

THE ROTARY DOCTORS ACTIVITY REPORT

JAN – JUNE 30TH 2019



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INTRODUCTION

Rotary Doctors and Community Nursing Services continues to be one of the key grass root community health care providers in the rural villages of Kenya in Eastern part of Africa. In remote villages, with poor infrastructure, poor sanitation, long walk to nearby dispensaries, poor families hardly able to afford a meal on their table is more the characteristics that describe well the villages visited by the RDS/CNS medical mobile team. The morning drive to the clinics is always long in very bad roads maneuvered by our experienced drivers in a four by four double cabin loaded with drugs and medical equipment's. The villagers already waiting, sighs with relief as they see the team come to a standstill at the community designated service point, there only hope. Many sick children already waiting in the queue, some with high fever, diarrhea, malnourished are hoping to take an early chance to be seen first by the arriving team.

The community volunteers most of the time, have already prepared the rooms and arranging the furniture and ready to start. The clinic day start with: Registration, Health Education, Screening of clients for the None Communicable Diseases, examination by the doctor, laboratory investigations and issuance of the prescribed drugs.

The volunteer doctors from abroad (Sweden) with local medical team, visit 5 clinics per week, while maintain the clinic on every week day till sustainability is established. Through this service, we have been able to see more than 6,829 patients with about 7,732 cases diagnosed, about 25% of the cases were

referred for further management and 75% managed at the clinic level. 1,727 mothers received antenatal clinic services and 1,040 clients received Family planning services. 12,094 different vaccinations were given, interestingly 47.4% were given in West Pokot, 34.3% in Endebess while 18.3% in Kwanza. 9447 school children were given oral health education and screened for dental related problems out of which 11.5% were found to be having dental problems and were treated for free.

Community sanitation under special project has seen over 1,539 household's access clean water through spring protection and shallow well sinking. We were also able to trigger 10 villages and celebrate the Open Defecation Free of the 10 villages in Transzoia County graced by the County Cabinet Secretary of Health Honorable Rose Wanyama. We were also able to train four community units (100 CHVs) in North Pokot on various topics on immunization and nutrition.

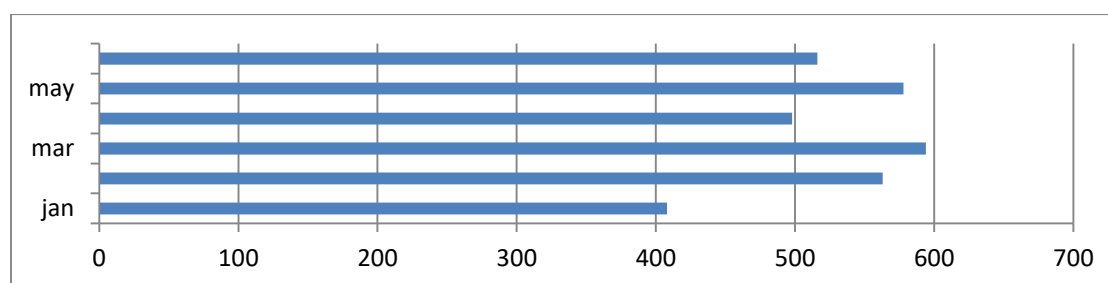
The Rotary Doctors Sweden and Community Nursing Services, remains key health partners to the vulnerable community members. This is made possible by the support from different Rotary Clubs in Sweden through the Board of Rotary Doctors in Sweden.

On behalf our the community we serve, I would like to thank the Board of Rotary Doctors Sweden and RDS General Secretary to the board, The Board of Community Nursing services all the volunteer doctors serving in this period, all the CNS/RDS staffs, the sub County health management team and the community. Thanks for this unity. "Let's unite one more and save lives in the community"

ENDEBESS JEEPLINE

Patients turn up

	Jan.		Feb.		Mar.		Apr.		May		Jun		Total	
	m	f	m	f	m	f	m	f	m	f	m	f	m	f
0-5	84	66	117	92	147	97	98	83	121	118	104	79	671	535
5-14	32	28	42	46	37	26	41	24	41	46	46	56	239	226
14-25	9	34	14	40	21	51	16	42	25	47	24	45	109	259
25-35	11	28	12	42	8	46	11	34	12	27	7	26	61	203
35-54.	21	50	26	68	24	65	24	67	23	61	20	54	138	365
Above 55	17	28	22	42	17	55	25	33	15	42	17	38	113	238
sub total	174	234	233	330	254	340	215	283	237	341	218	298	1331	1826
total	408		563		594		498		578		516		3157	

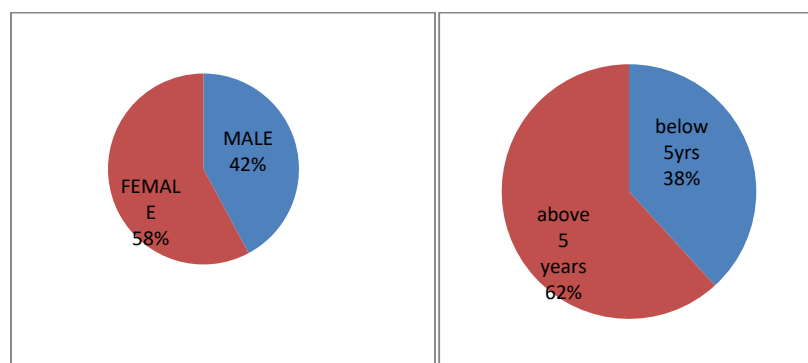


Comments

- We saw many clients in the month of February, March and May. The increase in May could be attributed to the opening up of one new clinics in Enbeboss.

Patients turn up against gender

Under five/above five years



Comments

- More female than males, and more above five than under-five years old.

Cases diagnosis in Endebess Jeepline

Cases	Total	%			%
Confirmed malaria	46	1.3	Eye Infections	132	3.6
clinical malaria	0	0	Ear Infections	49	1.3
Pneumonia	40	1.1	all other cases	938	25.6
Diarrheas diseases	242	6.6	Diabetes	3	0.08
Skin diseases/Wounds	531	14.5	Hypertension	81	2.2
Viral Infection	988	27	Asthma	4	0.11
general body aches	452	12.3	Epilepsy	3	0.08
malnutrition	151	4.1	Psoriasis	0	0
TOTAL CASES				3660	

Comments

- As a single case diagnosis, viral infection takes the lead followed by skin related diseases, general body pains, diarrheal diseases and malnutrition.

Antenatal clinics/ Family planning.

ANTENATAL CLINIC VISITS	1 ST VISIT	2 ND VISIT	3 RD VISIT	ABOV 4 TH VISIT	TOTALS
	315	311	168	121	915
FAMILY PLANING	DEPO	PILLS	IMPLANTS	STERILIZATION	TOTALS
	98	82	450	0	630

Immunization

BCG	POLIO			PENTA			MEASLES	FIC
	BP	1	2	3	1	2	3	
353	141	436	457	456	437	456	441	526
								449
								4152

Malaria testing

TOTAL TESTED	0-5		5-14		15-24		25-34		35-54		ABOVE 55		TOTALS
	M	F	M	F	M	F	M	F	M	F	M	F	
463	3	3	8	13	8	3	2	2	1	3	0	0	46
	SUB %												
	13%		45.7%		23.9%		8.7%		8.7%		9.9%		

Comments

- Out of the total tests done on malaria only 9.9% were positive. Generally Endebess jeepline is not high risk malaria zone due to its high altitude. Most affected is between age 5-14 years at 45.7%

MOSQUITO BED NETS	
CHILDREN UNDER 1	0
PREGNANT MOTHERS	0
SOLD TO PTS	26
	26

Comments

- The government did a house to house distribution of mosquito treated bed nets and therefore we did not supply a lot to the community.

HIV TESTING

TOTAL TESTED	0-5		5-14		15-24		25-34		35-54		ABOVE 55		TOTALS
527	M	F	M	F	M	F	M	F	M	F	M	F	
POSITIVE	0	0	0	0	0	1	0	3	2	1	0	0	7
%													

Comments

- Only 1.2% of those tested, tested new HIV infection, majority being the sexually active age 24-35 years. More opening for women testing than men.

Jigger treatment

TOTAL TREATED	0-5		5-14		15-24		25-34		35-54		ABOVE 55		TOTALS
	M	F	M	F	M	F	M	F	M	F	M	F	
PEROXIDE USED 19*5LTRS	5	6	13	15	5	2	3	1	4	5	2	3	64

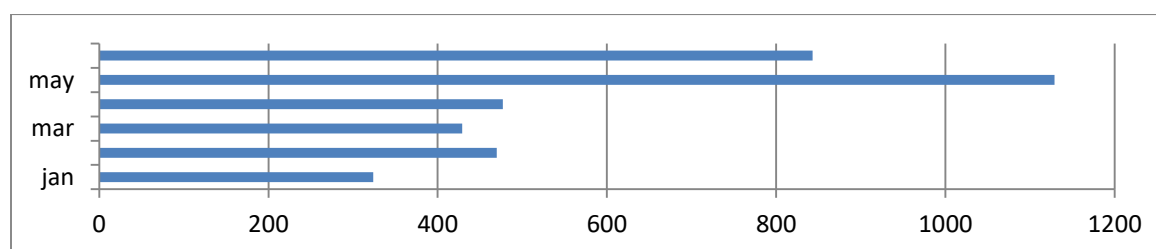
Comments

- Jiggers still a public health issue that needs to be addressed, we have organize a public free treatment campaign in second half of the year.

KWANZA JEEPLINE

Patients turn up

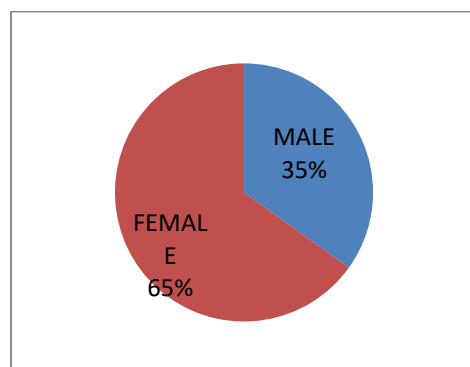
	Jan.		Feb.		Mar.		Apr.		may		Jun.		total	
	m	f	m	f	m	f	m	f	m	f	m	f	m	f
0-5	63	51	74	67	73	75	78	83	71	87	84	73	443	436
5-14	19	26	24	35	20	35	18	28	73	58	61	42	215	224
14-25	10	31	21	53	18	29	12	33	50	75	31	53	142	274
25-35	5	30	5	28	5	28	8	49	12	111	13	64	48	310
35-55	15	35	13	66	11	70	15	55	50	209	32	157	136	592
Above 55	10	29	33	51	26	39	34	64	94	239	100	133	297	555
sub total	122	202	170	300	153	276	165	312	350	779	321	522	1281	2391
total	324		470		429		477		1129		843		3672	



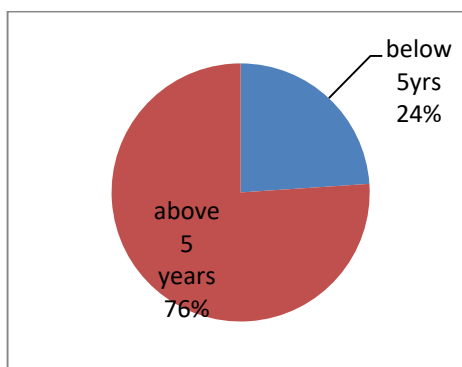
Comments

- Increase in patients in May and June is due to the opening of two new clinics (Sarura and Amuka) in the Jeepline.

Patients turn up against gender



Under five years against above five years



Comments

- As usual, more males than females and more above 5 years than under five years.

Case diagnosis in Endebess Jeepline

Cases	Total	%		TOTAL	%
Confirmed malaria	128	2.7	Eye Infections	153	3.3
clinical malaria	0	0	Ear Infections	51	0.2
Pneumonia	33	0.7	all other cases	2070	44
Diarrheas diseases	200	4.2	Diabetes	9	0.2
Skin diseases/Wounds	487	10.4	Hypertension	95	2
Viral Infection	605	12.9	Asthma	7	0.1
general body aches	610	13.	Epilepsy	6	0.1
Eye Infections	153	3.3	Psoriasis	0	0
Malnutrition	97	2.1			
TOTAL CASES				4,705	

Comments

- General body pains at 13% leads in the total diagnosed cases followed by viral infection at 12.9%, Skin diseases at 10.4% and diarrheal diseases at 4.2%.

Antenatal clinics/ Family planning.

ANTENATAL CLINIC VISITS	1 ST VISIT	2 ND VISIT	3 RD VISIT	ABOV 4 TH VISIT	TOTALS
	136	121	88	61	406
FAMILY PLANING	DEPO	PILLS	IMPLANTS	STERILIZATION	TOTALS
	116	66	226	0	408

Immunization

BCG	POLIO	PENTA			MEASLES		FIC		
	BP	1	2	3	1	2	3		
127	35	237	281	241	226	285	240	341	196
									2210

Malaria testing

TOTAL TESTED 596	0-5		5-14		15-24		25-34		35-54		ABOVE 55		TOTALS	
	M	F	M	F	M	F	M	F	M	F	M	F		
	POSITVE	28	21	19	23	11	5	3	7	1	4	2	2	126
	SUB %													
	%	38.9%		33.3%		12.7%		7.9%		4%		3.2%		21%

Comments

- In the case of Kwanza, positive tests were 21%, most positive results were from age 0-5 years followed by 5-14 years in that order.

MOSQUITO BED NETS	
CHILDREN UNDER 1	0
PREGNANT MOTHERS	0
SOLD TO PTS	12
	12

Comments

- The government did a house to house distribution of mosquito treated bed nets and therefore we did not supply a lot to the community.

HIV TESTING

TOTAL TESTED 219	0-5		5-14		15-24		25-34		35-54		ABOVE 55		TOTALS
	M	F	M	F	M	F	M	F	M	F	M	F	
POSITIVE	0	0	2	1	0	2	1	2	1	2	1	2	14
%	0												6.4%

Jigger treatment

TOTAL TREATED	0-5		5-14		15-24		25-34		35-54		ABOVE 55		TOTALS
	M	F	M	F	M	F	M	F	M	F	M	F	
PEROXIDE USED 7*5LTRS	6	7	4	5	1	0	2	0	0	0	1	0	26

Comments

- Jiggers still a public health issue that needs to be addressed, we have organize a public free treatment campaign in second half of the year.

NORTH POKOT

- North Pokot Sub County in West Pokot Kenya is relatively a new project area for Rotary Doctors as from September 2018.
- The project model is anchored in:
 - (a) **Mentorship.** – This through a partnership with the Sub County Health management Team and The hospital Health Management Team.
 - (i) Foreign doctors working together with the local health workers (Clinicians, Nurses, Lab technologists etc) to improve on service delivery and patients/Clients care.

- (ii) It is a task based approach with a doctor coming on a mission has a task to achieve with the local team. For example setting up of emergency care.
 - (iii) Actively participating in the CME.
- (b) **Promoting preventive services.**
- (i) Reaching out to the community with preventive services, Immunization, Family planning, Antenatal clinics, promoting skilled deliveries and post natal care.
 - (ii) Support to 4 local dispensaries and health center with availing one of the Rotary Doctors once per week.
- (c) **Advocacy on women right to reproductive health/Education.**- This through a project baptized “Kasei For Change” The main objective of the Kasei for change is to see a change of health attitude in both Women and Men that will lead to:
- (i) Reduction in Female genital mutilation.
 - (ii) Reduction in child marriage.
 - (iii) Reduction on teenage pregnancy.
 - (iv) Increased Immunization services uptake.
 - (v) Increased Family Planning services uptake.
 - (vi) Increased access to Antenatal, Skilled deliveries and Post natal care.
 - (vii) Increased enrolment and transition to girl education.

MENTORSHIP IN KACHILIBA SUB DISTRICT HOPSITAL.

- This has led to improvement in patients clients care associated with good teamwork and analysis of patients and client’s case.
- Reduction in use of antibiotics which has been a big concern in Kenya.
- Establishment of a triaging tent and setting of basic emergency care medical equipment’s.
- Consistent Continuous Medical Education (CME) –Kachiliba remains the only hospital in West Pokot with a good and consistent plan for CME in the whole County.

Promoting preventive services.

The service is offered in cooperation with the local dispensaries.

Antenatal clinics/ family planning.

ANTENATAL CLINIC VISITS	1 ST VISIT	2 ND VISIT	3 RD VISIT	ABOV 4 TH VISIT	TOTALS
	241	222	88	61	406
FAMILY PLANING	DEPO	PILLS	IMPLANTS	STERILIZATION	TOTALS
	2	0	0	0	2

Comments.

- Family Planning – for six months only two women had a family planning method. The choice of the method is also key, injection which does not leave any mark.
- The Antenatal clinic is ok, though the fourth visit is only 25% Of those who started. This could mean that either they fall of along the way or they start late and delivery is before 4th visit.

Immunization

BCG	POLIO				PENTA			MEASLES	FIC	VIT A	D-WORMING	TOTAL
	BP	1	2	3	1	2	3					
365	92	266	320	292	353	387	380	574	280	1054	1369	5732

Comments.

- Very impressive immunization program.

SCHOOL DENTAL PROJECT.

- This is a school program, targeting primary school children in Matungu Sub County. The project strives to give access to free dental screening and treatment to school going children.
- The objective is to expose the children at an early age to oral health care education, screen for dental related problems and offer treatment.

	Patients screened		Extractions		Fillings		Cleaning	
	m	f	m	f	m	f	m	f
0-5	5	4	3	4	0	0	0	0
5-14	3470	3577	324	332	5	11	14	16
14-25	1262	1020	116	126	4	2	7	8
25-35	6	33	4	30	0	1	2	4
Above 35	18	32	13	25	0	0	3	3
Above 55	9	11	4	9	0	0	5	3
sub total	4770	4677	464	526	9	14	31	34
total	9447		990		23		65	

Comments

- More than 9,447 pupils were screened and a total of 1,078 treated for dental related problems for free.

SPECIAL PROJECTS.

1. WATER PROJECTS.

NAME OF THE COMMUNITY SHALLOW WELLS				NAME OF THE COMMUNITY SPRINGS			
NO	NAME	SPONSER	NO OF HSH	NAME	SPONSOR	NO OF HSH	
1	KOYONZO	ANGELHOLM RC	78	PINGO	BENGT	81	
2	KHAKABA	ANGELHOLM RC	60	NAMWAYA	VARSTEVIK RC	47	
3	MAJI MAZURI	AHUS RC & WATER FOR ALL	110	AFUTA	BENGT	108	
4	TWIGA	AHUS RC & WATER FOR ALL	198	CHUOLO	BENGT	108	
5	NAMASANDA	HALMSTAD RC	83	EBUSHIKAMI	FALKENBERG	68	
6				KHULUTHA	FALKENBERG	180	
7				USHITENDE	FALKENBERG	78	
8				ODUOR	VARSTEVIK RC	70	
9				WAMAKOMBO	VARSTEVIK RC	120	
10				USHIKHUIRO	FALKENBERG	70	
11				KISAR	FALKENBERG	80	
TOTAL NUMBER OF HOUSE HOLDS			529	TOTAL NUMBER OF HOUSE HOLDS			1,010

Comments

- A total of 1,539 households were able to access clean water.

2. COMMUNITY LED TOTAL SANITATION.

NO	VILLAGE NAME	PRE-TRIGGERING % TOILET COVERAGE	POST- TRIGERING % TOILET COVERAGE
1	Manyatta	38%	100%
2	Block 4	47%	100%
3	Lukhuna	70.3%	100%
4	Rongai	86.9%	100%
5	Berur	66.9%	100%
6	Villa	64.4%	100%
7	Marambach	64%	100%
8	Namorio	64%	100%
9	Kareu A	60.6%	100%
10	Kareu B	71.2%	100%

Comments

- All the villages have declared ODF and celebrated.

3. TRAINING OF COMMUNITY HEALTH VOLUNTEERS (CHVs)

The training of the CHVs in North Pokot target four key units, Konyao unit attached to Konyao health center, Nakuyen unit attached to Tinei, Kanyerus unit attached to Kanyerus dispensary and Nakwijit attached to Nakwijit dispensary.

The training objectives:

- Sensitize the Community Health Volunteers on acquiring community strategy issues, immunization and Nutrition to enable them reach out to their own community members with health information and follow up and increase community uptake on the services.

The topics covered include:

1. Adverse events following immunization
2. Roles of CHVs on immunization in outreaches
3. Sensitization and mobilization of mothers during ANC clinics and outreaches days
4. Importance of completing immunization schedules
5. Follow ups and defaulter tracing
6. Importance of growth monitoring
 - Vitamin A supplementation
 - Dewormers
 - Zinc/ORS during diarrhea
7. MIYCN-Maternal infant and young child nutrition
 - Food groups for pregnant mother and infants
8. Importance of exclusive breastfeeding

Comments.

- There was great participation during this training, with participants taking up the mobilization roles in their communities and this has greatly increased both the ANC attendance and Immunization.

PLANS FOR THE 2ND HALF OF 2019.

1. **JIGGERS CAMPAIGNS** – This has been scheduled to take place in August 2019 when the schools are closed. The campaign in Kwanza jeepline will focus on, Health education, Treatment of the affected victims, provision of shoes and prevention actions by the parent in the house.
2. **Kasei For Change** – the Kasei for Change, a project seeking to empower women with right based knowledge towards reproductive health. Key activities during 2nd half of the year includes: Formation and training of both women and men groups, training of key RDS/CNS staffs.
3. **Exit of the Dental project in Mumias** – in the effort of re-organizing the project, the dental project will be moved from Mumias to Kitale to continue with the free school dental services.
4. **Relocation of the Kitale doctors house** – The need to have more space to accommodate the dental team in Kitale, has informed the need to have a bigger doctors house in Kitale with a spacious compound.

5. **Follow up of the three new target clinics.** – The three target clinic with clearly defined targets and indicators includes: Amunka in Kwanza, Tulop kesis in Endebess and Sarura in Endebess.
6. **End year training of volunteers** – Both volunteers in Kwanza and Endebess jeepplins.

SUGGESTED ACTIVITIES AFTER HALF YEAR REPORT ANALYSIS.

1. **Need to improve on ANC services in North Pokot** – It is noticeable from the report that only 25% of women attend up to 4th ANC visit. Some of the possible reason could be:
 - (a) Mothers come late in the pregnancy;
 - (b) Following of along the way;
 - (c) Need to put in place ANC profile services;
 - These can be addressed by education to the mothers and put ANC profile in place.
2. **Integrate the mobile outreach team in Pokot with a nutritionist** – Already everything has been put in place and soon we would start in cooperation with the sub county health management team.
3. **Training of the CHVs on Reproductive health in North Pokot.**- It is noticeable that after the training of the CHVs on immunization, the service uptake short up. The Family planning uptake is very low here only 2 in six months; this therefore calls for an urgent intervention key on which is to train the CHVs on the same.
4. **Need to meet with the Kwanza sub county health management team;**- The preventive services uptake in Kwanza is generally low, it is therefore necessary to meet with the team to discuss the way forward.
5. **3 new clinics** – Concentrate more special project around the three new clinics to facilitate improving of the indicator.
6. **Review of the Reporting tools;** - New to have a review meeting with the staffs, to review data collection tools, needed for the 3 new clinics. This comes after realization that the data collection tools as currently constituted can be inadequate.

REPORT BY.

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