

JEEPLINE HANDBOOK 2019

For jeepdoctors – Endebess/Kwanza Jeeplines

Updated 2019-05-10

1. Introduction

The aim of the jeeplines is to provide good preventive and curative health care to families which lack access to health facilities and to support the local communities to build up their own health dispensary. Each jeepline team provides health care through an outreach clinic in five different localities every week, one locality every week day. The localities are carefully chosen based on health needs and distances to other health facilities. This is done together with the health authorities. For each clinic there is also a clinic committee consisting of representatives from the local community responsible for certain tasks.

The services provided at the clinics include:

1. Curative services
2. Immunization
3. Family planning
4. Antenatal Care
5. HIV/AIDS testing and counseling
6. Health Education

The role of the jeep doctor is to lead the work of the jeepline team and treat patients, but you will also be involved in health education, training staff, having contact with the clinic committees and in other tasks. See the jeep doctor's job description annexed for more information.

2. Coordinators

Daniel Muruka is a registered nurse and the coordinator for Rotary Doctors Sweden (RDS) in Kenya. Jacinta Karimi is assistant coordinator and also a registered nurse. Daniel and Jacinta head the organization Community Nursing Services (CNS), which is the partner of RDS. They are overall responsible coordinators for all the jeeplines and dental clinics in Kenya.

3. Jeepline team

The team of the jeepline consists of a pharmacist and a lab-technician, who is also doing the job of a HIV/AIDS counselor. One of those persons will also act as the driver of the jeep. The role of the lab-ass and HIV/AIDS counselor is:

1. Doing all the different kinds of test that is done at the jeepline, with a microscope and fast-tests according to need.
2. Offering HIV testing and counseling services in the field.
3. Supporting the HIV positive with referral plans.

The role of the pharmacist is to:

1. Dispense the medicine to the patients and inform/explain how they should be used, according to the doctors' prescription.
2. Have an overview of all the medicines, be responsible for the stock and order when needed,
3. Be responsible for the mosquito nets and its distribution.

In addition to the above persons there is a nurse from the health authorities in the area, whose role it is to:

1. Providing immunization, antenatal care and family planning.
2. Assist the doctor if need be.
3. Counseling of pregnant women.
4. Help the doctor during referral in identifying nearest referral points.

For the two jeeplines there is also an additional nurse employed by the CNS/RDS. This nurse will one week join one of the jeepline and the next week join the other jeepline. Her/his role is:

1. Act as team leader for both teams, this means to have an overall responsibility for all issues that can arise.
2. Take care of patients with chronic diseases and sell medicine to those groups, which will include consulting the doctors when needed.
3. Supporting the doctors when needed.
4. Having an overview of the subjects that has been taken up as health education for the volunteers and for the staff.

Who is who on your jeepline you will find in the annex. If you have some challenges on your jeepline, something missing or something you would like to change you should talk to the team leader, e.i. the nurse. Remember that you are only there for six weeks, and then comes a new doctor. The team needs continuity, even if we of course also should strive to improve things, but then in a dialogue with the team leader.

4. Rules for jeep for the jeeplines

There is a driver that is appointed to drive the jeep when going to the clinics. This person is also responsible for the condition of the car, for the equipment in the car and safety according to rules that are set-up. He/she is in contact with Daniel and Jacinta about any issues coming up. There should be no more than five people in the car, except for short distances when picking up a nurse from the health authorities from a nearby health dispensary. This might mean that accompanying persons, such as family or friends of the doctor, might not be able to join the jeeplines every day.

5. Clinic committees

Clinic Committees have been established to improve collaboration between the jeepline team and the local community. A committee consists of 10-14 members from the community with a chairman, a secretary and a treasurer and they should meet regularly. An active clinic committee is important for adequate patient frequencies and a good performance at the clinics. Connected to the committee are some volunteers who are assisting the jeepline team. The main tasks for the local Clinic Committee and the volunteers are:

1. Arrange for translators.
2. Arrange for lunch or tea with snacks for the jeepline team by using the funds received from the patient fee.
3. Register, weighing and receive payments when the patients arrive to the clinic.
4. Equip the clinic with examination couch, chairs, tables and curtains for privacy.
5. Improve the facilities around the reception.

The clinic committee is also responsible for on a long-term basis plan for the take over of the clinic, this can mean to provide a piece of land for the construction of health facilities as well as applying for funds from other donors. The Clinic Committees and the volunteers do receive training about their roles and tasks. Some of volunteers might be trained community health volunteers (CHV) some are just members of the committee.

When a clinic is to be handed over to the clinic committee and the health authority it is usually a couple of months overlap. The nurse that will be responsible at the health dispensary will already have started to work full time at the dispensary/clinic, but the jeep line team will still be coming once a week. This provides an opportunity for the nurse employed by the health authorities, to learn from the doctor but seeing patients together, but discussing specific cases of curative treatment, for example regarding the use of antibiotics. It is important that this is being done, there has though also been challenges in this regard since the nurses has not always received instructions about this. If it does not work, please do discuss that in the team and with Daniel.

6. Clinics – fees, patient books, medicines, referrals and mosquito nets

RDS charges 150 KES per patient from 10 years and above for each clinic visit, for those below 10 years it costs 50 KES. 80% of the total income from the fees goes to Rotary Doctors/Community Nursing Service to cover some of the costs of medicine and the remaining 20% to the local Clinic Committee.

If a patient is requested to come for a review visit this is for free up to two visits. If a patient returns for a second health problem or is coming for a third visit he/she should though pay the fee.

Most patients will have a small notebook with them in which of all prior visits to health care facilities should be noted. Fill in the following in the book; patient medical history, result of tests and the examination, diagnosis and treatment indicating the doses, frequency and duration of medication.

The jeep line team comes to the clinic with the jeep packed with medicine boxes, the doctor's box, nurse's box and other equipment. In the doctor's box there are equipments and materials for the examination of the patients, see the Jeepdoctor Manual for detailed information, but we recommend you bring your own stethoscope. In the doctor's box there is also a hardcopy of the Jeepdoctor Manual for diagnoses and medical prescriptions. The medicines mentioned in the Manual are those that are available. There is also a copy of the Ministry of Health's Clinical Guidelines as well as the National Guidelines on Malaria, a good reference book, in the doctor's box. All doctors are advised to check the content of the doctor's box at least on arrival to ascertain the content. If not complete discuss this with the jeep line team leader.

Some patients might need to be referred to the hospital. Discuss with the responsible staff before deciding who and to where to refer to. Each jeep line has a referral register in which the patient that is referred should be registered. The staff is then, together with the volunteers, responsible to follow up of all the referred patients so that the clinic gets some feedback of what happens to them.

It is important to sleep under mosquito nets to prevent malaria. There have been many campaigns in the areas where the jeep lines work, but there might still be families that are not using them. It is important that the adults are informed about how they should be used when they are given out. Pregnant mothers and families with children under five have the right to receive mosquito nets for free if they need them. Others should pay the fee that is 100 KES, however the doctor has the right to cancel

the fee if there are some very needy families that need a net. However nets acquisitions remain a big challenge with the changing governmental policies, sometimes it is therefore a lack of nets.

7. Poverty Fund

Each doctor has the right to use resources from a “poverty fund” for patients that need extra support. The actual money is to be taken from the daily collection of patient fees.

1. Part of the “fund” is not actual money, but it is the right of the doctor to:

- cancel the fee for very needy patients. This should be used with restriction only for patients that absolutely cannot pay.

- cancel the fee for mosquito nets for patients that really need it, but do not have the right to get it for free.

2. Part of the fund is actual cash, as described above, that should be used for:

- transport to hospital when referring due to emergencies, serious diseases that are hard to diagnose, accidents in need of x-ray, etc.

No more than totally 30 000 KES (Kenyan Shillings) can be used during one doctors’ period for both the above purposes.

It should not be used for registration fees at other clinics, medical tests or hospital care except in very special cases.

The idea is that it should be small contributions to many not a lot to a few. It is up to the doctor to make decisions regarding the usage of the fund based on the guidelines above. It can be a good idea to take advice from the staff and the clinic committees regarding the families’ ability to pay. You will get information exactly how the fund works and how you should report on this when you arrive in Kenya. Please do not pay with your own funds for patients, it might mean that patients understand that this is something a doctor should do.

8. Working with interpreters

You will often have to work through an interpreter. The interpreter is usually a volunteer from the local community. Do support, encourage and give clear feed-back to the interpreter so he/she can understand what is expected of him/her.

9. Ordering medicines

Drugs are ordered by the pharmacists on the jeepline to Jacinta at CNS, who orders them from a company called MEDS. In emergencies the doctors can buy some few drugs at the local pharmacy, but only those that are in the Jeepdoctor Manual. Ensure that you have a good communication in the team regarding medicines and the usage. You cannot decide yourself to buy medicines outside the manual and just expect refunding from CNS/RDS. You have to discuss that with Jacinta first.

10. Health education

The jeepline team and/or the volunteers at the clinic should try to use all opportunities to educate patients and relatives regarding different health issues. Patients waiting in the queue give a good opportunity to teach about hygiene and health, HIV/AIDS, vaccination and other issues. It can also be done to smaller groups or individuals. At the clinics there are trained health village volunteers who are

providing training and advice to patients, since they know the local language, but they need knowledge and information to be able to do this.

11. Train the staff

Once a week all jeepline team have a meeting, a so called Continuous Medical Education (CME), after the return of the jeepline to the house. Here you will be asked to share your knowledge and train the staff. The team leader keeps track on what topics have been covered recently. You might also ask the staff to inform you about issues you want to know about the Kenyan Health system. In addition, when there are few patients at the clinic and therefore extra time, do use these opportunities for informal training session, especially for the nurses when there are that rare diagnoses and treatments.

12. Responsibility for some of the finances

The doctor of the jeepline will be responsible for some funds. This includes the payment of the fees at the jeepline. You are responsible to report on those funds to Daniel and Jacinta before leaving Kenya, which include to give them the actual cash that you have gathered.

The doctors should also sign off the car fuel bill. Fuel is a big cost for Rotary Doctors and it is an area where faults may occur. The jeep is filled up at a special station in the town where you are located. The driver knows where. Both the driver and the doctor should sign off the fuel bill. It means that you should check that the liter filled in the car and the price is correctly noted on the sign-off slip. You will get more information about this when coming to Kenya.

13. Improvements and reporting

Feed-back from the doctors are essential to be able to continuously improve the work done. During your stay you will have a joint meeting with all the doctors and selected staff from the jeeplines. Do bring up issues and suggestions at that meeting. Do also try to have a final discussion about your experience with Daniel and Jacinta. And finally we do also want to have a short written report sent to the Swedish office after your mission, according to the reporting format that will be sent to you.

14. Restructuring the jeeplines

The long-term aim of the jeeplines is to support the local community to have their own health dispensary with a nurse from the local health authorities. Training of the Clinic Committee in management of a health clinic is therefore important as well as cooperation between the local community and the local health authorities. The coordinators of the jeeplines are doing most of this work. This means that the jeeplines are regularly re-structured; clinics are phased out since the local community will have their own dispensary and new localities for clinics are identified. Sometime clinic are moved or closed for other reasons. In some instances the whole jeepline is moved. These decisions are taken by the Kenyan coordinator in cooperation with the headquarters in Sweden, but it is always good to get input from the doctors about how the different clinics and clinic committees function.

15. Materials and medications from home

Medical material and basic equipment may be taken from home, perhaps as a gift from a hospital or pharmaceutical company. However, the possibilities for storing materials and medicines under optimal conditions are lacking. In the second mailing you will receive a list of materials needed for the jeeplines. Do not bring things that are not needed - it is irresponsible and will create problems. You might also have problems in the in custom control. The office can provide you with a document that might help.

Avoid coming in Kenya with plastic bags since the use of plastic bags has been banned by the Kenyan government.

16. Meet the other jeepline doctors

One Saturday of your assignment you will be invited to a meeting with all doctors working for RDS in Western Kenya. Daniel will inform you about time and place when you arrive in Kenya. The purpose is to exchange experience, identify problems, learning and discuss how the work can be improved.

Annex 1 Jeepline Handbook

ROTARY DOCTORS SWEDEN

Job description - For voluntary jeep-doctors on mission for Rotary Doctors Sweden

Aim of the jeeplines:

- Provide quality medical service to the local population around the jeepline clinics.
- Build capacity in the local community through the clinic committees to manage health care institutions and take over the responsibility of the clinic together with the health authorities.
- Cooperate with the health authorities to prepare take over responsibility of the clinic

Responsibilities and tasks:

- Medical doctor for the jeepline clinic – patient examinations, diagnoses, treatments, drug prescription, follow-up of patient data, with the support of the Jeepdoctor Manual. Communicate with the rest of the team and share health information
- Train the jeepline staff at Continuous Medical Education session, as well as share health information when possible, at the clinic and at updates meeting at the doctors' house whenever possible
- Initiate and support the jeepline staff and the clinic volunteers to inform and train the patients, specially those "in the queue" waiting to see the doctor, on current or emerging health issues in the local area
- Support and build up contacts with the clinic committees for each clinic
- Manage the poverty funds and the clinic funds, oversee the fueling of the jeeps. Report on funds used to CNS in Kisumu as well as the private use of vehicles and visitors in the Doctor's house.
- Represent the Rotary Doctors Sweden towards the health authorities and other organizations in cooperation with the coordinators in Kenya.
- Finalize narrative report to the coordinator in Sweden

Role of coordinators in relation to voluntary jeepline doctors' mission in Kenya:

Coordinator in Kenya:

- Responsible for the coordination of the activities of the jeeplines
- Direct manager of jeepline staff
- Manages and orders medicines
- Responsible for the continuous contacts with health authorities, other organizations and cooperation partners
- Gives advice regarding referrals
- Plans and arrange for updates between the doctors and the local staffs
- Informs the doctors on new governmental policies regarding health care system in Kenya.
- Coordinates arrival and departures in Kisumu
- Follows up practical questions regarding houses, cars, etc.
- Financial responsible regarding all costs except the allowances, gives out funds and receive reports for these costs
- Arranges for medical licenses

Coordinator in Sweden:

- Scheduling of the jeeplines
- Preparation of the doctors: ordering tickets, mailings, pre-reading material, credential documents, payment of allowance, insurance
- Follow-up of reports and problems related to the missions
- Overall responsible for the jeepline and the long-term development

Annex 2 Jeepline Handbook

ENDEBESS AND KWANZA JEEPLINES.

TRANS-NZOIA COUNTY

Endebess and Kwanza jeepline is located in Trans-Nzoia county in the former Rift Valley Province. Trans-Nzoia is located between the Nzoia River and Mount Elgon. **Kitale** is the main town in the county located 380 km north west of Nairobi. Trans Nzoia county covers an area of 2495.5 square kilometers and borders Uganda.

The total population in the county according to the 2009 census is 575,662. The county was originally inhabited by the Kalenjin and Bukusu tribes. After independence many of the farms vacated by white settlers were bought by individuals from other ethnic groups in Kenya, making Trans Zoia a multi ethnic county. After the disturbance at the election in 2007 internally displaced persons did also settle in Trans Nzoia.

The county is largely an agricultural area with both large scale and small scale wheat, maize and dairy farming.

CLIMATE AND WEATHER

Note that it is not very warm in the Kitale area. On the slopes of Mount Elgon, the area has a cool and temperate climate. Average annual temperatures ranging between a minimum of 10°C to a maximum of 27°C. The annual rainfall is ranging between 1000 and 1200mm, with the wettest months being April and October.

ENDEBESS SUB-COUNTY

The Endebess jeepline covers Endebess sub-county, the sub-county covers an area of 511.90sq km. with a total population estimated at 137,655 persons.

RELGION /CULTURE

Majority of people in Endebess sub-county are Christians. Prominent churches in the county include Anglican (A.C.K.), Roman Catholic and Presbyterians.

The indigenous Sabaot tribe is traditionally pastoralists. They believed that their god lived in elevated places where they couldn't reach such as on top of Mount Elgon or up in the sky. Many other tribes has settled here since they were used as laborers in the big farms owned by the whites and rich Africans.

KWANZA SUB-COUNTY

The Kwanza jeepline covers Kwanza sub-county, the sub-county covers an area of 466.90sq km. with a total population estimated at 243,977 persons (projection form the 2009 census)

RELIGION /CULTURE

Majority of people in Kwnza sub-county are Christians. Prominent churches in the county include Anglican (A.C.K.), Roman Catholic and Presbyterians. Islam and Hinduism are also minimally professed mostly around major towns.

The Kwanza region has mixed tribes, the tribes includes the Saboot, The Kisii, the Bukusu, some Turkana. Many tribes from other parts of Kenya settled here since they were used as laborers in the big farms owned by the white and rich Africans.

KITALE TOWN

The doctors' house for both jeeplines is situated Kitale town, which is located between Mt. Elgon and Cherangany Hills. It is the largest town and Trans Nzoia's administrative capital. The town is home to over 220,000 people.

PLACES OF INTEREST

Most outstanding places of interest include:

- Mount Elgon National Park is located approximately 11 kilometers from Kitale town.
- Saiwa Swamp National Park is located some 27 kilometers from Kitale town.
- Kitale Museum, located in the heart of Kitale town.

ACCOMMODATION

There are many guest houses and hotels in the town including: Alakara Hotel, Vision Gate Hotel and Mid Africa Hotel.

Others are located out of town such as Lokitela Farm Hotel near Mt. Elgon National Park, Elgon View Resort and Swara Resort club located off Kwanza, Skynest County Hotel and Hotel Aturukan all located off the Kapenguria-Lodwar road.

BANK/SHOPPING

Barclays Bank, Diamond Trust Bank, Cooperative Bank, Standard Chattered Bank, Kenya Commercial Bank (K.C.B), National Bank of Kenya and Equity Bank are present. There are many supermarkets, including Khetia supermarkets, Suam Supermarket, Trans Mattresses supermarket, Nakumatt Supermarket, Tuskys Supermarket.

TRAVEL

The doctors will fly from Nairobi to Kisumu which is 159 km from Kitale, approximately 2,5 hours. There is also an airport in Eldoret, 74 km from Kitale, but the flight times does not fit with arrivals from Europe and the airstrip in Kitale is only frequented by a small company and not so secure.

DOCTORS HOUSE

The Doctors house in Kitale town, in Miliman area about 4 km from Kitale town center. The house is situated in a beautiful rural area, has a wonderful garden well kept by Alfred, the guard and gardener.

The house has one big living room, very light with many windows, a modern kitchen with both gas and electric stove and a big refrigerator with a freezer placed in the dining room. Ruth Jelagat is the house keeper and is responsible for cleaning, cooking and laundry. There are three bedroom, but no double bed. The rooms are nice with big windows. During cooler periods it can be rather cold during the nights, around 10C degrees so a nice warm pyjamas is needed. Not many mosquitoes and malaria is rare here. There are two toilets and two showers and the water is of good quality. The electricity works almost all the time. The internet does work in the house, but not for films or TV programmes. To use the local telephone is no problem. Do though remember that infrastructure in Kenya is not totally reliable, electricity, internet and water can have interruptions, this is part of working in a country like Kenya.

Kitale is a busy town with a lot of energy and it is an agriculture centre. From the city you see the wonderful Mount Elgon close to the Ugandan border. It is in that area that our clinics are situated. Kitale is a very nice town and you can buy whatever you want from the big stores in town. The people are very friendly, helpful and easy to get in contact with.

So, welcome to Kitale-Endebess, you will not be disappointed.

The jeepline team in place consists of:

No	Name	Postion	Duties
1.	Faith Nafula Juma	Team Leader/ Nurse. Alternates weekly for both jeeplines in Kitale	<ol style="list-style-type: none"> 1. Stands for continuity. 2. Link between RDS, community, nurses from the health authorities 3. Link to the health authorities 4. Organizes the days work and follows up clinic issues. 5. Writing monthly report of the above to the GOK. 6. Assist the doctor in case of many pts. 7. Attends to NCD patients (screening, review, etc.) 8. Team leader.
2	Erick Wafula	Lab technologist. And driver	<ol style="list-style-type: none"> 1. Blood Smear for malaria 2. Hiv testing and counseling. 3. Urinalysis 4. Random Blood sugar test 5. Pregnancy test 6. Helping the doctors in result interpretation 7. Hemoglobin test

			8. Writing monthly laboratory reports.
3	Christine Chesoli	Pharmacist	<ol style="list-style-type: none"> 1. Maintaining drugs flow. 2. Maintaining the pharmacy 3. Dispensing drugs 4. Keeping the drugs registers 5. Compile drugs orders. 6. Advice the doctor on available drugs in stock
4	Seconded Nurse from the government	Nurse	<ol style="list-style-type: none"> 1. Immunization 2. Antenatal care 3. Family Planning 4. Link to the DMOH 5. Writing monthly report of the above to the GOK. 6. Assist the doctor in case of many pts.

THE JEEPLINE CLINICS.

<i>CLINIC DAY</i>	<i>CLINIC</i>	<i>CLINIC HOUSE</i>	<i>km</i>	<i>Road</i>
<i>Monday</i>	<i>St.Emanuel</i>	Church, in a slum	<i>7</i>	Good
<i>Tuesday</i>	<i>Mubere</i>	CDF dispensary building	<i>38</i>	Good
<i>Wednesday</i>	<i>Mowlem</i>	A church	<i>35</i>	Good
<i>Thurdays</i>	<i>Robinson</i>	Chiefs Camp	<i>48</i>	Can be tricky during rains
<i>Friday</i>	<i>Zea</i>	CDF dispensary building	<i>21</i>	Can be difficult around the swampy area

THE KWANZA JEEPLINE

The jeepline team in place consists of:

No	Name	Postion	Duties
1	Faith Nafula Juma	<p>Team Leader/ Nurse.</p> <p>Alternates weekly for both jeeplines in Kitale</p>	<ol style="list-style-type: none"> 1. Stands for continuity. 2. Link between RDS, community, nurses from the health authorities 3. Link to the health authorities 4. Organizes the days work and follows up clinic issues. 5. Writing monthly report of the above to the GOK. 6. Assist the doctor in case of many pts.

			<ul style="list-style-type: none"> 7. Attends to NCD patients (screening, review, etc.) 8. Team leader.
2	Celine Wachiye	<p>Lab technologist.</p> <p>Also a jeepline officer</p>	<ul style="list-style-type: none"> 1. Blood Smear for malaria 2. Hiv testing and counseling. 3. Urinalysis 4. Random Blood sugar test 5. Pregnancy test 6. Helping the doctors in result interpretation 7. Hemoglobin test 8. Writing monthly laboratory reports. <p>As a jeepline officer:</p> <ul style="list-style-type: none"> - Follows up clinic committee issues - Follows special projects in the area - Represents RDS/CNS in stakeholder meetings in the area.
3	Tom Simiyu Masika	<p>Pharmacist</p> <p>And a driver</p>	<ul style="list-style-type: none"> 1. Maintaining drugs flow. 2. Maintaining the pharmacy 3. Dispensing drugs 4. Keeping the drugs registers 5. Compile drugs orders. 6. Advice the doctor on available drugs in stock.
4	Seconded Nurse from the government	Nurse	<ul style="list-style-type: none"> 1. Immunization 2. Antenatal care 3. Family Planning 4. Link to the SCMOH 5. Writing monthly report of the above to the GOK. 6. Assist the doctor in case of many pts.

THE KWANZA JEEPLINE CLINICS.

CLINIC DAY	CLINIC	CLINIC HOUSE	km	Road
<i>Monday</i>	Tulop Kesis			
<i>Tuesday</i>	Amuka			
<i>Wednesday</i>	Sarura			
<i>Thursdays</i>	Umoja Center	In a church	27	Good
<i>Friday</i>	Nabeki	CDF dispensary	43	Can be tricky during rains