

## JEEPLINE HANDBOOK 2017

### 1. Introduction

The aim of the jeelines 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 jeeline 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 jeeline 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 coordinator for all the jeep-lines and dental clinics in Kenya.

### 3. Jeepline team

The team of the jeeline will consist of a pharmacist and a lab-technician, who is also doing the job of an HIV/AIDS counselor. One of those persons will also act as the driver of the jeep. (At Mumias jeeline there is a driver employed who is responsible for the medicines, which he has long experience of.) The role of the lab-ass and HIV/AIDS counselor is:

1. Doing all the different kinds of test that is done at the jeeline, 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 every two jeeplines there is also an additional nurse employed by the CNS/RDS that means that there is one nurse in Mumias for Matungu and Mumias jeeplines and one nurse in Kitale for Kwanza and Endebess jeeplines. This nurse will one week join one of the jeeplines and the next week join the other jeepline. Her/his role will be to:

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 to on a long-term basis 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.

## **6. Clinics – fees, patient books, medicines, referrals, mosquito nets and poverty fund**

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 of from the fees goes to Rotary Doctors to cover some of the costs of medicine and the remaining 20% to the local Clinic Committee. The Committee should though always receive at least 400 KES for a clinic day to be used to provide the jeepline team with lunch.

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 jeepline 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 jeepline team leader.

Some patients might need to be referred to the hospital. In the doctor's box there is information about different health facilities to which to refer patients to. The nurse can also advice regarding referrals.

It is important to sleep under mosquito nets to prevent malaria. There have been many campaigns in the areas where the jeeplines 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.

Each doctor has a poverty fund to use for patients that need extra support. Part of the fund is actual money, a sum of 30 000 KES (Kenyan Shillings) that can be used for paying for transport to the hospital when the doctor refers patients and for baby porridge for malnourished children. The other part of the fund is not money, but the right for the doctor to cancel the fee for really needy patients, or cancel fees for mosquito nets. The idea is that it should be small contributions to many not a lot to a few. The doctor has to report back regarding the fund. You will receive this when arriving in Kenya including instruction on how it should be reported.

## **7. 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.

## **8. Ordering medicines**

Drugs are ordered by the pharmacists on the jeep line and 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.

## **9. Health education**

The jeep line team 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.

## **10. Train the volunteers.**

During your period you will be asked to give lectures to the clinic committee volunteers. The jeep line team leader will discuss with the volunteers the topic depending on need, it might be issues such as wound dressing, fever management at home, diarrhea management, emergency care for convulsions, choking, bleeding. In other words basic issues that are not complicated. You will then get to know the topic from the team leader in advance so that you have time to prepare. These training sessions will be given at the end of the clinic day when times allow to the volunteers so that the volunteers can, with support from the Kenyan staff, inform the patients and their families the next coming week.

## **11. Train the staff**

Once a week all jeep line team have a meeting, a so called Continuous Medical Education (CME), after the return of the jeep line 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 finances**

The doctor of the jeep line will be responsible for some funds. This includes the payment of the fees at the jeep line. Some of those are given to the Clinic Committee and some are collected and used for the poverty fund, the rest you should give back to Daniel and Jacinta before leaving Kenya.

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.

There will also be some money to use for items needed in the houses – utensils, kitchenware, etc. that should also be reported back in the end of mission.

### **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 jeepelines. 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 jeepelines**

The long-term aim of the jeepelines 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 jeepelines are doing most of this work. This means that the jeepelines 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 jeepeline 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 jeepelines. 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.

### **16. Meet the other jeepeline doctors**

One Saturday of your assignment you will be invited to a meeting with all doctors at the jeepelines in Western Kenya. The meeting will take place in Bungoma and 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.

### **Annexes:**

- Job description for the jeepdoctors
- Instruction about the poverty fund

## **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:***

- Team leader of the jeepline team as the most qualified team member
- 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 and health volunteers at the jeeplines, 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 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

### Instruction for the new “Fund for the Needy” for Doctors at the jeeplines

A challenge at the jeeplines is that some patients are in need of health care but without means of paying for it. Rotary Doctors Sweden has therefore established a “Fund for the Needy”.

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. (See details in the Handbook for jeeplines).

Part of the fund consists of money that should be used for:

- buying and distributing baby porridge for malnourished children,
- transport to hospital when referring due to emergencies, serious diseases that are hard to diagnose, accidents in need of x-ray, etc.

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

The main purpose of Rotary Doctors Sweden is “**to do little for many**”.

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.

After the mission all jeepdoctors **must report on the number of cancelled fees and the money used**. For example in the following way:

	Type of expenses covered from the Fund for the Needy	Number of persons/items	Total cost in KES
	<i>Jeep clinic fees: adults</i>	15	
	<i>Jeep clinic fees; under ten</i>	25	
	<i>Mosquito nets</i>	4	
	<i>Transport</i>	12	10.000
	<i>Porridge</i>	5	2.000