
THE ROTARY DOCTORS SWEDEN **REPORT**

PERIOD

JANUARY - JUNE 2014

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INTRODUCTION

The Rotary Doctors Sweden is a Swedish Humanitarian Organization, sending volunteer doctors and dentists to developing countries to offer both medical and dental care to rural communities living far away from health facilities.

Kenya is one of the countries in Africa (east) which has benefited from this program; the program has enabled many communities access health care. The mobile clinics which begin in makeshifts progressively are developed to dispensaries to offer static health care under the management of a local nurse supported by the government. The communities are mobilized and motivated and educated on how to support and run the dispensaries.

The Rotary doctor's activities in Kenya target the poor people and people living far away from health facilities. The RDS doctors reach out to the community through mobile medical team, the team composed of foreign doctors and local staffs.

One group of mobile teams is called jeep line. Each jeep line visits different communities each day of the week while maintaining the same sites for as long it is necessary to bring in some development in terms of health. The purpose is to motivate the community to develop a sustainable health system in the community and supported by the community.

The RDS operates six jeep lines in Kenya, Maseno jeep line and Ugunja jeep line in Siaya. Matungu and Mumias in Mumias town in Western Kenya. In Eastern we have Kisima jeep line. Homabay jeep line has since been terminated.

Other RDS activities in Kenya, are three dental clinics offering dental care to the community and school oral hygiene, these programs are situated in Mutomo Mission Hospital, Migori Mission hospitals and Kisima (Gundua Health Centre) in Timau.

The Rotary Doctors Sweden (RDS) works in close cooperation with the local communities and the government through the ministry of health, Mission Hospital and other community health care services.

SERVICES

The RDS service in the community includes:

1. Curative services

Doctors offering the services to the patients coming to seek medical help, patients are examined, some are tested and offered treatment.

2. Immunization

Mostly this service is offered by a nursing staff joining the team, either from the Government hospital or a nurse employed by the RDS. The immunization services are offered as per Kenyan vaccination protocols. Children from 0-1 year are able to access the vaccination services. The immunization antigen includes Polio (Oral Birth Polio at birth, 1st, 2nd and 3rd polio) BCG which is given at birth or with the first contact with the infant immediately after birth. Pentavalent vaccine which has 6 antigens in one to include Diphtheria, pertussis, Influenza, Hib and measles at nine months.

3. Family planning

With the limited resources, the most commonly used methods of family planning services in our clinics are the pills (Microgynon, Microlute) and the injectable most commonly used is Depo-Provera. This service is offered by the nurses.

4. Antenatal Care.

This service offered by the nurse includes, screening antenatal clients for pregnancy related diseases and complications, educating the clients of safe habits during pregnancies, education of safe (skilled) delivery options.

5. HIV/AIDS testing and counseling

This is a service offered by our team of HIV counselors; they educate the patients about HIV/AIDS, offer pre-test and post-test counseling. The patients with positive tests are then referred to ART centers for further management; the referred patients are followed up later on.

6. Health Education

The team, immediately they arrive in clinics give health education to the waiting patients, health education topics are selected according to the needs and medical knowledge gaps identified. The whole jeep line team both local volunteers and the RDS teams are involved in health education.

7. Clean drinking water.(Spring protection and Shallow wells)

Through funding from different Rotary Clubs in Sweden, the RDS has been able to identify open community spring water sources and protect them. The protected springs offer safe water for the community, the chances of contamination are highly reduced through protection.

8. Training of the CHWs/Volunteers and CHCs.

The RDS has been supporting Community Health Workers in Rapiethi and Goyo in Ndhiwa Sub County. The support to the CHWs includes, funding training on technical modules, Chalk board updated, community open days, and referral tools.

9. Recently jiggers' eradication.

SERVICE CHARGES OF THE JEEPLINES

The patients are charged some fee as stated below;

- Under five 50ksh.
- Over 5 years 100ksh.
- Preventive services (immunization and Antenatal care) are provided free, this in line with the government recommendations.

N/B; No patient is denied treatment, simply because he cannot raise the above fee.

DOCTORS/DENTISTS

The volunteer doctors come for a period of six weeks, during the first half of the year, we have worked with different doctors (see in the appendix) mostly from Sweden, and the doctors have been able to offer medical care in very remote areas and under very remote circumstances with an aim of saving life. The doctors are responsible for the mobile clinics.

At the same time, we have had different dentists coming to Kenya and promoting dental care. The dentists mostly working in different mission hospital also offer dental/oral care to school children and those found with need for care are served.

THE STAFFING OF THE JEEPLINES

The staffs profile is as shown on the table below.

		Ugunja	Maseno	Hb1	Matungu	Mumias	KISIMA	TOTALS
1	NURSES	1	1	-	-	-		2
2	HIV CONSELLORS	1	1	1	-	1		4
3	DRIVERS	1	1	1	-	1		4
4	PHARMACIST	-	-	-	1	-		1
5	LAB TECHN.	-	-	-	1	-		1
6	GOK 2 ND NURSES	-	-	1	1	1	2	
7	WATCHMEN	3			1			1
8	HSE HELP	1		1	1			3
TOTAL STAFFING								19

Table 1

JEEPLINE SUMMERIES.

MASENO JEEPLINE.

- Is stationed in Siaya town, being the starting point. Two doctors (Maseno and Ugunja jeeplines) start from this point with other jeepline teams.
- The jeepline mainly covers Mobile clinics in Emuhaya Sub County and Ukwala Sub County and Gem Sub County.
- Most of the clinics are accessible throughout the year.
- One clinic Yenga is visited twice in a week.

THE MASENO JEEPLINE CLINICS

- Maseno jeepline has four sites to be visited weekly; one of the sites is visited twice in a week.

DAY	CLINIC
MON	PAP ORING
TUE	UMALA
WED	NGUGE
THUR	NYAMSENDA
FRI	UMALA

MASENO JEEPLINE SUMMARY.

(a) Patients turn up.

	clinic	Number of pts	Av. Per day	% of all clinic total
Monday	Pap Oriang	425	19	14.7
Tuesday	Umala Tuesday	911	40	31.5
Wednesday	Nyamsenda	693	31	23.9
Thursday	Nguge	297	14	10.3
Friday	Umala	570	25	19.7

Table 37

Comments.

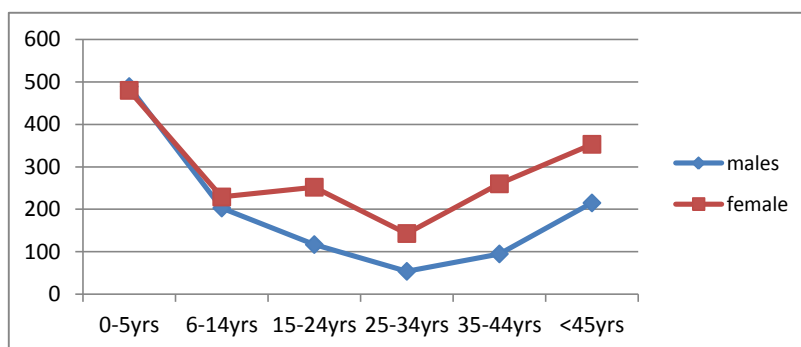
- Umala Tuesday clinic has the highest patients turn up in Maseno jeepline while Nguge has the lowest turn up.

(b) Patients turn up in age and sex.

(b) Patients stratified by age and sex												
0-5			6-14		15-24		25-34		35-44		<45	
	m	f	m	f	m	f	m	f	m	f	m	f
pts	489	480	203	229	117	252	54	143	95	260	215	353

Table 38

Graph showing patients turn up by age group and sex.



Graph 19

Comments.

- The highest group of patients seen in Maseno jeepline clinics are 0-5 years both males and female.
- Almost equal number of males and females between 0-5 years and 6-14 years of age.
- There is also a good number of patients seen above 45 years.
- Least patients seen are between 25-34 year

© Disease pattern

The table below shows the top 5 diseases in the jeepline.

CLINIC	1	2	3	4	5
PAP ORIANG	Malaria	Skin diseases	Viral inf.	General body aches	Pneumonia
UMALA TUE	Malaria	Skin diseases	General body aches	Viral Inf.	Pneumonia
NGUGE	Malaria	Skin diseases	General body aches	Viral inf.	Pneumonia
NYAMSENDA	Malaria	Skin diseases	Viral inf.	General body aches	Pneumonia
UMALA FRI	Malaria	Skin disease	Viral Infection	Pneumonia	General Body a

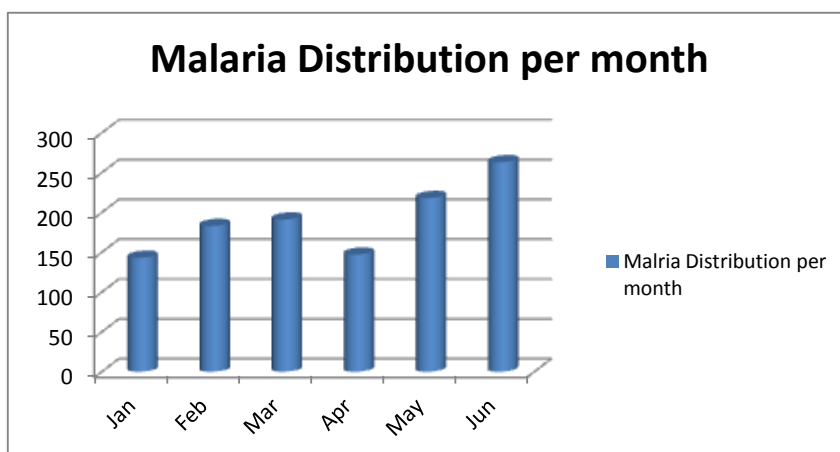
Table 39

Comments.

- In all the clinic top in the list was Malaria diagnosis, the second in the list was skin diseases except in Ebukhool with the second place being taken by the General Body aches.

(c) Malaria.

- In Ugunja Jeepline, the malaria test is by Paracheck.
- The table below shows the malaria distribution by month.

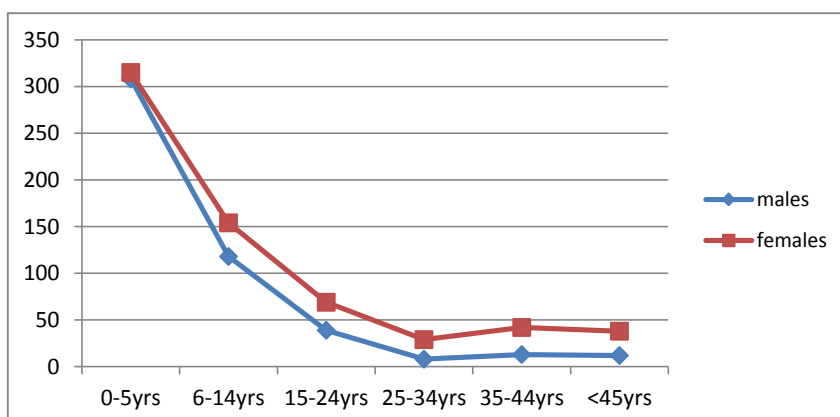


Graph 20

Comments.

- High malaria month was June followed by May. Low malaria months were January and April.

Malaria Distribution by age and sex.



Graph 21

Comments.

- More malaria in the age of 0-5 and 6-14yrs.
- More females tested positive for malaria.
- Declining trend with age.

(d) HIV TESTING.

CLINIC	TOTAL TEST	POSITIVE	% +VE
PAP ORIANG	23	2	8.6
UMALA TUESDAY	53	10	18.7
NYAMSENDA	34	3	8.8
NGUGE	13	0	0
UMALA FRIDAY	38	5	13.2

Table 40
COMMENT.

- Umala Tuesday clinic leads with the highest prevalence of HIV followed by Umala Friday clinic.
- There was none positive in Nguge clinic.

(e) PREVENTIVE SERVICES

(i) Antenatal clinic.

	1 ST VISIT	2 ND VISIT	3 RD VISIT	ABOVE 4 TH VISIT	TOTALS
PAP ORIANG	10	8	6	4	28
UMALA TUE	12	12	6	2	32
NYAMSENDA	4	4	0	3	11
NGUGE	0	1	1	0	2
UMALA FRY	7	2	4	2	15
TOTALS	33	27	17	11	88

Table 41

Comments

- Maseno jeep line has very low ANC turn up, Nguge has the lowest followed by Nyamsenda and Umala Friday,
- High ANC turn up is seen in Umala Tuesday and pap oriang.

(ii) Family planning.

	DEPO	ORAL	IMPLANTS	STERILIZATION	TOTALS
Pap Oriang	17	0	0	0	17
Umala Tue	22	0	0	0	22
Nyamsenda	19	0	0	0	19
Nguge	30	2	0	0	32
Umala Fry	24	0	0	0	24
TOTALS	112	3	0	0	114

Table 42

Comments.

- The clients use only depo provera in Maseno jeep line.
- REASONS
- Our nursing staff has not been having skills to perform inserts and implants. The nurse is now trained and can insert the implants.

(iii) Immunization.

	POLIO					PENTAVALENT			MEASLES	FIC
	BCG	BP	1ST	2ND	3RD	1ST	2ND	3RD		
PapOriang	0	0	8	11	13	9	12	15	22	22
Umala Tue	15	4	15	17	16	15	18	16	19	19
Nyamsenda	0	0	4	3	4	4	3	7	11	11
Nguge	0	0	1	1	0	1	1	0	1	1
Umala Fry	0	3	7	13	14	7	13	13	15	15
	15	7	35	45	47	36	47	51	68	68

Table 43

Comments

- Maseno jeep line has the lowest turn up in Immunization services.
- Nguge has the lowest immunization,

(iv) Mosquito Nets distribution

<u>clinics</u>	<u>jan</u>	<u>feb</u>	<u>Marc</u>	<u>april</u>	<u>may</u>	<u>june</u>	<u>totals</u>
<i>Pap Oriang</i>	<i>11</i>	<i>8</i>	<i>10</i>	<i>15</i>	<i>9</i>	<i>11</i>	<i>64</i>
<i>Umal Tue</i>	<i>9</i>	<i>11</i>	<i>12</i>	<i>7</i>	<i>8</i>	<i>7</i>	<i>54</i>
<i>Nguge</i>	<i>7</i>	<i>8</i>	<i>12</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>51</i>
<i>Nyamsenda</i>	<i>9</i>	<i>11</i>	<i>13</i>	<i>7</i>	<i>6</i>	<i>10</i>	<i>56</i>
<i>Umala Fr</i>	<i>8</i>	<i>12</i>	<i>11</i>	<i>8</i>	<i>7</i>	<i>6</i>	<i>52</i>
<i>TOTALS</i>	<i>44</i>	<i>50</i>	<i>58</i>	<i>44</i>	<i>38</i>	<i>43</i>	<i>277</i>

Table 44

PLANS.

(i) RDS APPROACH TO THE DISPENSARIES.

- Two clinic shall be exited to create two days for the dispensary visit. Maseno jeep line will only have three clinics and the doctor to have consultation in the dispensaries two days a week.
- This plan could see Nguge clinic and one umala clinic exited.

(ii) INCREASE HEALTH EDUCATION IN SCHOOLS/CHURCHES/PUBLIC BARAZAS

- As the doctors visit the dispensaries, other RDS staffs will embark on health educations in schools and public gatherings.

- **UGUNJA JEEPLINE**

- Ugunja jeepline is situated in Nyanza Province, Siaya county.
- The doctors house is situated in Siaya town, there are two doctors in the doctors house.
- The jeepline has it clinics in different counties and sub counties.
- Ugunja jeepline was once the busiest jeeplines in western Kenya, this has however changed with the initiation of the Mumias and Matungu jeeplines.

STAFFS OF THE JEEPLINE

NO	NAMES	QUALIFICATION	RESPONSIBILITY
1	One doctor from Abroad.	GP	DOCTOR I/C
2	Alvan Ng'ayo	Jeepline Nurse	TEAM LEADER
3	Phanice Okelo	HIV counselor	
4	Elkana Asudi	Driver	
5	Local Volunteers	CHWs	

Table 44

UGUNJA JEEPLINE CLINICS.

- Ugunja jeepline has four clinics; one clinic is visited twice in a week. The clinic performance is as described below.

UGUNJA JEEPLINE SUMMERY.

(f) PATIENTS TURN UP.

	<i>clinic</i>	<i>Number of pts</i>	<i>Av. Per day</i>	<i>% of all clinic tatal</i>
Monday	Eshikuyu	418	19	18.4
Tuesday	Yenga Tue	462	21	20.4
Wednesday	Esibembe	402	17	17.7
Thursday	Yenga Thur	461	21	20.3
Friday	Ebukhoolo	526	23	23.2

Table 76

Comments.

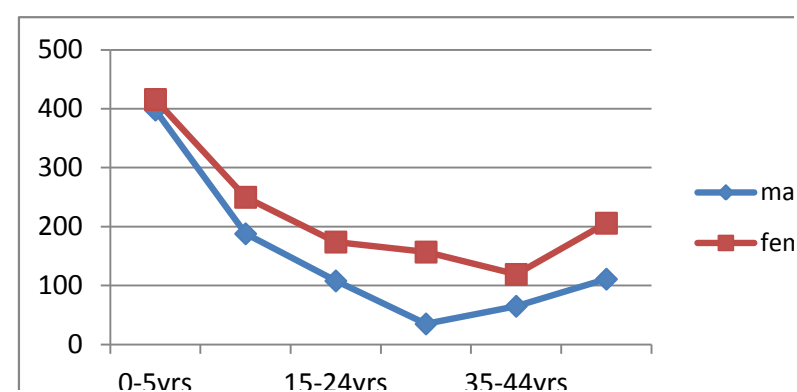
- Ebukhoolo clinic has the highest patients turn up in Ugunja jeepline while Esibembe has the lowest turn up.
- Low patients turn up in Esibembe could be attributed to its close proximity (3km)to Ekwanda Health centre.
- Yenga has an average turn up in both the Tuesday and the Thursday clinic.

(g) PATIENTS TURN UP IN AGE AND SEX.

	0-5		6-14		15-24		25-34		35-44		<45	
	<i>m</i>	<i>f</i>	<i>m</i>	<i>f</i>	<i>m</i>	<i>f</i>	<i>m</i>	<i>f</i>	<i>m</i>	<i>f</i>	<i>m</i>	<i>f</i>
<i>pts</i>	398	416	188	250	108	174	35	157	65	199	111	206

Table 77

GRAPH SHOWING PATIENTS TURN UP BY AGE GROUP AND SEX.



Graph 41

COMMENTS.

- The highest group of patients seen in Ugunja jeepline clinic is 0-5 years both males and female.
- More female see in all the age group.
- The least patients seen in 25-34 years for males and 35-44 years for females.

© DISEASE PATTERN.

The table below shows the top 5 diseases in the jeepline.

CLINIC	1	2	3	4	5
ESHIKUYU	Malaria	Skin diseases	Viral inf.	General body aches	Pneumonia
YENGA TUE	Malaria	Skin diseases	General body aches	Viral Inf.	Pneumonia
ESIBEBMBE	Malaria	Skin diseases	General body aches	Viral inf.	Pneumonia
YENGA THUR	Malaria	Skin diseases	Viral inf.	General body aches	Pneumonia
EBUKHOOLO	Malaria	General Body aches	Skin diseases	Viral inf.	Pneumonia

Table 78

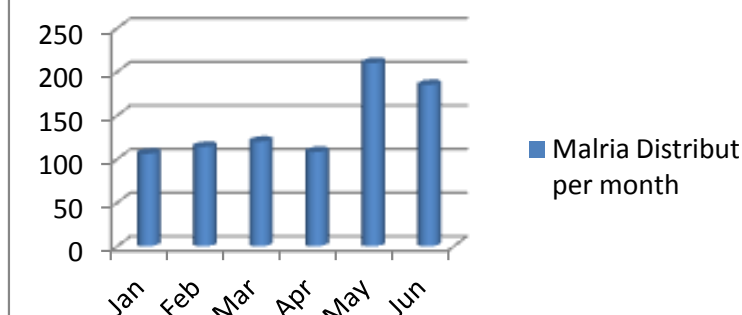
COMMENTS.

- In all the clinic top in the list was Malaria diagnosis, the second in the list was skin diseases except in Ebukhool with the second place being taken by the General Body aches.

(h) MALARIA.

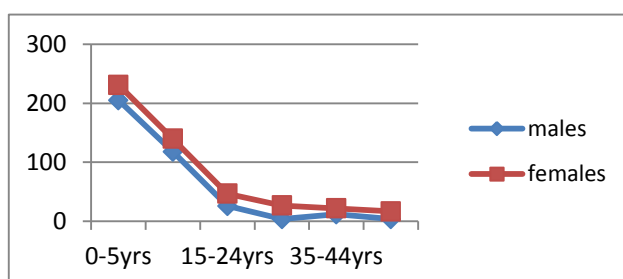
- In Ugunja Jeepline, the malaria test is by Paracheck.
- The table below shows the malaria distribution by month.

Malaria Distribution per month



Graph 42

MALARIA DISTRIBUTION BY AGE AND SEX.



Comments.
More malaria in the age of 0-5 and 6-14yrs.

More females tested positive for malaria.

HIV TESTING.

CLINIC	TOTAL TEST	POSITIVE	% +VE
ESHIKUYU	51	6	11.8
YENGA TUE	35	5	14.3
ESIBEMBE	28	2	7.1
YENGA THUR	41	1	2.4
EBUKHOOLO	51	2	3.9

Table 79

COMMENT.

-Yenga Tuesday leads with the highest prevalence.

-The least interestingly is Yenga Thursday clinic.

(i) ANTENATAL CLINIC.

	1 ST VISIT	2 ND VISIT	3 RD VISIT	ABOVE 4 TH VISIT	TOTALS
Eshikuyu	18	11	6	7	42
Yenga Tue	20	9	5	6	40
Esibembe	0	1	0	0	1
Yenga Thur	16	15	8	10	49
Ebukhoolo	23	12	9	2	46
TOTALS	77	48	28	25	256

Table 80

COMMENTS

- Average antenatal turn up in all the clinics.

- No ANC services in Esibembe due the nearness to Ekwanda H/C.

(l) Family planning.

	DEPO	ORAL	IMPLANTS	STERILIZATION	TOTALS
Eshikuyu	33	0	0	0	143
Yenga Tue	21	0	0	0	21
Esibembe	0	0	0	0	0
Yenga Thur	37	0	0	0	37
Ebukhoolo	52	0	0	0	52
TOTALS	143	0	0	0	143

COMMENTS.

Clients use only depo provera in Ugunja jeepline.

REASONS

Our nursing staff does not have the skills to perform inserts and implants. Arrangement has been made for him to train in these skills.

(j) IMMUNIZATION.

	POLIO					PENTAVALENT			MEASLES	FIC
	BCG	BP	1ST	2ND	3RD	1ST	2ND	3RD		
Eshikuyu	11	5	15	14	11	15	14	11	20	20
Yenga tue	0	2	8	7	10	7	11	7	13	11
Esibembe	0	0	0	0	0	0	0	0	0	0
Yenga Thur	0	1	8	16	15	11	17	16	13	13
Ebukhoolo	10	6	9	19	19	9	19	19	24	19
TOTAL	21	14	40	56	55	42	61	53	70	63

Table 81

COMMENTS

- For the same reasons as above, esibembe immunization clients go to Ekwanda health centre for these services.

(k) MOSQUITO NETS DISTRIBUTION

<i>clinics</i>	<i>jan</i>	<i>feb</i>	<i>Marc</i>	<i>april</i>	<i>may</i>	<i>june</i>	<i>totals</i>
<i>Eshikuyu</i>	<i>9</i>	<i>6</i>	<i>4</i>	<i>5</i>	<i>10</i>	<i>6</i>	<i>40</i>
<i>Yenga Tue</i>	<i>6</i>	<i>1</i>	<i>8</i>	<i>6</i>	<i>13</i>	<i>16</i>	<i>50</i>
<i>Esibembe</i>	<i>5</i>	<i>14</i>	<i>11</i>	<i>10</i>	<i>7</i>	<i>2</i>	<i>49</i>
<i>Yenga Thur</i>	<i>12</i>	<i>4</i>	<i>2</i>	<i>7</i>	<i>3</i>	<i>5</i>	<i>33</i>
<i>Ebukhoolo</i>	<i>10</i>	<i>3</i>	<i>9</i>	<i>6</i>	<i>9</i>	<i>2</i>	<i>39</i>
<i>TOTALS</i>	<i>42</i>	<i>28</i>	<i>34</i>	<i>34</i>	<i>42</i>	<i>31</i>	<i>211</i>

Table 82

PLANS.

INCREASE FAMILY PLANNING METHODS.

Training the nurses offering the service to acquire skills in insertions of implants and other methods of family planning.

(iii) Ebukhoolo Exit.

The GOK is in almost taking over the clinic, this clinic will therefore last the second half of this year and relocated to another site.

(iv) Esibebmbe Exit.

After the success of the new RDS approach to the Dispensaries, esibembe would be terminated to give way for more dispensary coverage.

(v) Yenga two visits per week.

The two visits per week in Yenga will continue indefinitely as it has been seen to run well.

MUMIAS JEEPLINE.

- Mumis jeepline is situated in Western Province, Kakamega county in Mumias Sub County.
- The doctors house is situated in Mumias town, there are two doctors in the doctors house.
- The jeepline has all its clinics except Ituti situated in Mumias Sub County.
- Mumias jeepline is the second busiest jeepline in western Kenya.

THE JEEPLINE STAFFS

NO	NAMES	QUALIFICATION	RESPONSIBILITY
1	One doctor from Abroad.	GP	DOCTOR I/C
2	Merab Anyona	VCT counselor	TEAM LEADER
3	Joseph Maana	Driver	
4	Local volunteers		

MUMIAS JEEPLINE SUMMERY.

(j) *Patients turn up.*

	clinic	Number of pts	Av. Per day	% of all clinic total
Monday	LUSHEYA	1,021	45	23.7
Tuesday	WANG NYAG	918	42	21.3
Wednesday	ITUTI	568	25	13.2
Thursday	BUBALA	821	36	19.2
Friday	MATEMO	987	43	22.9

Table 117

Comments.

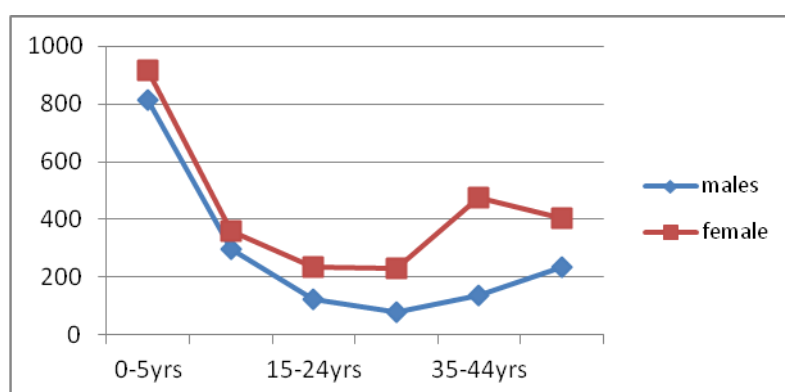
- Lusheya clinic has the highest patients turn up in Muias jeepline while Ituti has the lowest turn up.
- Mumias jeepline is the second busiest jeepline.

(k) *Patients turn up in age and sex.*

	0-5		6-14		15-24		25-34		35-44		<45	
	m	f	m	f	m	f	m	f	m	f	m	f
pts	815	917	298	360	122	236	81	231	136	477	239	403

Table 118

Graph showing patients turn up by age group and sex.



Graph 67

Comments.

- The highest group of patients seen in Mumias jeepline clinic is 0-5 years both males and female.
- More female see in all the age group.
- The least patients seen in 25-34 years for both males and females.

© Disease pattern.

The table below shows the top 5 diseases in the jeepline.

CLINIC	1	2	3	4	5
LUSHEYA	Malaria	Skin diseases	Viral inf.	General body aches	Pneumonia
WANG NYANG	Malaria	Skin diseases	General body aches	Viral Inf.	Pneumonia
ITUTI	Malaria	Skin diseases	General body aches	Viral inf.	Pneumonia
BUBALA	Malaria	G, body aches	Skin Disease	Viral Inf	Pneumonia
MATEMO	Malaria	Skin disease	G, Body aches	Viral inf.	Pneumonia

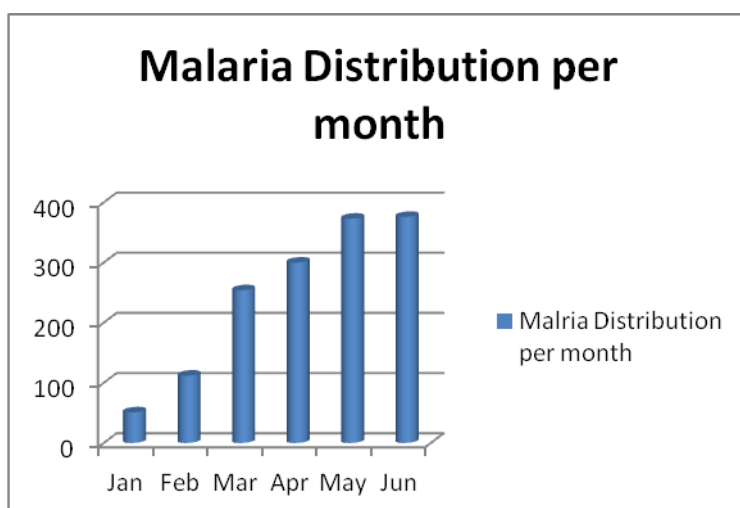
Table 119

Comments.

- In all the clinic top in the list was Malaria diagnosis, the second in the list was skin diseases except in Bubala with the second place being taken by the General Body aches.

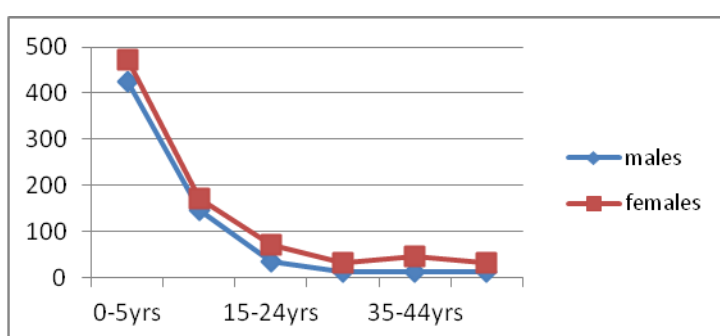
(I) Malaria.

- In Ugunja Jeepline, the malaria test is by Paracheck.
- The table below shows the malaria distribution by month.



Graph 68

Malaria Distribution by age and sex.



Graph 69

Comments.

- More malaria in the age of 0-5 and 6-14yrs. Malaria infection is seen to be decreasing with age here.
- More females tested positive for malaria.

(m)HIV TESTING.

CLINIC	TOTAL TEST	POSITIVE	% +VE
LUSHEYA	39	1	2.6
WANG NYANG	36	1	2.8
ITUTI	17	1	5.9
BUBALA	26	2	7.7
MATEMO	23	3	13.0

Table 120

COMMENT.

- Matemo clinic leads with the highest prevalence.

(n) Preventive Services

(v) Antenatal clinic.

	1 ST VISIT	2 ND VISIT	3 RD VISIT	ABOVE 4 TH VISIT	TOTALS
Lusheya	8	7	8	7	30
Wang Nyang	24	16	13	17	70
Ituti	0	0	0	0	0

Bubala	15	23	9	7	54
Matemo	12	12	8	4	36
TOTALS	59	58	38	35	190

Table 121

Comments

- Wang Nyang leads with high antenatal turn up.
- No ANC services in Ituti this because we do not have a nurse accompanying our doctors in Ituti.

(vi) Family planning.

	DEPO	ORAL	IMPLANTS	STERILIZATION	TOTALS
Lusheya	42	5	4	0	51
Wang Nyang	57	13	7	0	77
Ituti	0	0	0	0	0
Bubala	67	5	3	0	75
Matemo	104	7	14	1	126
TOTALS	270	30	28	2	329

Table 122

Comments.

- The clients use different types of FP method though Depo is the most commonly used followed by pills.

(vii) Immunization.

	POLIO					PENTAVALENT			MEASLES	FIC
	BCG	BP	1ST	2ND	3RD	1ST	2ND	3RD		
Lusheya	6	1	14	12	23	14	9	13	33	30
Wang Nyang	12	11	36	34	32	42	35	30	38	40
Ituti	0	0	0	0	0	0	0	0	0	0
Bubala	12	6	18	37	45	17	34	41	41	45
Matemo	12	6	23	31	34	17	36	33	42	40
TOTAL	42	24	91	114	134	90	114	117	154	155

Table 123

Comments

- Good immunization coverage, for the same reason as for FP, no nurse to give the services in Ituti.

(viii) Mosquito Nets distribution

clinics	jan	feb	Marc	april	may	june	totals
Lusheya	15	5	26	16	17	21	100
Wang Nyang	10	9	27	18	16	16	96
Ituti	13	11	24	14	12	13	87
Bubala	17	7	28	13	15	22	102
Matemo	8	9	23	17	11	15	83
TOTALS	63	41	128	78	71	87	468

Table 124

PLANS.

(vi) Training of the translators.

- All the staffs who are involved with translation, weighing and patients registration to be updated on their roles in the clinic.

(vii) Wang Nyang Exit.

MATUNGU JEEPLINE.

- Matungu jeep line is situated in Western Province, Kakamega county in Matungu Sub County.
- The doctors house is situated in Mumias town, there are two doctors in the doctors house.
- The main cash crop is sugar cane.
- The jeep line has all its clinics situated in Matungu Sub County.
- Matungu jeep line is the busiest jeep lines in western Kenya.

STAFFS OF THE JEEPLINE

NO	NAMES	QUALIFICATION	RESPONSIBILITY
1	One doctor from Abroad.	GP	DOCTOR I/C
2	Christine Chesoli	Pharmacists	TEAM LEADER
3	Erik Wafula	Labtechnologist/driver	
4	Local volunteers		

Table 125

MATUNGU JEEPLINE SUMMERY.

(o) Patients turn up.

	clinic	Number of pts	Av. Per day	% of all clinic tatal
Monday	Khandayi	499	23	10.8
Tuesday	Ebubmbula	985	44	21.3
Wednesday	Namasanda	762	33	16.5
Thursday	Itete	1272	55	27.6
Friday	Suo	1097	47	23.8

Comments.

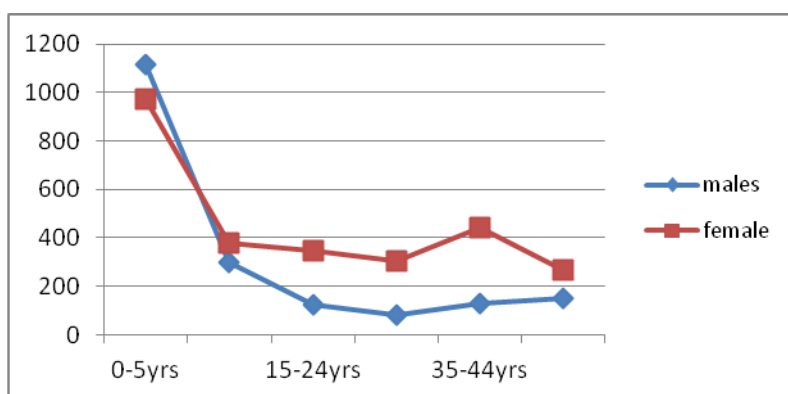
- Itete clinic has the highest patients turn up in Matungu jeep line followed closely by Suo Khandayi has the lowest turn up.
- Matungu jeep line is the busiest jeep line.

(p) Patients turn up in age and sex.

	0-5		6-14		15-24		25-34		35-44		<45	
	m	f	m	f	m	f	m	f	m	f	m	f
pts	1115	972	300	381	126	348	81	303	130	441	150	268

TABLE 156

Graph showing patients turn up by age group and sex.



GRAPH 89

Comments.

- The highest group of patients seen in Mumias jeepline clinic is males 0-5 years.
- More female see in all the age group except age 0-5 years.
- The least patients seen in 25-34 years for both males and females.

Disease pattern.

The table below shows the top 5 diseases in the jeepline.

CLINIC	1	2	3	4	5
Khandayi	Malaria	Skin diseases	G. body aches	Viral inf.	Pneumonia
Ebubambila	Malaria	Skin diseases	Viral inf.	G. body aches	Pneumonia
Namasanda	Malaria	Skin diseases	Viral inf.	G. Body aches	Pneumonia
Itete	Malaria	Skin disease	G. body aches	Viral Inf	Pneumonia
Suo	Malaria	G. body aches	Skin disease	Viral inf.	Pneumonia

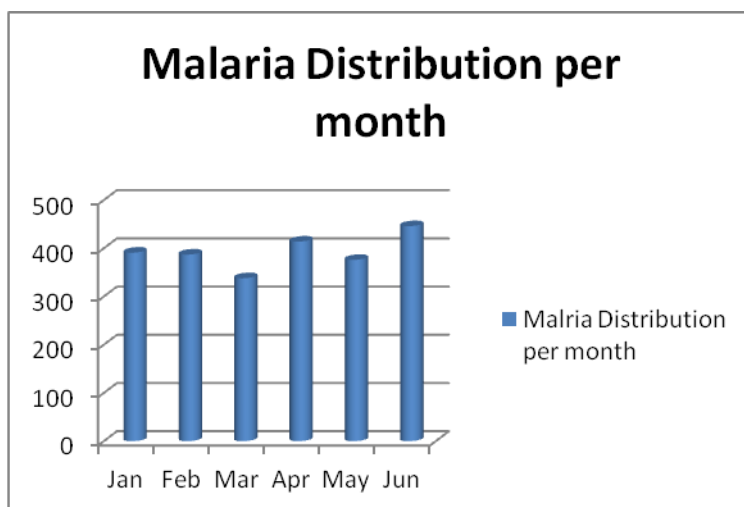
TABLE 157

Comments.

- In all the clinic top in the list was Malaria diagnosis, the second in the list was skin diseases except in Suo with the second place being taken by the General Body aches.

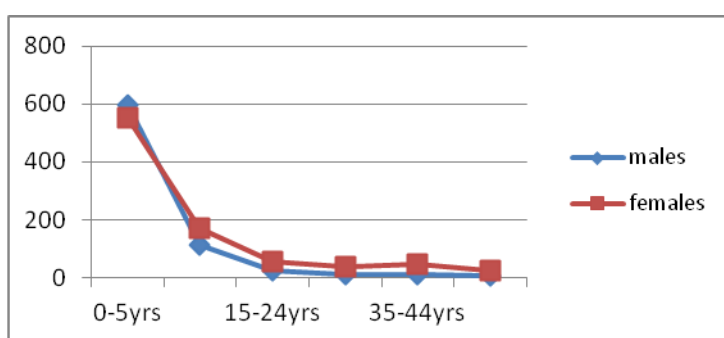
(q) Malaria.

- In Matungu Jeepline, the malaria test is by both Paracheck and Blood smear.
- The table below shows the malaria distribution by month.



GRAPH 89

Malaria Distribution by age and sex.



GRAPH 90

Comments.

- More malaria in the age of 0-5 and 6-14yrs. Malaria infection is seen to be decreasing with age here.
- More males tested positive for malaria between age 0-5 years.

(r) HIV TESTING.

CLINIC	TOTAL TEST	POSITIVE	% +VE
Khandayi	75	1	1.3
Ebubambula	99	2	2
Namasanda	38	2	5.3
Itete	99	4	4
Suo	63	2	3.2

TABLE 156

COMMENT.

- Namasanda clinic leads with the highest prevalence.

(s) Preventive Services

(ix) Antenatal clinic.

	1 ST VISIT	2 ND VISIT	3 RD VISIT	ABOVE 4 TH VISIT	TOTALS
Khandayi	21	26	19	16	82
Ebubambula	70	55	49	25	199
Namasanda	31	31	21	18	101
Itete	41	40	18	21	120
Suo	8	9	3	5	25
TOTALS	171	161	110	85	527

TABLE 157

Comments

- Ebubambula leads with high antenatal turn up.

(x) Family planning.

	DEPO	ORAL	IMPLANTS	STERILIZATION	TOTALS
Khandayi	127	5	1		133
Ebubambula	299	20	0		319
Namasanda	139	13	4		156
Itete	52	4	0		56
Suo	17	3	0		20
TOTALS	634	45	5		684

TABLE 58

Comments.

- The clients use different types of FP method though Depo is the most commonly used followed by pills.
- Ebubambla has the highest turn up.

(xi) Immunization.

	POLIO					PENTAVALENT			MEASLES	FIC
	BCG	BP	1ST	2ND	3RD	1ST	2ND	3RD		
Khandayi	11	12	35	37	36	33	44	33	68	53
Ebubambla	44	27	73	89	76	77	98	73	114	85
Namasanda	21	8	45	51	48	43	49	50	67	59
Itete	35	12	52	60	90	52	60	92	86	72
Suo	0	2	13	12	11	11	12	11	10	8
TOTAL	111	61	218	249	261	216	263	259	345	277

TABLE 159

Comments

- Good immunization coverage, Ebubambla leads.

(xii) Mosquito Nets distribution

<i>clinics</i>	<i>jan</i>	<i>feb</i>	<i>Marc</i>	<i>april</i>	<i>may</i>	<i>june</i>	<i>totals</i>
<i>Khandayi</i>	<i>7</i>	<i>10</i>	<i>6</i>	<i>3</i>	<i>11</i>	<i>26</i>	<i>63</i>
<i>Ebubambula</i>	<i>6</i>	<i>12</i>	<i>13</i>	<i>12</i>	<i>16</i>	<i>23</i>	<i>82</i>
<i>Namasanda</i>	<i>11</i>	<i>9</i>	<i>15</i>	<i>14</i>	<i>17</i>	<i>20</i>	<i>86</i>
<i>Itete</i>	<i>12</i>	<i>13</i>	<i>13</i>	<i>12</i>	<i>20</i>	<i>10</i>	<i>80</i>
<i>Suo</i>	<i>13</i>	<i>11</i>	<i>5</i>	<i>6</i>	<i>19</i>	<i>21</i>	<i>75</i>
TOTALS	49	55	52	47	83	100	386

TABLE 159

PLANS.

(viii) Training of the translators.

- All the staffs who are involved with translation, weighing and patients registration to be updated on their roles in the clinic.

(ix) Jiggers Eradication.

- Plans to carry out phase two jiggers eradication in Suo clinic.

The two visits per week in Yenga will continue indefinitely as it has been seen to run well.

1st HALF OF THE YEAR ACTIVITIES.

EXITING HOMABAY 1 JEEPLINE.

- Exiting Homabay jeep line 1 from homabay was one of the greatest activities of the 1st half of the year.
- The reasons which advised the decision to take these steps included;
- Advices from doctor's report following the low patients turn up in the jeep line clinics around the area of Homabay.
- The concentration of many other NGOs working in the area, covering health programs in the community.
- Three of our program site area (Dunga, Unga and Kome) either being turned into government dispensaries or dispensaries coming up less than a kilometer away.
- The need to use the organization resources in the right way. The input and the output should be comparable.

THE EXIT STRATEGY;

-This was aimed at coming up with plans to enable the community access the services as usual but from another source.

-The following exit strategy was used in the clinics as follows;

	CLINIC		RDS SUPPORT FOR THE EXIT
1	Kome	<ul style="list-style-type: none">-Government nurse was posted to the clinic before the RDS left.-The services continued to be offered by the nurse.	<ul style="list-style-type: none">-Sinking of a shallow well.-Support with some medical equipment and drugs.
2	Unga	<ul style="list-style-type: none">-Unga clinic was about 1 kilometer away from a government dispensary.-Nurse had been posted by the government and the-Dispensary was operational.	None.

3	Koguta	-The community to access the services from otange 4,5km and from Pala 4,3km on the other direction. -Equip the CHWs with the CHWs kit to increase early case identification and referrals.	-Support to the CHWs with bicycles to ease access to the community. -Support with community kit. -Attaching the CHWs to an active community unit.
4	Sikwadhi	-To continue access of the services through a partner. -Angiya dispensary to run a mobile clinic as usual every Thursday as the community finishes up the community dispensary.	-Support the finishing of the community dispensary
5	Ndunga	The community to access the services from the nearby dispensary which is about 2km away.	None.

REACTIVATION OF KISIMA JEEPLINE

- Has been top on the agenda this year. The need to reactivate it followed the poor patients turn up in the jeepline.

Need for reactivations included.

- Low patients turn up.
- Lack of committee commitment.
- Poor community ownership.
- These are key factor to the success of community project success. It was therefore deemed necessary to address the above factors.

METHOD OF APPROACH.

- Asses the GOK cooperation with the RDS in the areas of the mobile clinics.
- Stakeholders dialogue day (The kisima farm, the GOK, Lewa Health centre, Gundua foundation)
- Clinic Health Committee meeting.

Factors which were identified to be the reason of poor turn up included.

The disease pattern is different from the other regions in western Kenya, while malaria and bacterial infection due to HIV, poor environmental sanitations, malnutrition and skin infection creating a big burn in health care seeking behavior, this was not the case in Buuri.

- Over expectation from the community over treatment methods, to include; lots of drugs being given out, lack of injections as means of drugs administration and lack of tests in the jeep lines clinics.
- Factors identified as contributing to low committee commitments included;
- Over expectation from the RDS as an employment opportunity.
- Most of the clinic committees are employed and therefore commitment to the community as a volunteer becomes a challenge.
- Expectation on RDS funding the clinics to transform them to dispensaries.

REACTIVATION PLAN SHORT TERM.

- Exit Kithithina which is now a government dispensary.
Merge maili saba and manyangaro.
- Exit Ngoshisi for a new site.
- Create three new sites.

HEALTH COMMITTEE AND VOLUNTEERS

- To be trained on their roles in the clinic.
- Clinic committee hand book to be given to each and every clinic.
- Need for continuous community mobilization.

REACTIVATION PLAN LONG TERM.

- RDS to consider developing preventive care approach in buuri district. This has been supported by the SCHMT.
- On the above to commence in the second half of the year, where screening of Diabetes and Hypertension will be piloted by Dr. Jeff.

1)Jiggers Eradication in Suo.

Jigger flea, also known as sand flea, *Chigoe* or *Tunga penetrans* is an ecto-parasite which causes Tungiasis parasitic condition of humans and animals.

Severe jiggers infestation, causes inability to work, work and reduces that ability of school going children to learn.



During treatment



“look at our feet now” The smile that says it all

Protection of 4 springs/ shallow wells.

The objective is to provide the community with safe water.

- ❖ One community Shallow wells (Nguge dispensary)
- ❖ Two springs protected (i) Chibwile and (2) Ogango Spring.



Nguge shallow well from the beginning.



Completed well.

Springs protection

After protection



Training of the CHWs/CHCs

He RDS through involvement in community health, and capacity building the community they have partnered with the SCMHT team in Ndhiwa to support the Community Units.



CHWs and CHCs following a training session.

(1)Change RDS administrator in Kenya.

-The RDS Board early this year changed their Kenyan administer from Hand and Soul international based in Nairobi to Community Nursing Services whose offices are in Kisumu.

-Community Nurses is associated with Daniel Muruka and Jacinta K. Nicasio who both have a rich background with working with Rotary Doctors.

PLANS FOR THE SECOND HALF OF THE YEAR.

STARTING WITH A NEW APROACH TO THE DISPENSARIES.

AIM;

RDS increase health workers knowledge on patient examination, sharpen clinical diagnosis and rationale drugs use. To use the RDS doctors more for education purposes.

WORKABILITY

- Doctors to visit existing dispensaries instead of the mobile clinics.
- Nurses, Clinical officers in the dispensary to book patients to be seen by the doctor on specific days.
- Both the doctor and the Health worker to review the booked patients together on the clinic day.
- Continuous Medical Education (CME) to be arranged for the nurses and clinical officers working in the area and the RDS doctor to lead the health education.
- The CME topic to be given to the doctor 1-2weeks earlier for preparations. The topic should be relevant to the health needs and gaps in the region.
- Other members of the staffs to engage in health education in schools.

HEALTH EDUCATION IN SCHOOLS/CHURCHES/PUBLIC BARAZAS.

- With the new RDS approach to the dispensaries, the other jeep line staffs shall be more of health education promoters especially in schools, churches, public gatherings.
- The health messages to share will include;
- In schools
- Teenage pregnancies.
- Coping up with adolescence challenges.
- Promoting good health seeking behaviors at early years.
- Rational drugs use
- Substances abuse.
- First aid skills.

TRAINING OF VOLUNTEERS IN CLINICS.

- The services in the jeep line clinics focuses' on the client, curative, preventive etc. We however have come up with new package which will target the volunteers gain more knowledge. The idea, every six weeks the doctor will twice have a session after patients to educate the volunteers at the clinic.
- The volunteers to come up with topics based on what affects the community one week in advance. Key areas will include;
- Wound dressing.
- Fever management at home.
- First aid skills.
- Management of dehydration.
- The focus will be imparting of knowledge at all level.

DIABETIC AND HYPERTENSION SCREENING IN KISIMA.

- The difference in pathological pattern in Kisima, is necessitating change of community health issues approach from curative in Buuri district to preventive.
- Non communicable diseases are ignored yet they are on the rise in Kenya, this necessitates early identification and early case management.
- The program to start from September, the approach.
- Community Health workers to be the community key implementers.
- The RDS to provide supportive role.
- The County Medical Health team to be involved for sustainability.

PROTECTION OF TWO MORE SPRINGS.

- Our target is protecting six community spring in a year, so far two have been protected four are yet to be protected.
- Two are already identified and to be protected by July.
- JACINTA'S VISIT TO SWEDEN
- We extend our sincere appreciations and thanks to the clubs sponsoring spring protection and the board members for this invitation.
- During the period Jacinta is expected to present to different Rotary Clubs about spring protection project in Kenya.

PROJECT AREA SURVEY AND COMMUNITY APRAISAL.

With the exit of Homabay jeep line 1, the board agreed and has given a go ahead to identify a new project area to replace the Homabay jeep line 1. This jeep line should be ready to go by December. We have already narrowed in, in Busia county.

SECOND PHASE OF JIGGERS ERADICATION.

This been scheduled to start in August. It will be an ongoing program for three month.

- Only five volunteers will be engaged and each will be a located 8 infested clients to follow up for one week.
- Three days active treatment.
- One day spraying of the house.
- Two days of health education.

CHWs / CHCs TRAINING IN NDHIWA.

- CHWs activity to be accomplished this period in Ndhiwa to include.
- Training technical module KEPH to be done in August.
- Data review and target setting in November.

TRAINING OF THE VOLUNTEERS IN MUMIAS JEEPLINE.

- To improve on service delivery at the community level. Topic to cover
- Art and importance of good translation.
- Patients' registration/weighing and temperature taking.
- Clients and patients follow up.

STAFFS UPDATE MEETING.

With different approaches coming in, the need to redefine the staffs responsibilities and duties is necessary.

We shall have two days meeting to review this.

STAFFS GET TOGETHER IN DECEMBER.

Proposal to bring all the staffs one place to;

- Meet others from different jeep lines.
- Share experiences together.
- Make year 2015 plans as a team.
- Have meals together.