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. Usually 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. From July 2019 there is also a project supporting women groups in the Kasei ward of North Pokot. The project aims improving women´s right to health, knowledge about reproductive health issues and work against female genital mutilation (FGM).

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. Teenage girls might 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 looks 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 as acting Head of the Hospital.

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.

Dispensaries

It is a Sub-County Health Management Team that is responsible for the dispensaries and the activities in the field. There is has been various acting heads for this team, other team members are responsible for vaccination, for reproductive health, for nutrition, for community units and community health volunteers.

Konyao dispensary

Konyao 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

Division of work:
The suggested work division is that the two doctors share the responsibility to work at the hospital and visit the dispensaries. That one doctors every second week works at the hospital and every second week at dispensary, and that the two doctors rotate so one will be at the hospital while the other goes to the dispensaries. On Mondays there is no dispensary work so then both doctors work at the hospital. If you jointly agree on another division this can be done.

Counterparts:
The doctor working at the hospital will work together with the Clinical Officers there, mainly at the Open Patient Department (OPD) but also join the Clinical Officers on the rounds in the wards.

The doctor working at the dispensaries, four different dispensaries four different days and one day, Monday, at the hospital. At the dispensaries, the doctor will be working together with nurses or clinical officers depending on the situation.

General working methods:
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 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.

Specific tasks at the hospital:
The hospital leadership and RDS/CNS have jointly decided that when the doctors are present, the doctors and some staff should jointly focus on some areas of improvements. These should be done step-by-step without any input of funds. The knowledge of the hospital staff and the knowledge of the doctors could be matched, improvements identified and implemented.

So far four areas had been identified as possible working areas of improvements:

Infection, hygiene and isolation
Use of lab-tests, use of x-rays

Use of drugs in general, including antibiotics
Processes at the OPD, for example introducing a triage system

When the different issues are taken up as an area of improvement will partly depend on the specialisation and experience of the Rotary doctors. Before you leave for Pokot the RDS office will therefore discuss with you what areas you can work with. It will also mean that you as a doctor will have time to prepare yourself.

The hospital will appoint a small working group of different staff categories that the Rotary doctors would join. Preferably the group should have a clear aim and a time schedule. The working group that would have the responsibility to analyse the current situation, and suggest changes that could be introduced. Some of the CME during this time should cover the area that the working group is focusing on.

If you, when you are at the hospital, do identify any similar area, an improvement that can addressed without any big investment, do discuss that with hospital and CNS representatives.

This working method was agreed in the end of April -19. It will probably take time and patient to get it to work. It is though the task of the doctor to remind, try to push for this working method.

Specific tasks at the dispensaries:
We have not reach any similar conclusion with the dispensaries regarding common areas of improvement. However, here RDS/CNS think that it is very important to work with the use of antibiotics and other medicines and other issues mentioned in the list at the end of this document.

CME – continuous medical education:
To train staff at the hospital's weekly sessions of "Continuous Medical Education" CME usually on Tuesdays, is also part of the role of the doctors. The topics of the sessions should follow-on the area of improvement that you will be working on. It can also 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 should 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/

Arrival of doctors

Doctors going to Kacheliba will be flying from Nairobi to Kisumu, where they will meet with Daniel or Jacinta of Community Nursing Services for an orientation about the North Pokot project in his office. The Doctors will then be driven for about three hours to Kitale. If there are doctors leaving Kacheliba at the same time you are coming you will meet in Kitale to get information and an updated about the latest in the project. You will also spend the night in Kitale. The next day the doctor will be driven to Kachiliba by Chrispus.

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. Her title is Field Officer

and she has an overall responsibility of the RDS/CNS activities in North Pokot.
Chrispus Okwaro Makambo, lab-technician and assistant. Chrispus 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, Chrispus is responsible for the outreaches with vaccination, and that will also be with him that the doctors will travel to the dispensaries. At the dispensary he will leave the doctor and go further out in the bush to the out-reach for mother and child health.

Selina is partly working on the project in Kasei to support women groups. She will also support the doctors in various issues and support Chrispus with the planning of the out-reaches.

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, lack of medicine 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. So do abstain from supporting individuals with medicine or money.

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

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 through a solar panel and water in the house, Wi-Fi is also installed. There is also a veranda – and it is common to sit outside in the evening.

So there is no guestroom in this house and therefore not possible to have guests coming during your stay in Kacheliba (if you are not the only doctor there). There might be a possibility to find some facilities to sleep a couple of nights for guests, but there is no decent hotel available in the town.

There is a possibility to eat dinner with the catholic priest and sometimes with the nuns. In that case you will pay directly to the catholic church for the food.

A cleaning lady that also does the laundry is coming twice or three times a week. She will come in the morning before the doctors leave and stay until you are back. She will clean the house, wash clothes and also do shopping for you. She can prepare some food the days that she is working. Other days you will cook if you do not want to eat with the priests.

The jeeps

There are two RDS jeep in Kacheliba, those are used for the outreaches and for the Kasei project, but also for the doctors. Note that it is not easy to drive yourself, but Chripus will be driving for you. Just talk to him. The doctors can use the jeep 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 och power point presentation

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

Ulrika has also done a power-point presentation about North Pokot, see:

https://www.rotarydoctors.se/for-lakare/forelasninglecture-tropiska-sjukdomar/

There she quotes Sören Kierkegaard to underline the basic attitude needed when mentoring and mentions some area of what Swedish doctors can contribute with:

"Om jag vill lyckas med att föra en människa mot ett bestämt mål måste jag först finna henne där hon är och börja just där. Den som inte kan det lurar sig själv när hon tror att hon kan hjälpa andra. För att hjälpa någon måste jag visserligen förstå mer än hon gör, men först och främst förstå det hon förstår. Om jag inte kan det hjälper det inte om jag kan och vet mera. Vill jag ändå visa hur mycket jag kan, så beror det på att jag är fåfäng och högmodig och vill egentligen bli beundrad av den andra istället för att hjälpa henne. All äkta hjälpsamhet börjar med ödmjukhet inför den jag vill hjälpa och därmed måste jag förstå att detta med att hjälpa inte är att härska utan att tjäna. Kan jag inte detta kan jag heller inte hjälpa någon."

Sören Kierkegaard

Vad kan vi bidra med?

- Antibiotikaanvändning
- Fysisk undersökning
- Labba lagom
- Klinisk bedömning

- Behandling av kroniska sjukdomar (Diabetes, hypertoni, epilepsi, cancer, KOL, hjärtfel etc)
- Utredning av symptom
- Expektans
- Smarta läkemedelsval
- Patientcentrerad konsultationsteknik
- Yrkesstolthet
- Kritiskt tänkande
- Fortbildningstimmar
- Etik
- Patientsäkerhet
- Smittskydd
- Vetenskaplig metod/utvecklingsarbete