

THE ROTARY DOCTORS SWEDEN PROGRAMS IN KENYA

JULY – DEC 2014 ACTIVITY REPORTS.



REPORT BY:

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INTRODUCTION.

The Rotary Doctors Sweden (RDS) is a voluntary organization, sending volunteer doctors to developing countries who engage in health care services in remote, rural and hard to reach areas in the community.

Kenya is one of the developing countries in East Africa that has benefited from the RDS program since several years.

In a model that is focusing on curative of acute illnesses, the doctors reach out to the community, by mobile clinic outreach. The doctor and other team members visit every week sites identified in cooperation with local leaders, the county ministry of health and community resource persons.

The community participation and ownership is encouraged by involving the community members as volunteers with specific roles.

The objective is to motivate and mobilize the community into taking over this responsibility of being responsible for their own health.

THE JEEPLINE.

A jeep line is a team visiting five clinic sites every week.

There are at the moment five jeep lines in Kenya.

	jeep line	County	Region
1	Maseno	Siaya	Western Kenya (Nyanza)
2	Ugunja	Siaya	Western Kenya (Nyanza)
3	Matungu	Kakamega	Western Kenya.
4	Mumias	Kakamega	Western Kenya.
5	Kisima	Meru	Eastern

RDS – KENYAN COOPERATING PARTNERS

PROGRAM COORDINATORS.

The RDS Kenyan program is coordinated in cooperation with Community Nursing Services organization.

- (i) Daniel Muruka (KRCHN/DPM) – National Coordinator.
- (ii) Jacinta K. Nicasio (KRCHN/DPM)- coordinates special programs.

THE STAFFS

NO	STAFFS DESCRIPTION	NATURE		
1	DOCTORS	VOLUNTEERS		
2	NURSES	EMPLOYED	3	Team leaders
3	NURSES	GOK SECONDED (government)	3	
4	COMMUNITY HEALTH AND DEVELOPMENT	EMPLOYED	1	Field officer
5	LABORATORY TECHNICIANS	EMPLOYED	1	
6	HIV CONSELLORS	EMPLOYED	3	
7	DRIVERS	EMPLOYED	3	
8	GARDENERS/GUARDS	EMPLOYED	4	
9	HOUSE HELPS	EMPLOYED	3	

SERVICES OFFERED

<i>Mobile clinic programs</i>	<i>Special programs</i>	<i>Dental programs</i>
<ol style="list-style-type: none"> 1. Curative services. 2. Preventive services. 3. Promotive services. 	<ol style="list-style-type: none"> 1. Protection of community springs and sinking of shallow wells. 2. Training and supporting the CHWs. 3. Community jigger's eradication. 	<ol style="list-style-type: none"> 1. School screening programs and treatment of identified cases. 2. Adult's treatment of dental problems. 3. Preventive dental services.

(i) CURATIVE SERVICES

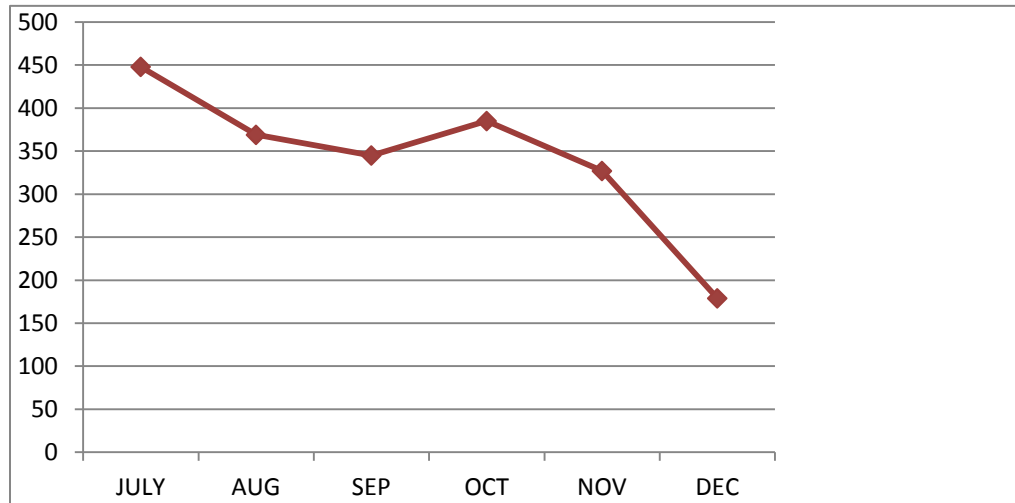
- Under this service the doctor receives, examines, order for investigations and prescribes drugs for the patients.
- The payment for this service
 - Under five years 50ksh.
 - Adult patients 100ksh.
 (The RDS takes 80% of the above pay 20% is left in the clinic)

PATIENTS TURN PER JEEPLINE

(1) UGUNJA JEEPLINE

	AGE GROUP		JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS
1	0-5YRS	MALE	76	57	49	87	66	19	354
		FEMALE	75	75	57	50	50	20	327
2	5-14 YRS	MALE	36	21	24	31	26	18	156
		FEMALE	58	27	33	33	30	14	195
3	15-24YRS	MALE	18	14	13	14	11	10	80
		FEMALE	40	19	34	20	25	20	158
4	25-34YRS	MALE	7	5	6	9	4	1	32
		FEMALE	28	23	22	16	15	14	118
5	35-55YRS	MALE	5	14	14	17	6	14	70
		FEMALE	48	52	35	42	43	18	238
6	ABOVE 55YRS	MALE	19	19	20	22	18	11	109
		FEMALE	38	43	38	44	33	20	216
TOTAL PATIENTS			448	369	345	385	327	179	2,053

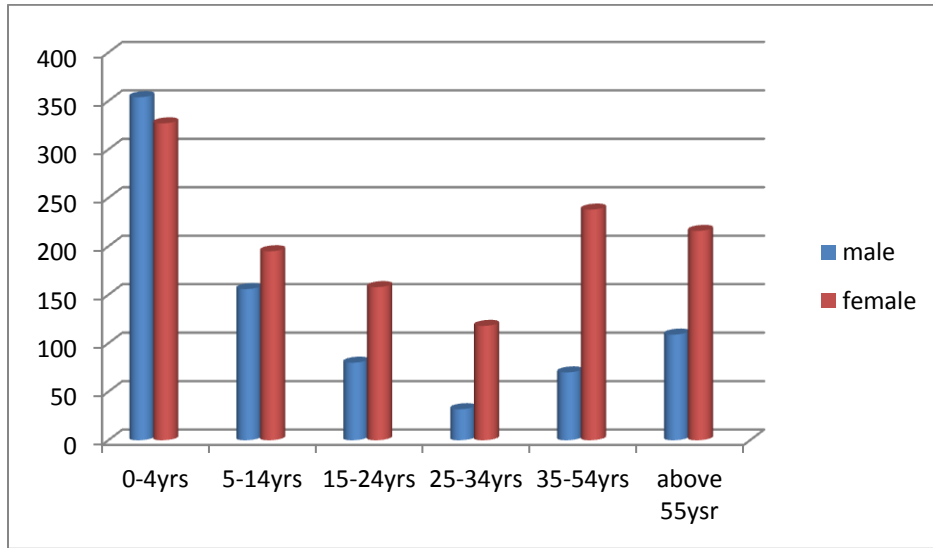
Monthly Patients Distribution.



COMMENT

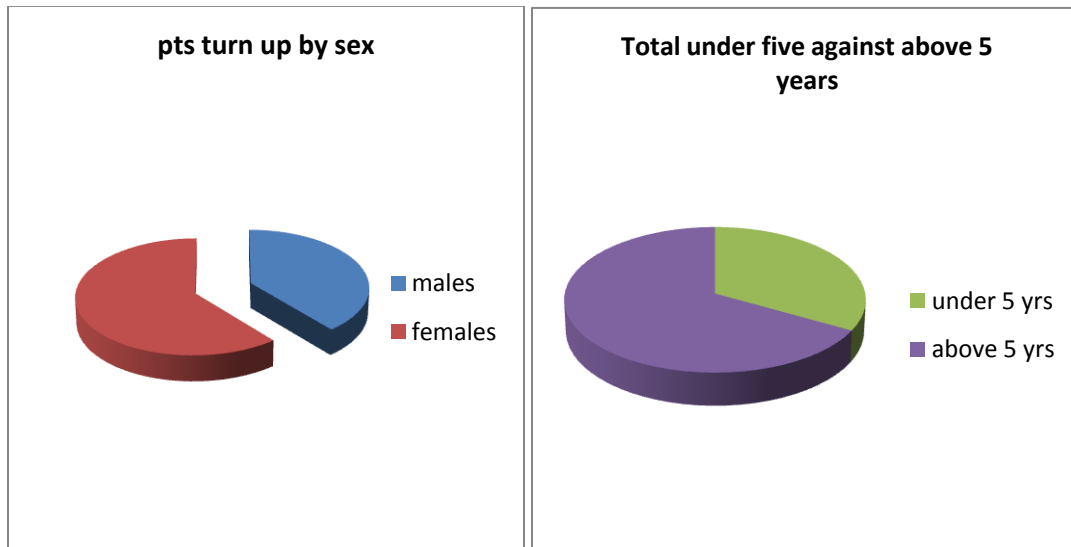
- More patients seen in July with less patients in December.
- Clinics are closed during December from about 23rd to the end of the year.

PATIENTS TURN UP BY AGE GROUP.



COMMENT

- More males seen in the age group 0-4yrs only, more females are seen in all the rest of the age group.
- Twice female are seen between 15-24yrs, 25-34, 35-54 and above 55 years.



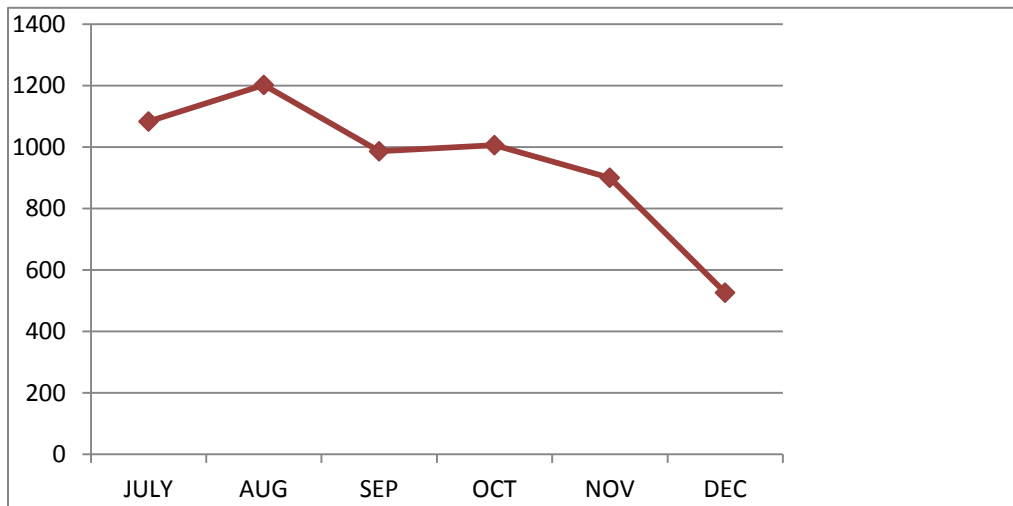
COMMENTS.

- More above five seen than under five.
- More females seen in general than males.

(2) MATUNGU JEEPLINE

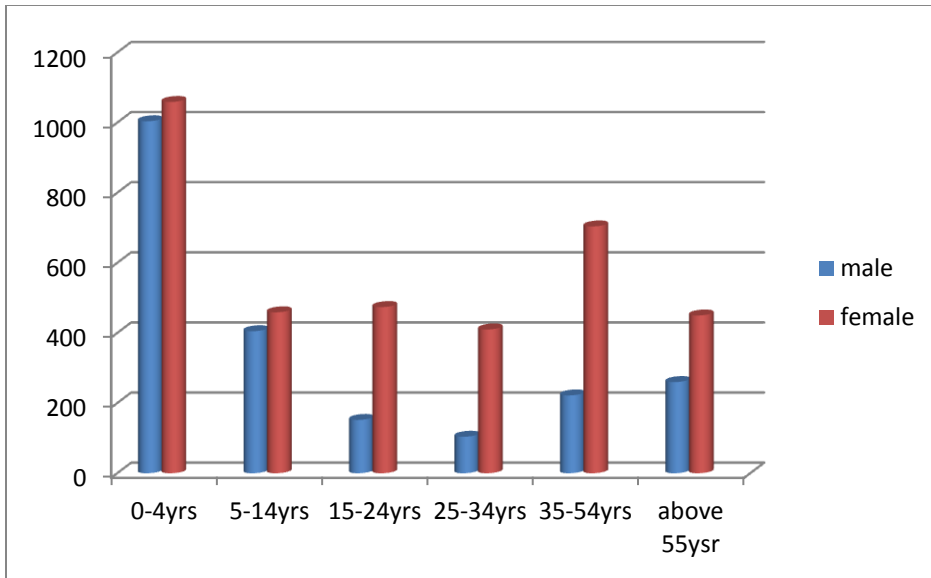
	AGE GROUP		JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS
1	0-5YRS	MALE	202	218	171	169	137	107	1004
		FEMALE	209	229	188	161	169	103	1059
2	5-14 YRS	MALE	89	74	76	65	69	32	405
		FEMALE	84	87	90	87	79	32	459
3	15-24YRS	MALE	28	41	30	20	18	15	152
		FEMALE	75	109	73	90	78	49	474
4	25-34YRS	MALE	19	28	15	16	17	9	104
		FEMALE	63	77	77	86	69	38	410
5	35-55YRS	MALE	41	46	29	46	39	21	222
		FEMALE	139	128	124	133	121	59	704
6	ABOVE 55YRS	MALE	51	60	43	44	36	26	260
		FEMALE	83	105	70	89	68	35	450
TOTAL PATIENTS			1083	1202	986	1006	900	526	5,703

Monthly patients distributions.



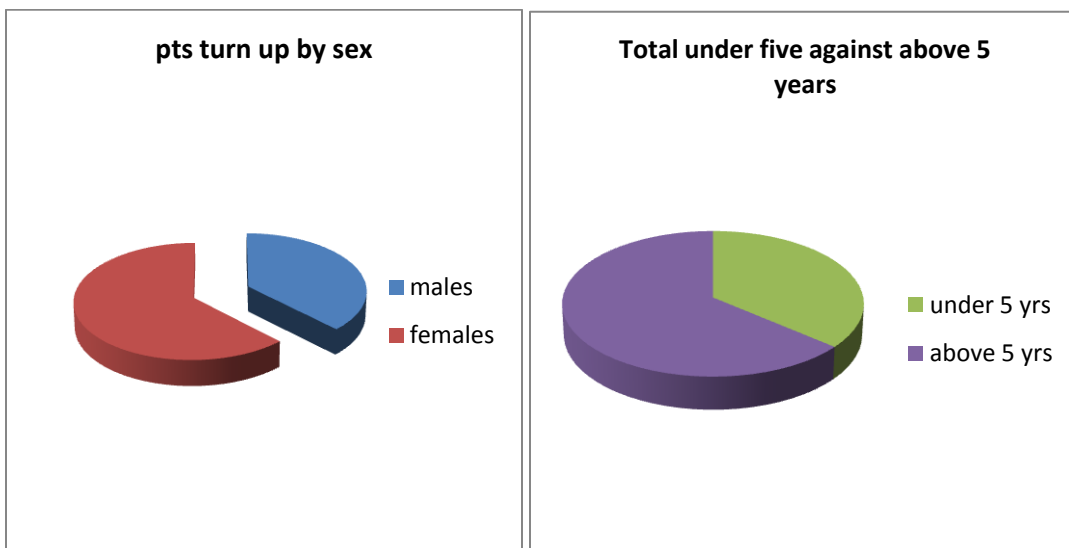
COMENTS

- More patients seen in the month of August followed by July, September and October had almost the same number of patients.
- Fewer patients seen in November and December.



COMENTS

- More females seen in all age group than males.



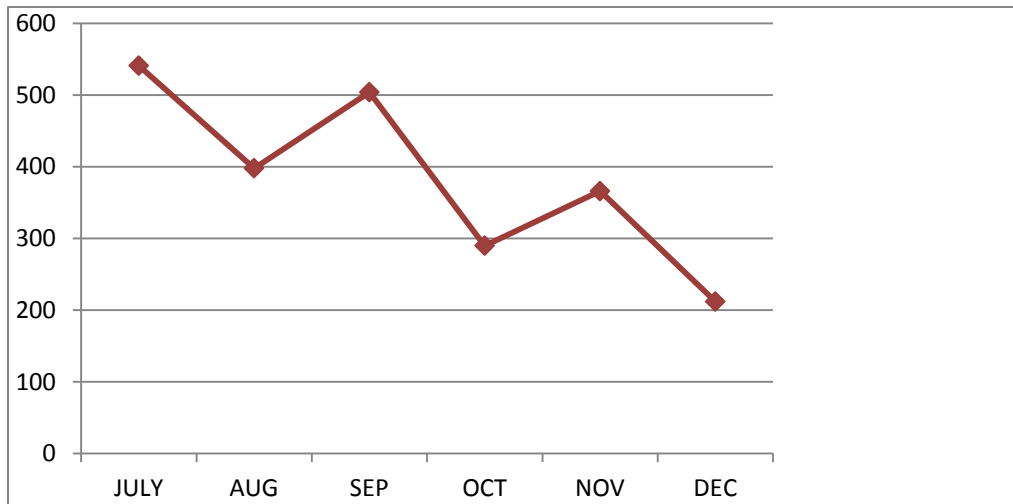
COMMENTS.

- More females seen in the clinics than males.
- More patients above five are seen than the under five.

(3) MASENO JEEPLINE

AGE GROUP		JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS	
1	0-5YRS	MALE	103	55	68	49	58	30	363
		FEMALE	93	78	89	41	56	29	386
2	5-14 YRS	MALE	43	32	30	20	18	14	157
		FEMALE	57	33	41	33	35	21	220
3	15-24YRS	MALE	16	33	45	7	14	6	121
		FEMALE	50	28	52	18	26	19	193
4	25-34YRS	MALE	6	7	10	5	5	3	36
		FEMALE	20	20	16	12	31	10	109
5	35-55YRS	MALE	13	11	8	8	13	13	66
		FEMALE	50	37	45	28	39	27	226
6	ABOVE 55YRS	MALE	26	31	37	16	21	7	138
		FEMALE	64	33	63	53	50	33	296
TOTAL PATIENTS			541	398	504	290	366	212	2,311

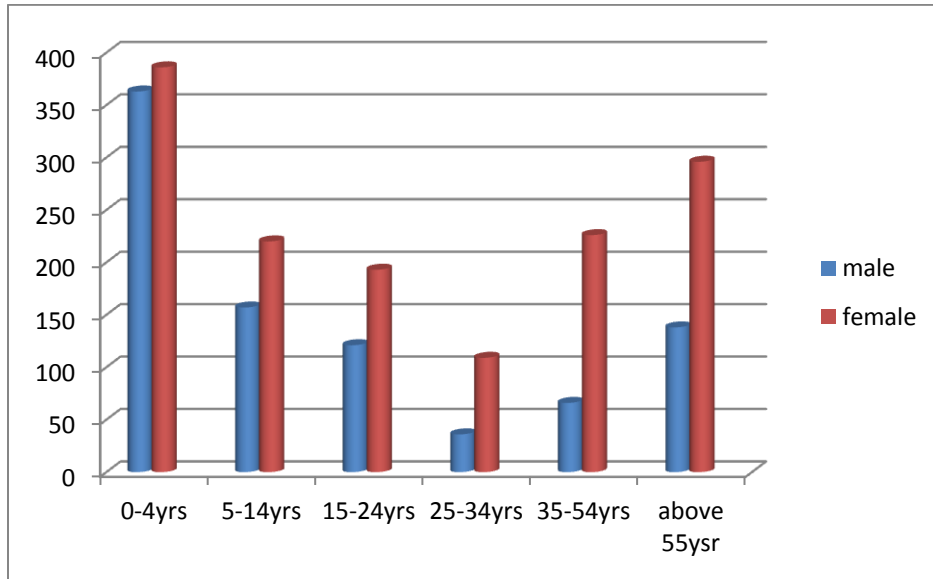
Monthly Patients distributions.



COMENTS.

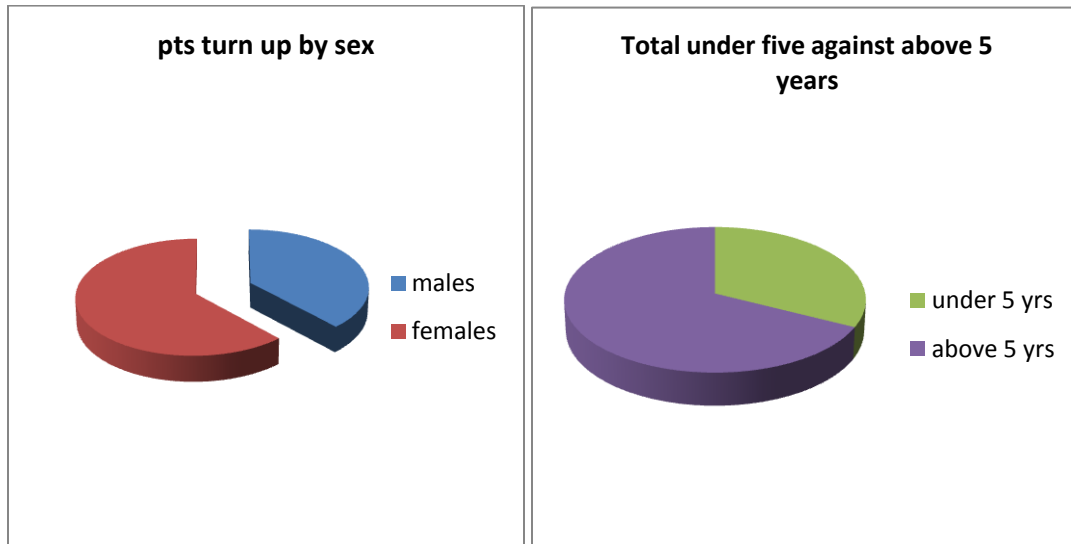
- More patients turn in July and September.
- High turn up in each month alternates with low turn up the next month.
- December remains the lowest month with patients turn up.

Patients turn up in different age group.



COMENTS

- More females patients seen in different age groups than males.



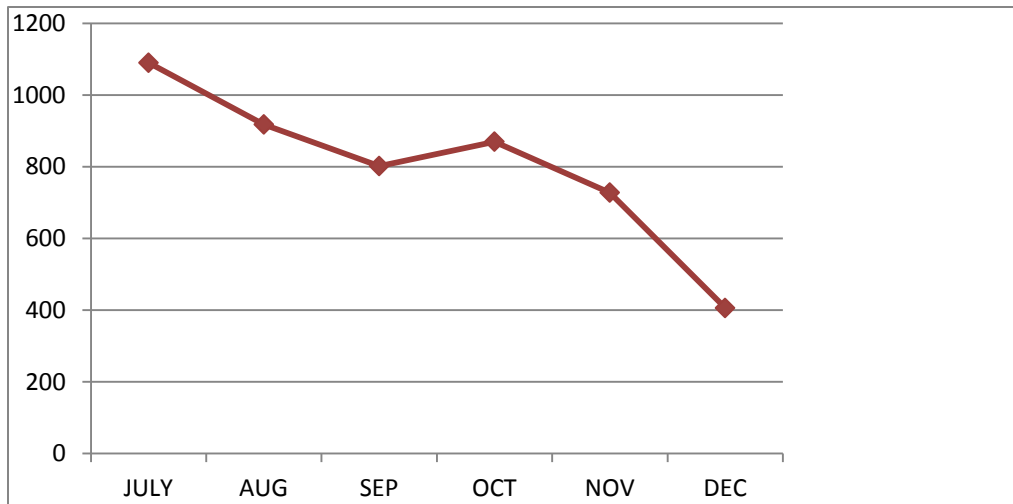
COMENTS.

- More female patients seen in total.
- More adults patients seen than above 5 years.

PATIENTS TURN UP MUMIAS JEEPLINE

AGE GROUP		JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS	
1	0-5YRS	MALE	173	147	128	131	120	62	761
		FEMALE	194	164	105	132	124	67	786
2	5-14 YRS	MALE	87	61	64	57	40	22	331
		FEMALE	92	80	81	74	49	24	400
3	15-24YRS	MALE	46	34	23	28	10	15	156
		FEMALE	80	84	47	53	43	21	328
4	25-34YRS	MALE	36	19	13	22	6	9	105
		FEMALE	69	77	46	51	47	31	321
5	35-55YRS	MALE	37	36	32	38	33	16	192
		FEMALE	119	101	95	122	101	65	603
6	ABOVE 55YRS	MALE	52	48	58	48	55	26	287
		FEMALE	105	67	110	114	100	48	544
TOTAL PATIENTS			1090	918	802	870	728	406	4814

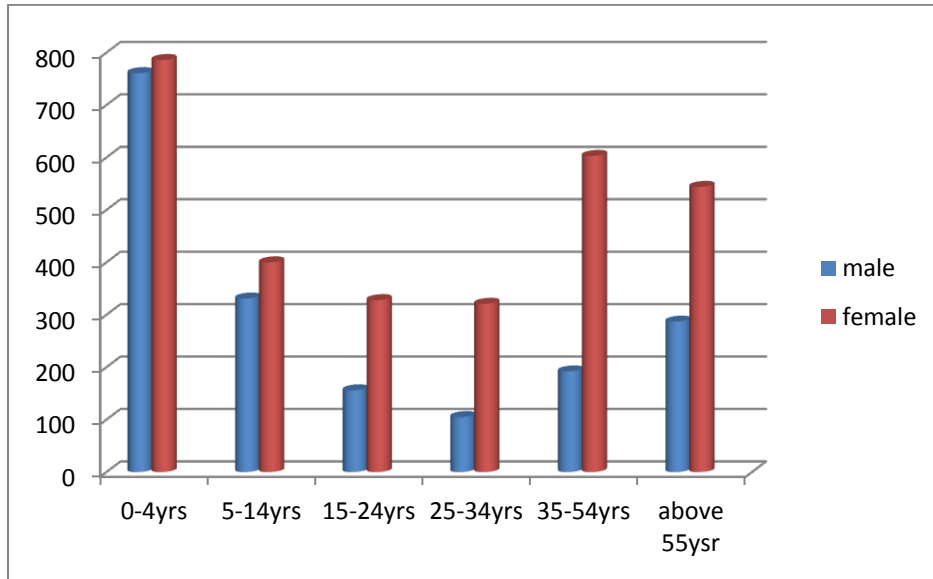
Monthly Patients distributions.



COMENTS.

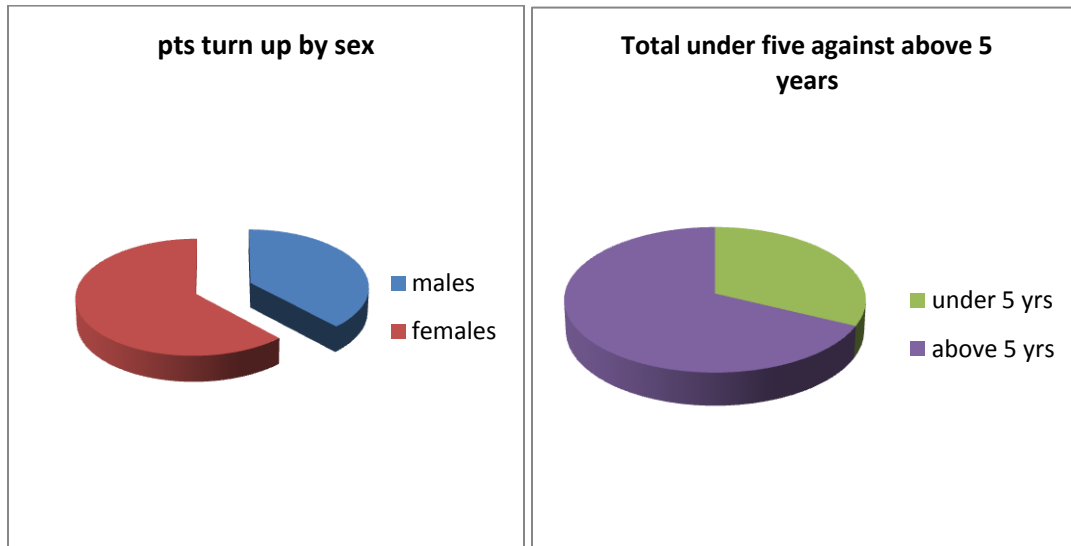
- More patients turn in July and September.
- Turn up declining every month towards December.

Patients turn up in different age group.



COMENTS

- More females patients seen in different age groups than males.



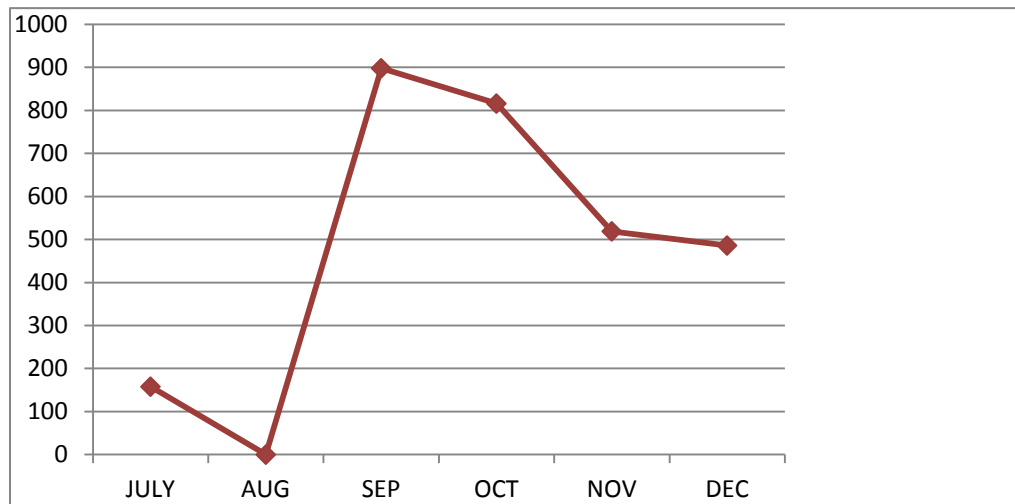
COMENTS.

- More female patients seen in total.
- About three quarters of the patients seen are above 5 years.

PATIENTS TURN UP KISIMA JEEPLINE

	AGE GROUP		JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS
1	0-5YRS	MALE	12		42	22	17	22	115
		FEMALE	21		40	47	43	31	182
2	5-14 YRS	MALE	4		11	19	11	3	48
		FEMALE	8		15	25	25	22	95
3	15-24YRS	MALE	1		6	3	5	7	22
		FEMALE	7		16	120	16	17	176
4	25-34YRS	MALE	3		1	2	16	9	31
		FEMALE	14		102	146	136	101	499
5	35-55YRS	MALE	7		25	68	31	21	152
		FEMALE	23		295	123	73	97	611
6	ABOVE 55YRS	MALE	15		93	78	65	48	299
		FEMALE	43		252	163	81	108	647
TOTAL PATIENTS			158		898	816	519	486	2,877

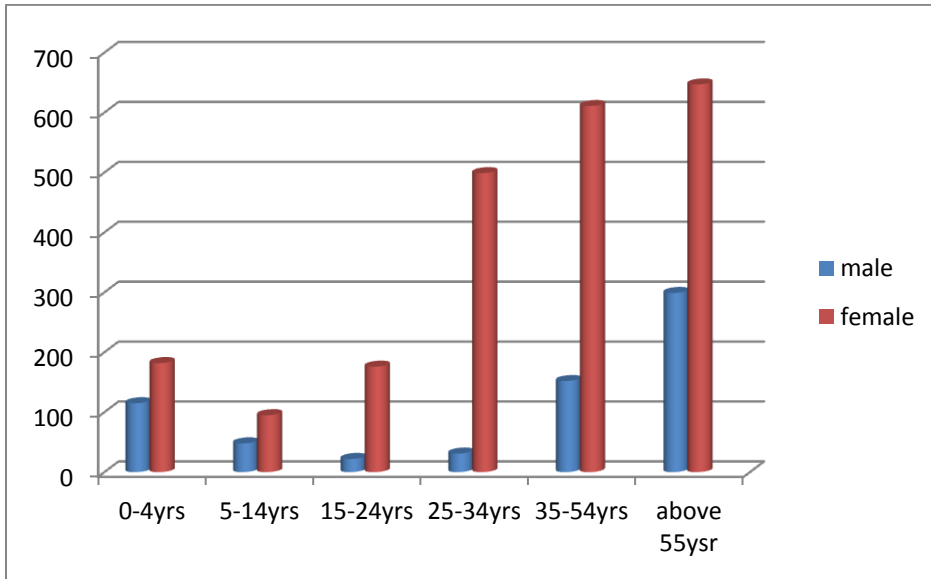
Monthly Patients distributions.



COMENTS.

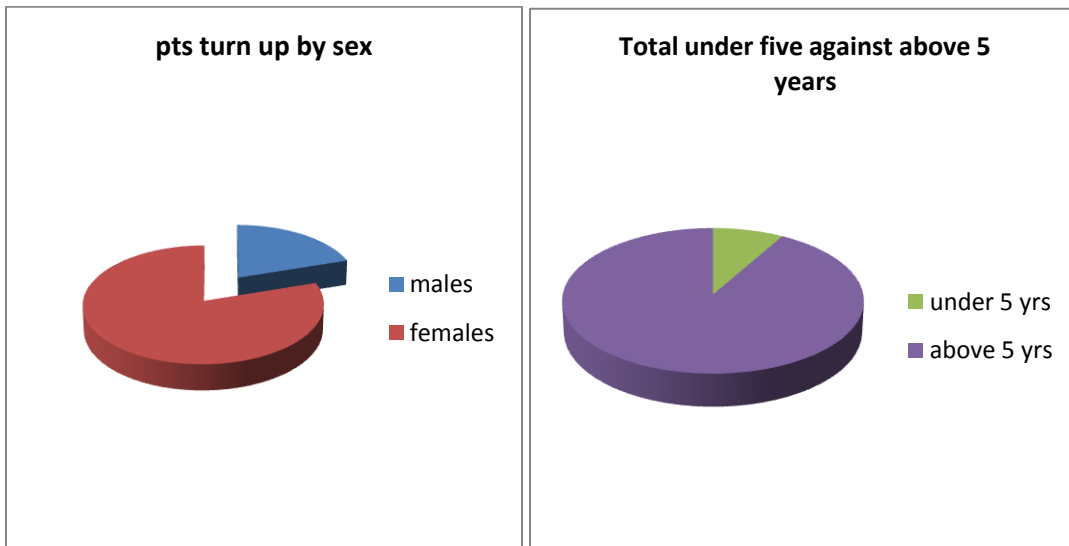
- There was a break (lack of doctor) in August. During this time there was restructuring of the jeeplines for the next period.
- September started with three new clinics, which is the explanation for the sharp rise.

Patients turn up in different age group.



COMENTS

- This is a female dominated and elderly patients jeepline.
-



COMENTS.

- Three quarters of the patients are females.
- Under five turn up in Kisima jeepline is only 1/8th.

DISEASES BY JEEPLINE

	CASES	MUMIAS	MASENO	MATUNGU	KISIMA	UGUNJA	TOTALS	%
1	CONFIRMED MALARIA	1,444	782	1,070	2	667	3,965	19.15
2	CLINICAL MALARIA	226	39	32	12	6	315	1.52
3	PNEUMONIA	64	41	108	226	26	465	2.25
4	DIARRHEAL DISEASES	106	26	213	67	21	433	2.09
5	SKIN DISEASES/WOUNDS	629	422	1,235	213	245	2,744	13.25
6	VIRAL INFECTION	502	264	907	367	319	2,359	11.39
7	GENERAL BODY ACHES	627	213	710	1,378	225	3,153	15.22
8	EYE INFECTION	85	57	117	202	37	498	2.4
9	EAR INFECTION	69	50	149	47	40	355	1.71
10	ALL OTHER CASES	1,942	740	2,455	456	831	6,424	31.02
TOTAL CASES		5,694	2,634	6,996	2,970	2,417	20,711	
TOTAL PATS		4,814	2,311	5,703	2,877	2,053	17,758	
CASE PER PATIENT		1.18	1.14	1.23	1.03	1.18	1.17	

COMMENTS

- Confirmed Malaria diagnosis (as a single diagnosis) leads in Mumias, Maseno and Ugunja jeepines.
- In Matungu jeepine, skin diseases and wounds leads the diagnosis while in Kisima general body aches leads.

MALARIA TESTS

		MUMIAS	MASENO	UGUNJA	MATUNGU	TOTAL
TOTAL TESTED		2,224	990	1006	2,412	6,632
0-5YRS	MALES	302	170	149	330	951
	FEMALES	305	178	159	300	942
5-14YRS	MALES	128	64	64	75	331
	FEMALES	164	89	86	107	446
15-24YRS	MALES	30	24	23	7	84
	FEMALES	68	48	19	22	157
25-34YRS	MALES	5	4	4	4	17
	FEMALES	34	6	18	12	70
35-55YRS	MALES	12	3	4	6	25
	FEMALES	54	19	23	21	117
ABOVE 55YRS	MALES	9	5	5	5	24
	FEMALES	34	10	9	12	65
TOTALS		1,145	620	563	901	3,229
% +ve		51.48%	62.63%	55.96	37.35%	48.69%
Test method		parachek	Parachek	Parachek	B/S	

COMMENTS.

- Matungu jeepline leads in total Malaria tested, but interestingly has a low positivity. It is important to note, the testing method for Malaria in Matungu jeepline is blood slide.
- All the clinincs (Mumias, Maseno and Ugunja) using the rapid test kit for malaria had positivity above 50%

MALARIA NETS DISTRIBUTION

<i>JEEPLINE</i>	<i>JULY</i>	<i>AUG</i>	<i>SEPT</i>	<i>OCT</i>	<i>NOV</i>	<i>DEC</i>	<i>TOTALS</i>
<i>UGUNJA</i>	<i>35</i>	<i>43</i>	<i>27</i>	<i>23</i>	<i>15</i>	<i>21</i>	<i>164</i>
<i>MASENO</i>	<i>29</i>	<i>39</i>	<i>36</i>	<i>22</i>	<i>17</i>	<i>28</i>	<i>171</i>
<i>MATUNGU</i>	<i>134</i>	<i>89</i>	<i>121</i>	<i>55</i>	<i>25</i>	<i>67</i>	<i>491</i>
<i>MUMIAS</i>	<i>142</i>	<i>75</i>	<i>76</i>	<i>42</i>	<i>69</i>	<i>59</i>	<i>463</i>
<i>TOTAL DISPENSED</i>	<i>340</i>	<i>246</i>	<i>260</i>	<i>142</i>	<i>126</i>	<i>175</i>	<i>1,289</i>

HIV TESTING

		Maseno	Kisima	Ugunja	mumias	matungu	Total +ve	%
Total tested		188	105	181	188	393	950	
0-5	M	0	0	1	1	0	2	3.5
	F	0	0	0	1	0	1	1.7
5-14	M	1	0	0	0	0	1	1.7
	F	0	0	5	1	1	7	12.1
15-24	M	3	0	0	1	1	5	8.6
	F	2	0	2	1		5	8.6
25-34	M	6	1	0	1	1	9	15.5
	F	3	0	0	8	4	15	25.9
34-55	M	0	0	0	0	0	0	0
	F	1	1	3	1	3	9	15.5
Above 55	M	1	0	0	2	1	4	6.9
	F	0	0	0	0	0	0	
TOTAL +VE		17	2	11	17	11	58	
% +VE		9.04%	1.9%	6.08%	9.04%	2.8%		

COMMENTS.

- Out of the total test high positivity was among females of the age group 25-34 years.
- There is low positivity rate in Kisima Jeepline with both Mumias and Maseno leading in positivity.

PREVENTIVE SERVICES

- The preventive services offered in the RDS programs includes.

- (a) Antenatal Clinics – for screening of the pregnant mothers for danger signs during pregnancy, information on pregnancy and child birth.
- (b) Family Planning Services – Where women of child bearing age come for information and services regarding family planning.
- (c) Immunization – Where children receive the vaccination according to the Kenyan immunization protocol.

ANTENATAL CLINICS	JEEPLINE	1 ST VISIT	2 ND VISIT	3 RD VISITS	ABOVE 4 TH VISITS
	MASENO	31	33	24	18
	UGUNJA	31	27	23	18
	KISIMA	31	34	23	18
	MUMIAS	61	48	44	35
	MATUNGU	175	184	152	100
	TOTALS	329	326	266	189

COMMENTS.

- Matungu jeepline has the highest number of Anc mothers coming for the service.

FAMILY PLANNING	JEEPLINE	DEPO	PILLS	IMPLANTS	STERILIZATION
	MASENO	70	8	27	0
	UGUNJA	113	34	4	0
	KISIMA	176	32	18	0
	MUMIAS	211	41	14	0
	MATUNGU	520	31	18	0
	TOTALS	1,090	146	81	0

COMMENTS.

- Matungu jeepline has high number of clients receiving family planning services.
- Improvement on use of implants as method of family planning.

IMMUNIZATION	BCG	POLIO			PENTAVALENT			MEASLES	FIC	
		B	1	2	3	1	2			3
MASENO	8	5	46	58	51	47	58	58	66	66
UGUNJA	12	19	38	55	63	37	55	64	52	52

KISIMA	29	5	66	71	72	73	67	71	33	33
MUMIAS	11	11	88	108	112	77	107	123	99	98
MATUNGU	79	71	254	272	264	245	270	274	308	270
TOTALS	139	111	492	564	562	479	557	590	558	519

COMMENTS.

- High immunization coverage in Matungu jepline.

THE SPECIAL PROGRAMS REPORTS.

(A) JIGGERS ERADICATION PART 2

- Jiggers a parasitic infestation of the tunga penetran on the body parts especially the feet, the fingers and other body parts.

OBJECTIVE OF THE RDS JIGGERS ERRADICATION PROGRAMS.

- Identification of the affected victims.
- Removal of the jiggers and restoring the affected body parts.
- Spraying of the houses and schools with infestation.
- Community Health Education on prevention and treatment.

COVERAGE AREA.PART 2

COUNTY	KAKAMEGA
SUBCOUNTY	MATUNGU
LOCATION	LUNGANYIRO
SUB LOCATION	MUNAMI/LUNGANYIRO
TOTAL POPULATION INFESTED	4,325
TOTAL POPULATION TREATED	400

(B) SUPORTING THE TRAINING OF COMMUNITY UNITS IN NDHIWA SUBCOUNTY.

- The RDS has supported the training of two community units, Goyo and Rapedhi Wanjawa.
- The support included.
 - Trainign of the CHWs on KEPH (Kenya Essential Package for Health)
 - Target setting and Data reviews.

Community Units .

- *Is the mechanism through which households and communities take an active role in health and health-related development issues.*

STRATEGIC OBJECTIVES.

- Providing level 1 services for all cohorts and socioeconomic groups, taking into account their needs and priorities.
- Building the capacity of the community health extension workers (CHEWs) and community based resource persons to provide services at level 1.
- Strengthening health facility–community linkages through effective decentralization and partnership for the implementation of LEVEL ONE SERVICES.
- Strengthening the community to progressively realize their rights for accessible and quality care and to seek accountability from facility based health services.

(C) SPRING PROTECTIONS.

The objective of the spring protection.

- (i) Mobilization of the community in taking up their roles in realization of accessing clean water in the community and supported by them.
- (ii) Protect the water water source from both human and animals activity.
- (iii) Help the community form a spring protection committee.

SPRINGS PROTECTED.

<u>NO</u>	<u>SPRING</u>	<u>MONTH PROTECTED</u>	<u>NO OF HOUSEHOLD USING</u>	<u>VILLAGE</u>
1	KOMONDI	july	220	Nyaranga
2	KOLENDO	july	180	Sirako
3	KOSIMBO	Nov	200	Wadhof
4	KOMBOYA	Nov	150	Shimbisira

(D) Volunteers training.

- Both the volunteers and clinic committees sit in the driver’s seat in regards to community health issues and implementation of the health programs in the community.
- During this period active volunteers were selected ant training conducted.

TOPICS

- (1) Approaches to community mobilization.
- (2) Jiggers’ eradication in the community.
- (3) Management of minor ailments at home (Diarrheas, fevers, vomiting)

(d) Reorganization of Kisima jeepline.

- Clinics reorganized and new clinics come up (Kimbo, Mbuju and Mbaria)
- Good patients turn up after the changes.

(e) Survey of new jeepline.

- New jeepline (Endebess) initiated after several contacts with the county health management team.

- The station for the new jeepline is Kitale town.

(f) Training of Endebess volunteers.

- This was accomplished in December before the start of the new jeepline.
- Many SCHMT from endebess attended the training.

(g) Implementation Of diabetics/hypertension screening in Kisima jeepline.

- With the cooperation of the SCHMT the diabetic /Hypertension screening program supported by the RDS succesfully launched in Kisima jeepline.
- The idea was to develop diabetic/hypertension treatment points supported by the SCHMT.

(h) Starting of the new approach the dispensary RDS cooperation.

- The idea is to use the RDS doctors for education, the doctors to work in local dispensaries together with the local health staffs (Nurse, Co, and doctors).
- Organize CMEs where the RDS doctors give lectures on patient's examination, history taking prescription and antibiotic use.

(i) Staffs get together.

- All the staffs for RDS in Kenya come together to bond, meet each other, share experiences from different stations and jeeplines.
- Plan for the year 2015.

PLANS FOR THE FIRST HALF OF THE YEAR 2015

1. EXIT OF MASENO JEEPLINE.

- Reasons leading to this decision low patients turn up, new community clinics.
- The exit plan should be completed by end of may.

2. STRENGTHENING THE RDS/DISPENSARY COOPERATION.

- The objective, promote Continuous Medical Education , the RDS doctors to be used more on educating the local health workers on patients history taking, examination, prescriptions of antibiotics.
- Increase the diagnosis possibilities in the visited dispensaries by introducing the simple laboratory services.

3. SURVEY OF NEW PROJECT.

- With the phasing out of the Maseno jeepline, there is a plan to use the resources in Kitale to create a new jeepline in Kwanza sub county.
- The area has been identified.

4. PROGRESIVE EXIT /IMPLEMENTATION OF EXIT PLAN KISIMA JEEPLINE.

- The RDS approach in the jeepline clinics is curative, however due to the difference in the disease pattern, the focus for this jeepline should be towards preventive.
- Diabetic and Hypertension screening would be enhanced as the mode for smooth exit.

5. REVIEW OF THE ENDEBESS JEEPLINE.

- Endebess is a new jeepline in Tranzoia county, in Endebess sub county, this jeepline was initiated in January 2015.
- The agreement with SCHMT, the review would be after three months.

6. STRENGTHEN THE TRAINING OF THE CLINIC COMMITTEE AND VOLUNTEERS BY THE RDS DOCTORS.

- This is a new program, where by apart from the RDS doctors only giving the normal curative services at the clinics, the doctors would also involve in training the volunteers/committee members of the community.

7. PROTECTION OF THREE SPRINGS/SINKING OF TWO SHALLOW WELLS.

- The Rotary Clubs sponsors 6 springs every year the first part of this year three springs will be protected.
- Areas where the spring's protection is not achievable would benefit with Shallow wells.

8. IMPLEMENTATION OF THE JIGGERS ERADICATION.

- There is a plan to carry out jigger's eradication in or around the places we have the mobile clinics.
- This will be on a small scale using the volunteers and community health workers.

9. VISITING AND REVIEWING THE EACH CLINIC PROGRESS.

- As agreed in our meeting with the volunteers and clinic health committees, we shall have clinic review meetings with all the clinic committees.
- In the meeting we shall review the clinic plans and how far has it achieved all the issues it planned to achieve.

THE END.