

Lodwar Clinic, Turkana, Kenya

Date: January 31, 2016	Prepared by: Derrick Lowoto
I. Demographic Information	
1. City & Province: Lodwar, Turkana , Kenya	
2. Organization: Real Medicine Foundation Kenya (www.realmedicinefoundation.org) Medical Mission International (www.mminternational.org.uk) Share International Inc. (www.shareint.net)	
3. Project Title: Healthcare Programs – Turkana Drought Region, Northern Kenya	
4. Reporting Period: October 1 – December 31, 2015	
5. Project Location (region & city/town/village): Lodwar Town, Turkana, Kenya.	
6. Target Population:	
<ol style="list-style-type: none"> 1. Nabuin Village – 3,100 2. Chokchok Village – 3,561 3. Nadapal Village – 2,723 4. Nayanae Village – 1,060 5. Elelea Village – 2,830 6. Kaitese Village – 3,491 7. Nayuu Village – 2,654 8. Nakabaran Village – 2,926 9. Kanamkemer Village – 6,120 10. Nawoitorong Village – 6,450 11. Lodwar Town – 48,316 12. Lomopus Village – 3,780 13. Nakoriongora – 3,670 14. Kangikukus – 3,820 15. Napetet – 5,410 16. Nakwamekwi – 6,210 17. Kerio Region – 24,500 (includes: Lokori, Kalokol, Lokichar, Katilu, Kerio, Kalokutanyang, Kimabur, Lochwaa, Nakepokan, Nakoret, Kaikir, Kapua, Lolupe, Lokichogio, Lomuriae, Lorengelup) <p>Target Population = 106,121 approximately</p>	
II. Project Information	
7. Project Goal:	
To improve the delivery of Primary Health Care Services within the Turkana Drought Region in Northern Kenya, its capital Lodwar and the people living in the remote villages of Turkana, Kenya.	
8. Project Objectives:	
<ul style="list-style-type: none"> • Provide Medicines and Medical supplies to meet the needs of the targeted population • Increase Mobile/Outreach Clinics in the remote villages • Provide Medical Services at the Health Facility in Lodwar Town: <ul style="list-style-type: none"> ○ Supporting the physical/medical needs of the targeted population ○ Home visitations ○ Referrals of patients needing advanced care to secondary and tertiary care hospitals, and HIV and TB government clinics 	

- Teaching about and providing nutritious food
- Provide nutrition to babies and young children

9. Summary of RMF/MMI-sponsored activities carried out during the reporting period under each project objective (note any changes from original plans):

- During the 4th quarter 2015, **1,066** patients were treated in the medical outreach clinics and **1,620** patients in the Lodwar Clinic.
- A total of **14** outreach clinics were conducted in the rural villages in the 4th quarter.
- 9 home visits (hospice visits) were made in the rural villages and within and around Lodwar Town to patients not able to come to the Lodwar Clinic.
- We made 7 referrals mostly collecting patients who were very sick from rural villages and transporting them to our clinic in Lodwar and to Lodwar District Hospital.
- Continued public health education done at the beginning of every clinic session.
- Purchased medicines.
- The program met the cost of medical fees for some patients whom we referred for treatment to other secondary and tertiary health facilities.
- The staff maintained the medicine inventory.

10. Results and/or accomplishments achieved during this reporting period:

- This quarter, we treated a total of **2,686** patients both in the Lodwar Clinic and medical outreaches villages.
- During this quarter, **1,127** laboratory tests were conducted with **527** tests showing positive results. Again, many patients tested positive for malaria.
- The program conducted 14 outreach clinics in the rural villages where health facilities are far from reach.
- We made 9 home visits mostly in villages on the outskirts of Lodwar Town.
- We provided transportation for 7 referrals mostly from rural villages to health facilities in Lodwar.
- **134** children and **45** expectant mothers were immunized; 67 female children and 67 male children.
- Public health teaching was done at the beginning of every clinic day for the patients who arrive early and individual teaching on specific cases in the course of treatment.
- Purchased medicines three times from pharmaceutical company in Nairobi, Kenya.

11. Impact this project has on the community (who is benefiting and how)

Having adequate medical personnel and medicine stores has enabled us to treat more patients and combat a wider range of diseases on a regular basis, especially in the remote villages of Turkana. Our target population of this project is at 106,121, and rising.

The villages we serve do not have access to other regular medical care. We are able to provide predictable monthly clinic coverage as well as follow up if patients can travel to the Lodwar Clinic. The nomadic nature of the Turkana tribe causes the population of these villages to migrate about every 4 months and a new group of villagers arrives about every 4 months; therefore we are providing service to more than the estimated population of persons living in each village at one time. The improved quality and regularity of medication purchase from MEDS in Nairobi through RMF/MMI funding has allowed the clinics to be conducted and improved the quality of the service. Previous to RMF/MMI involvement, medication was scarce and depended on availability of specific donations each month.

The clinic staff serves all villagers who come for treatment, but we see an especially high number of children and pregnant women. Prior to the funding provided through RMF/MMI, there were an average of one to two mobile clinics per month, based on variable funding availability through private donors; now there is an average of 30 mobile clinics each month. Previously, there was often not enough medicine in stock to treat all patients; now the proper medication is always available.

12. Number served/number of direct project beneficiaries (for example, average number treated per day or month and if possible, per health condition).

A total of **2,686** patients were treated during this quarter; 1,188 patients were male and 1,498 were female. We treated **3,538** cases during this quarter.

See Appendix A

<p>13. Number of indirect project beneficiaries (geographic coverage):</p> <p>Our services are available to all residents of central and western Turkana, approximately 900,000 persons.</p>
<p>14. If applicable, please list the medical services provided:</p> <ul style="list-style-type: none"> - Outpatient diagnosis and treatment - Medication available with pharmacy counseling - Public health education with each clinic session - Minor surgery - Wound care - Referral to secondary and tertiary care centers for advanced care - Nutrition supplementation to the elderly, malnourished children and terminally ill during mobile outreach clinics and home visitations - Care of patients with advanced and/or special needs: arranging transport and accompaniment by staff if needed to referral centers for special consultations, procedures, etc.
<p>15. Please list the five most common health problems observed within your region.</p> <ul style="list-style-type: none"> - Malaria - Respiratory tract infections - Eye infections - Skin diseases - Gastroenteritis
<p>16. Notable project challenges and obstacles:</p> <p>Changes in funding affected the health care program this quarter, and priorities had to be reevaluated. The kind and generous donations of RMF and MMI have always been much appreciated and had allowed the expanded health care program over the last few years. With more limited funds, decisions were made to continue with fewer staff and focus on outreach clinics. The team will focus on traveling to outlying villages where health care is less accessible. The nurse manager who has been in charge of the program also was replaced temporarily with a new nurse manager while he completes a secondary degree in medical training. This arrangement is planned for 6-12 months, with Derrick Lowoto, the nurse prior nurse manager, returning after completing his education.</p> <p>Maternal-child health services are currently not sufficient to provide for all the patients in rural villages needing these services, where, i.e. children are not immunized against childhood immunizable diseases. The major problem is a shortage of staff that can offer these services to mothers and children. Three additional staff members would be required to run these programs to ensure adequate provision of maternal and child healthcare to the population we are serving.</p>
<p>17. If applicable, plans for next reporting:</p> <ul style="list-style-type: none"> - 21 mobile clinics in the next quarter. - Make emergency trips to villages and offer transport to Lodwar District Hospital if needed; especially for complicated deliveries and other medical conditions. - 12 hospice services (home visits) in the next quarter. - Consider how to best meet the needs of the special cases, which require funds currently not in the budget. - Purchase medicine from pharmaceutical company in Nairobi, Kenya at least on monthly basis. - Continue supporting education for staff members, including additional training for the nurse in charge. - Continue looking for additional means of support like the County Government of Turkana supplying the program with medicines on a quarterly basis through the Ministry of Health.
<p>18. If applicable, summary of RMF/MMI-sponsored medical supply distribution and use:</p> <p>Please reference Appendix B</p>

20. Success story(s) highlighting project impact.

By Derrick Lowoto

1. Early this October the program faced medicines shortage. Even on the government side there was no medicine supply, which put the program in acute shortage. We were worried about how to reach the rural villages without medicines. Many calls from the rural villages were streaming in requesting medicine for children that were sick.

After being in a state of dilemma, God opened the way where RMF was able to wire money twice which we utilized for purchasing medicines. The arrival of the first consignment was a great joy though not enough but it served the purpose. We were then able to reach out right away to provide for villages in our catchment area.



Medical outreach in Nakoriongora Village.



Gathering before medical clinic in Lomopus Village.

2. In December the program managed to save the life of an old grandmother who had a spider bite. Early that morning when she was waking up, a spider bit her on the right lower limb. After consulting with the area pastor about the medical clinic, she was informed by her relatives that the medical clinic was to be in their village that morning. Also, the pastor informed the medical team by cell phone that a member in his village has been beaten by a spider and urgent help was needed. Due to this the team packed very fast and headed to the village. There the team found the grandmother slightly fairer. She was oozing secretions in the nostril, eyes and excessive secretion. She was

given the necessary medications with two hours of observation.



The old grandmother receiving injectable medicine for the spider bite.

3. The immunization program for children and adults continued this quarter.



Baby receiving immunization

III. Financial Information

21. Detailed summary of expenditures within each budget category as presented in your funded proposal (file attachment is fine). Please note any changes from plans.

E-mailed separately from accountant.

APPENDIX A

Total patients treated – 2,683

Total cases seen – 3,538

a) Morbidity by Disease Type

Disease type	Male	Female	Total
Respiratory tract infections	582	600	1182
Malaria	406	579	985
Brucellosis	24	25	49
Skin	134	138	272
Urinary tract infections	39	49	88
Eye infections	61	92	153
Gastroenteritis	109	124	233
Typhoid	32	50	82
Epilepsy	1	1	2
Ear infections	35	51	86
Allergy	12	11	23
Myalgia	50	77	127
Blood diseases	8	13	21
Sexually transmitted diseases	5	10	15
Malnutrition	28	33	61
Accidents	9	11	20
Worms infestations	5	6	11
Gynecology/Obstetrics	0	19	19
Bites	5	7	12
Arthritis	17	22	39
Gastritis	7	15	22
Burns	2	4	6
Candidiasis	8	9	17
Dysentery	2	4	6
Septicemia	2	2	4
Dental treatments	1	2	3
TOTAL	1,584	1,954	3,538

b) Morbidity by Village

Village	Male	Female	Total
Nawoitorong	457	507	964
Kanamkemer	335	352	687
Kerio	13	9	22
Kangikukus	18	24	42
Nariamao	32	55	87
Kaikir	24	63	87
Lokichar	3	1	4
Kalokutanyang	21	32	53
Nakudet	44	77	121
Nayuu	9	13	22
Nakabaran	17	21	38
Chokchok	21	36	57
Kimabur	2	1	3
Lomopus	66	104	170
Nabuin	7	7	14

Town center Lodwar	4	8	12
Napetet	6	6	12
Elelea	18	25	43
Nakwamekwi	18	15	33
Sopel	1	2	3
Lodos	40	76	116
Locheremoit	1	2	3
Lokitaung	3	0	3
Nayanae	2	1	3
Kapua	0	3	3
Nakoriongora	24	57	81
TOTAL	1,186	1,497	2,683

c) Morbidity by Age

Age	Male	Female	Total
0-5	497	495	992
6-15	192	227	419
16-24	185	255	440
25-49	200	377	577
50 +	112	143	255
TOTAL	1,186	1,497	2,683

d) Laboratory report

Category	No. of tests done		No. of positive tests done	
	Male	Female	Male	Female
Malaria - Blood smear	306	369	130	170
Typhoid - Widal test	56	87	30	48
Brucellosis - Brucella	18	28	10	14
Urine – Urinalysis	20	22	12	15
Pregnancy- Urine	-	23	-	18
Syphilis - Blood for VDRL	4	7	1	0
Stool - for Amoebiasis	7	5	2	2
Gonorrhoea	2	3	1	2
Blood for HIV	40	59	3	9
Hemoglobin level	22	25	18	21
Blood grouping	6	9	6	9
TOTAL	481	637	213	308

e) Immunizations

Vaccine	Male	Female	Total
Measles	22	22	44
BCG	11	13	24
Polio at birth	4	3	7
Polio/ Pneumococcal/ Rotavirus/ Pentavalent vaccines	30	29	59
Tetanus for pregnant mothers	-	45	45
TOTAL	67	112	179