

AITONG MEDICAL CAMP
Tuesday 24th - Thursday 26th June 2014

INTRODUCTION

The Cheli & Peacock Community Trust ran their third 3-day medical camp at Aitong Health Centre near Elephant Pepper Camp in conjunction with Kicheche Community Trust from the **24th - 26th June** focusing on Adult Health, Cancer Screening, Maternal Child Health and Dentistry. The dental clinic was held in Siana and free transport was available each morning on the three days.

AIM

The main aim of this Camp was to conduct cancer screening, provide Obstetrics/Gynaecology and Family Planning services to women of child-bearing age, bring in a Physician to address and treat acute illnesses and infections prevalent in the area, provide Paediatric and Dental services, build the capacities of the staff clinicians and Community Health Workers addressing their highlighted needs of developing skills on four key health problems rampant in the area. These include but not limited to Diarrhoea, Malaria, Upper Respiratory Tract infections and Malnutrition.

Concurrent aims included providing first rate health care to as many members of the wider community as possible free-of-charge during the three days, as well as developing systematic stock and general clinic management.

Under Dentistry for this clinic, the plan was not to provide capacity building as such but we have been able to advise/refer people to go to Siana dentist or even Narok for treatments to SAVE teeth, rather than be contented with extractions/pain removal only.

DETAILS OF THE EVENT

- I. **TEAM OF EXPERTS:** The camp was attended by the following external specialists, whose flights were sponsored by Safarilink:
- **2 Obs & Gynae:** Dr. Anne Kihara - a consultant and ultrasound specialist – the top consultant in Kenya and Chairman of the Kenya Obs & Gynae Society and Dr. Rose Kosgei a lecturer at the University of Nairobi Department of Obstetrics and Gynaecology.
 - **1 Paediatrician:** Dr. Irene Marete from Moi Teaching and Referral Hospital and lecturer at Moi University School of Medicine in Eldoret.
 - **1 Physician:** Dr. Sarah Awino from Moi Teaching and Referral Hospital and lecturer at Moi University School of Medicine in Eldoret.
 - **2 Dentists:** 1 local and 1 ex USA + 1 assistant (local)
- II. **PATIENTS:** 544 patients were seen in total:
- 154 Obs/Gynae patients with 47 three-year Family Planning implants inserted
 - 167 Paediatric patients
 - 96 General Physician
 - 90 Minor clinical issues
 - 37 patients transported ex Aitong to Siana (2 hours drive)

III. **SURVEY:** Results from a survey of 109 patients waiting in line.

- (a) **Gender:** 17 males and 92 females
- (b) **Age group:**
- | | |
|--------------------|--------------------|
| 0 – 10 years = 6 | 41 – 50 years = 11 |
| 11 – 20 years = 11 | 51 – 60 years = 3 |
| 21 – 30 years = 36 | 61 – 70 years = 12 |
| 31 – 40 years = 16 | 71 – 80 years = 14 |
- (c) **How they heard about the Camp.**
- 28% through the radio (Mayian FM)
 - 25% from neighbours
 - 23% from relatives
 - 13% from friends
 - 8% from posters
 - 1% from Community Health Workers
 - 1% from Christian Missionary Foundation
 - 1% from a doctor
- (d) **Who in their opinion funded/ sponsored the Clinic**
- 55% said Elephant Pepper Camp
 - 26% said Kicheche Camp
 - 18% said Mara North Conservancy
 - 1% did not know
- (e) **What benefits they have received from the Mara North Conservancy**
- All respondents admitted that they have received tangible benefits which include free treatment, donations, employment and improved standards of living.
- (f) **Future issues they felt should be addressed**
- Polio
 - Cancer screening
 - Check-ups after 2/3 months
 - Employ more doctors
 - Build a maternity wing and address maternity issues
 - HIV/ AIDS testing
 - Cleanliness in the dispensary
 - Treat more diseases
- (g) **How long they stood in the queue**
- 78% between 1 – 2 hours
 - 9% less than an hour
 - 9% between 3 – 4 hours
 - 3% between 5 – 6 hours
 - 1% for seven hours or more
- (h) **Whether they heard about the last Camp**
- 83% said Yes
 - 16 % said No
 - 1% did not respond

- (i) Whether they attended the last Camp**
- 81% attended
 - 18% did not attend
 - 1% did not respond
- (j) Happy with the services?**
More than 90% were happy with the services
- (k) Ways we can improve**
- Inform the community early enough
 - Treat all ailments
 - Employ more doctors
 - Save time
 - We must be active
 - Check-ups to be done after every 2-3 months
 - Improve the Clinic's facilities
 - Improve Schools' facilities
 - Set up a maternity wing
 - Water treatment
- (l) How we can help the community?**
- Extend/ improve the clinic's facilities
 - Build more hospitals
 - Make more donations to the clinic
 - Set up a maternity wing
 - Treat all diseases
 - Build more schools and support existing ones.
 - Provide clean drinking water
- (m) 100% of the respondents said they will inform their families and friends about the Camp**

A small separate survey was conducted alongside this one and 34 patients were sampled. Out of this 55% thought that *Wazungu's* had sponsored the Camp, 24% said C&P Community Trust, Kicheche and Safarilink while 9% said Mara North. 24% had no idea. A majority heard about the Camp through their neighbours.

IV. **SWOT** of the Medical Camp

(a) Strengths:

- Cancer screening.
- More experts: This time we had a paediatrician and physician on board.
- Improved communication with the clinic staff.
- Outreach.
- General organisation.

(b) Weaknesses:

- Capacity building
- Lack of drugs especially to treat adult ailments
- Infection prevention
- Booking patients
- Lack of rapid diagnostic tests especially for diseases like hypertension and diabetes.

(c) Opportunities

- Family planning – outreach and awareness. Harness the influence of the male members of this community to ensure that it succeeds.
- Education on proper ventilation and hygiene
- Triage and registration.
- Create room for collaborations with other partners
- Seek political goodwill in the area.
- Engage with the Ministry of Health in the area
- Team up with other clinics in the area

(d) Threats

- Family planning: Ensure that the men are fully engaged.
- Myths and taboos: demystify them through education and participatory strategies
- Large number of girls not attending school.
- Lack of a deeper understanding of the community's culture and beliefs

V. Areas we have improved from the last clinic

- Communication with the clinic staff
- Increase knowledge about the sponsor
- General organisation

VI. Major medical cases identified in this Camp**(a) Obs/Gynae**

- Pelvic Infections
- Pregnant teens
- 1 case of fistula
- Lymphoma
- PIDs/ STIs
- Infertility
- Underweight mothers

(b) Paediatrics

- Respiratory Tract Infections
- Asthma
- Surgical/ dental cases
- Rheumatic Heart Disease/ Chronic Suppurative Otitis Media (CSOM) is an inflammatory condition of the ear that causes recurrent discharge

(c) Physician

- Arthritis
- Lymphoma
- Tuberculosis
- Cancer of the stomach
- Septic shock
- High Blood Pressure
- Suspected diabetes

(d) Referrals

- 6 referrals were made for patients with chronic conditions by the 4 doctors

(e) Dentistry

- Extractions
- Fillings
- Abscesses
- Taking xray photos

Recommendations:

- (i) Infection prevention at the clinic which entails cleanliness of:
 - Drapes used by the patients, gowns, changing bed spreads/ sheets, provision of running water and soap in the examination rooms, proper waste disposal, provision of hand sanitizers, proper ventilation and clearing corridors off patients during the Camp.
- (ii) Stock up on the clinic's drugs and supplies:
 - Adult medication (list already submitted by Langat)
- (iii) For the next Camp each clinician should have their own translator.
- (iv) Underage children should be accompanied by their parents/ guardians.
- (v) Use the community by engaging them better
- (vi) Build capacities by involving other health facilities in the area
- (vii) Langat was asked to share some of the implants donated by Dr. Kihara with other health facilities in the area.
- (viii) Problems of diet : New food introduced in the communities (especially processed food) has put lots of pressure on dental care. Traditional tabaco chewing is also deteriorating the condition of teeth especially in older men. Need to educate on this.

NEXT STEPS

In October 2014 the focus will be on training the clinic staff.

1. Confirm attendees.
2. C&P Trust to reach out to both the clinicians and volunteer team and circulate tentative dates so as to establish which dates are convenient and preferable.
3. The doctors proposed Friday, Saturday and Sunday.
4. Langat to have a meeting with the clinic staff and draw up their priority areas they need addressed.
5. Langat to pass on this information to Carol by mid July 2014
6. The team of doctors will work as a system
7. They will draw up a 3 day training program (duration of time to be determined).
8. Deadline for all requirements for the training session to be sent in by **4th August** so that a budget can be drawn up and items are fundraised for.
9. Curriculum for training will be modularised.
10. All Christian Missionary Foundation facilities in the area will be included