Medical Camp Maisha Mazuri March 2018 Our team



During the visit of Jimmy Kilonzi – Director Youth Support Kenya – last year in Germany he explained us the actual medical situation and his wish to realize a medical camp at Maisha Mazuri together with the local health authorities.

He was convinced that this would mobilize a huge number of the population and that this would allow them getting a better overview about the health situation of the population in the region.

Afterwards, a concept can be developed in order to improve the quality of medical care in the region over the next few years. This should be done through training, regular visits and also material support. Together with Jimmy and the board of "Hand in Hand" for Kenya, we have decided to offer the first medical camp in Maisha Mazuri in the coming months.

At the beginning, our focus was only on prenatal care, but very quickly we realized that the need is much more diverse, and we should expand the camp with other specifications.



- Pregnant women checkup
- Ultrasound scan
- Growth monitoring/ deworming and immunization
- Health talk / Nutrition
- Diabetes/ Blood pressure / Heart diseases
- Family Planning
- Cancer screening
- Dental check up
- Eye checkup
- General consultation checkup pediatric/Adult
- HIV / TB
- Pharmacy

This was a big challenge for all of us. Jimmy had already actively promoted these procedures in many villages and schools around the camp. We found posters at all schools, in the clinic and in the church.

From Europe the following team did accompany us:

- Dr. Johannes Leidinger, Gynecology
- Dr. Dirk Wackernagel, Pediatric
- Dr. Pierre Godard, Gynecology
- Verena Nuber, Medical Student

In addition, we had great support from the volunteers Ronja and Anne who were at the camp already when we arrived.



On March 13, I arrived in Maisah Mazuri - a few days in advance and was welcomed with open arms into a "big & wonderful family".



The first 3 days we spent together with Jimmy, Marcy, Michael and Joseph to finalize the details of the camp, to define in which location of Maisha Mazuri we can provide which examinations, what material and medicines we need to buy and how we can best coordinate the two teams of physicians.

On Sunday, the 18th of March Johannes, Dirk, Pierre and Verena arrived in Nairobi in the morning. In the Sunday service the pastor did welcome us in the church with songs, dances and prayers.



On Monday, April 19, Dr. Janet visited us with a part of her team in Maisha Marzui in order to introduce her team. The mutual sympathy was quickly felt and we were looking forward to our cooperation.

She informed us about current numbers and the difficulties they facing every day:

MATUNGULU SUB COUNTY

Current population estimate:	139,400	
Children under one year:		3624
Children Under Five years:	18,540	
Estimated number of Women of reproductive age:	32,759	
Immunization coverage	C	98.3%
1st ANC Visit coverage		5.5 %
4 th ANC visit coverage	32.3%	
Women of reproductive age receiving		

Family planning commodities 45.6%

Skilled deliveries 41.5%

HIV positive clients on care 1274

Total number of government owned health facilities:

Health centers (level 3): 5 Dispensaries (level 2): 14 Total: 19

Top Ten Diseases - under 5 years

100 Ten Biseases ander 5 years		
URTI		23 %
Diarrhea		7 %
Diseases of the skin	6 %	
Intestinal worms		5 %
Fiber		4 %
Pneumonia		4 %
Tonsillitis		4 %
Eye Infections	4 %	
Injuries	2 %	
Ear Infections/Conditions		1 %

The closest health center is just 5 km away from Masha Mazuri and is directed by Dr. Janet Engethe.

Any infrastructure and staff would be available but the level of medical care is not sufficient. Regular training should be offered to the local health workers in order to gain and reinforce the public's trust in mainstream medicine. Similarly, the equipment should be renewed for various areas, such as the

maternity room. The current delivery facilities are in such poor condition that women prefer to give birth to a baby in the private clinic, even if this is a financial burden for the family - or the mother takes the risk of giving birth at home.









Those are Dr. Janet's most urgent wishes that we would really like to make happen in the coming months:

- Equipment: Delivery beds, Ultrasound machine, laboratory equipment
- Service delivery quality improvement: Oxygen for the newborns, training on newborn resuscitation, trainings concerning the obstetric management and the cesarean section in case of emergency
- Ways to make the health facility attractive for delivery: Food for the mother, delivery package (given to the mother after delivery)
- Community involvement through community health volunteers

Monday and Tuesday afternoon we used to provide home visits. Marcy organized several visits to pregnant women and infants. We formed 2 teams and have been welcomed with great interest in the small, sometimes very poor huts. All pregnant women and their newborns were fine.

On our way to the "Home Visits"









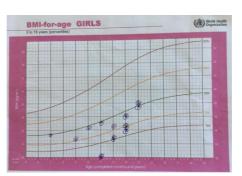




Examination of our "home based" children in Maisha Mazuri We recognized that nutrition is a major issue

Growth monitoring of our Maisha Mazuri Kids





On Wednesday morning we got ready for the first big day of the camp and were curious how many people would come to Maisha Mazuri.

When we saw the first patients arriving at 6 o'clock in the morning (first was the pastor), despite heavy rains during the night, we were very relieved. The first 100 people were waiting under the tent until 9.30.

Registration





Until the team of Dr. Janet arrived at Maisha Mazuri we gave out numbers for organizational purposes and were already at approximately 250 patients until we could start with the first registration and examinations. As soon as all the participants had been positioned the situation eased up quickly and we were able to examine all 380 patients on the first day.

It was impressive how the documentation of patients and their diagnoses took place. For us, the question arose how accurate statistics can be collected with all the small "runnotes" which the patients kept, while moving from one procedure to the next during the day ©

The most important demand we saw were with the pediatricians, ophthalmologists, dentists and the pharmacy. Every patient expected, even if they have been healthy, that he/she could take something home from the pharmacy. If no medicine was prescribed from one of the physicians, patients went to the next physician until they got a prescription.











Some children who came with their school team



The dentist was rather rudimentary...





In the evening we did a short debriefing of the day. Janet and her team, as well as Jimmy, were very pleased, as we had already achieved on the first day, what we had planned in total. For the next day we decided that we wanted to start at 9.00 am. After a short dinner, we were all completely exhausted and happily crawled into our beds.

Day 2 of the camp started on time and ran much more structured than the first day. There was a significantly higher number of patients, as word had spread quickly and reached many more people in need. We said goodbye to the last patients shortly before it was getting dark.

Overall, the camp was a great success for Jimmy, a great chance for the population to get free examinations and medicines, and for Drs. Janet a special opportunity to reach a large part of the population around Maisha Mazuri and thus get an overview of their health status.

The expectations of 400 to 500 patients were far exceeded. In the 2 days we have seen about 700 adults and 1300 children. An incredible achievement that would never have been possible without the support of Dr. Janet and her team.

The exhaustion in the short breaks did not last, but we were very, very happy and enjoyed every grasp of sunshine we could get.



Facts and figures

	Under 5 yrs	Above 5 yrs	Total
Male	29	164	193
Female	31	558	589
Total	60	722	782

OUTPATIENTS MORBIDITY

	OUTPATIENT MORBIDITY	CASES	%
1	Respiratory tract infection	147	18
2	Hypertension	92	11
3	Rheumatism /Joint pains	77	9
4	Skin infection	59	7

5	Dental problems	56	7
6	UTI	46	6
7	Eye infection	40	5
8	Diarrhea	39	5
9	Intestinal worms	29	4
10	Peptic ulcer disease	22	3
11	Injury	18	2
12	Ear infection	16	2
	Others	170	21

Attendance (No.) CWC ANC FP Ultra sound examinations	169 24 18 24	GROWTH MONITOR Screened Under weight Overweight	ING (0 – 17 yrs) 169 16 0
SPECIAL CLINICS Cervical cancer screening HIV testing Eye clinic Dental clinic Total clients	97 199 161 117 575	Suspicious lesions HIV Positive	1 2
OTHER SERVICES Blood pressure screening Deworming	312 1276	High BP	42
LABORATORY SERVICES VDRL PSA MRDT RBS PDT	2 40 9 239	Neg 2 Neg 40 Neg 9 Normal 234 High 5 Neg 7	

MEDICAL CAMP SUMMARY	
MEDICAL CONSULTATION	782
MCH/FP ATTENDACES	211
SPECIAL CLINICS	575
TOTAL	1568
Deworming	1276

What is our plan for the upcoming years together with Jimmy and Dr. Janet

Maisha Mazuri

- Improve the nutrition plan for the home based kids together with the local staff of Maisha Mazuri and monitor the growth regularly
- Plant other vegetables on the farm

Dr. Janet's health facility

Improve quality of care and increase attraction of the facility

- Setup a training plan for basic ultrasound exams for the local staff of Dr. Janet's team to improve quality of care implement ultrasound for ANC
- Setup a cooperation with an European clinic for sustainable exchange of knowledge.
- Evaluate solutions to make the delivery in the health house more attractive
 - Birth kit blanket and soap for the children produced by women form the area
 - Food for the mother during and after delivery
 - Delivery beds need to be changed
 - Oxygen for new born must be available

The farewell to the children was very difficult for us all and we could not stop the tears.

Jimmy, we would like to thank you and your whole team for letting us be part of your family and share this unique experience with us.

Our team agreed that we would return to Maisha Mazuri as soon as possible!

ASANTE SANA

