

Report from the Kenyan Healthcare Outreach Programme

Background

Kenya has a population of 43 million people, of which half live in rural communities. In rural Kenya, around 70% of people are living below the poverty line with no access to proper sanitation, clean drinking water or healthcare in addition education is often limited or non-existent (WHO 2013a).

Whilst attending the International Society of Travel Medicine (ISTM) Conference in Maastricht in May 2013, I was invited by some Travel Medicine colleagues to take part in the Kenyan Healthcare Outreach Programme. This programme was initiated three years ago by a group of nurse volunteers who forged a partnership with Camps International and the Rafiki Kenya Foundation which is a non-profit organisation, registered with the Non Government Organisation (NGO) Council of Kenya. It provides healthcare services in the villages of Makongeni, to support various health and education programmes including the improvement of public healthcare facilities. Having been involved previously in this type of work overseas in rural communities, my husband and I (*both nurses*) volunteered to take part in this expedition.

An expedition is said to be an organised journey with a purpose, and this certainly had a very strong purpose as some of the nurses had been part of the original team and they were returning to continue the work for the third time. On the 13th November, 2013, we set off as part of the group of 27 healthcare professionals. With our cases loaded with an array of donations from our very generous friends and colleagues, donations included; hand knitted teddies, soft toys for the children, hand knitted hats for the preterm babies, old pairs of glasses for the Kwele Eye Centre, shoes and flip flops for the children, as well as practical essential items, soap, J cloths, bandages an array of many other useful items that we could use in the outreach clinics.

Following an overnight journey from Glasgow through Amsterdam, Nairobi, Mombasa and finally a bus and ferry crossing through Mombasa, our long

journey carried on along the coastal region to the small village of Mukaha. This area is very remote and the community there are the indigenous Digo tribe, who are mainly agricultural workers. We were very warmly welcomed by the villages and children singing and cheering us as the open topped truck reached the final destination. The welcome of "Jambo" was the first of many greetings.

The aim of the Outreach Programme

The aim of the Outreach Programme was to collaborate with the local healthcare professionals and provide a basic free healthcare outreach services to the people who live in six remote villages which are very remote and situated in the heart of the community, on the lower slopes of the Shimba hills of Kwale District of Southern Kenya.

Healthcare programme

Over the course of two weeks, we offered free healthcare clinics, in the villages of Muhaka, Zigira, Magaoni, Fihoni, Mkwambani and Makongeni. These services offered within these areas were planned through a multi agency approach and set up within the local schools in the villages.

More than 40 healthcare staff worked in partnership, from the UK and local surrounding areas, providing general treatment and advice. There was involvement from the Government Ministry of Health (Msambweni County) medical students and nurses from the hospital, Kenyan Red Cross, TB services, dental service, Kwale Eye Centre, Religious leaders, Chiefs of the villages and many more. It was an experience where we all learned so much from one other, both culturally and professionally.

Education

Education played an enormous part in this programme, as each day patients would present at the clinics with an array of health issues and signs and symptoms that were suggestive of some tropical conditions that thankfully are rarely seen in the UK.

At each clinic, there were two laboratory technicians available to carry out testing for malaria and bilharzia. There were many people presented with symptoms of malaria and out of 501 patients referred for malaria testing, 174 (35%) were found to be

malaria positive. Some of the children presented were extremely ill with very high temperatures. Testing for schistosomiasis also proved very worthwhile, as there were 20 positive cases that required treatment.

Leprosy has been eradicated in most parts in the world and yet patients continue to suffer deformities not knowing that they are sick and they can be cured. Msambweni is among the leading districts in the country in leprosy case detection. It was evident from some patients that leprosy was around. Sadly patients cannot afford to pay for the necessary treatment for their condition and the deformities were clearly seen.

Jiggers Eradication programme

One of the objectives for this healthcare programme was to raise awareness in the local communities about identifying jiggers, a parasite which burrows into the skin of the feet and sometimes hands, causing painful sores and infections.

The success of the jigger programme was dependent on a committed observant and knowledgeable team of nurses who required very basic and practical materials to allow them to carry out this programme and securing a huge supply of basic materials such as soaps, gloves / aprons for protection, J clothes and the application of treatments was the key to success.

This year for the first time, a new treatment was adopted. The use of kerosene paraffin mixed with vegetable oil was carried out. This was a sustainable option, as paraffin and oil are both readily available within the communities.

Each child had their feet and hands inspected for the presence of jiggers and following treatment a pair of flip-flops or shoes were distributed to avoid re-infection. The team also help to construct cement foot bathes at the entrance of each school. This will allow the children to wash their feet each day and keep the jigger infestation to a minimum.

De- worming Programme

Many children live in unsanitary conditions where some are suffering from debilitating intestinal worm infestations and diarrhoea, resulting in stunted development and disease in young children. Those under 5 years of age are most at risk. Lack of proper medical facilities, poor nutrition and inadequate public and personal health education further compound the problem.

Soil-transmitted helminth infections are among the most common infections worldwide and affect the poorest and most deprived communities. The (eggs are present in human faeces, which in turn contaminate soil in areas where sanitation is poor. The main species that infect people are the roundworm (*Ascaris lumbricoides*), the whipworm (*Trichuris trichiura*) and the hookworms (*Necator americanus* and *Ancylostoma duodenale*).

De- worming activity formed a major part of the services provided. As a public Health intervention, for the control of these infections, WHO (2013a) recommends the periodic administration of anthelmintic medicines (albendazole or mebendazole).

The villages were densely populated with children and the healthcare professionals and community worked tirelessly to administer the medication and make sure the children chewed the tablets. This was achieved in a fun way, by encouraging the children to sing, dance and join in with the activities, reinforcing hand hygiene and personal hygiene messages.

There were also opportunities to take part in the work of secondary care services, working in Msambweni District Hospital. The hospital has 155 beds and provides in patients services for the community. The two areas that I choose to work in were the 40 bed maternity unit and theatre. There is a chronic shortage of staff within Kenya (WHO 2013b) and in particular these areas of the hospital. On that particular day, there were only two midwives covering ante natal, labour room, post natal mothers and babies as well as the special care nursery, which had two incubators with small premature babies. Some helping hands were very welcomed, another nurse and I being qualified midwives were able to lighten the load and help with some general duties.

The ethos of the work on this outreach programme was to focus on and include; teaching, health promotion and prevention by building professional capacity and developing plans for ongoing sustainable work. This project offered the College an opportunity to support and participate in extremely valuable clinical work. There was an established commitment from this group of healthcare professionals to

provide this service, volunteering on their two weeks annual leave. My husband and I were the only Scottish participants and this was a unique and privileged opportunity to use our professional skills and provide hands on care.

In reflection, new skills and insightful clinical and cultural knowledge has been recognised and developed with this unique experiential learning opportunity.

I would like to thank the Charities Committee for supporting this expedition and all those staff members who encouraged me to develop the ideas for the funding application. The financial support from the Charities Committee will enable the preventative health promotion and education work to continue by raising professional standards and providing care in rural communities by financial support to help supply necessary equipment and treatments.

Summary of the achievements:-

Six medical clinics were effectively operated in the villages of Muhaka, Zigira, Magaoni, Fihoni, Mkwambani and Makongeni

The team successfully treated around 4000 people recorded within a two week period.

The healthcare professionals also treated as many jigger patients as they could They also provided flip flops to the children to avoid re-infection.

Malaria and schistosomiasis tests were successfully carried in the field and treated accordingly.

Culturally competent health education was developed in accordance with the local beliefs and traditions.

References

WHO,2013a. Neglected Diseases. Available at:
http://www.who.int/neglected_diseases/diseases/en/ [Accessed 29th December 2013].

WHO, 2013b. Kenya Health Workforce Project ,Kenya's Health Workforce Training Capacity:A Situation Analysis, World Health Organization.