



## **CLINIC ANNUAL REPORT 2012**

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## INTRODUCTION

In 2012, Lewa Wildlife Conservancy (LWC) continued ~~on~~ its quest to ensure ~~it's~~ the healthcare department provided the required services to keep both staff and community members happy and healthy. Through the kind support of Lewa's donors, LWC's three clinics managed to deliver the much needed healthcare services, working closely with the Ministry of Health, the International Medical Corps and The Catholic Diocese of Isiolo, among many others, to ensure the basic need. The services provided included preventive care, curative care, as well as counselling and moral support to the HIV positive patients.

### Staff

In line with the Clinic's strategic plans; to enhance service delivery, an extra nurse was recruited at the Main Lewa Clinic as well as a night guard for the Leparua Clinic, bringing the total clinic staffing to twelve. The clinic team remains under the professional guidance of Dr Abid Butt, the resident doctor at the Nanyuki Cottage Hospital. Leparua clinic is staffed and ran a nurse, a clinic attendant and a night guard; The Ngare Ndare clinic is also staffed by a Lewa Nurse, a government nurse and a clinic attendant; whilst the Main Lewa Clinic has a total of seven staff including a laboratory technologist. ,.

The former laboratory technician left employment, paving way for LWC to recruit and hire a more qualified and experienced Lab technologist, more qualified and experienced to handle the new laboratory equipment introduced at the clinic; with the aim to improve the facility's diagnostic capacity. The salaries and general operations costs of all three clinics in 2012 were generously funded through the kind support of Lewa Switzerland amongst other donors.

### Dr Butt



Dr Butt continued to play a vital role in the successful running of the Lewa Clinic's in 2012. He continues to play the important role of providing medical insight and expertise in support of both the nurses and laboratory personnel in different areas and services that had

proved to be a challenge. Having a doctor, just a call away continues to inspire confidence in both the staff and the patients they attend to. The Clinic patient base and staff benefit a great deal from his fortnightly visits to Lewa. Since His visit provides an opportunity to have the more complicated cases attended to and invaluable medical advice on management of certain ailments afflicting certain patients e.g. nutrition advice for both Diabetic and or HIV positive patients amongst a host of other issues requiring specialized care. The additional services provided by having a qualified doctor on the clinic staff, allows for the most disadvantaged members of the surrounding communities to save what little they have as they do not have to travel far to see him and benefit from his expert services at a subsidized cost.

With the expert supervision and support provided by Doctor Butt, the three clinics and their staff as well as the lab technologist are able to ensure that they provide quality services and assurance to their patient base. In his capacity he is able to answer all their queries at any time and respond to emergency cases forwarded to him at the Nanyuki Cottage Hospital, ensuring that the staffs at the hospital is ready to receive any case sent to them. His in house expertise and experience also provides in house training, skill building as he is able to impart his knowledge during the handling of cases brought to the clinic and in response to phone queries and consult advice from the clinic staff.

The existing working relationship between Lewa and the Nanyuki Cottage Hospital through Dr Butt, offers a unique and convenient centre that attends to any cases of injury and or emergencies as a result human-wildlife conflict cases in the area. The common cases include snake bites, elephant attacks, and or rabid dog attacks. Dr Butt is always available to attend to these victims as soon as they arrive at the cottage hospital. This has greatly reduced the risk of death and irreversible damage previously unavoidable due to the distances and lack of proper medical facilities in the area. With the existence of this partnership and development of the clinics, they are able to receive first aid which then stabilizes them before them area rushed to Doctor Butt, who can assist and provide advanced services only available within the hospital.

Since Dr Butt is approved by the Ministry of Labor through the Directorate of Safety and Health to practice as an occupational doctor, he conducted medical examinations on all employees who are exposed to occupational illnesses due to the nature of their work. This was not only convenient to the company, but additionally saves time besides enhancing statutory compliance.

## **LEWA HEALTHCARE OPERATIONS IN 2012**

### **Services Provided at the Three Clinics.**

There was a 3% increase in the total patient base to a total of 10,484 from the previous 10,149 visiting all three clinics in 2012. Coupled with an aggressive school healthcare programme and community health outreach programme, the three clinics have been extremely busy over the period in review. The range of health care services that were offered included:

- ❖ The Diagnosis and treatment of ailments
- ❖ Child welfare clinic – nutrition, growth monitoring and immunization
- ❖ Maternal welfare clinic including women’s reproductive health, ante-natal and post-natal clinic
- ❖ Family planning – the continued partnership with Tunza offered service to both staff and the Lewa communities
- ❖ HIV Counselling and testing – with special focus for expectant mothers
- ❖ Laboratory services; This service was previously only available at the Lewa Clinic However, through the support of Lewa UK, the Ngare Ndare clinic now has an equipped lab and will roll out these services mid- March 2013
- ❖ Health education workshops and sessions for the Lewa staff and immediate communities
- ❖ School health care programmes and activities – De-worming and health education provided to both Lewa supported schools and extended to the newly introduced Kilimani School and to a non-supported Lewa School, Elsa in Isiolo, courtesy of funding received from the Metcalf foundation through Lewa Canada. Extending these services as far as Isiolo enhanced the relationship between LWC and the surrounding communities, especially now that LWC is more than ever dependant on their support to help curb the increased poaching menace.

#### **Other Services Offered by the clinic staff in 2012 included:**

1. **Family planning** – in 2012, the LWC healthcare programme, in collaboration with the Ministry of Health and Tunza, promoted the use of long-term family planning methods such as implants and intra-uterine devices e.g. coils. Running such programme was only made possible through the kind donations made through Lewa Canada and its generous supporters. Population Services International (PSI) employed family planning and community mobilizers for Subuiga, Manyagalo and Ngare Ndare communities. This made enhanced the possibilities for the nurses to reach more people in the communities and offer them these much-needed services.
2. Monthly mobile clinic services were extended beyond the traditional areas of Ngare Sirgoi and the Cultural Boma to some parts of Isiolo, such as Elsa, Kilimani and Tinga Tinga. Offering , health education; family planning services; treatment of ailments; immunization and nutrition checks with a main focus on;
  - a. Sex education
  - b. Early marriages (protection of the girl child – particularly in Ngare Sirgoi and at the Cultural Boma)
  - c. Female genital mutilation (FGM) with an aim to reduce this and identify cases of fistula which are on the rise
  - d. Diarrhoea, malaria and TB
  - e. Water purification – undertaken in collaboration with UNICEF and the Ministry of Health (MoH). The MoH provided water jerry cans, and aqua tablets for purifying water.
  - f. Proper hand washing and general hygiene practice

- g. Digging and constructing pit latrines for human waste disposal using locally available materials; to minimize on diseases and improve sanitation practice in the area
3. **School health programme:** Main focus here centred on general health education, de-worming, treating common ailments and referring sick children and giving referral for needy cases in the schools neighbouring LWC and other NRT conservancies. A total of 8,385 students were de-wormed in 2012 and 805 treated through the programme.

Health education during these programmes included:

- i) Sexuality among the youth
  - ii) Female empowerment on matters related to FGM and reproductive health
  - iii) HIV/AIDS and associated problems such as the stigma attached to it
4. **Community health programme:** the services provided included family planning outreach programmes, community health education, hygiene, child welfare and ante-natal care, among others. The health education in Leparua focused on proper hygiene, in order to contain the many eye and skin conditions that were noted among the children in that area.
5. **Jigger campaign** – these, activities were carried out in both the Manyangalo and Kilimani communities and were conducted at the same time with general health education and advice on care of wounds after treatment.
6. HIV/AIDS education and voluntary counselling and testing services was offered to all age groups in all the clinics and a further Mobile voluntary counselling and testing was organised for Lewa's field staff.
7. Lewa staff members were, educated and encouraged to maintain general hygiene and upkeep of their environment as part of a health and environmental awareness campaign mounted by the clinic team.
8. The Leparua clinic, in collaboration with International Medical Corps, continued the mother to-mother support groups. The main focus in 2012 aimed at both antenatal care and child welfare, with food supplied to children under five as well as expectant mothers. The International Medical Corps also provided a car for outreach clinics to increase the effectiveness of this campaign in addition to the monthly mobile clinic Lewa organises.
9. A measles campaign covering all the communities surrounding LWC was undertaken to ensure all children are immunized and that the community generally understands the disease and the dangers of it.

10. The Lewa Clinic participated in providing continuous health education on the proper use of applicable personal protective equipment and the importance of using them whilst working to ensure their personal health and safety whilst at work.
11. Dr Abeid Butt undertook occupational medical examinations on staff whose nature of work exposes them to occupational illnesses.
12. Laboratory services continued being offered at the Lewa clinic. The Leparua and Ngare Ndare nurses referred patients requiring these services to the Lewa clinic. The total number of patients attended to were 1,872 with a total of 3,610 different tests being carried out. The common tests done included malaria, full blood count, salmonella typhoid antigen tests and HIV screening among others.
13. In conjunction with Madison Insurance Company, the Lewa Clinic ran a wellness programme for the LWC staff. During the exercise, the staff underwent checks for cholesterol levels, pap-smears for cervical cancer, High Blood pressure, HIV/AIDS, diabetes and was also given general health talk, among a host of other services on offer.

### Common Diagnosis and Activities

The table below provides a breakdown of the common ailments attended to in 2012:

	CATEGORY	MOST COMMON DIAGNOSIS & ACTIVITIES
1	Adults	<ul style="list-style-type: none"> <li>✓ Respiratory tract infections (RTI)</li> <li>✓ Abdominal problems – Amoebiasis/intestinal worms</li> <li>✓ Rheumatic/ Arthritic pains – musculoskeletal</li> <li>✓ Skin infections/wounds</li> <li>✓ PODs – peptic ulcers</li> <li>✓ Skin conditions – wounds</li> <li>✓ Hypertension</li> <li>✓ UTIs – urinary tract infections</li> <li>✓ Minor injuries</li> </ul>
2	Child Health	<ul style="list-style-type: none"> <li>✓ URTIs</li> <li>✓ Eye and ear infections – prevalent in Leparua</li> <li>✓ GE – Gastro-intestinal</li> <li>✓ Child Malnutrition – mainly at Leparua</li> <li>✓ Minor injuries</li> </ul>
4	Occupational Health and Safety	<ul style="list-style-type: none"> <li>✓ Medical examinations</li> <li>✓ Minor injuries</li> </ul>
5	Laboratory services	<ul style="list-style-type: none"> <li>✓ Malaria</li> <li>✓ Full blood count</li> <li>✓ Salmonella and typhoid antigen tests</li> </ul>



		<ul style="list-style-type: none"> <li>✓ HIV screening</li> <li>✓ ESR</li> <li>✓ Sputum examinations</li> <li>✓ Urinalysis</li> <li>✓ HB – haemoglobin levels</li> </ul>
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The overall number of health service cases attended to in all the three clinics in 2012 rose to 15,692, presenting an incremental trend that has consistently been notable over years. The most significant rise was recorded on the HIV/Aids counselling and testing cases, which increased to 382 from the previous year's 340 cases. This is an indication that LWC's health care programme on HIV/Aids is bearing fruit, with more patients coming out for counselling and testing. The table below comprehensively captures a summary of the statistics of various services offered in all the three clinics:

### Number of patients seen at three clinics:

	MEDICAL CASES	ANTE-NATAL & POST-NATAL SERVICES	FAMILY PLANNING SERVICES	CHILD WELFARE SERVICES	HIV/AIDS COUNSELLING AND TESTING
<b>LEWA CLINIC</b>	5,421	328	586	597	298
<b>NGARENDARE CLINIC</b>	3,317	287	396	795	62
<b>LEPARUA CLINIC</b>	1,494	220	161	1,708	22
<b>TOTAL</b>	<b>10,232</b>	<b>835</b>	<b>1,143</b>	<b>3,100</b>	<b>382</b>

Once again, the feeding programme for lactating mothers in Leparua community, courtesy of International Medical Corps, was a key aspect in achieving the notable high attendance of community members seeking the child welfare services being offered at the clinic. Food donations are made mostly to lactating mothers and children below the age of three who attend the clinic. This provision is meant to supplement the nutritional value of the foods not accessible by them.

The number of patients referred to the Nanyuki Cottage Hospital and government hospitals, as a result of the certain complicated conditions that could not be treated in the three clinics was 285. These were mainly maternity cases, dental cases, eye problems, surgical cases, animal injuries and complicated cases that required the immediate attention of a doctor.

### Clinic Development

A records room and sluice room were constructed at the Lewa clinic with the kind support and generous funding received through Lewa Canada. With the increase in the number of services required, this development will come in handy in the efforts to decongest the facility and provide more services to those that need it.



### **The Ntiriti Dispensary**

With the kind support received through Lewa UK, Lewa was able to support the installation of an outpatient facility complete with a perimeter fence, toilets and an incinerator at the newly constructed Ntiriti Clinic. Plans are underway to have the clinic gazetted and staffed by the Ministry of Health, who have partnered with Lewa and the immediate members of the Ntiriti clinic to ensure these services become available in the area.



### **The Lewa Ambulance**

Through the support of Lewa Canada in 2011, Lewa ambulance is now fully functional and was outfitted with a squad bench, automatic loading stretcher, BP cuff monitor, and glucometer and pulse oxymeter in 2012. Once the ambulance is completely equipped and



fabricated, it will be ideal for responding to emergency situations, as well as the transport emergency case patients safely to the nearest main hospital, which are quite a distance away. Between its purchase and the end of the year, it has been used to respond to 18 emergency cases, and it is the hope of the clinic team that once all the necessary's are included that it will reach and assist more and more people who may be in dire need of the full capacity it will be able to provide.



The ambulance has also greatly contributed effectively towards the effective administration and running of all three clinics. Being instrumental in the success of the operational logistics of the three clinics, rescuing victims of four different road accidents that occurred along the Isiolo/Nanyuki road near Subuiga, as well as logistical support for the school-health programmes and mobile health outreach programmes in the communities.

## Summary

LWC is immensely grateful to all of our donors for their invaluable support in 2012. With the immense support, all the three clinics were able to successfully deliver the much needed services provided healthcare programmes to the benefit of staff and members of the communities within and neighbouring Lewa.