

# **THE ROTARY DOCTORS SWEDEN**



## **JANUARY – JUNE 2021 ACTIVITY REPORT**

## INTRODUCTION.

The Rotary Doctors Sweden and Community Nursing Services remain key community health partners in Transzoia and North Pokot Counties. Despite the covid-19 pandemic. We have continued to offer preventive health services in the rural communities in western region of Kenya while cooperation with the local Sub County Health Management Teams, the Community Volunteers and the community.

Under this arrangement, the Rotary Doctors through organized mobile outreach clinics reach out to different communities once every month to offer preventive services such as, vaccination of children under one year (BCG, Polio, Pentavalent, Rotavirus and measles), family planning, antenatal and post-natal clinics and community nutritional assessments of all children seeking services in our service points. Through our special projects, we have also reached out to members of the community to together address, lack of access of clean drinking water through shallow wells sinking and spring protection, promotion of open defecation free village through community led total sanitation and treatment of jiggers. In capacity building and increasing knowledge and skills in the community, we have been able to organize training for Community Health Volunteers, training on community mobilization, covid-19 pandemic, family planning, importance of both antenatal and post natal care, importance of immunization and defaulter tracing.

In this first half of the year, we have made a total of 369 visits, 124 in West Pokot, 121 in Endebess and 124 of them in Kwanza. We have been able to vaccinate 9,853 children, reached out to 2,698 mothers with antenatal clinic services and 2,654 with family planning services, more than 9,000 children have been screened for malnutrition.

Our team is composed of Nurses from the Rotary doctors, Nurses from the county government and Community Health Volunteers.

Due to the covid-19 pandemic, the Rotary Doctors Sweden have not been able to send doctors to the program, this has led to the delay in implementation of health facility mentorship programs as had been planned to start in Transzoia and also inability to continue with the North Pokot program. The covid-19 pandemic has also increased the organization budgets since we as an organization have to provide protective devices for our staffs and the other team members joining.

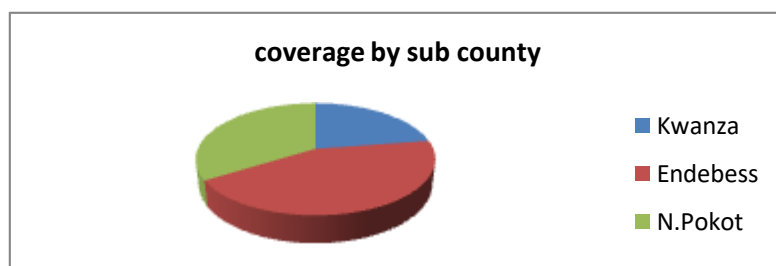
We in Community Nursing Services, wish to thank the board of Rotary Doctors for their continued support especially in this difficult time. The statistics contained in this report would not have been possible if you did not give this support. We also appreciate the efforts of the different Rotary Clubs in Sweden who have continuously raised funds to accomplish all the projects above. Thanks to the secretary general of Rotary Doctors Sweden for your continued support!

## 1. MOTHER AND CHILD HEALTH ON WHEEL.

### SITES LOCATION.

- ❖ The sites locations are distributed as follows in the different MCH program.

	PROGRAM NAME	ENDEBESS	KWANZA	N. POKOT	TOTALS
1	ENDEBESS MCH ON WHEEL	20	1	0	21
2	KWANZA MCH ON WHEEL	7	14	0	21
3	NORTH POKOT MCH ON WHEEL	0	0	21	21
	TOTALS	27	15	21	63



### Comments

- ❖ The Kwanza MCH on wheel has 7 sites in Endebess, while Endebess has only one site in Kwanza. This is due to a bigger need in Endebess and that the area therefore enjoys most of our services. The clinics are divided according to practicalities regarding distances.
- ❖ Each clinic site is visited after every four weeks (once per month)

### COPERATING PARTNERS.

1. **SUB COUNTY HEALTH MANAGEMENT TEAM (SCHMT)** – Mostly represented by the sub county public health nurse. Support from the SCHMT include a government nurse, supplies for immunization, family planning commodities and ANC supplies when available. They also help in site identification.
2. **CATCHMENT FACILITY IN CHARGE (Health dispensary or Health center in the area where the mobile clinic is located)** - Integration of RDS data into their system and exit planning for sustainability.
3. **COMMUNITY HEALTH EXTENSION WORKER** – Mobilization and scheduling of community health workers to support during the outreach.
4. **COMMUNITY HEALTH WORKERS** – Support with registration, weighing, arranging the clinic during the clinic day. Mobilization and health information to the community, identification of community needs and networking. Follow-up of specific cases.
5. **VILLAGE ELDERS** – Mobilization of members of the community to utilize the services.

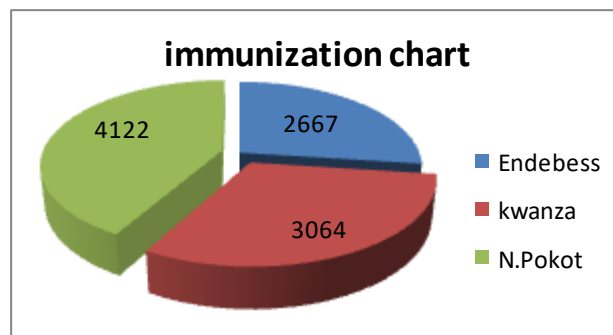
## SERVICES

The RDS services programs have continued to offer accessible health services to the rural communities, the services utilization is as tabulated below. Note: as much as both MCH on wheel programs crosses over to different sub counties, the figures referred to here are as per each program.

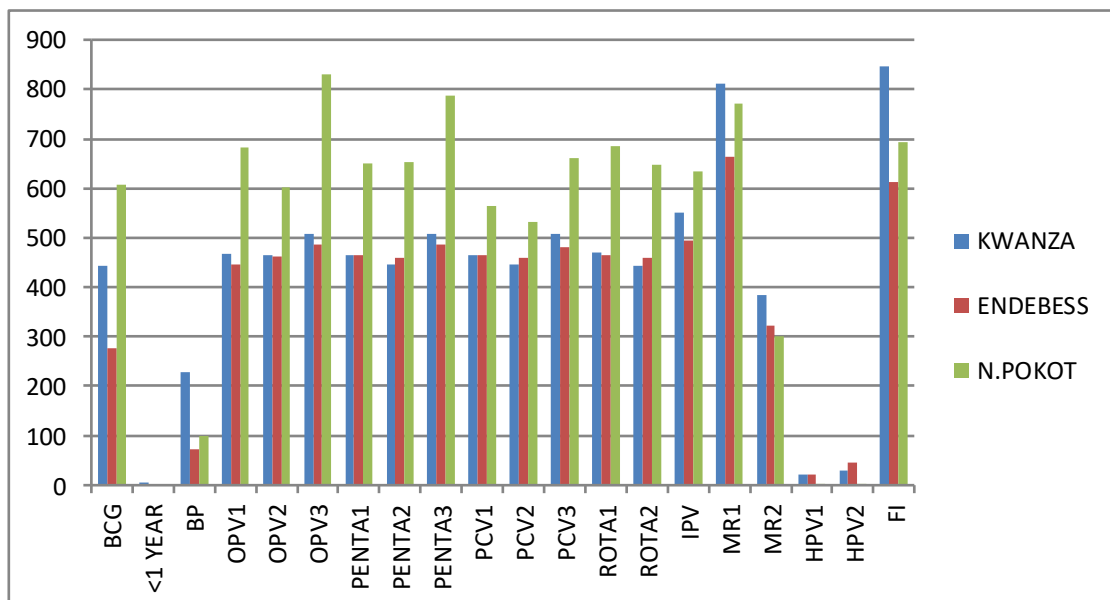
### 1. IMMUNIZATION

#### Total children immunized.

As per the program, North Pokot had more immunized children as compared to Kwanza which was second and Endebess.



#### Program distribution.



	BCG		BP		OPV			PENTA			PCV10			ROTA	
	<1	>1	<2W K	1	2	3	1	2	3	1	2	3	1	2	
ENDEBES S	276	0	71	445	462	486	466	460	485	466	459	481	466	458	
KWANZA	443	5	227	467	466	507	466	446	507	466	446	507	470	444	
N. POKOT	606	0	99	683	603	830	651	653	788	565	533	660	686	648	
TOTALS	1325	5	397	159	1531	1823	1583	1559	1780	1497	1438	1648	1622	1550	
			5												
	IPV		MR		HPV		FIC		TOTAL						
	1	2	2	1	2										
ENDEBES S	495	663	323	22	46	613	7643								
KWANZA	551	813	283	20	30	848	8512								
N. POKOT	635	772	301	1	2	693	10,409								
TOTALS	1681	224	907	43	78	2154	26564								
		8													

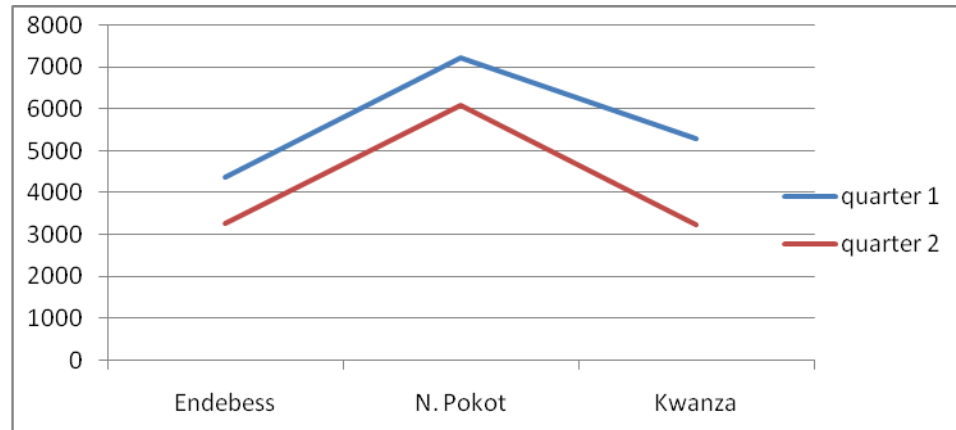
### Comments

- ❖ More immunization of children taking place in North Pokot than Endebess and Kwanza. This could be due to four main reasons.
  - (a) There are fewer health facilities and spread far apart as compared to the inhabitants and therefore the scramble for the services in our services points in N. Pokot
  - (a) Outreach clinics going to hard to reach areas, far from other health facilities making our service the only service point accessible by the community.
  - (b) Trained CHVs taking their roles in community mobilization and defaulter tracing. Four units have been trained on the same.
  - (c) High fertility rate, due to low acceptance of family planning services by the women of the child bearing age.
- ❖ Endebess and Kwanza have almost equal numbers of immunization.
- ❖ Even though North Pokot had more children coming in for vaccination, Kwanza has more children attaining full immunization status than North Pokot. Out of 2,154 fully immunized child Kwanza 39.4%, Endebdes 28.5% and N. Pokot had 32.1%. The obvious reason is the failure to comply with immunization schedule and therefore the need to cooperate with CHVs for defaulters tracing is important.

#### ACTION POINT.

- ❖ Continuous health education for mothers visiting the clinic of the importance of completing the vaccination schedule.

##### (i) Quarter distribution.



#### Comments

- ❖ There was high turn up in the first quarter of children vaccinated in outreach clinics than the second quarter.

#### PROBABLE REASONS.

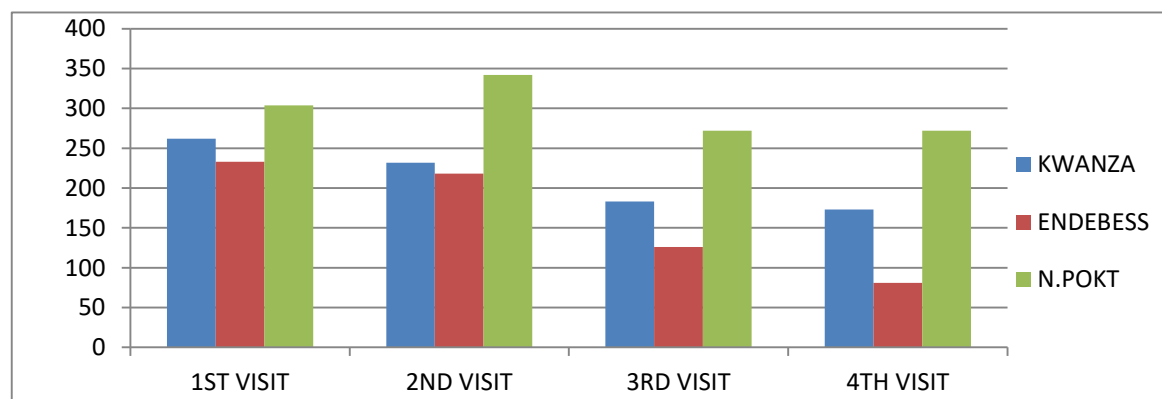
- There was a government nurses strike from end of January to beginning of March and this made us the only service providers in the village.
- The period from April is characterized by most people working out in the farms and therefore health services are given less priority.

#### ANTENATAL CARE

- ❖ The program targets women of child bearing age from the community, the women during pregnancy period receive antenatal profile care, to include: estimation of HB levels, vaccination, check of hemoglobin and fetal life and development assessment, including risk factors identification and referrals. The visits are broken down into 1<sup>st</sup> to 4<sup>th</sup> visit and above.

#### Program distribution

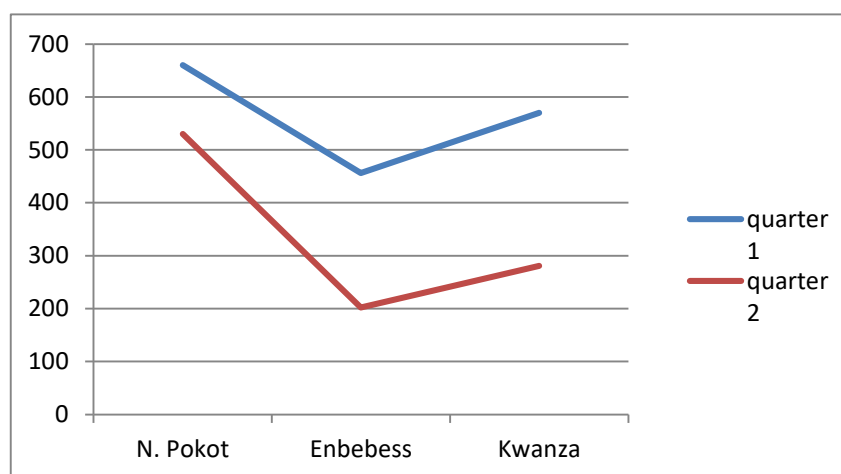
	1ST	2ND	3RD	ABOVE 4TH
KWANZA	262	232	183	173
ENDEBESS	233	218	126	81
N. POKOT	304	342	272	272



### Comments

- ❖ As always the pattern in Endebess and Kwanza, more clients seen in the first visit and reduce in the subsequent visits. Most of the clients come when they are many months into their pregnancy and there might be no time for more visits. By the 4<sup>th</sup> visit only 34% turns in up Endebess, while in Kwanza 66% turns up. More community health education is still needed in Endebess.
- ❖ North Pokot on the other hand has a high number of women turning up for the 4<sup>th</sup> visit, this is because in the area (North Pokot) they (the Sub County Health Management Team and the CHVs) advocate for mothers to at least have 6 visit, therefore all the visit 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> have been summed up as above 4<sup>th</sup> visit.

### (a) Quarter distribution.

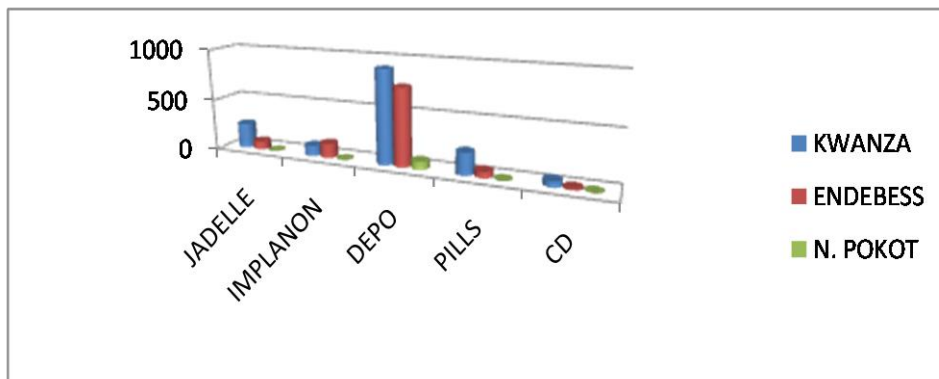


### Comments.

- ❖ The effect of post-nurses strike can also be seen in this service, where by both Kwanza and Endebess had a decline of clients by about 50%. During the strike, clients had walk long distance to come to our services point, since they could not access the services from the nearby GOK facilities. Therefore after the strike many clients were able to get the services at their dispensaries that were nearer to them.

### FAMILY PLANNING SERVICES

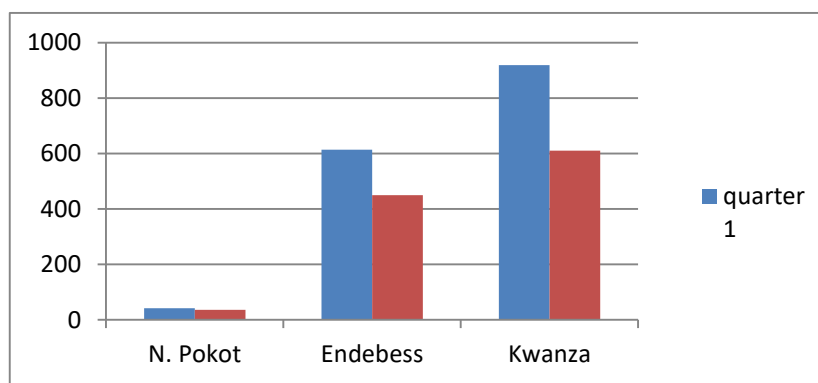
	JADELLE	IMPLANON	DEPO	PILLS	CD
<b>N. POKOT</b>	0	0	78	0	0
<b>ENDEBESS</b>	80	140	753	62	78
<b>KWANZA</b>	245	103	909	216	56



### Comments

- ❖ Kwanza leads with the number of clients visiting the family planning services in our outreach, however Endebess leads in preference of using implanon which is a 3 year plan as a method of choice as compared to Kwanza. It is not clear whether it is by choice that in Endebess the Sub County Health Management Team mostly prefers to order implanon, while in Kwanza Jadelles which goes for a period of 5 years is the most preferred and available.
- ❖ North Pokot has though improved in family planning; especially in the areas we had training of the CHVs, (Nakwijit, Konyao, Kanyerus and Nakuyen) also in Kasei where we had the program Kasei for change which was sensitizing the local community on the reproductive health right for women.

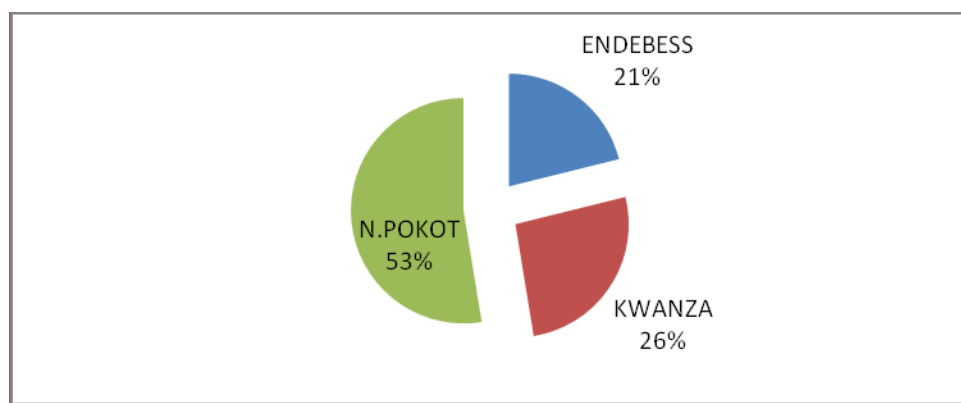
### Quarter distribution table.





### MALNUTRITION

- ❖ All children visiting the clinics undergo nutritional assessment, the weight is compared to age and the mid upper arm circumference is take for comparison.
- ❖ Out of 194 cases identified, the majority were from North Pokot.



### Comments

- ❖ North Pokot Sub County is one of the sub counties in Kenya with high malnutrition levels. Out the 102 cases identified 36% had severe acute malnutrition as 63% had mild acute malnutrition. Our program therefore incorporates a nutritionist from Kachiliba to help in screening and management of the cases identified. All severe cases are referred to the hospital for hospitalized management

### 2. **SCHOOL HEALTH PROGRAM.**

#### NORTH POKOT

- ❖ In the first half of the year we have reached out to 3 schools with health education, covering a range of topic as seen in the table. The teachers collaborate with our team, they agree on the topic and time to visit.

	SCHOOLS	NO OF VISITS	NO OF ATT.	TOPICS
1	KAMKETO GIRLS	1	127	❖ Effects of early and teenage pregnancies.
2	ST. BARKITA GIRLS	2	355	❖ Effects of early and teenage pregnancies. ❖ Family planning.
3	ST. BARKITA GIRLS	1	260	❖ Sexually transmitted
4	KONYAO H. SCHOOL	1	212	infections and preventions.
TOTAL REACHED			954	

### 3. MENTORSHIP FOR GOK NURSES.

**The RDS nurse** – have made an agreement with some dispensaries to be mentored, the RDS nurse visits the government nurses in their dispensaries do some on job training. The mentorship targets the following skills.

- ❖ **Antenatal profile investigations** – Mostly these are investigations done by laboratory technicians, they are though possible to be done by nurses especially where laboratory technician is not available.
- ❖ **Treatment of Non-communicable diseases** – Our nurses have been well trained in both the investigation and treatment and therefore helping other nurses.
- ❖ **Treatment of jiggers** – we have the experience gained after a long time doing the same.
- ❖ **Patients examination and use of drugs** – The RDS nurse use the skills acquired from working many years with the foreign doctors to help the local government nurse develop such skills too.

NO	MENTORSHIP TOPICS	NUMBER	NURSE TRAINER	GOK DISPENSARY
1	ANTENATAL PROFILES			
	- Estimation of HB.			
	- Urinalysis and interpretation.	2	FAITH JUMA	BWAYI
	- Blood grouping and cross match.			
	- VDRL tests using RDT			
2	JIGGERS TREATMENT		SARAH ANYANGO	KIMONDO
	- Treatment.	2		
	- Prevention and control.			

OTHER GROUP HEALTH EDUCATIONS: **Chiefs Barazas** – covid-19 pandemic, family planning!

### 4. TRAINING OF COMMUNITY HEALTH VOLUNTEERS.

		NO	TOPICS	Training days
1	Kimondo Units		❖ Jiggers (a) Causes. (b) Signs and symptoms (c) Management. (d) Prevention.	1 day
2	Pokot CHVs	4 units	❖ Right Based Approach. ❖ Female Genital Mutilation. ❖ Reproductive health.	4 Days
		Training follow up: June 2021	❖ All the trained CHVs, about 70% of the household have been visited and shared with health information.	

3	Tulop Kesis		❖ Last year training follows up.	
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#### Comments

- ❖ These training activities are more dependent on the availability of funds, it is therefore not so easy to draw a target and timeline for such.

#### 5. WATER AND SANITATION PROJECT.

NO	NAME	REGION	BENEFICIARY
1	OMOKA - WELL	Matungu	80 Households
2	TORORO - WELL	Endebess – Tulop Kesis	260 households
3	CHORLIM - WELL	Endebess – Tulop Kesis	20 households and 800 primary school children
4	MOS - WELL	Endebess – Tulop Kesis	60 households and 274 primary school children
5	KIPSIRI - WELL	Endebess – Tulop Kesis	84 households
6	MISENWA - WELL	Kwanza - Amuka	102 households

#### Comments

- ❖ We have managed to increase the number of household accessing clean water by 606. 424 of these household is in Tulop Kesis, while 102 in Amuka and 80 in Matungu area.

#### Water project Follow up.

- During the first half of the year we have also made some follow of the water projects. The objective was to asses;
  - Portability.
  - Use and state.
  - State of the committee.

Number followed up	type	portable	Not portable	Stated of the committee	Use and State
16	wells	14	2	- All have	- All except two are
2	springs	2	0	active committee.	in use and good state.

#### Comments

- The two that are not in use (Muram and Marambach) had an increased number of coliform (Bacteria) which made both water source not portable, we have asked both the contractor and the public health officer to assess the cause/source of the contamination and advice appropriately.

## 6. PUBLIC HEALTH CAMPAIGNS

		target	reached	Comments
1	Community led-total sanitation	5 villages	5 villages	❖ All complete awaiting celebrations and finalization.
2	<b>Jiggers campaign</b>	339	494	❖ All treated, though 148 clients missed out on shoes since they were not in the final agreed budget.
	1 <sup>st</sup> follow up march 2021			❖ 88% healed 12% to be followed up.
	2 <sup>nd</sup> Follow up April 2021			❖ 95% healed only 5% to be followed up.
	3 <sup>rd</sup> follow up			❖ 99% of those treated better 1% relocated and could not be traced.

### Comments

- ❖ This activity always depends on availability of funds, though we can say we have done a great job.

### THREE FOCUS CLINIC-AREA REVIEW JUNE 2021

	Tulip Kesis		Amoka		Sarura	
	BASELINE BY MAY 2019	JUNE 2021 REVIEW	BASELINE DATA MAY 2019	JUNE 2021 REVIEW	BASELINE BY MAY 2019	JUNE 2021 REVIEW
Name of the community unit (CU)	TULOP KESIS		KIMARAN		SARURA	
Number of villages in the CU	8	8	13	13	13	13
Catchment population	4295	4979	5779	7324	5824	6150
Number of households *	1321	1650	1165	1553	1624	1677
HEALTH SERVICE INFO						
Number of Community Health Volunteers (CHV)	11	10	10	10	10	10
Number of fully trained CHV	4	10	6	10	4	10
WATER INFO						
Households accessing clean water	0.23%	36.6%	4.5%	31.2%	3.5%	33.6%
Wells	0	29.8%	3.30%	29.4%	0	30.5%
Springs	0	6.5%	0	0	2.3%	2.3%
Rainwater	0.23%	0.36%	1.20%	1.8%	1.2%	0.8%

Examples of water sources used now	Rivers/rain water		dam/river/rain water		Wells/river/rain water	
<b>SANITATION ISSUE</b>						
Number of households with latrine meeting standards (hand wash/lid)	12.9%	79%	28%	79.6%	23%	42.1%
Number of villages in the CU declared OD-free**	0	4	0	5	0	0
<b>EDUCATION INFO</b>						
Number of schools in the CU:	4	5	3	3	6	6
primary school	3	3	2	2	5	5
secondary school	1	1	1	1	1	1
tertiary school	0	1	0	0	0	0
Number of school going children in the CU:	2248	2744	1913	1907	2706	3245
primary school	2117	2488	1432	1673	2492	2715
secondary school	131	256	481	234	214	530
tertiary school	0	59	0	0	0	0
<b>MOTHER AND CHILD HEALTH</b>						
Number of fully immunized children	38%	69%	48%	68.2%	58%	81.3%
Use of family planning	34%	50.1%	65%	70%	27.4%	35.5%
Estimated number of pregnant women	82	147	71	16	96	21
Pregnant women coming to 4 check-ups	19%	20%	7%	30%	6%	30.8%
Skilled deliveries of those doing the 4th check-up	31%	30%	86%	68.4%	83.3%	66.7%
Number of women coming to post-natal visits	12%	52%	23%	81.3%	44%	45.6%
Number of malnutrition cases at the jeep lines	21.20%	8.2%	10.30%	3%	8.2%	6%
<b>CHRONIC DISEASES</b>						
Known diabetes cases on treatment	11	4	6	21	3	16
Known hypertension cases on treatment	18	10	11	36	10	38
<b>PUBLIC HEALTH ISSUES</b>						
Jiggers, assessed at the jeep line clinic	0		0		0	
Scabies, assessed at the jeep line clinic	3		1		2	

Fungal infection, assessed at the jeep line clinic	13		21		16	
Diarrheal diseases, assessed at the jeep line clinic	76		102		34	
Malaria prevalence	14%	16.2%	12%	21.6%	13%	14.8%
Households received treated mosquito nets	1019	11	981	29	1288	31

### **Comments**

- ❖ After the exit of the RDS Mobile clinics, Immunization, Family Planning, antenatal clinics, access to clean water, community led total sanitation and CHVs training remains to be some of the activities we still undertake in these three clinic-areas.
- ❖ It is very impressive to see how some of these activities have improved in these areas, access to clean water, immunization coverage, family planning and antenatal services access, community led total sanitation coverage have generally improved.
- ❖ The MCH on wheel has greatly helped in improving the immunization, family planning and antenatal clinics uptake in the three areas.

### **GENERAL COMMENTS**

- Despite the challenges with the Covid-19 pandemic, the entire team has done a great job, ensuring the community members get the services as scheduled and within the communities reached.
- The nurses strike, in the first quarter greatly influenced the increased achievement of our daily target, while in quarter two, it was not easy to achieve the same target. All we are working towards is to make the community better.
- North Pokot project is performing so well except on family planning that we have agreed we will continue with mobilization and education.
- Training both planned and none planned is the key to sustainability of project activities in the community and therefore should be strengthened.
- The North Pokot school program, initiated by the N.P team was a great initiative to mentor the youth towards a positive health behavior that would be very vital for the community.

REPORT BY.

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- **Jacinta Karimi**