123	200	94	97	164	140	<b>818</b>
		>5yrs	401	364	252	230	355	344	<b>1946</b>
	MALE	<5yrs	125	161	113	108	162	118	<b>787</b>
		>5yrs	202	176	108	105	181	153	<b>925</b>
MATUNGU	FEMALE	<5yrs	161	230	164	222	269	152	<b>1198</b>
		>5yrs	412	489	285	354	440	342	<b>2322</b>
	MALE	<5yrs	144	239	157	238	282	179	<b>1239</b>
		>5yrs	205	190	102	137	168	154	<b>956</b>
HOMABAY 2	FEMALE	<5yrs	62	106	70	75	81	17	<b>411</b>
		>5yrs	155	161	106	120	141	29	<b>712</b>
	MALE	<5yrs	79	112	73	66	94	22	<b>446</b>
		>5yrs	77	86	92	74	76	16	<b>421</b>
		<5yrs	84	151	102	90	142	140	<b>709</b>

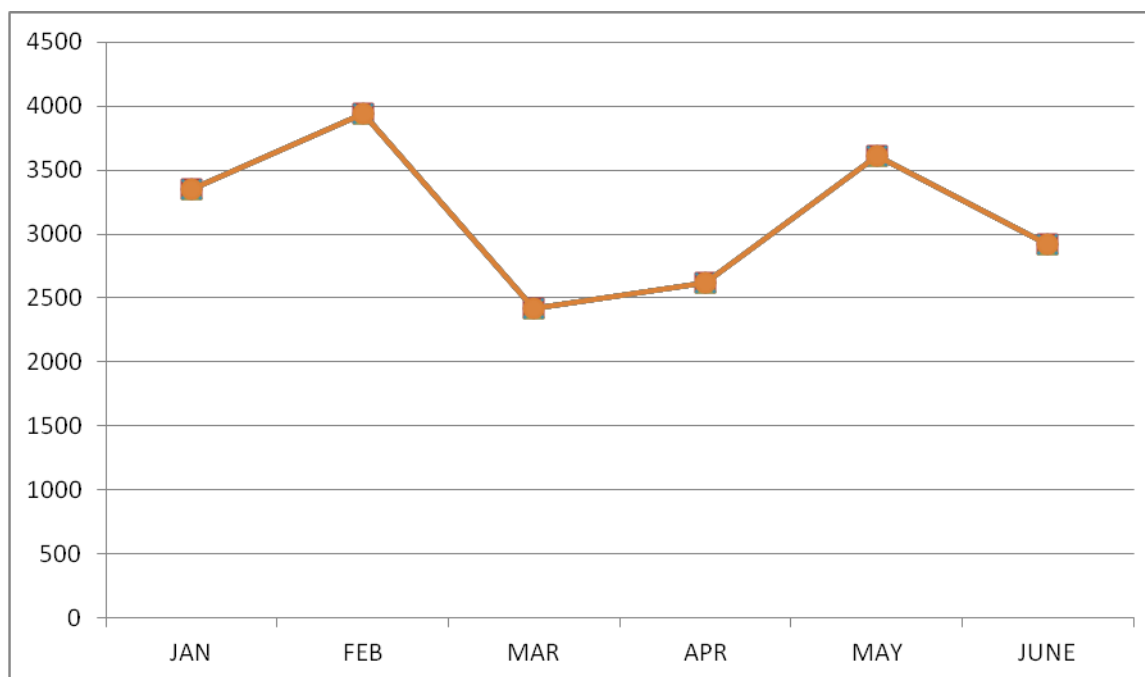
MASENO	FEMALE	>5yrs	303	325	201	207	275	321	<b>1632</b>
	MALE	<5yrs	120	133	79	81	147	131	<b>691</b>
		>5yrs	122	172	94	105	159	150	<b>802</b>
HOMABAY 1	FEMALE	<5yrs	110	157	69	89	133	147	<b>705</b>
		>5yrs	224	211	110	88	138	160	<b>931</b>
	MALE	<5yrs	111	143	84	73	117	124	<b>652</b>
		>5yrs	133	134	63	62	87	77	<b>556</b>
<b>TOTALS</b>			<b>3353</b>	<b>3940</b>	<b>2418</b>	<b>2621</b>	<b>3611</b>	<b>2916</b>	<b>18,859</b>

**COMMENTS:**

- A total of 18,859 patients were seen within the last six months. This is an increase of 18% compared to the spring of 2012.

**PATIENT'S MONTHLY DISTRIBUTION.**

Monthly turn up in all the five jeelines, can be summarized as shown in the graph below.



**COMMENTS:**

- More patients were seen in February followed by May.
- Less patients have been seen in the month of March and April. This could be attributed to the disturbances during the general elections.

**PATIENTS CATEGORIES**

Our patients have been categorized as follows;

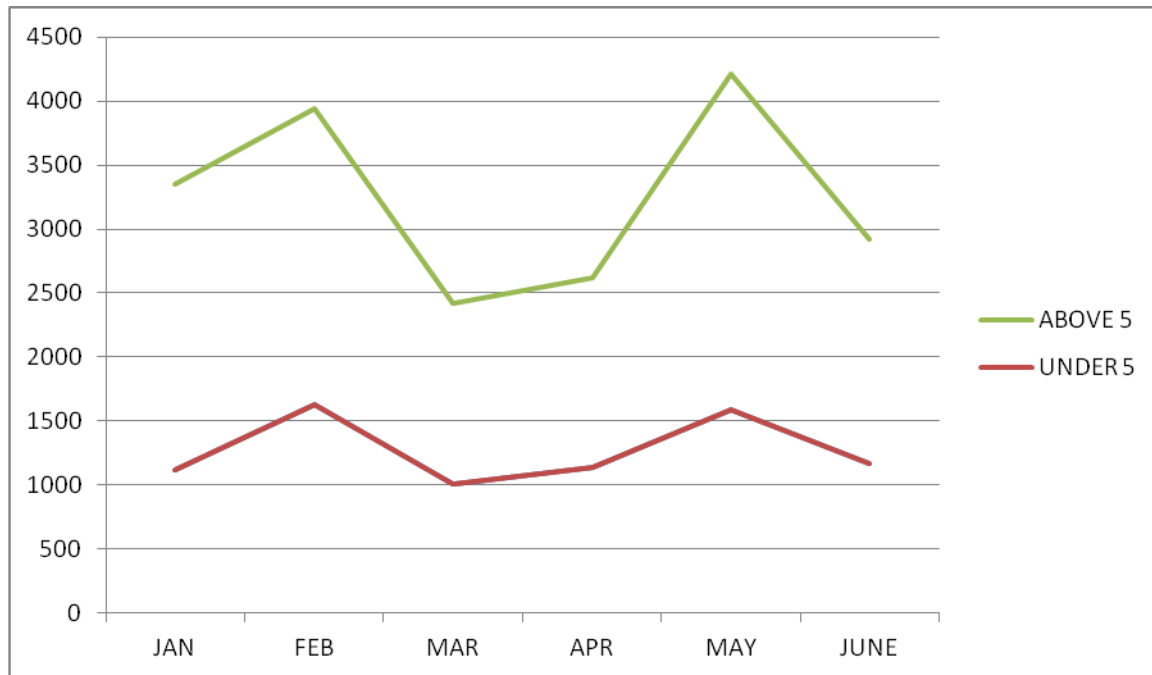
1. Age
2. Sex

## PATIENTS TURN BY AGE

We have under age categorized our patients in to two.

1. Under five years
2. Above five years.

## PATIENTS MONTHLY DISTRIBUTION BY AGE DURING THE SIX MONTHS



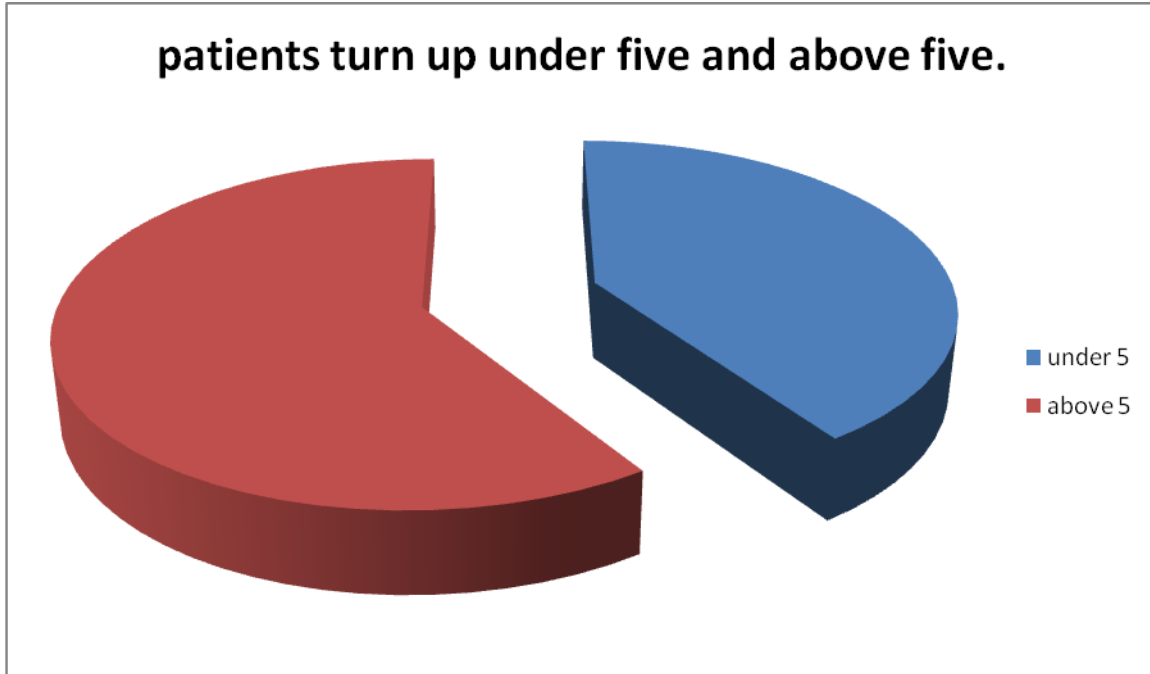
### COMMENTS:

- Our patients base is the above five years as seen in the above graph.
- Fewer patient below five years seen in our clinics, but with a more stable inflow.



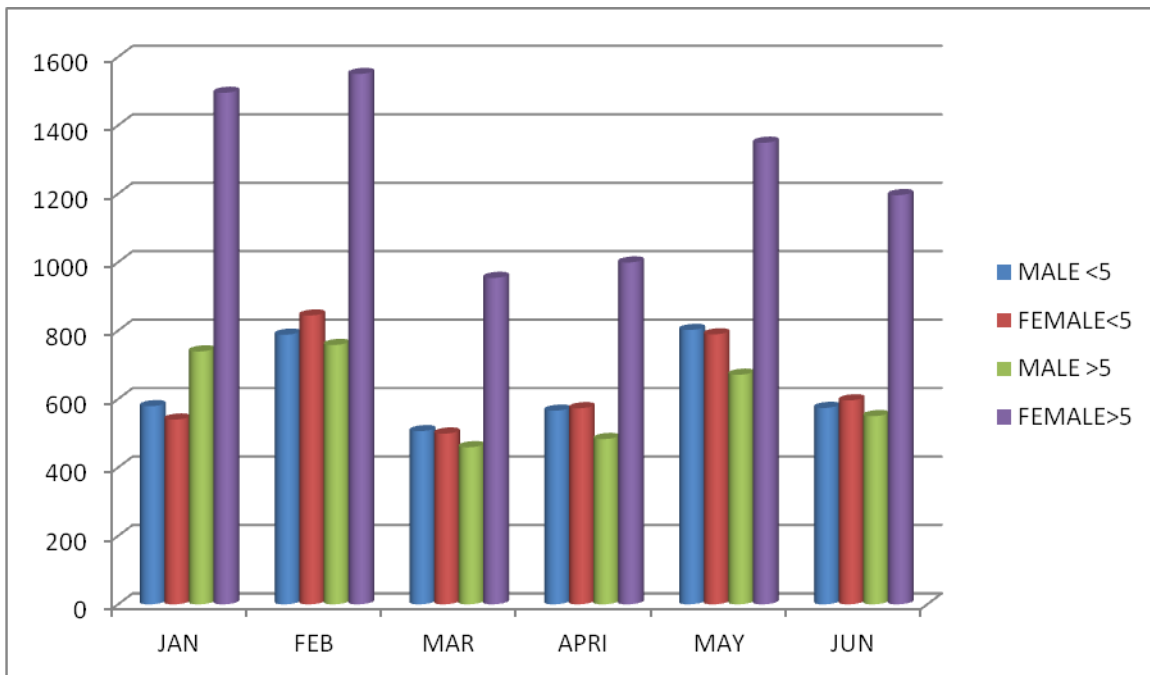
### TOTAL DISTRUBTION BY AGE FOR SIX MONTHS

The general patients turn up for the six months between the Under five and above five can be tabulated as below.



### AGE/SEX.

Patients turn up against age and sex.

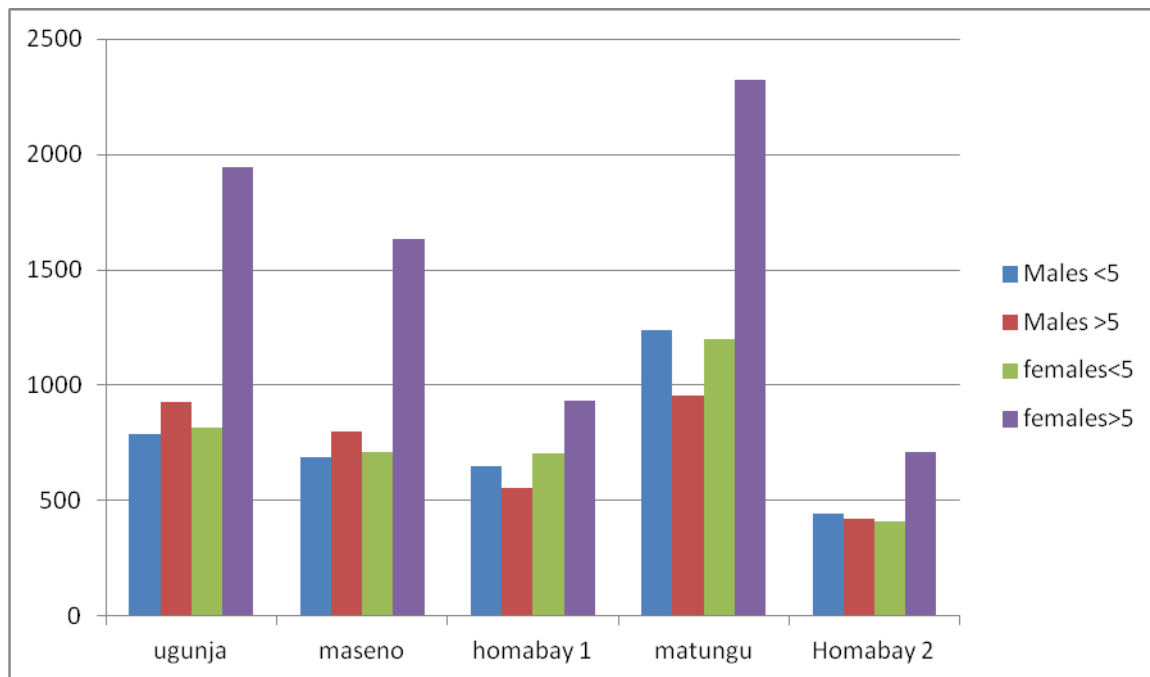


COMMENTS:

- Turn up of female above 5 remains high, many which are pregnant women.
- Almost equal number in turn up among males above 5, males under five and female under five.

**PATIENT DISTRIBUTION PER JEEPLINE.**

RDS western region has 5 jeeplines spread across Homabay, Siaya and Matungu. During the last six months, the patients' distributions along the jeeplines were as shown below.



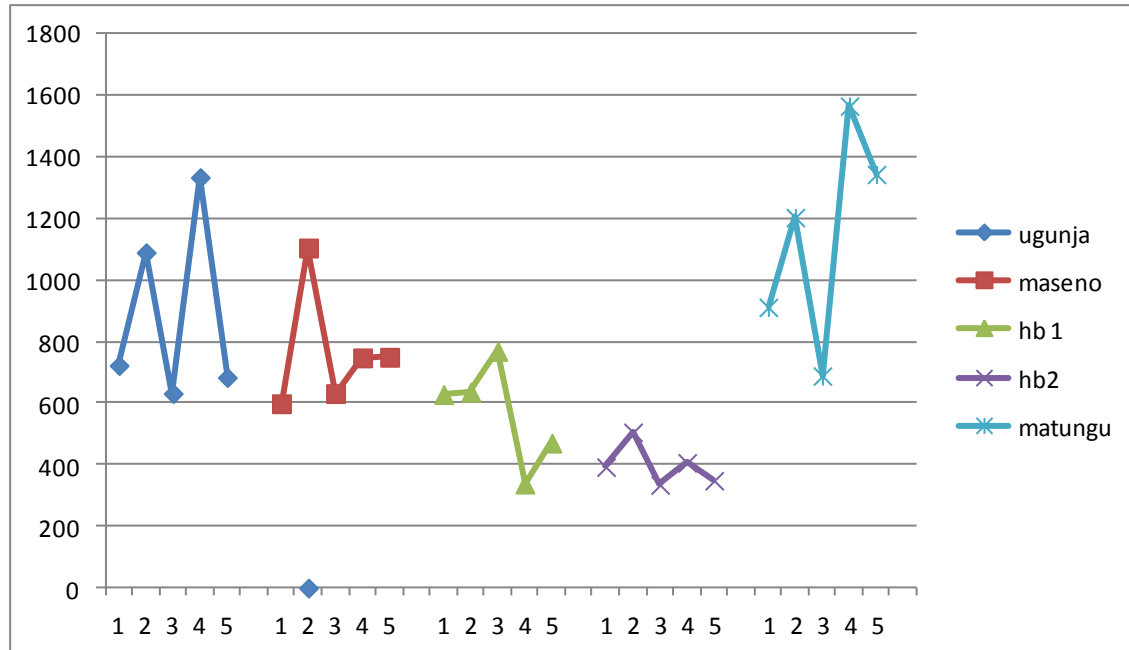
COMMENTS:

- Matungu jeepline has the highest patient turn up, making it the busiest jeepline, It has high patients numbers in all categories.
- Homabay jeepline has the lowest patient turn up also in all categories.



**PATIENT'S DISTRIBUTION PER CLINIC**

The RDS western region has a total of 25 clinics spread across, Siaya, Homabay and Matungu. During the six months the general patients turn up per clinics was as stated in the graph below.



**Key**

	Day of visit	Ugunja clinics	Maseno clinics	Homabay 1 clinics	Homaby 2 clinics	Matungu clinics
1	Monday	Pap oriang	Ishikuyu	Kome	Sikwadhi	Khandayi
2	Tuesday	Umala	W. Nyang	Unga	Odienya	Ebumbula
3	Wednesday	Esibembe	Ituti	Koguta	Nyambare	Namasanda
4	Thursday	Yenga	Nyamsenda	Ndere	Lwanda	Itete
5	Friday	Nguge	Ebukhoolo	Dunga	Nyawawa	Suo

**COMMENTS:**

- The top 5 clinics with the high turn up include;
  1. ITETE - MATUNGU JEEPLINE
  2. SUO - MATUNGU JEEPLINE
  3. YENGA - UGUNJA JEEPLINE.
  4. EBUMBAMBULA – MATUNGU JEEPLINE
  5. WANG NYANG - MATUNGU JEEPLINE





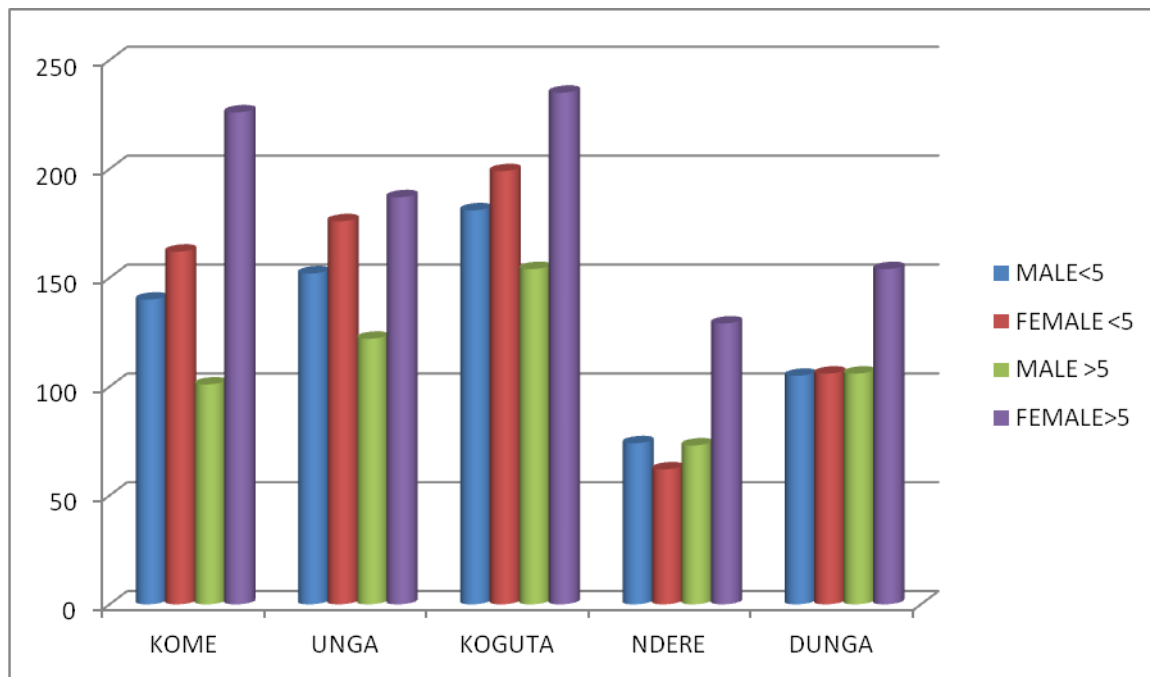
- The last five clinics with low patients turn up includes;
  1. NDERE -HOMABAY LINE 1
  2. NYAMBARE -HOMABAY LINE 2
  3. NYAWAWA - HOMABAY LINE 2
  4. SIKWADHI -HOMABAY LINE 2
  5. LWANDA -HOMABAY LINE 2

### HOMABAY JEEPLINE 1

Homabay jeepline has five outreach clinics; all of the five clinics are in Ndhiwa district. The clinics are as shown in the table below

DAY	CLINC	CLINIC HOUSE	ROAD	COMMITTEE	PLAN
MON	KOME	CDF DISPENSARY	GOOD	ACTIVE	NO IMMEDIATE
TUE	UNGA	SCH. OFFICE	GOOD	ACTIVE	NO IMMEDIATE
WED	KOGUTA	MUD HOUSE	GOOD	NEW	FOLLOW UP
THU	NDERE	MUD HOUSE	VERY BAD		PHASED OUT
FRI	DUNGA	MUD HOUSE	GOOD	NOT ACTIVE	FOLLOW UP

The graph below shows the patient distribution among Homabay line 1 clinics



### COMMENTS:

- 52.3% of all the patients visiting the five different clinics in Homabay line 1 are patients above five years 47.7% are under five.
- Koguta clinics has high patients turn up and has the highest under five turn up than the above five.

- 22.9% of general clinic turn up are male under five years, 24.8% are female under five years, 19.5% of the attendance are male above five years while the female above five years take the bigger share of 32.8%
- Ndere is the least attended clinic in Homabay jeepline 1. It has been since phased out in the end of June.

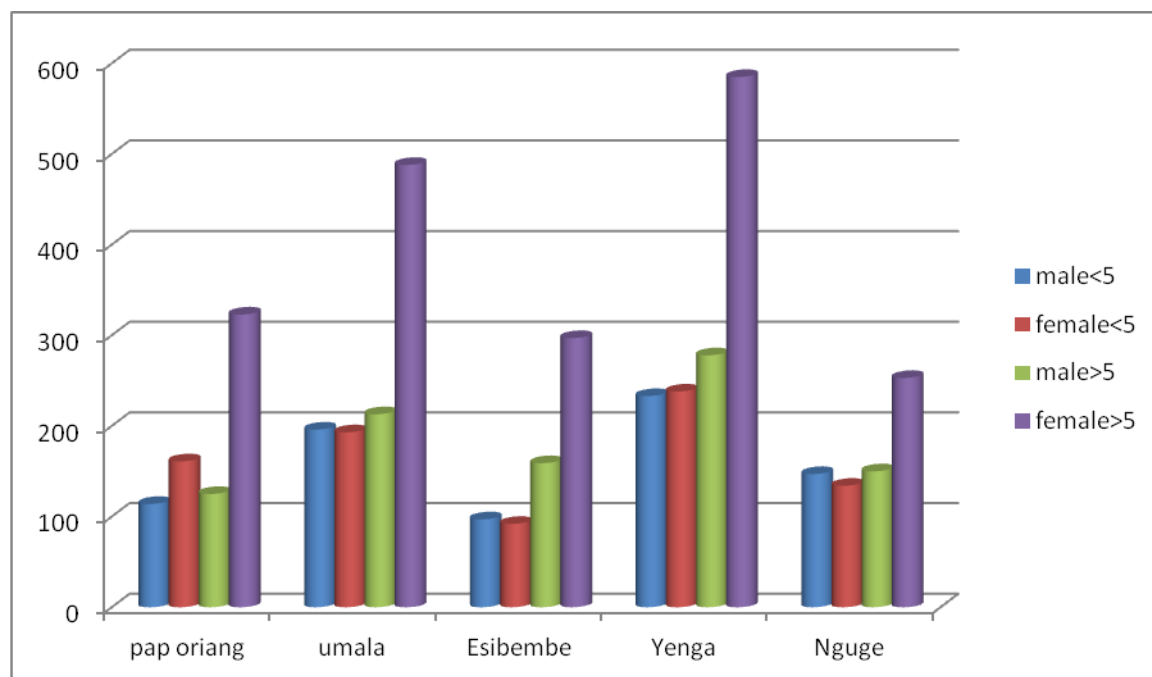
### UGUNJA JEEPLINE

Ugunja jeepline cut across several districts; to include Siaya district, Ugenya district, Emuhaya district and Gem district. As the other jeepline it has five clinics as shown on the table below.

#### CLINICS.

DAY	CLINC	CLINIC HOUSE	ROAD	COMMITTEE	PLAN
MON	PAP ORIANG	CHURCH	GOOD	ACTIVE	Continue
TUE	UMALA	CHURCH	GOOD	ACTIVE	Continue
WED	ESIBEMBE	CHURCH	GOOD	ACTIVE	Continue
THU	YENGA	GOOD HOUSE	FAIR	ACTIVE	Continue
FRI	GUNGE	OLD BUILDING	FAIR	ACTIVE	Continue

The patient distribution in Ugunja jeepline clinics is as shown in the table below.



#### COMMENTS:

- Yenga has the highest patient turn up in Ugunja line, followed closely by Umala. Gunge is the least attended clinic in Ugunja jeepline.
- 64.1% of the patients visiting the Ugunja jeepline clinics are above five years of age while 35.9% are below five years of age.

- 17.6% of patients visiting the Ugunja jeepline are male under five years, 18.3% are female under five years, 20.7% are male above five years while the majority of the patients are female above five years 43.4%.

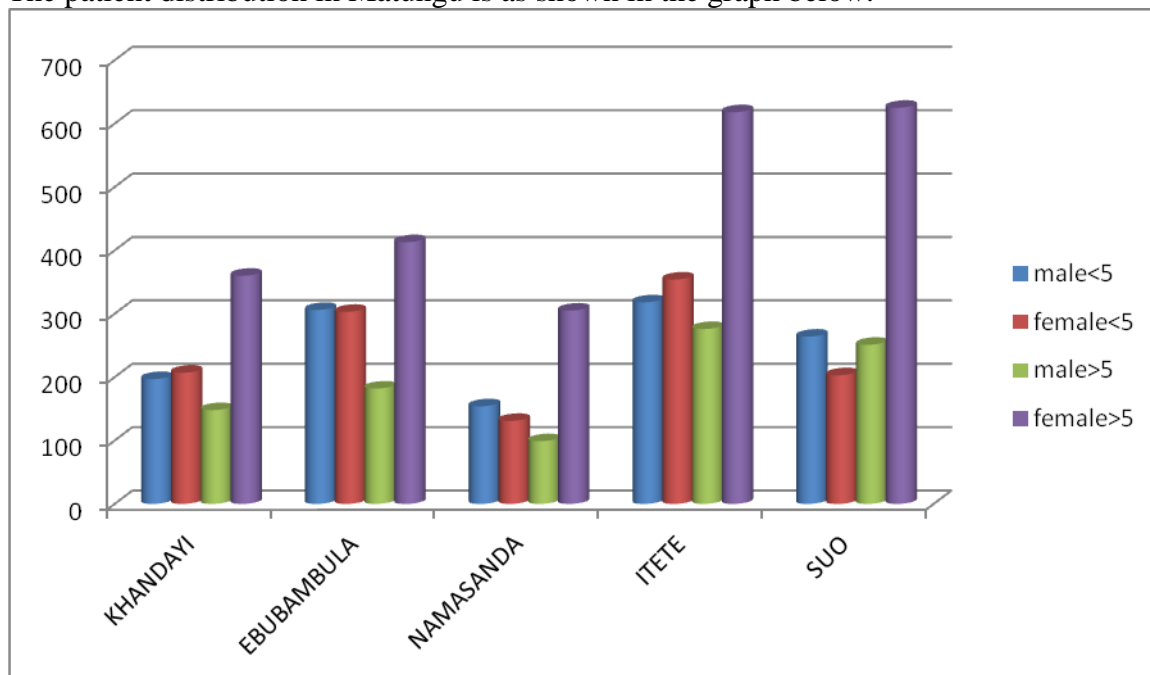
### **MATUNGU JEEPLINE**

This is a new jeepline covering Matungu District in Western. This jeepline started in January 2013.

#### **CLINICS.**

<b>DAY</b>	<b>CLINC</b>	<b>CLINIC HOUSE</b>	<b>ROAD</b>	<b>COMMITTEE</b>	<b>PLAN</b>
MON	KHANDAYI	CHURCH	GOOD	ACTIVE	Continue
TUE	EBUBAMBULA	CHURCH	GOOD	ACTIVE	Continue
WED	NAMASANDA	CHURCH	GOOD	ACTIVE	Continue
THUR	ITET	CDF DISPENSARY	GOOD	ACTIVE	Continue
FRI	SUO	CHURCH	GOOD	ACTIVE	Continue

The patient distribution in Matungu is as shown in the graph below.



#### **COMMENTS:**

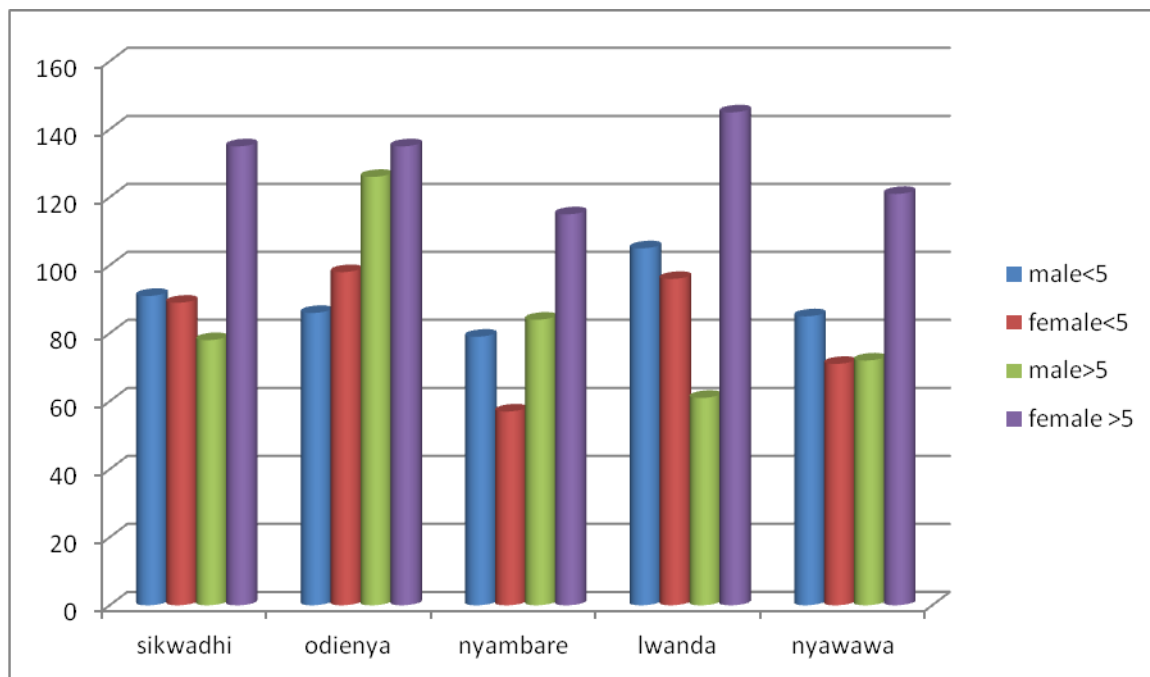
- Itete leads in clinic turn up in Matungu district followed by Suo. The total under five attendance in Ebubambula is higher than the total above five.
- In general 57.4% of the turn up is above five years while the under five years are 42.6%
- 40.6% of the turn up are female above five years, 21.7% are male below five years, followed by female under five and lastly the male under five are 16.7%

## HOMABAY JEEPLINE 2

Homabay jeepline two cut across two districts, the districts are Homabay and Ndhiwa. Homabay line two has the lowest patient turn-out and has now phased out. The Homabay line two clinics are as described below.

### CLINICS.

DAY	CLINC	CLINIC HOUSE	ROAD	COMMITTEE	PLAN
MON	SIKWADHI	NEW CLINIC	FAIR	NOT ACTIVE	Relocated to hb1
TUE	ODIENYA	CHIEFS OFFICE	FAIR	NOT ACTIVE	Phased out
WED	NYAMBARE	CDF BUILDING	FAIR	ACTIVE	Handed to GOK
THU	LWANDA	CDF BUILDING	FAIR	NOT ACTIVE	Phased out
FRI	NYAWAWA	CDF DISPENSARY	FAIR	ACTIVE	Handed to Gok



### COMMENTS:

- Male under five 22.4% Female under five 20.6% and Male above five at 21.2%
- Female above five had the highest turn up at 35.8%.
- The jeepline will be phased of to Mumias in the second half of the year.

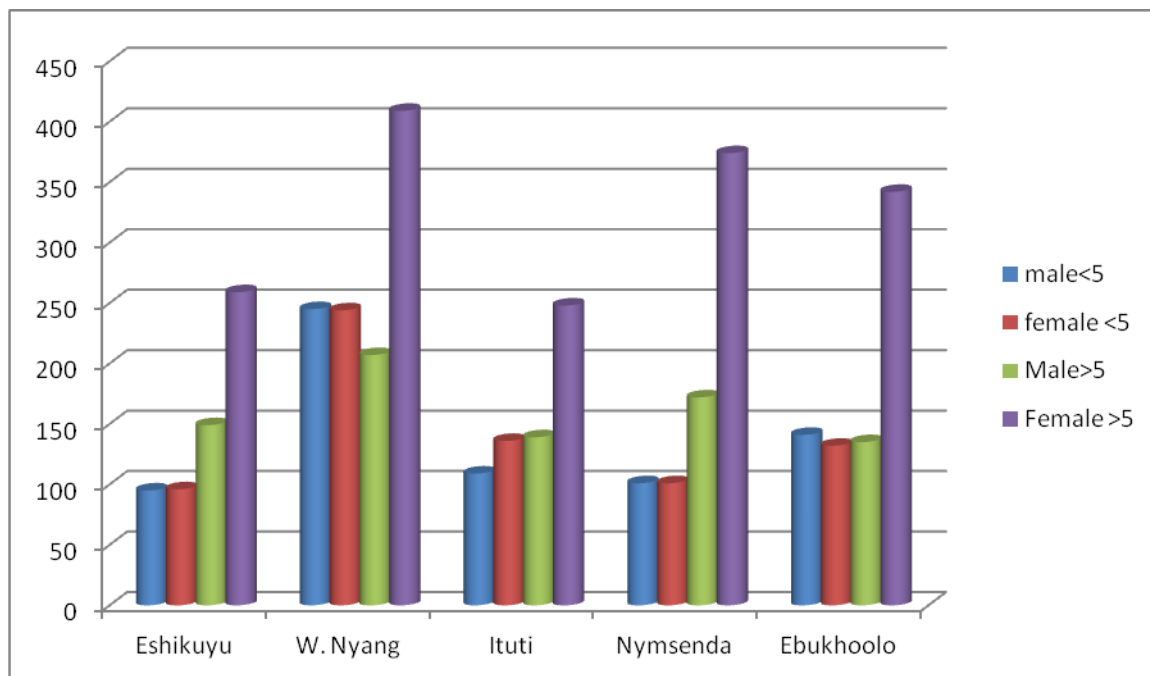
## MASENO JEEPLINE

Maseno jeepline also cut across several district, these include; Emuhaya, Mumias, Butere and Ugenya.

### CLINICS.

DAY	CLINC	CLINIC HOUSE	ROAD	COMMITTEE	PLAN
MON	ESHIKUYU	CHURCH	GOOD	ACTIVE	NONE
TUE	W.NYANG	CDF BUILDING	FARE	ACTIVE	NONE
WED	ITUTI	SEMI PERM. HSE	FARE	ACTIVE	NONE
THU	NYAMSENDA	CHURCH	FARE	ACTIVE	NONE
FRI	EBUKHOLO	CDF DISPENSARY	GOOD	ACTIVE	NONE

The patient distribution by clinics is as shown on the graphs.



### COMMENTS:

- Wang Nyang is the highly attended clinic in Maseno.
- There was almost equal turn up between males under five and females under five at 18% and 18.5% respectively.
- Female above 5 had the highest turn up at 42.6% while males above five were 20.9%

## HIV COUNSELLING TESTING THROUGH VCT/PMTCT/PITC

### MONTHLY DISTRIBUTION OF HIV TESTING.

The HIV testing for the six months was done on 2,854 clients. During the six months the testing were distributed as follows.

#### MASENO

	FEMALES				MALES				TOTALS
	NEGATIVE		POSITIVE		NEGATIVE		POSITIVE		
	<5	A	<5	A	<5	A	<5	A	
Jan	0	57	0	3	1	12	1	0	74
Feb	1	51	0	3	2	13	0	0	70
Mar	2	33	0	3	1	12	1	4	56
Apr	2	29	0	3	0	1	0	1	36
May	3	28	0	5	1	16	0	4	57
Jun	2	46	0	1	6	6	0	0	61
<b>totals</b>	<b>10</b>	<b>244</b>	<b>0</b>	<b>18</b>	<b>11</b>	<b>60</b>	<b>2</b>	<b>9</b>	<b>354</b>

		Total tested	Total Negative	Total positive	Positivity %
MALES	UNDER 5	13	11	2	15.4
	ABOVE 5	69	60	9	13
FEMALES	UNDER 5	10	10	0	0
	ABOVE 5	262	244	18	6.9
<b>TOTALS</b>		<b>354</b>	<b>325</b>	<b>29</b>	<b>8.2</b>

#### UGUNJA

	FEMALES				MALES				TOTALS
	NEGATIVE		POSITIVE		NEGATIVE		POSITIVE		
	<5	A	<5	A	<5	A	<5	A	
Jan	2	58	0	3	2	18	0	1	84
Feb	3	60	1	6	2	19	0	1	92
Mar	1	49	0	1	3	12	0	2	68
Apr	5	51	0	10	6	22	1	3	98
May	0	63	0	12	6	14	2	2	99
Jun	2	53	0	6	4	9	0	2	76
<b>totals</b>	<b>13</b>	<b>334</b>	<b>1</b>	<b>38</b>	<b>23</b>	<b>94</b>	<b>3</b>	<b>11</b>	<b>517</b>

		Total tested	Total Negative	Total positive	Positivity %
MALES	UNDER 5	26	23	3	11.5
	ABOVE 5	105	94	11	10.5
FEMALES	UNDER 5	14	13	1	7.1
	ABOVE 5	372	334	38	10.2
TOTALS		517	464	53	10.3

### HOMABAY 1

	FEMALES				MALES				TOTALS
	NEGATIVE		POSITIVE		NEGATIVE		POSITIVE		
	<5	A	<5	A	<5	A	<5	A	
Jan	0	26	0	11	2	11	0	2	52
Feb	0	38	0	2	1	13	0	0	54
Mar	0	5	0	2	0	9	0	2	18
Apr	2	30	0	5	0	12	0	5	54
May	0	25	0	3	1	14	0	3	46
Jun	1	27	0	2	0	10	0	1	41
<b>totals</b>	<b>3</b>	<b>151</b>	<b>0</b>	<b>25</b>	<b>4</b>	<b>69</b>	<b>0</b>	<b>13</b>	<b>265</b>

		Total tested	Total Negative	Total positive	Positivity %
MALES	UNDER 5	4	4	0	0
	ABOVE 5	82	69	13	15.9
FEMALES	UNDER 5	3	3	0	0
	ABOVE 5	176	151	25	14.2
TOTALS		265	227	38	14.3

### HOMABAY 2

	FEMALES				MALES				TOTALS
	NEGATIVE		POSITIVE		NEGATIVE		POSITIVE		
	<5	A	<5	A	<5	A	<5	A	
Jan	3	26	0	5	3	5	1	0	43
Feb	0	31	0	6	1	6	0	3	47
Mar	1	8	1	3	3	10	1	1	28
Apr	2	14	0	8	0	7	1	1	33
May	1	26	0	3	2	8	0	1	41
Jun	0	13	0	2	2	2	0	1	20
<b>totals</b>	<b>7</b>	<b>118</b>	<b>1</b>	<b>27</b>	<b>11</b>	<b>38</b>	<b>3</b>	<b>7</b>	<b>212</b>

		Total tested	Total Negative	Total positive	Positivity %
MALES	UNDER 5	14	11	3	21.4
	ABOVE 5	45	38	7	15.6
FEMALES	UNDER 5	8	7	1	12.5
	ABOVE 5	145	118	27	18.6
<b>TOTALS</b>		<b>212</b>	<b>174</b>	<b>38</b>	<b>17.9</b>

### MATUNGU

	FEMALES				MALES				TOTALS
	NEGATIVE		POSITIVE		NEGATIVE		POSITIVE		
	<5	A	<5	A	<5	A	<5	A	
Jan	0	118	0	1	0	14	0	0	133
Feb	3	55	0	4	2	10	0	0	74
Mar	2	45	0	3	1	5	0	1	57
Apr	0	66	0	4	0	15	0	1	86
May	4	54	0	2	1	2	0	0	63
Jun	0	59	0	1	0	13	0	0	73
<b>totals</b>	9	397	0	15	4	59	0	2	<b>486</b>

		Total tested	Total Negative	Total positive	Positivity %
MALES	UNDER 5	4	4	0	0
	ABOVE 5	61	59	2	3.3
FEMALES	UNDER 5	9	9	0	0
	ABOVE 5	412	397	15	3.6
<b>TOTALS</b>		<b>486</b>	<b>469</b>	<b>17</b>	<b>3.5</b>

### SUMMARY

The table below gives a summary of total patient/clients tested during the six months period across the five jeplines.

	FEMALE				MALE				TOTAL COUNSELED
	NEGATIVE		POSITIVE		NEGATIVE		POSITIVE		
	<5	A	<5	A	<5	A	<5	A	
UGUNJA	13	334	1	38	23	94	3	11	517
MASENO	10	244	0	18	11	60	2	9	354
HB 1	3	151	0	25	4	69	0	13	265
HB 2	7	118	1	27	11	38	3	7	212
MATUNGU	9	397	0	15	4	59	0	2	486
<b>TOTALS</b>	<b>42</b>	<b>1244</b>	<b>2</b>	<b>123</b>	<b>53</b>	<b>320</b>	<b>8</b>	<b>42</b>	<b>1834</b>



## POSITIVITY DISTRIBUTION AGE/SEX

		TOTAL +VE	%
FEMALES	UNDER 5	2	1.1
	ABOVE 5	123	70.3
MALES	UNDER 5	8	4.6
	ABOVE 5	42	24
		175	

### COMMENTS:

Out of those who tested females above five have most commonly tested positive, there after males above five. It is worth noting that more females above five turn up for HIV testing compared to their male counterpart.

### **MALARIA**

Malaria remains one of the most highly diagnosed disease in our jeepline clinics. This is not only a problem of our jeepline clinics but a national problem. Various interventions to curb the spread of malaria have been tried, treated mosquito nets being one of the most important one in the international and national malaria prevention programmes. The RDS has embraced this intervention and promotes the use of mosquito nests.

### **MOSQUITO TREATED BED NETS**

Mosquito treated bed nets is one of the preventive measures against the spread of malaria. The RDS is also joining in the fight against the spread of malaria by providing mosquito treated bed nets to the clients visiting our clinics for services.

The nets are available to;

1. Children below 1 year.
2. Pregnant mothers.
3. The elderly and the other general patients.

The nets distribution this year has been as shown on the table below;

### NETS DISTRIBUTION JAN – JUNE 2013

MONTH	UGUNJA	MASENO	HB 1 & 2	MATUNGU	TOTAL
JAN	30	30	160	80	300
FEB	80	50	80	-	210
MAR	20	30	-	-	50
APR	70	30	80	-	180
MAY	90	40	80	-	210
JUNE	90	40	80	-	210
<b>TOTALS</b>	<b>380</b>	<b>220</b>	<b>480</b>	<b>80</b>	<b>1,160</b>

## MALARIA DIAGNOSIS/CASES

For the diagnosis of malaria, the RDS uses the rapid diagnostic test kits to test for malaria, the most commonly used kits are the parachek. In the last six months see is tabulation of the malaria tests results.

		FEMALE				MALE				TOTAL TEST
		NEGATIVE		POSITIVE		NEGATIVE		POSITIVE		
		<5	A	<5	A	<5	A	<5	A	
UGUNJA	JAN	13	60	22	28	11	30	20	11	195
	FEB	61	84	47	35	36	33	45	22	363
	MAR	23	53	30	29	25	19	48	28	255
	APR	11	32	53	37	19	10	51	25	238
	MAY	38	98	96	100	29	32	102	62	557
	JUN	22	111	82	89	23	37	72	52	488
<b>SUB TOTAL</b>										
MASENO	JAN	12	71	30	38	18	17	31	13	230
	FEB	30	80	41	48	33	31	39	38	340
	MAR	25	88	36	29	23	29	33	16	279
	APR	30	67	40	29	28	16	46	15	271
	MAY	31	68	79	34	33	26	86	41	398
	JUN	19	101	75	78	37	31	74	32	447
<b>SUB TOTAL</b>										
HB 1	JAN	6	26	3	24	4	8	6	14	91
	FEB	9	37	30	43	13	20	30	25	207
	MAR	2	27	24	29	13	11	26	16	148
	APR	3	27	18	30	7	12	19	22	138
	MAY	33	50	77	76	20	21	79	53	409
	JUN	19	50	87	62	24	20	67	44	373
<b>SUB TOTAL</b>										
HB 2	JAN	23	34	17	42	22	9	35	37	219
	FEB	25	48	56	28	32	27	62	11	289
	MAR	16	17	19	18	18	18	19	11	136
	APR	7	42	17	20	10	26	17	8	147
	MAY	18	48	43	33	27	24	59	33	285
	JUN	8	14	10	5	5	5	18	7	72
<b>SUB TOTALS</b>										
MATUNGU	JAN	53	106	45	43	52	32	38	39	408
	FEB	70	125	90	81	56	40	126	35	623
	MAR	31	60	63	64	39	29	78	25	389
	APR	32	47	87	72	40	28	115	29	450
	MAY	31	61	101	100	36	12	134	50	525
	JUN	35	93	83	114	24	26	83	65	523
<b>SUB TOTALS</b>										
<b>G.TOTALS</b>		<b>988</b>	<b>2317</b>	<b>1970</b>	<b>1932</b>	<b>1004</b>	<b>846</b>	<b>1825</b>	<b>1453</b>	

COMMENTS:

Total patient seen in six months 18,859  
Total patients tested for malaria 9,493  
% tested for malaria 50.3%

		<b>Total tested</b>	<b>negative</b>	<b>positive</b>	<b>% positive</b>
<b>Males</b>	<5	<b>2,415</b>	<b>757</b>	<b>1658</b>	<b>68.7</b>
	>5	<b>1,558</b>	<b>679</b>	<b>879</b>	<b>56.4</b>
<b>Females</b>	<5	<b>2,237</b>	<b>736</b>	<b>1501</b>	<b>67.1</b>
	>5	<b>3,283</b>	<b>1825</b>	<b>1458</b>	<b>44.4</b>
<b>TOTALS</b>		<b>9,493</b>	<b>3,997</b>	<b>5,496</b>	<b>57.9</b>

The malaria positivity stands at 57.9% of all patients tested, male under five had the highest positivity of 68.7% followed by females under five at 67.1% then males above five at 56.4% the lowest positivity was seen in females above 5 at 44.4%.

**MALARIA POSITIVITY RATE A LONG THE JEEPLINES**

	<b>TOTAL TESTED</b>	<b>-VE</b>	<b>+VE</b>	<b>% +VE</b>
<b>JEEPLINES</b>				
UGUNJA	2096	910	1186	56.6
MASENO	1965	944	1021	52
HB1	1366	462	904	66.2
HB2	1148	523	625	54.4
MATUNGU	2918	1158	1760	60.3
<b>TOTALS</b>				

COMMENTS:

Homabay jeepline 1 had the highest percentage of positive rates of the tested, this is followed by Matungu jeepline in Western Kenya.  
Homabay jeepline 2 had the least percentage.



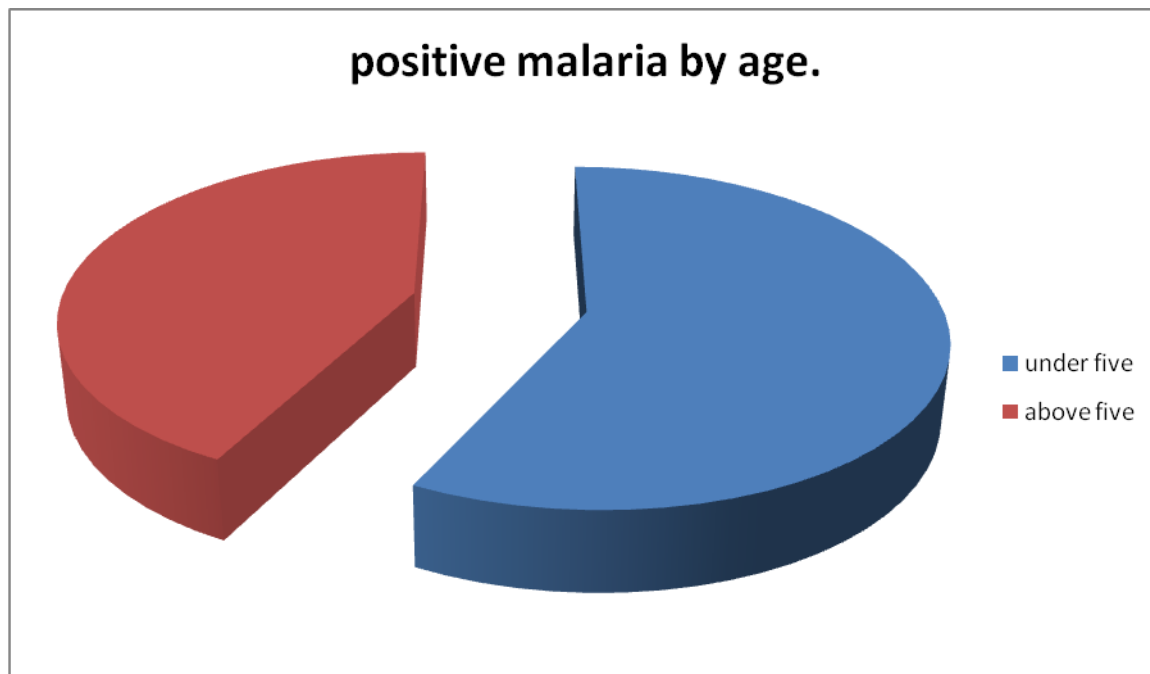
### MALARIA POSITIVITY RATE BY MONTHS.

	TOTAL TEST	-VE	+VE	%
JAN	1143	607	536	46.9
FEB	1822	890	932	51.2
MAR	1207	566	641	53.1
APR	1244	494	750	60.3
MAY	2174	736	1,438	66.1
JUNE	1903	704	1,199	63

#### COMMENTS:

-The months of April show an increase in malaria with its peak in May and in June the trend is declining. This situation is due to the rainfall during this period of the year.

### MALARIA POSITIVITY BY AGE



#### COMMENTS:

-More malaria positivity was seen in the under five patients of both sexes.

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### **FAMILY PLANNING**

The RDS western offer F/P services. The types offered are pills and injectables. The table below shows the number of total clients receiving family planning service over six months period per jeepline.

	NEW	REVISIT
UGUNJA	36	126
MASENO	32	118
HB1	0	3
HB2	0	4
MATUNGU	45	158
TOTALS	113	409

### **ANTENATAL CLINIC**

	NEW	REVISITs
UGUNJA	38	152
MASENO	31	135
HB1	2	5
HB2	3	7
MATUNGU	40	201
TOTALS	114	500

### **IMMUNIZATION**

#### UGUNJA

Antigen	Number immunized.
BCG	63
OPV	30
OPV1	190
OPV2	178
OPV3	157
DPT/Hep + HiB 1	183
DPT/Hep + HiB 2	171
DPT/Hep + HiB 3	169
MEASLES	89
FULY IMMUNIZED	89

#### MASENO

Antigen	Number immunized.
BCG	52
OPV	27
OPV1	166
OPV2	148
OPV3	125
DPT/Hep + HiB 1	178
DPT/Hep + HiB 2	159

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DPT/Hep + HiB 3	127
MEASLES	67
FULY IMMUNIZED	67

#### HB1

Antigen	Number immunized.
BCG	0
OPV	0
OPV1	12
OPV2	8
OPV3	6
DPT/Hep + HiB 1	14
DPT/Hep + HiB 2	8
DPT/Hep + HiB 3	7
MEASLES	3
FULY IMMUNIZED	3

#### HB 2

Antigen	Number immunized.
BCG	0
OPV	0
OPV1	18
OPV2	14
OPV3	10
DPT/Hep + HiB 1	19
DPT/Hep + HiB 2	14
DPT/Hep + HiB 3	8
MEASLES	6
FULY IMMUNIZED	6

#### MATUNGU

Antigen	Number immunized.
BCG	86
OPV	30
OPV1	207
OPV2	189
OPV3	150
DPT/Hep + HiB 1	201
DPT/Hep + HiB 2	197
DPT/Hep + HiB 3	153
MEASLES	87
FULY IMMUNIZED	87

#### GENERAL COMMENTS:

-Both Homabay jeepline 1 and 2 have less activities in preventive mother and child services.  
-Factors contributing to this could be that there is a total lower turn-out on these jeeplines and the fact that nurses who work on the jeeplines do not see clients independently, but is usually tied up with the doctors doing translations. This set-up has been changed in the other jeeplines, Matungu and the jeepline to be set-up, Mumias, have nurses from the district health authorities that accompany the jeepteams and focus on these aspects.

#### **PATHOLOGICAL DATA**

From the patients register, the top five medical problems are

1. MALARIA
2. SKIN CONDITIONS
3. RESPIRATORY INFECTIONS
4. GENERALISED BODY ACHES
5. VIRAL INFECTION.
6. MALNUTRITION

#### **ACTIVITIES OF THE 1<sup>ST</sup> HALF OF THE YEAR.**

##### **RELOCATION OF THE JEEPLINES**

In the beginning of the year, the Nandi jeepline was relocated to Matungu district. This decision was taken after a review of the Nandi jeepline, the patient turn up was below average thus the input is not comparable to the output.

This relocation meant a rise of patients. The Matungu jeepline has the doctors house situated in Mumias town.

The jeepline Clinics in Matungu are;

CLINIC	DAY	TYPE OF HOUSE	DISTANCE	STATE OF ROAD	AV. PTS TURN UP
KHANDAYI	MON	CHURCH	54 km	GOOD	35
BUBAMBULA	TUE	CHURCH	30km	GOOD	50
NAMASANDA	WED	CHURCH	44 km	GOOD	35
ITETE	THUR	CDF DISPENSARY	43 km	GOOD	55
SUO	FRI	CHURC	42 km	GOOD	50

##### **THE COMMITTEE AND THE VOLUNTEERS**

There is a very good commitment among the clinic committees and the volunteers so far, the local community are very committed to the project and are always ready to offer support to our team. The volunteers are doing a great job, they assist in: registration of Patients, directing the patients to the service area, translation and participation in health education.

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## **PATIENTS TURN UP.**

As has been seen in the patients turn up table, Matungu has the highest patient turn up during this period of the year. It makes it therefore the busiest jeepline in Western region.

## **THE STAFF IN MATUNGU**

Matungu has the best qualified staff both on temporary and permanent employment.

The Matungu staff is composed of

1 Pharmacist

1 Laboratory technologist/Hiv counselor.

1 Nurse seconded by the Matungu DHMT (district health authorities)

In my own assessment, they are committed to their work and are able to cope with the high number of the patients coming up.

## **PHASING OUT OF HOMABAY JEEPLINE 2**

Due to low patients turn up, it was also necessary to re-evaluate the entire Homabay jeepline two. The result of the evaluation was to relocate the Homabay jeepline 2.

This was discussed with the various DHMT (Health authorities in Homabay and Ndhiwa) to enable a smooth exit. After discussion the following strategy was adopted for continuation.

	CLINICS at HB 2	
1	<b>SIKWADHI</b>	Taken over by Hb jeepline 1
2	<b>ODIENYA</b>	Patients to benefit from the local dispensary 2 km away.
3	<b>NYAMBARE</b>	DHMT- posted a nurse to visit the clinic three times a week.
4	<b>LUANDA</b>	DHMT- to post a nurse.
5	<b>NYAWAWA</b>	DHMT – posted a nurse to visit the clinic three times a week.

In this plan, possibilities to continue with the services in the clinics, has been developed and we hope it shall continue through the government.

From the clinics above it can be noted that, one clinic was phased out in Homabay jeepline 1 (Ndere) to enable the continuation of Sikwadhi of jeepline 2 which had a high patient turn up.

## **CREATION OF A NEW JEEPLINE**

The phase out of the Homabay jeepline 2 has given rise to creation of Mumias jeepline. Mumias jeepline will cover Mumias district 80% and Butere district 20%.

The clinics site for the new Mumias District have been identified as follows in no order

CLINIC NAME	NEAREST H/F IN KM	DISTANCE FROM MUMIAS	COVERAGE POP.	CLINIC HOUSE	ROAD STATE
<b>ITUTI</b>	4.5	28	8,000	MUD HOUSE	ACCEPTABLE
<b>WANG NYANG</b>	5	32	7,200	CDF CLINIC	ACCEPTABLE
<b>BUBALA</b>	7	24	7,000	CHURCH	COULD BE BETTER



<b>LUSHEYA</b>	5.5	23	6,300	CHURCH	COULD BE BETTER
<b>MATEMO</b>	5	8	7,600	CHURCH	COULD BE BETTER

These clinics sites can be easily accessed from Mumias doctors house.

It is important to note that creation of a new jeepline in Mumias, will have some effect in Maseno Jeepline. Two of the clinics of Maseno Jeepline will be easier to accessed through Mumias. Therefore these two clinics will be relocated to Mumias jeeplines. The two are;

1. ITUTI IN BUTERE DISTRICT.
2. WANGNYANG IN MUMIAS DISTRICT.

### **THE CONSEQUENCE FOR MASENO JEEPLINE.**

The relocation of the two clinics to Mumias Jeepline from Maseno jeepline will mean the Maseno jeepline will have two free days. As such these are not free days, these days will be used as follows;

1. **SHORT TERM PLAN**

Some of the busy clinics in Ugunja jeeplines (Umala and Yenga) will be split into two and be visited twice in a week. This will mean some reorganization will be necessary for our clinics.

2. **LONG TERM PLAN.**

The long term plan is to cooperate with the government to strengthen the health care service delivery in the local and upcoming dispensaries.

The areas to strengthen will include;

Staff skills empowerment (Nurses/Clinical officers) on physical examination, diagnosis and use of antibiotics which is becoming a big problem in our countries.

In this case doctors would be used to train the local health workers in the areas mentioned above.

### **EVALUATION OF THE COMMUNITY HEALTH WORKERS (CHW)**

The RDS trained community health volunteers during the first half year of 2012 to work alongside RDS clinics and in the communities in Ndhiwa district, that is Homabay jeepline 1. One year later an evaluation of the training has been done and the outcome was as follows;

### **CONCLUSION.**

The RDS has built capacity of the CHW and during the year that has passed since the training they have provided support to local community members in the area of health care, assisted during jeepline clinic days, followed up patients and helped during referrals.

The government strategy on community health is focusing on the household health, through the use of CHWs, Clinic Health Committees (CHC: committees of the local people that manage their local health clinic in the village) and so called Community Units established to support the volunteers and the Clinic Committees. This has meant an increase of training of CHW in local communities done by NGOs and UNICEF. There is therefore no need to train further CHW. In this regard recommendations on how to continue to work with community health have been elaborated as follows:

## Recommendations:

- (1) Training the Clinic Health Committees (CHC). Most of the CHC have been formed, yet they lack training on their role regarding health provision. It would therefore be a good idea to train them.
- (2) Developing reporting tools to the Community Health Workers (CHW). Most of the CHWs trained lack the materials for report writing. The RDS trained CHWs however have had reporting tools organized by Jacinta. It would be a good idea to support other CHWs within a Unit with these reporting tools.
- (3) Because we are now looking towards using our doctors more for training it would be good to organize for updates, meeting with the already trained CHWs, with the Rotary doctors to discuss medical issues in the community and help the CHWs sharpen their skills.
- (4) Support the trained CHWs with first aid kits within specific CUs.
- (5) Support with a stipend to CHWs in a unit who are ambitious.

## **SPRING PROTECTION**

The Rotary Doctors are doing different water projects since clean water is essential from a health perspective. The main project, the protection of springs, has been done together with some Rotary Clubs in district 2360 in Sweden.

The objective of the spring protection is to reduce water contamination and provide clean water to the community there by reducing the incidences of waterborne diseases.

The activities of spring protection is:

To mobilize the community.

Form spring protection committee.

To raise resources through partnership.

Protect springs that will provide clean water to the villagers.

Maintain the already protected spring.

## **EVALUATION OF SPRING OVER 1 YEAR OLD.**

### **Aim of the evaluation:**

1. Asses the usage by the community.
2. Asses the maintenance standard by the Committee and take action if needed.
3. Develop issue to discuss with various committees on the way forward.
4. Close the spring protection contract as agreed by the contractor.

NO	SPRING	YEAR	WATER FLOW	USAGE	ISSUES IDENTIFIED
1	NYANGULO	2011	Good	The local villages and beyond	Water drainage not well functioning. Three fencing poles eaten by ants and has fallen down.
2	KAYOMB	2011	Very good	The local villages and the beyond	No issues, the spring serving more people than we thought, Well had taken care off. There is a chlorine dispenser supported by

					usaid.
3	Mbosie	Nov 2011	Good	The local villages	No issues, The spring well taken care off. There is a chlorine dispenser supported by usaid.
4	Konyango	March 2012	Very good	The locals and the primary school nearby.	The drainage needs to be cleared again.
5	Korucho	March 2012	Very good	The locals	Drainage needs to be cleared again
6	Halala	Dec 2011	Very good	The locals, primary school nearby.	Drainage needs to be cleared.

**Conclusion:**

The water flow in all the protected spring is good.

The drainage needed to be cleared by the community to avoid water stagnating, this was to be undertaken by the community.

In some spring, the fence needed to be repaired by the community.

A follow up will be undertaken to ascertain that the above have been accomplished.

**SPRINGS PROTECTED**

During this period two springs have been protected. These are:

NAME	NO. OF HSE HOLD	LOCATION	DISTRICT	MONTH
Nabulindo	201	MATUNGU	MATUNGU	FEB-MARCH
Nabulolo	192	MATUNGU	MATUNGU	FEB-MARCH

**PLANS**

Under this program, within this year we plan to protect 4 more springs in cooperation with the clubs in district 2360. In addition RDS will sink one shallow well through funds from Eksjö

Rotary clubs and if funds are raised also repair 2 boreholes.

ACTIVITY	LOCATION	JUL	AUG	SEP	OCT	NOV	DEC
2 SPRINGS	SIAYA/HOMABAY	X					
SINKING 1 SHALLOW WELL	WANG NYANG MUMIAS		X				
REPAIR OF 2 SHALLOW WELLS	MATUNGU/ITETE/KHANDAYI		X				
2 SPRINGS	NOT IDENTIFIED YET					X	

**REPORT BY.**

**DANIEL O. MURUKA (KRCHN Western Region Coordinator)**

**JACINTA K. NICASIO- (KRCHN)**

