

PD-99M - 701
ISN: 29418

AID Ref. Center
615-8185

52

KITUI PRIMARY HEALTH CARE PROJECT

SEMI-ANNUAL REPORT

(January 1st 1982 - June 30th 1982)

Report compiled by:

Dr. Marion Dolan M.B., B.C.H., B.A.O., F.R.C.S.
- Consultant

Sr. Teresa Connolly S.R.N., S.R.M., D.F.H.
- Supervisor

Rev. Noel S. Bouchier - Administrator

INTRODUCTION

This report attempts to record the activities of all four teams comprising the Kitui Primary Health Care Project. For the six months period January 1982 - June 1982 (incl.) operated by the Catholic Diocese of Kitui and funded by USAID through CODEL.

It is estimated that the Project Funding for the present Kitui Primary Health Care Programme will be exhausted by March 31st 1983. The administrative staff in consultation with the Ministry of Health, USAID, and CODEL are presently working on the drawing up of a proposal for a Phase 2 extension for a further 3 years. It is envisaged that present activities in the service area will be continued in the existing four centres. Extra input in the area of Family Planning and Health Education will be guaranteed in Phase 2. It is hoped that the Ministry of Health will be able to increase their input into the present programme in the area of personnel. It is planned that Phase 2 will bring us to the time at which the Kitui Rural Health Project can take over and during the 3 year period 1983 - 1985 the CodeL programme will actively cooperate with the M.O.H. personnel in the field so that integration and continuity of service be guaranteed for the people of the district. Further details of the practicalities of the extension of the programme will have come to light for the end of the year 1982 report.

The format of this report follows that of the previous 6 month report, except that the infant mortality is 83/1000 not 120/1000 as in the previous report, as the Provincial Medical Officer for Eastern Province Dr. A.O. Cyco advised us to use for future reports.

OPERATIONAL ASPECTS

Finance: The Kimungao team continued to operate out of 16 clinics. In early April Sr. Paschal the team leader went on vacation and was relieved by Sr. Aine Drury. Travel on bad roads still causes the worst hardships in spite of continued representation to chiefs but improvement seems impossible at present. The landrover on the whole gave very good service - the driver being able to do some minor repairs himself therefore no clinic had to be missed due to transport problems.

Between January and June the team visited quite a few primary schools and gave lectures to pupils and teachers. The team has been very well received and all seemed extremely interested and asked many questions on Health problems and the team were invited back for a return visit. Most problems seen were due to poor or lack of hygien. Some of these areas are at a loss for water - in fact lack of water seems the chief scourge in this area. One school seemed to have an outbreak of ringworm while another school had lots of children with cuts and wounds particularly on the legs.

Some clinics have shown a marked improvement and in a few places we found the local women sweeping the ground and preparing the place for our visit. The Antenatal overall picture to improve slowly and hopefully will do even better. The traditional midwives come to our centres where they are given a talk and are advised. In general they seem interested in the talks and ask a lot of questions. We are still encouraging mothers to have all their children's birth's registered.

In places where there is no registrar we register those born at home and are under 6 months.

Kamuwongo and Ukasi the furthest away of our safaris are two of our best attended clinics and the women show a great interest, and arrive early for treatment. We have had to visit a few chiefs during the month of May about poor attendance at a few clinics - these were Musosya and Maseki but the chief concerned promised they would speak to the people and would do their best to try to improve the attendance.

No major problems were encountered. All vaccines were procured from Kitui District Hospital readily and all personnel and Government Officers were very helpful.

Muthale

The Muthale team have continued to operate 16 mobile clinics during the past 6 months no major problems were encountered.

There has been a marked increase in the attendance at the Ante Natal clinics. The team feel that seminars held earlier have contributed to this increase as members of the public were made aware of the benefits of good Ante-natal care. The general condition of children attending the clinics has also improved a lot.

The number of patients for curative care have increased. This is in part due to our teaching the people how to treat minor complaints in their homes and encouraging them to do so. This enables us to give more time to Health Education and to the seriously ill.

Many Ante-natal patients with complications are referred from our clinics to our hospital here at Muthale. Many seriously ill general patients especially children are also referred for investigation and treatment. Transport available on clinic days is much appreciated by those in need.

Health education talks and discussions continued as usual at every clinic. Efforts have been made to explain the natural methods of Family Planning to those interested. In June a couple went to Kitui for the initial training in the method. All in view of teaching the method to others in their own area later.

Six Health Seminars were held during the period January to June attendance at each ranged between 80 - 150. Among the participants were at least ten traditional healers and 20 T.B.As (Traditional birth attendants). Problems identified in different areas were discussed and advice given. Health talks were given to senior classes in two schools - sex education was also included.

Three groups of women were brought for a week end to Muthale. They in turn are now helping to motivate people in their own area, Re: the importance of Good health care and availing of the services offered at Ante-natal and child welfare clinics. In their efforts to emphasize the importance of good health care the members of the team produced a play to illustrate different

aspects of child care in this proved most effective.

Our resident Doctor gave a monthly talk to the team on various diseases and problems encountered in the field. This service generously given by doctor is appreciated by all. The team also meet for discussions at frequent intervals.

Mutomo

The Mutomo team continued to operate 16 clinics. The attendance at most of the clinics was good and venues remained the same as for the previous six months and until March when Kalivu clinic was closed due to poor attendance despite repeated efforts to encourage an improved attendance. The poor attendance may have been due to the fact that it is not a very densely populated area and also it is within reasonable distance from Ikutha Government Health Centre. In May at the request of the village leaders and local women Nsaini was started and for the two months May and June had a very good attendance.

No major problems were encountered with staff or Medical supplies and an adequate supply of vaccines were always available from Kitui District Hospital. The transport caused problems on several occasions the landrover needing repeated overhauling. However no clinic was missed on this account and the Hospital transport was used on a number of safaris. For the second half of June the new vehicle the new vehicle a double car Datsun pick-up was available for the team.

The Health Education talks with demonstrations were given to small groups of 10 - 15 at each of the clinics. The only residential training that was done was with a group of four women all T.B.As (Traditional Birth Attendants) for five days in June. A Public Health Technician seconded from Government joined the Mutomo Team in Mid May and we are very grateful to the Ministry for this assistance. So far since he joined the team he has done some community survey and diagnosis in some of the clinic areas. He has also spent one week in Machakos observing their community health workers training. He is now planning how best to choose some groups for village health workers training in this area. He has arranged a number of meetings with chief, sub-chief and leaders for July. He is also in the process of drawing up a programme for the schools. It is hoped that with this additional help that we will be in a position at Mutomo to have the village health workers do 3-4 weeks course initially with a 3-4 day follow up after 3 months. However until such time as an enrolled nurse can be available to make a health education team it is difficult to know how this longer course will be practical.

Muu/Mutito

In January two new venues were opened namely Yatwa and Zombo to replace two with poor attendance namely Kisaya and Yonyo. The response has been satisfactory at both centres and ante-natal attendance is on the increase at all clinics. There was also a steady improvement in the numbers of children coming for vaccinations.

In March a two day course was conducted at Nuu at which 18 women from 5 of our clinic centres participated. Five of these were T.B.As (Traditional Birth Attendants) the other thirteen were young mothers interested in learning with a desire to help their neighbours in their own villages afterwards. Five of the group were literate eleven were attending adult literacy classes. The topics covered were Ante-natal care, breast feeding, bottle feeding, nutrition vaccinations, introductory talk on the Natural method of Family Planning. Palpation instruction and demonstrations were given during ante-natal clinics to each individually.

This course was followed up in May again for two days and the 18 women (same group) attended. In the interval some had assisted at deliveries, taken new mothers and babies to the clinics for post-natal check-up and for vaccination. The team had developed a good relationship with this group so there was good sharing of problems and many questions asked. The women said they felt more confident at detecting abnormalities in labour and were more convinced of the importance of Ante-natal care. The people attending the various clinics were introduced to these women and were made aware that they were willing to help with advice if called upon.

Talks have been given to standard 5, 6, 7, in 10 of the schools where clinics are held. Included in these talks were topics like Hygiene, Nutrition, Malaria. The teachers were co-operative and sometimes attended, the talks with the students. BCG vaccinations were given to children under 7 years in these schools.

At the under 5's clinics held at Nuu for one week each month members of the teams took it on turn to avail of the opportunity to give some Health Education talks. This was done in the evening time after the team returned from their own clinics. Discussions and Health Education continued with groups of 10 - 15 women during and after each clinic.

A limited curative clinic continued at each centre and no problems have been encountered with drug supplies. The main diseases seen during the past 6 months were Malaria, upper respiratory tract infections, and gastro intestinal problems with diarrhoea. Supply of vaccines have been adequate and always available from Kitui District Hospital.

In January the driver and three nurses aids went on strike due to wage dissatisfaction at Maximum salary. There has been no further problems with new staff employed. Frequent meetings of the team are held at which problems are shared and study done on Health Education topics.

STATISTICAL RETURNS:

This report follows the same format as the last semi-annual June - December 1981 report. Although the National population increase is cited at 3.5% that of Kitui is calculated to be 2.93%. We calculate the under five population on the National figure i.e. 18.6% of the population. A crude birth rate of 50/1000 a foetal wastage of 10% and an infant mortality rate of 83/1000 is followed. Following the above guidelines and the 1979 census figures we therefore get the

following. The four mobile teams attempt to serve approximately 77% of the population of Kitui which is a very formidable task.

Kitui District:

	1979	June 1982
Est. population	464,283	499,098
under 5 years	93,000	100,000
Number of pregnancies	25,536	27,450
Infant mortality	1,927	2,071
Live births	23,215	24,955
Kimungao:		
Est. population	68,713	73,864
Under 5 years	12,780	13,740
Live births	3,435	3,695
Number of pregnancies	3,778	4,064
Infant mortality	285	307
Muthalo:		
Est. population	122,507	131,691
Under 5 years	22,766	24,443
Live births	6,125	7,243
Number of pregnancies	6,737	7,243
Infant mortality	508	547
Mutomo:		
Est. population	117,392	126,194
Under 5 years	21,834	23,472
Live births	5,870	6,310
Number of pregnancies	6,457	6,941
Infant mortality	487	524
Nuu:		
Est. population	49,627	53,348
Under 5 years	9,231	9,923
Live births	2,481	2,667
Number of pregnancies	2,729	2,934
Infant mortality	206	221

Total for the four divisions served by the programme:

Est. population	358,239	385,097
Under 5 years	66,611	71,578
Live births	17,911	19,257
Number of pregnancies	19,701	21,182
Infant mortality	1,487	1,598

Estimated population is calculated on the 1979 census figures for the locations in Kitui in which the programme has one or more clinics.

ANTE-NATAL CARE

Tables 1 - 4 shows the attendance for ante-natal care by risk category for all four centres. Using the above estimates the following % coverage of the target population results:

% coverage for January - June 1982.

	January - June 1982	% coverage
Kimungao	842	41.4%
Muthale	1315	36.3%
Mutomo	1298	37.4%
Nuu/Mutito	667	45.4%
Programme totals	4,122	38.9%

IMMUNIZATIONS:

Immunizations of young children and tetanus toxoid to pregnant mothers were carried out at all clinics and are shown in table No. 5

CURATIVE CARE:

Simple curative care was carried out at all the clinics. The following are the returns January to June 1982.

	Kimungao	Muthale	Mutomo	Nuu	Total
Adults	60	639	1152	533	2384
Children	380	2458	3705	2987	9530

The main illnesses treated were Malaria, respiratory tract infections, Diarrhoea and vomiting.

FAMILY PLANNING

The lectures continued during the past 6 months for the state enrolled midwives at Mutomo Hospital. The course of lectures at 1 monthly intervals covered relevant anatomy, physiology and other topics covered were temperature mucous and asymptothermal methods, special circumstances in Natural Family Planning and sex determination. At each session chart reading and interpretation was carried out.

In June a workshop was held at Kitui in Natural Methods of family planning at which 9 couples attended. Five of these couples were already using the method and charting, four were coming for their first visit. It is hoped that from these couples six will be chosen for a teacher training course in the method which is being arranged for the second week of December 1982 during the school holidays. The next meeting is scheduled for the new couples for July 17th, 1982.

HEALTH EDUCATION:

During the past six months each of the four centres have been making an effort to improve their health education input. Some teams seem to have achieved more in this area than others but as the clinic work load has been on the increase at all centres the time available for the Health Education is very limited. The main topics covered by the talks given at the clinics were:- Weaving diet, Malnutrition, Malaria, Diarrhoea and Vomiting, Skin diseases, Home Accidents, Importance of clinic, Disorders of pregnancy and others. Some of these talks where practical were accompanied by demonstrations. Suitable posters for this purpose are still a problem and two local artists have been contacted with a view to being able to produce some relevant posters.

At a meeting of all the teams together with the Medical Consultant and the Programme Administrator held at Kitui in February this problem of suitable posters for Health Education puposes was discussed at length. At the same meeting many other problems and ideas were discussed and all involved found the meeting or work shop very worthwhile.

Fr. Patriok O'Reilly who acted as Administrator to the programme since July 1981 left for Home leave in June and we wish to express our sincere thanks to him for his valuable assistance during the year. He has been replaced by Fr. Noel S. Bouchier, Sr. Marion Dolan the Medical Consultant to the programme is presently on home leave but returns in September.

FINANCE

As in previous reports, the financial section will be submitted by Codel, New York, directly to Washington. The following observations however are made:-

- (1) USAID/Kenya has made the decision to extend the time period of the present OPG through March 31st, 1983, without addition of more AID funds. However the necessary documentation for this extension hasn't yet been finalised.
- (2) USAID/Kenya has agreed to provide the funds and contract for the final evaluation of the project.
- (3) The new Nissan Double-Cab Pick-up at Mutomo hasn't proved to be as versatile as the long wheel base land-rover it replaced. Lacking four-wheel drive and sufficient clearance, certain areas seem to be inaccessible to it.
- (4) There was no expenditure on clinical equipment this quarter. Most of the equipment purchased was expendable, for instance, gas, stationary, and not subject to depreciation.

COST OF SERVICES PER RECIPIENT

The cost per recipient of the program is as follows:-

Depreciation on Permanent Equipment + Recurrent Expenditure
Number of Recipients

1. Depreciation on Permanent Equipment

(a) Transport	KShs $\frac{594,000.00}{3.5 \times 2}$	= KShs 84,857.00
(b) Clinical Equipment B.f. from December 1981 Clinical Equipment purchased Jan - June '82	KShs 161,514.05 - =KShs $\frac{161,514.05}{3 \times 2}$	= KShs 26,919.00 <hr/>
	Total Depreciation	= KShs 111,776.00

2. Recurrent Expenditure

Total expenditure January - June = KShs 414,339.15

3. Number of Recipients

(a) Curative Treatment	11,914
(b) Immunizations - Children	23,735
- Pregnant Mothers	3,047
	<hr/> 38,696

4. Cost per Recipient

$\frac{111,776.00 + 414,339.15}{38,696}$ = KShs 13.60

TABLE 1

KIMANGAO

CLINIC		Now Cases	Re-attendants	Total
Munavuni	Risk Cases	17	26	43
	Non risk	8 } 25	14 } 40	22 } 65
Nthangani	R.	22	75	97
	N.R.	49 } 71	50 } 125	99 } 196
Masyungwa	R.	29	67	96
	N.R.	30 } 59	51 } 118	81 } 177
Tyaa-Muthalo	R.	29	63	92
	N.R.	18 } 47	53 } 116	71 } 163
Nguuku	R.	33	80	113
	N.R.	26 } 59	43 } 123	69 } 182
Kningo	R.	23	35	58
	N.R.	18 } 41	31 } 66	49 } 107
Ukasi	R.	51	62	113
	N.R.	48 } 99	67 } 129	115 } 228
Masoki	R.	10	22	32
	N.R.	19 } 29	39 } 61	58 } 90
Katso	R.	65	68	133
	N.R.	42 } 107	69 } 137	111 } 244
Nduuni	R.	5	10	15
	N.R.	10 } 15	7 } 17	17 } 32
Kamuwongo	R.	38	99	137
	N.R.	26 } 64	96 } 195	122 } 259
Kandwia	R.	32	47	79
	N.R.	21 } 53	29 } 76	50 } 129
Ngunguni	R.	21	51	72
	N.R.	32 } 53	11 } 76	73 } 145
Eymbyu	R.	24	58	82
	N.R.	20 } 44	45 } 103	65 } 147
Munyoyay	R.	14	31	45
	N.R.	20 } 34	19 } 50	39 } 84
Mitaniyi	R.	19	43	62
	N.R.	23 } 42	28 } 71	51 } 113
	R.	432	837	1269
	N.R.	410 } 842	682 } 1524	1092 } 2616

TABLE 2

MUTHALE

CLINIC		New cases		Re-attendants		Total	
Kakeani	Risk cases	34	} 71	49	} 124	83	} 195
	Non risk	37		75		112	
Kiseveni	R.	20	} 42	34	} 60	54	} 102
	N.R.	22		26		48	
Kivou	R.	25	} 66	33	} 123	58	} 189
	N.R.	41		90		131	
Kathumulani	R.	17	} 37	18	} 38	35	} 75
	N.R.	20		20		40	
Kwa-Mutonga	R.	23	} 49	34	} 72	57	} 121
	N.R.	26		38		64	
Kanyaa	R.	41	} 87	57	} 145	98	} 232
	N.R.	46		88		134	
Kwelu	R.	21	} 66	46	} 125	67	} 191
	N.R.	45		79		124	
Thaana Nzau	R.	17	} 28	21	} 48	38	} 76
	N.R.	11		27		38	
Nzawa	R.	39	} 65	69	} 141	108	} 206
	N.R.	26		72		98	
Thitani	R.	16	} 29	15	} 37	31	} 66
	N.R.	13		22		35	
Kakumuti	R.	46	} 85	69	} 135	115	} 220
	N.R.	39		66		105	
Nzoluni	R.	77	} 166	116	} 321	193	} 487
	N.R.	89		205		294	
Mbondoni	R.	79	} 132	132	} 257	211	} 389
	N.R.	53		125		178	
Mwingi	R.	72	} 127	64	} 147	136	} 274
	N.R.	55		83		138	
Katutu	R.	84	} 175	155	} 302	239	} 477
	N.R.	91		147		238	
Ithumbi	R.	43	} 90	73	} 156	116	} 246
	N.R.	47		83		130	
Totals	R.	654	} 1315	985	} 2231	1639	} 3546
	N.R.	661		1246		1907	

TABLE 3

MUTCMO

CLINIC		New Cases	Re-attendants	Total
Katyethoka	Risk cases	17	55	72
	Non risk	27	40	67
		44	95	139
Chaango	R.	27	90	117
	N.R.	21	47	68
		48	137	185
Syomunyu	R.	22	22	44
	N.R.	18	22	40
		38	74	112
Kisauni	R.	16	35	51
	N.R.	22	39	61
		40	44	84
Kyamatu	R.	47	36	83
	N.R.	29	35	64
		76	71	147
Voo	R.	46	62	108
	N.R.	69	58	127
		115	120	235
Mutha	R.	47	96	143
	N.R.	69	98	167
		116	194	310
Ikanga	R.	79	118	197
	N.R.	95	151	246
		174	269	443
Kinakoni	R.	25	49	74
	N.R.	36	78	114
		61	127	188
Kanziko	R.	48	66	114
	N.R.	50	77	127
		93	143	241
Kanyongonyo	R.	24	19	43
	N.R.	21	50	71
		45	69	114
Kavieuni	R.	35	66	101
	N.R.	95	56	151
		130	122	252
Monguni	R.	40	48	88
	N.R.	24	48	72
		64	96	160
Kasaala	R.	51	6	57
	N.R.	18	19	37
		69	25	94
Nsaini	R.	21	15	36
	N.R.	23	28	51
		44	43	87
Kisasi	R.	74	76	150
	N.R.	62	69	131
		136	145	281
Totals	R.	619	859	1478
	N.R.	679	915	1594
		1298	1774	3072

TABLE 4

NUU

CLINICS		New cases		Re-attendants		Totals	
Yatwa	Risk cases Non risk	13 3	16	22 12	34	35 15	50
Mutwangombe	R. N.R.	10 13	23	20 8	28	30 21	51
Mikayuni	R. N.R.	5 4	9	7 4	11	12 8	20
Tuvaani	R. N.R.	4 3	7	9 3	12	13 6	19
Wingemi	R. N.R.	16 6	22	28 16	44	44 22	66
Kalitini	R. N.R.	51 49	100	103 106	209	154 155	309
Nwitika	R. N.R.	31 29	60	41 62	103	72 91	163
Hui	R. N.R.	15 9	24	20 10	30	35 19	54
Nyaani	R. N.R.	6 10	16	4 12	16	10 22	32
Zombe	R. N.R.	22 14	36	22 14	36	44 28	72
Twambui	R. N.R.	14 11	25	28 23	51	42 34	76
Endau	R. N.R.	72 87	159	91 97	188	163 184	347
Makuka	R. N.H.	21 22	43	39 41	80	60 63	123
Kavindu	R. N.R.	10 9	19	12 19	31	22 28	50
Kawala	R. N.H.	25 20	45	53 34	87	78 54	132
Lundi	R. H.R.	26 37	63	65 61	126	91 98	189
Totals	R. N.R.	341 326	667	564 522	1036	905 848	1753

TABLE 5

Immunisations by all four teams January to June 1982

CHILDREN	KIMANGAO	MUTHALE	MUTOMO	NUU	TOTALS
B.C.G.	160	1740	1561	887	4348
D.P.T. 1st	161	1449	1301	523	3434
2nd	140	1267	1189	444	3040
3rd	122	840	774	367	2103
Polio 1st	189	1457	1312	486	3444
2nd	137	1311	1062	371	2881
3rd	119	986	758	280	2143
Measles	136	1011	934	261	2134
Totals	1164	10061	8891	3619	23735

Pregnant Women:

	KIMANGAO	MUTHALE	MUTOMO	NUU	TOTALS
Tetanus toxoid 1st dose	169	981	758	229	2,137
2nd dose	62	303	359	186	910
Totals	231	1284	1117	415	3047

TABLE 6

Persons directly financed under the Kitui Primary Health Care Project.
January to June 1982.

KIMANGAO TEAM:	Sr. Aine Drury - KRN, KRM (Team leader)
	Ms. Christina Mumba - K.E.M
	Ms. Augustina Nwisa - K.E.M
	Ms. Rebecca Syengo - Nurse aid
	Ms. Regina Syengo - "
	Ms. Angelina Mavindiva - "
	Ms. Agnes Kasyoka - "
	Mr. Solomon Ngari - Driver
MUTHALE TEAM:	Sr. Agnes Mary Lynch - K.R.N., K.R.M., (Team leader)
	Ms. Priscilla Kaleve - K.E.M.
	Ms. Helen Wambui Gacharia - K.E.N.M.
	Ms. Agnes Kimanzie - Nurse Aid
	Ms. Winifred Maithya - "
	Ms. Celestina Mutua - "
	Ms. Mary Boniface - "
	Mr. Sammy Ngundu - Driver
MUTOMO TEAM:	Sr. Teresa Connolly - K.R.N., K.R.M., K.R.P.H.N., (Team leader, Program Supervisor)
	Ms. Esther Kalama - K.E.H.
	Ms. Jacinta Maingi - K.E.M.
	Ms. Nancy Kisilu - Nurse aid
	Ms. Jacinta Mwamduka - "
	2 Assistants from Mutomo School of Midwifery
	Mr. William Musyoka - Driver
NUU TEAM:	Sr. Nuala Galvin - K.R.N., K.R.M. (Team leader)
	Ms. Telosia K. Mutua - K.E.M,
	Ms. Angelina Saa - K.E.M.
	Ms. Lillian Kambua - Nurse aid
	Ms. Phyllis Makali - "
	Ms. Margaret Munzaa - "
	Ms. Anna Kinna - "
	Mr. Neese Mungango - Driver.
<u>CONSULTANT:</u>	Dr. Marion Dolan M.B., B.C.H., B.A.O, F.R.C.S.
<u>ADMINISTRATOR:</u>	Rev. Noel S. Bouchier