

**REPORT OF EYE CARE AND LIFESTYLE DISEASES
MEDICAL CAMP BY MADAKTARI MOBILE
INITIATIVE AND AFRICA CONNECTION CHARITY IN
KERUGOYA, CENTRAL PROVINCE (KENYA) ON 22ND
TO 24TH NOVEMBER 2012**



PREAMBLE

Madaktari Mobile Initiative

Madaktari Mobile Initiative is a Kenyan not-for-profit Organization that seeks to promote the reproductive health and well-being of poor women and children in hard-to-reach areas of Kenya through mobile health clinics. Founded in 2010, we aim to be at the forefront of maternal health, child health, reproductive health, and family planning services among the under-privileged and marginalized communities.

Africa Connection Charity

For 20 years we have been travelling to Africa, firstly to Zambia but for the last 12 years specifically to the Kirinyaga District of Kenya. The charity Africa Connection was formed in March 2012 and it was decided to make a second trip in November rather than just once in a year.

SUMMARY

The Eye care and lifestyle diseases medical camp was the second such camp to be held by Madaktari Mobile Initiative and Africa Connection Charity in Kirinyaga County of Kenya. The first camp was held in March 2012 in Kerugoya town at the People's Church. For the second camp, a second venue – The People's Church in Baricho town – was added to the initial venue in Kerugoya. One day was spent in Kerugoya and two days in Baricho.

Health services at the camp were provided by a team of clinicians from Madaktari Mobile Initiative, an optometrist from Africa Connection, and an ophthalmologist from Kerugoya District Hospital. A total of 803 persons were seen over a period of three days. 547 were screened for diabetes and hypertension, 560 were screened for eye ailments, while 64 were counseled and tested for HIV

Summary table 1

TOTAL NUMBER OF PERSONS SEEN				
	Site	Female	Male	Total
Day 1	Kerugoya	74 (55%)	60 (45%)	134
Day 2	Baricho	231 (71%)	93 (29%)	324
Day 3	Baricho	248 (72%)	97 (28%)	345
Total		553 (69%)	250 (31%)	803

GOAL AND OBJECTIVES

Goal

The goal of the health camp was to enhance the eye health status of the residents of Kerugoya, in addition to addressing lifestyle diseases in the community, specifically hypertension and diabetes.

Objectives

1. To promote and improve general eye care
2. To reduce morbidity associated with the common non-communicable diseases i.e. hypertension and diabetes
3. To contribute to the reduction of HIV & AIDS burden

TARGET POPULATION

Kerugoya residents

Our Health services during the camp were targeted at the poor and often marginalized communities in Kerugoya, more specifically residents of Kerugoya and Baricho towns. Kerugoya is the capital of Kirinyaga District of Central Province. Kerugoya is located 10 kilometres east of Karatina and 40 kilometres west of Embu.

Kerugoya forms a local authority together with another township, Kutus. It is known as Kerugoya/Kutus municipality. The municipality has a population of 39,441, of whom 14,056 are classified urban. When traveling from Nairobi, the capital city, Kerugoya town is easily accessible by road and it typically takes about 2hrs of travel at a legal speed limit of 80km/h.

AREAS OF INTERVENTION

HIV/AIDS

Target objective: To contribute to the reduction of HIV & AIDS burden

Outcome: A total of **64** persons were counseled and tested for HIV over a period of 3 days, which was 8% of the total population seen. 2 persons were found to be HIV positive, translating to a prevalence rate of 3 %. This figure is in line with the results of the 2008 Kenya Health Demographic survey which puts prevalence in Central Kenya at 3.2 % against a national average of 6.7%. Those found to be positive were counseled further and sign-posted to a comprehensive care centre at Kerugoya District Hospital for further management

Hypertension and Diabetes

To reduce morbidity associated with the common non-communicable diseases i.e. hypertension and diabetes

Our approach: We conducted screening and treatment for hypertension and diabetes which are emerging as the most common lifestyle diseases in Central Kenya

Outcome: A total of **547** individuals were screened for diabetes and hypertension. The prevalence of Hypertension in this population was found to be high at 20%, with females accounting for a greater proportion – 14%. Likewise, the prevalence of diabetes was high at 7%, with females again accounting for a greater proportion – 5%. These figures are well above the national average in Kenya, which confirms previous data that shows a high

prevalence of hypertension and diabetes in Central Kenya. Those found to have diabetes and/or hypertension were started on treatment immediately and then referred to Kerugoya District Hospital for follow-up care.

Summary Table 2

NUMBER OF PERSONS WITH HYPERTENSION				
	Site	Female	Male	Total
Day 1	Kerugoya	13 (10%)	9 (6%)	22 (16%)
Day 2	Baricho	46 (14%)	20 (6%)	66 (20%)
Day 3	Baricho	52 (15%)	22 (6%)	74 (21%)
Total		111 (14%)	51 (6%)	162 (20%)
NUMBER OF PERSONS WITH DIABETES				
	Site	Female	Male	Total
Day 1	Kerugoya	15 (11%)	3 (2%)	18 (13%)
Day 2	Baricho	13 (4%)	4 (1%)	17 (5%)
Day 3	Baricho	16 (5%)	7 (2%)	23 (7%)
Total		44 (5%)	14 (2%)	58 (7%)

Eye care

Target objective: To promote and improve general eye care

Our Approach: We conducted eye care involving screening for eyesight deficiencies and treatment of common eye ailments

Outcome: A total of **560** people were screened for eye problems over the three days. Spectacles were given out to 405 people, with 54 being referred out because either they needed specialized spectacles or had eye conditions that could not be treated on-site. For more information on the eye care services please see **Appendix 1**

BUDGET

The total cost of running the camp over the three days was 1868 pounds. The initial budget that was needed to run the camp was approximately 3500 pounds. However, this had to be scaled down after we could not be able to raise enough funds. Some funds had been promised by the Minister of Finance, who is the area MP for Baricho, but these did not materialize. Africa Connection Charity provided 1500 pounds towards the camp while the difference was raised by Madaktari Mobile Initiative and partners.

This affected to some extent the running of the camp as we were unable to acquire enough drugs and health personnel for the camp. We therefore need to put in more effort in fundraising for subsequent camps.

Summary Table of Budget expenditure

ITEM		COST IN POUNDS	
Accommodation for personnel		158	
Food for personnel		90	
Transport costs		132	
Medical utilities, supplies and		969	
Personnel stipends		519	
TOTAL		1868	

APPENDIX 1: EYE CARE REPORT BY AFRICA CONNECTION CHARITY

Report based on trip to Kenya November 2012

For 20 years we have been travelling to Africa, firstly to Zambia but for the last 12 years specifically to the Kirinyaga District of Kenya. The charity Africa Connection was formed in March 2012 and it was decided to make a second trip in November rather than just once in a year.

PURPOSE

To assess computer and sewing school projects and carry out medical camp follow up. A one day follow up camp was set up for Kerugoya offering Hypertension, Diabetes and HIV services plus eye examinations and the dispensing of spectacles.

A new two day camp was set up for Baricho in the same District to serve a different cross section of people and was to offer the same services.

The link established in March with Madaktari Mobile Initiative was to be continued and this time an English Optometrist plus 2 general nurses and an administrator were added to the team.

KERUGOYA CAMP THURSDAY 22ND NOVEMBER 2012

This report covers primarily the eye care section with external visions testing and a room used jointly for eye examinations and dispensing spectacles. Most of the patients were new but a few had attended the March 2012 camp.

30 pairs of sunglasses were given out and a few people were prescribed 2 pairs of spectacles to cover reading and distance. Spectacle cases were available to give out with each pair.

Eye care was given by Dr. Charles Mwamba from Kerugoya Hospital and Mr Luke Baker from England. It was good that they could consult each other. One patient with a complex problem was prayed for by the team.

The camp was hosted by Kerugoya Peoples Church who supplied the facilities and volunteer personnel. The camp was peaceful and well managed and finished at 4.30p.m.

BARICHO CAMP FRIDAY/SATURDAY 23/24TH NOVEMBER 2012

This report again covers primarily the eye care section. A different location but again with visions testing outside and examinations inside. Dr. Charles

Mwamba and Mr Luke Baker again worked alongside each other for the Friday but Mr Baker worked alone on the Saturday. It is believed that some people travelled down from Kerugoya to be examined here.

Eye drop supplies had been used up on the Thursday so very few dilations were carried out and prescriptions could not be given in relation to eye care. Only a very limited supply of spectacle cases remained so these were not given out to avoid preferential treatment. Stocks of spectacles were coming down so a very small number of patients were given an eye prescription but no spectacles. Also , in a few cases, spectacles of the nearest prescription match were issued. It is very difficult to start with and maintain a fully comprehensive stock.

Saturday in particular was a very long and tiring day but all who had waited were seen.

Again The Peoples Church Baricho supplied volunteers and the camp was run in a very orderly fashion.

FUNDING

Africa Connection did not offer any up front finance this time but waited to see what could be generated from within Africa. It seems that the above medical services do not easily attract funders and a late appeal to the Minister of Finance did not produce anything.

Africa Connection, therefore, invested £1500 to cover labour, transport, food and accommodation costs. As a new charity which has not yet received any funding this amount would have hopefully covered possibly 3 separate visits to Africa.

Spectacles were dispensed from an existing stock of 120 new readers remaining from the March 2012 visit, 130 prescription spectacles previously donated and approx. 600 pairs of donated spectacles carried from England this time.

It had been decided, that on this occasion, no charge would be made for consultation, medications or spectacles.

PERSONNEL

The funding was given to cover a budget given for staff transport, accommodation and allowances. Because of the doctor's strike and certain key personnel being on post grad courses the full complement of staff was not available so eye care was given by the English team with help from the doctor from Kerugoya Hospital.

GOING FORWARD

It is good to record and reflect on the camps. Many people were helped and that is the essential thing.

The spectacles issued should improve the eyesight for those who received for some time to come. Drug prescriptions could only provide a short term solution and there was no means of continuing these even if the patients had been able to cover the cost.

In a country of limited resources it would be good if the Kenyan Government could appreciate the help given and provide funding. In the UK we will do everything possible to raise funds but, as yet, cannot guarantee this provision.

Being a mobile camp it was suggested and reinforced by medical personnel from Kerugoya, Baricho and Sagana that more local people be involved at these camps to reduce transport and accommodation costs thus making holding camps more viable.

Report produced by David Bass of Africa Connection



Health Care - Business Start Ups - Basic Needs

25 Monterey Drive

Bradford West Yorkshire BD15 9LP

Tel: 01274 491015; **Mobile:** 07817 628412

Email: info@africaconnection.org.uk

Website: www.africaconnection.org.uk



Room 4, 1st floor

Harun Plaza, Cathedral Road,

P.O Box 2895-10100, Nyeri, Kenya

Phone: +254 700 200371

Email: edwinlutomia@yahoo.com

Skype: kielut

Facebook: www.facebook.com/madaktarimobileinitiative