**Report from Rotary Doctors Sweden ( RDS) concerning a project in North Pokot , Kenya.**

North Pokot is a sub-county in West Pokot which is one of the counties in Kenya.The project is planned together with the Health Managemnet team of North Pokot. We are two doctors from RDS who during April 2018 studied the conditions for a future cooperation between the Health Management team end RDS.

The project consists of two parts -Kacheliba sub-county district Hospital and Dispensaries with Community Units.

COOPERATION WITH THE HOSPITAL

The staff consists of 8 clinical officers, 2 in the OPD (Open patient department), 1 during the night and one with responsibility of the wards. One Medical Officer is also working in the hospital. A number of 26 nurses are working in the wards, the ANC, maternity, PNC and child mother health (CMH) including immunization.

There is also a Kala Azar center with a research group and a TB-unit close by the main hospital compound. There is also a theatre in a new building but not yet ready for use.

We mainly worked together with the clinical officers at the OPD and the wards.

COOPERATION WITH DISPENSARIES AND COMMUNITY UNITS.

We visited five dispensaries north and south of Kacheliba together with mr Peter Lokit , reproductive health coordinator and mr Charles Marogo, sub- county community strategy coordinator. The lab-technician/driver Chrispus of CNS/RDS took also active part in the teamwork.

**Monday 16th april , Kasei.**

Kasei is situated 80 km north of Kacheliba with a three and a half hours drive. This dispensary is however situated too far away from Kacheliba to be an option for the RDS.

**Tusday 17th april , Konyao.**

Konyayo is situated 43 kilometers north of Kacheliba. There are 17 000 inhabitants. At the dispensary there is 1 Clinical Officer, 4 nurses and 50 CHV ( community health volontaires). There is more than 100 patients at the OPD a day and 586 deliveries during the whole year 2017 . There is no ambulance at the health center, it has to be called from Kasei or Kacheliba when there is an emergency. FGM ( female genital mutilation) is common and performed from the age of 9-12 years. Outreaches with immunization in remote areas cannot be performed because lack of vehicles.

**Wednesday 18th april, Nakwijit.**

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 4900. 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 ( when mama kits were available it was 6 a moth). ANC are 20 a month.

**Thursday 19th april , Kanyerus**

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 is 1 nurse, 1 labtechnician and 1 Community Health Extension Worker working together with 25 CHV. Around 50 patients a day at the OPD and 8 deliveries a month. ANC not known.

**Friday 20th april Tinei**

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 labtechnicia, 1 Community Health Extension Worker and 25 CHV. Around 40 patients a day at the OPD and 60 ANC a month. Deliveries are 7 a month and immunization 100 a month. Outreaches are performed with MC twice in a month.

We suggest that we support Konyayo twice a week and the Nakwijit, Kangerus and Tinei once a week.

**Problems and challenges in Kachiliba hospital.**

There is often a lack of drugs at the hospital but they can often be bought in town to a much higher price. How come? Our impression is that it is due to a non-functioning logistic management at a county level.

The room for OPD is over crowded. There is not enough space to take care of emergencies and no privacy for the patient to speak about delicate problem or to examine the patient in a proper manner. The nearby room, now used to store a part of the pharmacy, could be added to the OPD unit so one Clinical Officer would be working in each room. We heard about plans of moving a container from Konyao in order to store the pharmacy equipment of Kacheliba at another place in the compound of the hospital.

The generator is not enough for running the X-ray and the ultrasound machines when Kenyan power is off. This is a daily problem in rainy seasons.

There is no running water inside the houses but the water tanks for handwashing is most of the time filled but there is no soap. The water supply is a great problem in dry season.

The morning ward rounds could be more effective if temperature was taken before the round starts. The work at OPD could also be more effective if temperature and weight was taken on every child before entering the OPD room. As well as bloodpressure in relevant cases in the elderly patients.

The tradition of FGM causes many complications when giving birth in the maternity.

The TB-patients are having a hard time getting enough food if they don´t have relatives to support them. Other patients in the wards are getting one meal daily. Why not the TB-patients? Nutrition is essential to recover from TB.

HIV/AIDS is increasing in the region. Information, testing and councelling about the disease are important.

Many patients, both children and adults, are sick in diarrhea due to dirty water. Boiling water seems not to be a routine in many households. There could be information given of the possibility to put drinking water in transparent PET bottles for six hours in the sun to get less bacteria in the water.

**Problems and challenges at the dispensaries.**

FGM and the complications due to this tradition.

Lack of good batteries for the solar power that has been installed at dispensaries for refrigerators for vaccines. There are great problems in the maintenance of the equipment and not enough information of how to maintain it when installed and used for the first time at the facility. Regular service from the solar company is desirable. Just like you do with your cars.

The immunization schedule is not fulfilled. The infant gets the first injection but then does not come back to the facility. This is at least partly due to the lack of outreaches to remote areas.

Home deliveries are most frequent often with attendance of a TBA (traditional birth attendants).

Lack of latrines in the villages causes many cases of vomiting and diarrhea.

Malnutrition of older siblings common because of deliveries every year. Child spacing is important as a part of family planning.

Low number of mothers come to ANC and often not until the third trimester of pregnancy.

Teenage marriage and teenage pregnancies.

The drugs at the dispensaries are often out of stock as well as the regens for the labs.

**Suggestions of possible ways to cooperate around these challenges together as a team.**

* The organization RDS sends two voluntary doctors for a period of six weeks continuously.
* One doctor will work at the hospital mainly together with the CO and the other doctor goes with the jeep to the dispensaries to work with the CO or nurse during the week. They will alternate every other week.
* At the hospital we do the round together and exchange knowledge and experience as a dialouge. In the OPD the rotary doctor alternates between the two working clinical officers. The goal is to work according to the IMCH (Integrated Management Childhood Illnesses) as well as other Kenyan guidelines.
* Weekly CME (Continues Medical Education) will be planned for with specific items prepared by the CO and/or RDS. If there is no projector an old fashioned turn-over pad is good enough. The RDS may prepare some CME lectures before the departure from Sweden. This could for example be diabetes, hypertension, use of antibiotics and the progress of multiresistance bacterias, different kinds of pneumonias and URTI and so on.
* The RDS will not participate in the work at the operation theatre.
* In the dispensaries the doctor will work together with the nurse or CO but also with the Community H Extension Worker in charge. The jeep can be used for outreaches and the RDS doctor can mean while see patients at the OPD **BUT** then a nurse from Kacheliba hospital is needed for interpreting and discussions of clinical tasks. The nurse should be the same person during the six weeks.
* We can bring vaccines from the hospital since the freezers at most dispensaries are not functioning because lack of power.   
  RDS will also support the CHV and CHEW in their very important work out in the villages.
* We would like to meet with the Traditional Birth Attendants once every six week to encourage them to refer more pregnant mothers and inform them about the reproductive system and the pregnancy with and without complications. –
* We support the work in schools with information of teenage pregnancies. Can the Community Health Extension Workers have groups of teenage girls and boys for better understanding of each other? Also to tell them about the FGM and the right of every girl and woman to say NO to this tradition. Human rights are also for women and children.
* Another important issue is how to protect the children’s teeth from having caries (holes in the teeth).

Kisumu 29th May 2018

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