

Handbook – North Pokot

For Rotary doctors working in North Pokot

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Rotary Doctors work in North Pokot

Rotary Doctors Sweden (RDS) and Community Nursing Services (CNS, the organization that RDS works through in Kenya) started collaboration with the Health Management Team of West Pokot County during 2018. The county is called West Pokot, within this county RDS/CNS is cooperation specifically with the sub-county that is called North Pokot. The Sub-County Health Management Team, which is the health authorities/administration in the sub-county is based in the small town Kacheliba, at the Sub-County Hospital.

RDS, CNS and the health authorities in West and North Pokot have an umbrella agreement regarding implementation of different health projects in the sub-county. One part of the cooperation is to send medical staff to the hospital and to dispensaries in the North Pokot area. Two doctors from RDS are in Kacheliba at the same time. Other activities under the agreement are support to outreaches for MCH and training of Community Health Volunteers linked to the dispensaries.

The Pokot people and Kacheliba town

The Pokot people is a tribe of nomadic cattle herders and for a large part of the population, this is the main livelihood. The cattle are: camels, cows and goats and the men move with the bigger cattle to Uganda or other place with available pasture during the dry season. Homesteads are located in villages on the dry plain and up in the close by mountains. The women are responsible for building the huts of local material, taking care of goats and growing maize, which is the main staple food. Goats and other cattle are sold when money is needed, for example for school fees or fees for health services. Polygamy is common and the wives are usually much younger than the husband at marriage. Teenage pregnancies are common. Young girls still go through female genital mutilation (FGM) at a ceremony when considered adult. It is forbidden according to Kenyan law so it is unclear how common it is. Most of the children start primary school, but the dropout rate is high, especially among girls. In Pokot a woman give birth to 7-8 children in average, in the whole of Kenya this number is 3,9. The number of fully vaccinated children are 36 % in Pokot while 80 % in whole of Kenya and the number of stunted children is 46 % in Pokot, while 16 % in the whole of Kenya.

The local language is also called Pokot and many people do not speak any other language. The second language is Swahili that is spoken all over Kenya. Higher education, as for nurses and clinical officers are though in English.

Kacheliba is a small town, but it might look like a bigger village, by a river. There is 30 000 inhabitant, but they are spread out over a large area. Not far from the bridge, there are some small shops along one or two roads, schools, offices and a market place where there is a market once a week. During the market day, vegetable and fruits are available, however, less during the dry period. A Chinese company is in the area to improve the road between Kapenguria, the main town of West Pokot county and the Ugandan boarder, through Kacheliba. It is though unclear how long time it will take.

Facts about the hospital and the dispensaries

The below facts about the hospital dispensaries were gathered in 2018, it might have changed. If you see that something should be updated please notify the Swedish office.

The Sub-County Hospital is the only one in North Pokot, with a population of 300 000 inhabitants. There are also coming patients from Uganda, and to the Kala Azar center at the hospital, there are patients from a big part of Kenya. The total number of staff at the hospital is approximately 100 persons

The staff consists of 8 clinical officers, working in shifts, two in the OPD (Open patient department) and one during the night. A number of nurses are working in the wards, the ANC, maternity, PNC and mother and child health (MCH) including immunization. There are also a nurse for the x-ray department, there are lab-technicians, dietician, pharmacist and other staff such as cleaners. One Medical Officer, Salomon, is employed to have an oversight of the hospital and to work in the Sub-County Health Management Team.

At the hospital, there is a general ward (for adults), a children ward, maternity, a special ward for persons with the governmental health insurance, as well as specific clinics, wards and/or teams for HIV/AIDS, TB and kala azar. The lab is relatively well equipped for different tests, there is also x-ray and ultra-sound. There is a hospital pharmacy, but some medicine are sometimes lacking. A new operation theatre is located in a new building but is not in use since work has not been finished and there is no qualified staff.

The Kacheliba hospital refers patients to the Kapenguria hospital or a hospital in Uganda. There is an ambulance at the hospital that is used for this.

Konyao dispensary

Konyayo is situated 43 kilometers north of Kacheliba. There are 17 000 inhabitants. At the dispensary there is 1 Clinical Officer, 4 nurses and 50 CHV (community health volunteers). There is more than 100 patients at the OPD a day and 586 deliveries during the whole year 2017.

Nakwijit dispensary

Nakwijit is situated 33 kilometers north of Kacheliba. There are 4 900 inhabitants but many are coming from a nearby sub-county where there is no nearby dispensary which means that the catchment area is bigger than 4 900. At the dispensary, there is 1 nurse and 1 Community Health Extension Worker and 25 CHV. Around 20 patients a day at the OPD and 3 deliveries a month.

Kanyerus dispensary

Kanyerus is situated 35 kilometers southwest of Kacheliba near the border of Uganda. There are 40 000 inhabitants in the area including the ones in Uganda who comes to the dispensary. At the dispensary there is 1 nurse, 1 lab technician and 1 Community Health Extension Worker working together with 25 CHV. Around 50 patients a day at the OPD and 8 deliveries a month.

Tinei dispensary

Tinei is situated 11 kilometers south of Kacheliba. There are 8 500 inhabitants in the area. At the dispensary is 1 Clinical Officer, 2 nurses , 1 lab technician, 1 Community Health

Extension Worker and 25 CHV. Around 40 patients a day at the OPD and 60 ANC a month. Deliveries are 7 per month and immunization 100 per month.

The tasks and role of the Rotary Doctor at the hospital and the health dispensaries

One doctor will be working at the hospital together with the Clinical Officers there, and one doctor will be visiting the dispensaries, four different dispensaries four different days and one day at the hospital. At the dispensaries, the doctor will be working together with nurses or clinical officers depending on the situation. The two doctors decide themselves how to divide those tasks, you can change every week, one week at the hospital and one week at the dispensary, or one doctor can go to the dispensaries and one doctor to the hospital for the whole time.

At both the hospital and at the dispensaries the doctor is suppose to function mainly as a mentor and supporter of the local staff, in other words “on the job-training”. The local staff has a short formal education as clinical officers or nurses, but might have lots of experience in working in the conditions in Pokot. This situation puts specific demands on the Rotary doctors; to be listening, curious, responsive, and diplomatic as well as putting efforts into building up relations with the Pokot staff. All of the staff persons at the dispensaries and the hospital have been very welcoming and open, they want to learn and are implementing new learning, but might not be used to formulate specific questions. You will also need a lot of patients. Even if you know that you have succeeded in transferring knowledge, change might not take place as you expect or might not be sustained and durable. There are probably many reasons this is not happening that you as an outsider will not understand; financial and personal reasons, traditions, power relationships, etc. Change takes time – so be patient.

To train staff at the hospital’s weekly sessions of “Continuous Medical Education” CME on Tuesdays, is also part of the role of the doctors. The topics of the sessions will be based on the specific knowledge or specialization of the doctor, as well as on the requests from the hospital staff. You can get information about their requests from doctors that are at the hospital the period before you as well when you are there yourself. There is a special computer and projector at the hospital that can be used for the CMEs and where old CME presentations might be saved. There is also a specific website for information about CMEs: www.rotarydoctors.se/for-lakare/cmes/

RDS staff

There are two staff persons employed by the RDS/CNS based in Pokot that are there to help and support you in your work. This is:

Selina Kalemunyang, social worker and Pokot so speaking the Pokot language. Selina has earlier experience of working with NGOs and authorities in the area.

Chrispus Okwaro Makambo, driver and assistant. Chrispus is also a lab-technician by training and has worked with RDS/CNS in Kitale and Mumias.

Selina and Chrispus are having a lot of different tasks. In the beginning of the doctors’ period they will help with the introduction of the new doctors to the main staff of the hospital. They will also be able to help with shopping and Chrispus will help with driving also on weekends. On a daily basis one or both of them will be accompanying the doctor who goes to the dispensaries, and while the doctor work there together with the Kenyan staff, Selina and/or Chrispus will go on outreach for mother and childcare in the area with other local staff. Selina and Chrispus will also support training course and other projects that RDS/CNS will implement in the region.

Concerns for individuals, responsibility for health care

You will meet a lot of needy people, very sick, adults and children with little or no prospect of getting the right help due to lack of resources at the hospitals or due to lack of money to pay treatment. It might feel terrible and heart-breaking to see this. You or Rotary Doctors Sweden as an organization is though not in North Pokot to support individuals. If you would do this for a specific case it will soon be known by a lot of people and you, as well as coming doctors, will have a lot of requests for support.

It is essential to remember that the government in Kenya, through the health authorities, has the responsibility for providing health services to its people. There is of course shortcomings in the health sector, and the health authorities is directing requests to RDS about additional support. Our role is though clear, RDS/CNS is supporting the health authorities to increase the quality of the services, through you as doctors, and the availability of the services, through the outreaches. We are also looking for funding for other projects, especially for supporting women to become aware of their right to health services.

Living quarters

Currently the doctors are living in a small and simple house at the Catholic Mission compound. The house has two small bedrooms, a small hall combined living room and another room that is equipped as a small kitchen. Beds have sheets and mosquito nets. The bathroom is basic with a shower. There is electricity and water in the house, Wi-Fi is also installed, although there is often power failure, sometimes for longer periods.

There is a possibility to eat dinner with the catholic priest and sometimes with the nuns, since the kitchen is very small in the house. One can of course also cook in the house.

A cleaning lady that also does the laundry is coming once a week.

It has been hard to find a good house for the doctors to live in. The current house should be seen as temporary. RDS/CNS is trying to find other alternative.

The cost for the accommodation is paid by CNS/RDS, but the cost for the food that you eat at the Catholic Mission you need to pay yourself. You do get an allowance for the food. You will need to discuss how much this will be with Daniel, based on the meals cost which is part of the accommodation.

The jeep

There is a RDS jeep in Kacheliba that should be used for the outreaches but also for the doctors. The doctors can use it for the weekends to go to Kapenguria for visits and shopping and to the joint meeting in Kitale (see below), as well as for one more trip to Kitale without costs. If you are doing other trips with the jeep over the weekend you will have to pay as mentioned in the "General Information to RDS doctors and dentists".

Joint meeting

Once during your mission you will during a Saturday participate in a joint meeting with the other doctors and dentists, as well as the local staff of CNS. This is an opportunity to discuss issues of concern, raise suggestions for changes and proposals for improvements of the work. You will receive information about this meeting from CNS's Daniel Muruka or from Selina.

Weather.

North Pokot is a rather warm place – or even hot. The rains are more common around April – July and sometimes between November and December. After rainy periods, there are always lots of water in the rivers flowing from the mountains. Be careful not to drive through riverbeds during these times since it can be dangerous.

Blogg

If you want more information about the work, read Ulrika Elmroth´s blogg from her time in North Pokot: <http://ullisikenya.blogg.se/>