THE OLORTE CLINIC REPORT
AUGUST 2016

starfishclinicproject international

Charity No. 1125986
Starfish Clinic Project International
E: info@scpinternational.org

ACTIVITIES:

1. Vaccination program & campaigns for the government
2. Mother and baby advice
3. Health promotion – water treatment, variety in diet
4. Dental extractions (Florence, the nurse, was trained by Ash & Neela Patel to carry out extractions)
5. Treatments of infections (Respiratory, urinary tract, water borne) minor trauma
6. Emergencies – labour, trauma
7. Shamba (Garden) program – Abraham, the gardner's role is to grow food for the school meals; the children eat and enjoy a variety of vegetables, which helps them learn about different sources of nutrition (other than the usual maize). The children will also learn how to grow these vegetables from next year as the school will develop its own shamba
8. School meals – all the school children are fed a cooked lunch from the produce of the garden

ACHIEVEMENTS SINCE 2009

- We now have over 5 years' data for the region on medical conditions and treatments carried out across Olorte. The data is key for planning health care services across the 15 villages. We already have seen very clear trends in the types of illnesses, which has helped us to implement specific interventions. We will continue monitoring how these interventions affect the trends. This is unique for Maasai Land. We will be communicating this information with WHO before the end of this year.
- The clinic has consistently run the best performing vaccination campaigns in the region for the government
- The reputation and trust in the clinic has grown very strong in the community; all the village elders have ownership of the clinic plans as they have been involved in the decision making throughout
- The nurse, Florence has been treating dental infections and is carrying out extractions confidently now. People are coming from Tanzania to her.
- A motorbike was purchased this year for the outreach vaccination, health promotion and runs to the nearest town for supplies & administrative work. This has reduced the load and need for a Land Rover.
- A young local Maasai boy, Henry, performed so well at his school exams that he managed to be accepted on a program to be trained as a medical officer – sponsored by SCPI. Henry has completed his first year and was the top student in the year! He is likely to continue and become a doctor once he has completed his medical officer training.
- The clinic is generating over 50% of funds required to keep it running.
- Outpost – We have almost completed a clinic outpost in a remote site. This is a small hut using the sand bags building technique used as storage for basic equipment for consultations and minor treatments. It is very useful for privacy, confidentiality (there are health related taboos in the community which would otherwise not be

communicated) and it also helps the community have more ownership of the whole program as they have built it.

FUTURE PLANS:

Based on the data we have collected we have the following actions planned for the future:

- **Water**

  Water borne infections appears to be one of the major causes for seeking medical care. This is not surprising as the villagers are using any water source, from stagnant pools to contimnated parts of the rivers. They drink this directly without treating it despite the advice to boil it first; this may be because boiling all the water they carry over several kilometers is unrealistic on a daily basis.

  The data we have collected shows 4 major hotspots for waterborne infections. One of these sites (Mausa) has already had a water source secured by piping water from a local natural spring to the village where 1000 people now benefit from fresh water. The women no longer need to walk long distances to collect contaminated water.

  We plan to provide clean water for the next 3 major 'hotspots' for waterborne infections. Two sites are planned to have their water supply completed this year. This will involve piping water from a clean water filtration system to the villages. The fourth site needs further research to assess whether a nearby natural water source exists. We plan to test water collected from the Mausa tap, the river and other sites to compare. We also plan to assess the effects of using the usual water containers on contamination of the clean tap water.

- **Respiratory infections**

  Respiratory infections are the other major cause for seeking medical care based on our data. The majority of these cases were in children. The likely reason for the high rate of respiratory infections is the firewood use inside the huts. All Maasai use firewood for cooking inside the mud-houses, but they don't have any ventilation. The smoke in the huts can be intense.

  The plan is to trial the following:

  1. Use one of the chief elders house as an example for adding ventilation. This is with a view to encourage the rest of the villagers to put ventilation in their huts. This will hopefully allow us to show the other villages the benefits of ventilation for preventing chest infections based on the new data.
  2. If the above approach of working with the elders to be examples for the whole village is successful, we can use the model for other public health measures.

- **Female Genital Mutilation (FGM)**

  FGM is illegal in Kenya, however, there is 100% FGM rate in Olorte. This is a clear health care priority, but a very sensitive one. We are planning to implement a series of health promotion talks in villages, schools, market places to explain the risks of FGM, including potential problems with childbearing, labour, urinary tract infections, kidney

infections…. The key will be for the villagers to understand the risks of FGM and be given a solution – the tradition is very important for the

- Maasai. So we hope to introduce the concept of continuing with a ritual and even a very minor version as part of the ritual. This would be with the aim of continuing the traditions, but avoiding the harmful mutilation aspect.

- **Dental unit**
  As Florence, the nurse, is providing more and more dental treatment in the form of extractions we are planning to:
  1. Implement dental education in the schools and
  2. Set up a dental unit for Florence and train her to carry out simple fillings and cleaning.

  A dental unit is likely to bring in more income for the clinic bringing it closer to becoming self-funding.

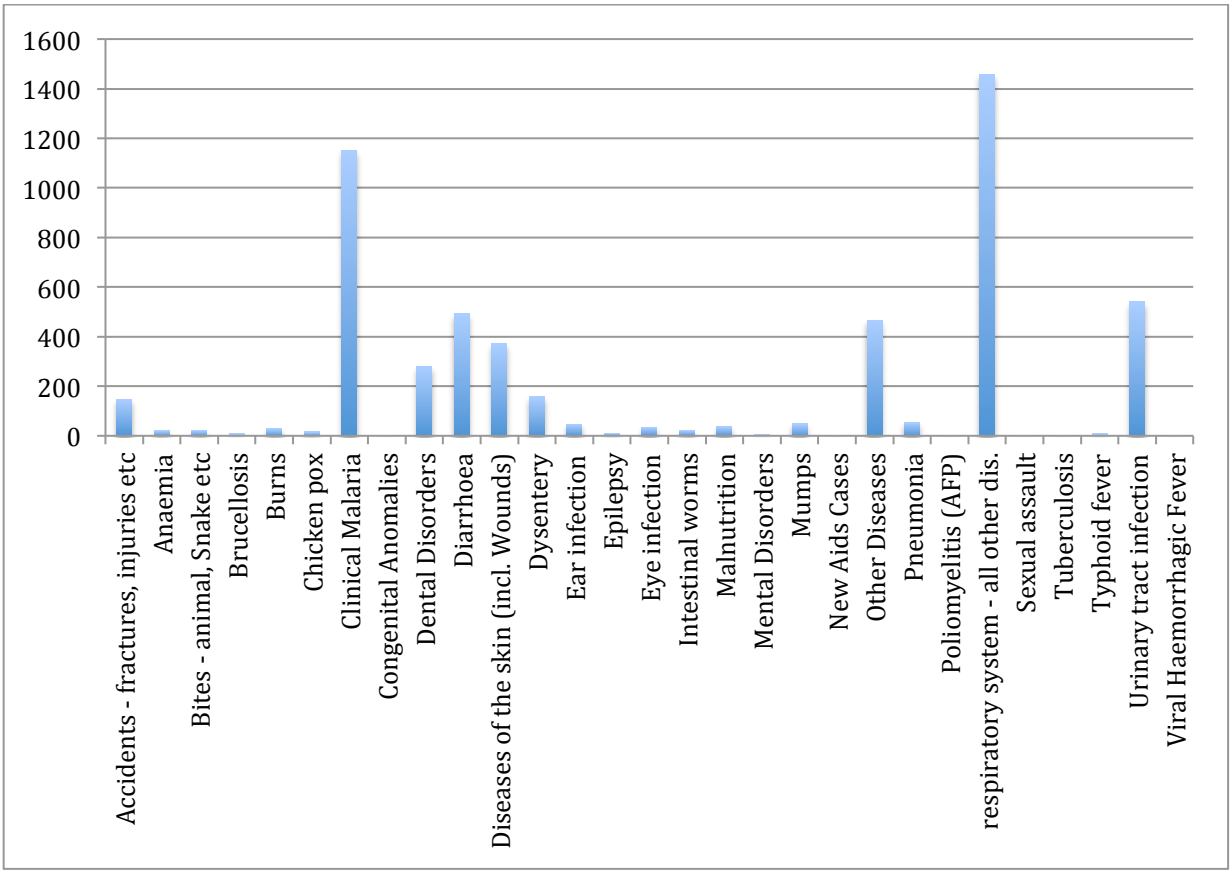
- **Another nurse**
  As Florence is becoming busier with the work she does at the base and the dental treatments, we feel there is a need for a second junior nurse to carry out the vaccinations and health promotion at the villages by visiting them regularly. The vision is to focus more on a preventative approach than crisis management, although the latter needs to be in place too.

- **Outposts**
  If the outpost being completed in the next month or so does prove to have the positive effects we expect we will plan to build more in the remotest areas.

- **Diagnostics**
  The diagnostic accuracy is currently dependent on a single nurse's experience and knowledge, which although vast and impressive it needs to be complemented with basic investigations e.g. blood, urine and stool testing. We are researching the best way to implement this.

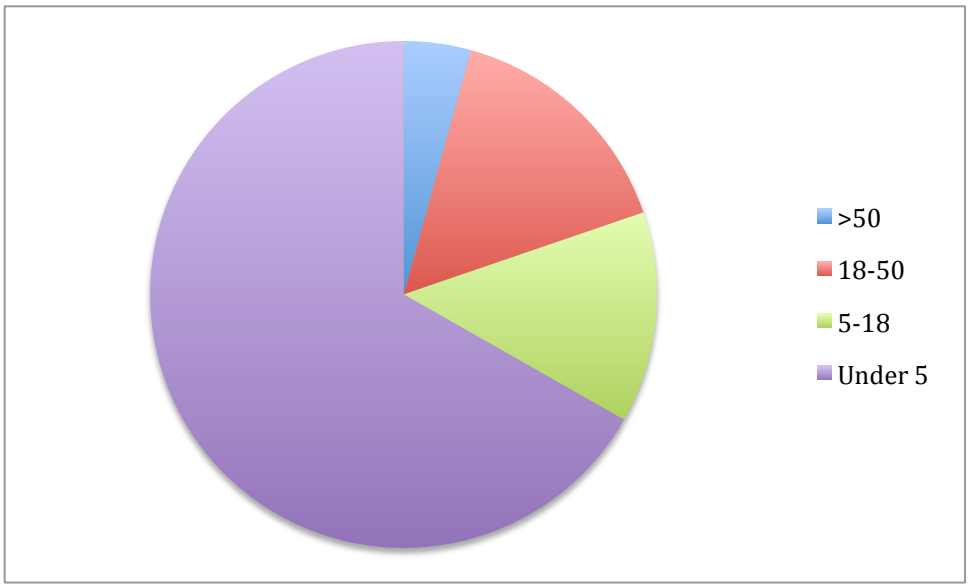
- **Self-funding**
  More than 50% of the running costs of the clinic are generated directly from the work carried out by the nurse. We hope to make the clinic self-funding with the introduction of the dental unit, investigations, as well as new local businesses. This is likely to take another 3 years.
- **Data**
  Florence & Daniel have collected basic data from all villages in terms of age groups, gender, weight, height, blood pressure and common complaints. These are currently in paper format and need to be entered onto a spreadsheet. We plan to complement all the information we have by collating it all together and include availability of water source, school & clinic, areas the villages cover and population stability/ flow of migrants from other communities.
  The data we have from the monthly treatment reports will have a lot more meaning once we can collate this information.

NUMBERS OF DIFFERENT CASES SEEN 2011- JUNE 2016



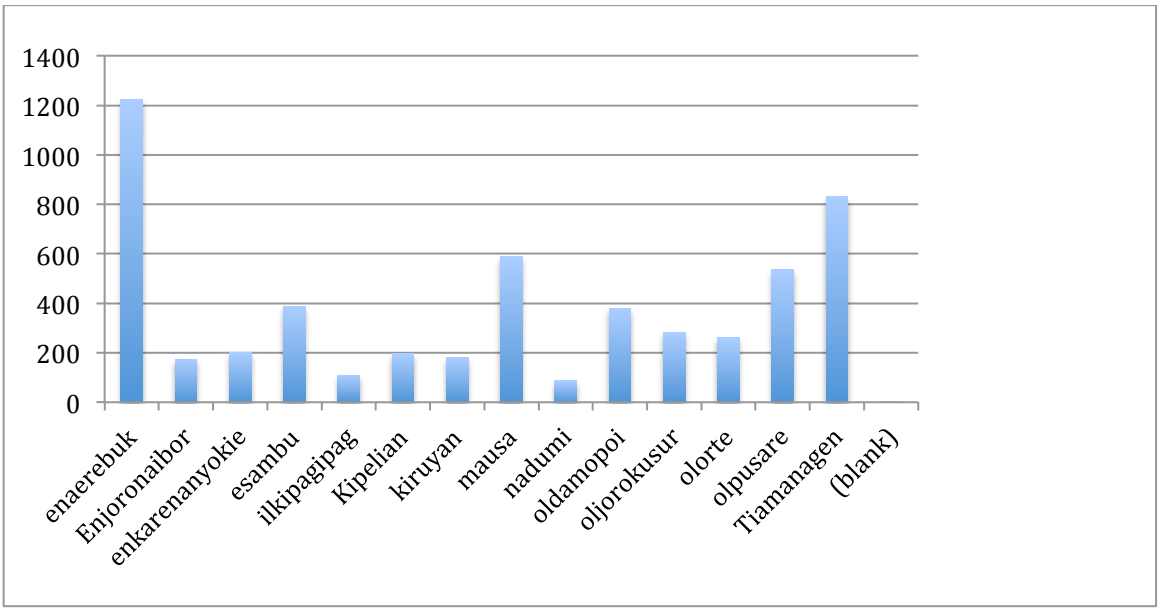
The most frequent disorders are:

1. Respiratory infections – to a large extent likely to be due to the fumes inside huts and affect mainly under 5 year olds.



2. Malaria – seasonal peaks in larger villages in January/ February + June/ July
3. Diarrhoea & dysentery – likely to be largely due to water borne infections – we hope to see a reduction in this in Mausa as a result of the clean water source
4. Urinary tract infections – may be partly related to FGM's long-term effects as well as STD's. We will aim to collect more detail on this aspect
5. Skin conditions – we need to look into this further for more detailed assessment
6. Dental infections – there is an expected increase in cases as the service becomes better known

VILLAGES WITH THE MOST REFERRALS

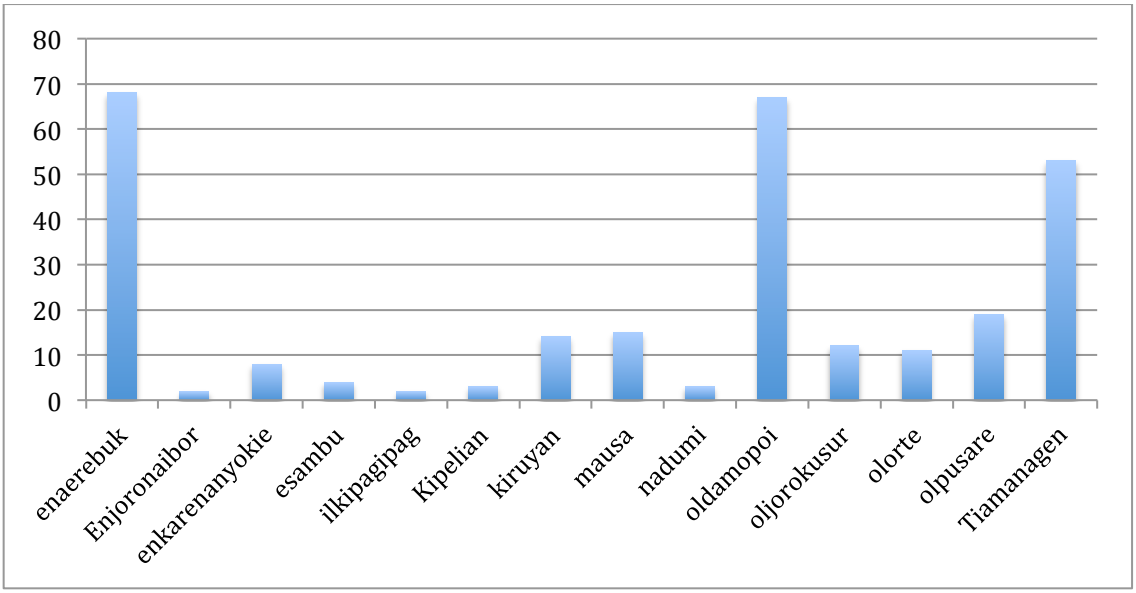


The top 4 villages needing medical care are:

1. Enaerebuk
2. Tiamanagen (Olorte town centre)
3. Mausa
4. Olpusare

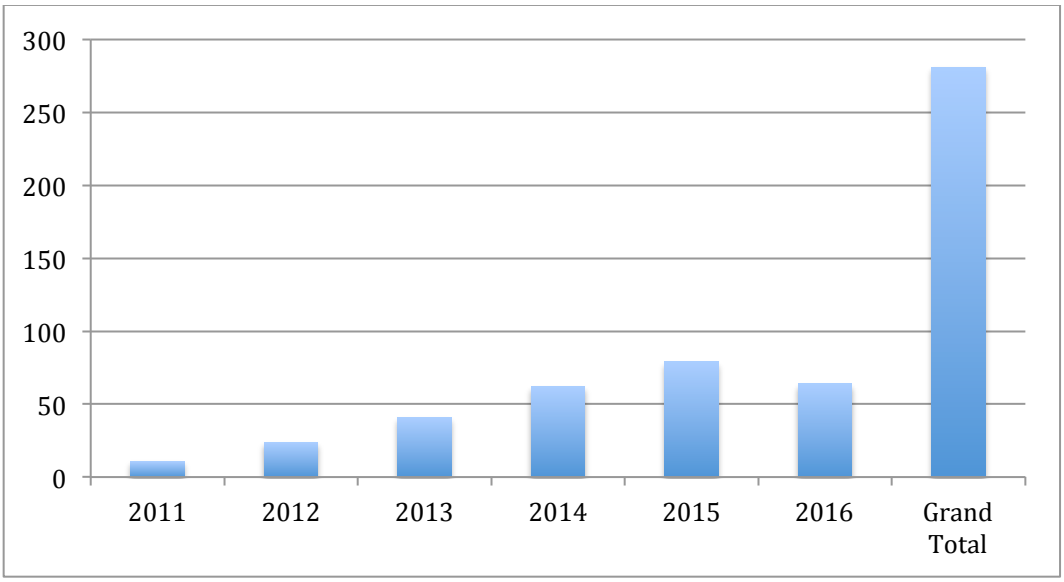
These villages have highest numbers of all disorders. Mausa is currently used as a model village as Daniel one of the SCPI team members lives there and is a chief/ elder. Through his efforts and example the villagers now have a clean water source. He also has built an extension to his hut where the cooking and fumes will be excluded from the sleeping area and also placed better ventilation. We hope that through his example the villagers will implement the ventilation systems in Mausa. We hope to see a drop in water borne infections and eventually respiratory infections over the next year or so.
We are also introducing the clean water sources in Tiamanagen and Olpusare this year. Enearebuk requires more research to plan an effective clean water source.

DENTAL DISORDERS PER VILLAGE



The expected villages with generally high number of cases also have large numbers of dental infections, which is not surprising. An interesting finding here is the surprisingly large numbers of dental problems from Oldamopoi, which we will be looking into this autumn.

DENTAL TREATMENTS PER YEAR



As Florence's confidence and reputation have grown so have the number of dental treatments over the years. The 2016 figures are only up to June 2016.

VACCINATION & MOTHER AND CHILD CLINICS

FLORENCE CARRYING OUT EXTRACTIONS

THE CLINIC BIKE WITH DANIEL THE 'DRIVER' AND FLORENCE THE NURSE

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