

Medical Camp: a project to increase the access to basic healthcare among the residents of the informal settlements in the Nairobi North-Est area

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Introduction: Medical Camp is an *out-of-hospital* activity offered to a specific community in need of health care services. Ruaraka Uhai Neema Hospital (RUNH), in collaboration with World Friends, carries out this activity as an outreach program in the slums of North East Nairobi. The specific objectives of the project are: to offer free basic healthcare services; to give health education and create awareness over the services offered by the local healthcare delivery system.

- The General Medical Camp is carried out on a monthly basis and reaches 6 to 8 different location within RUNH's catchment area (Slums of North-East of Nairobi): RUNH Team offers free consultation and diagnosis, basic drugs, physiotherapy and disability assessment, VCT services (HIV testing and counseling) and referral to RUNH in case of need of further management, together with health education.
- The ANC Medical Camp is carried out in two locations within the said slums and it offers complete Ante Natal Care; patients are then referred to RUNH for free delivery.

Objective: To assess the impact of the intervention among direct beneficiaries, i.e. mothers from the target communities accessing services.

Methods: Observational study Observational study involving retrospective review of routinely collected data of the Medical Camp in the year 2014.

Results:

- 12 General Medical Camps conducted in one year
- 3,176 slums residents of the RUNH's catchment area benefitted from the General Medical Camps (60% children)
- 10 ANC Medical Camp conducted in one year
- 82 patients enrolled in ANC (54% of them were between 15 and 20 years old)
- Mothers came back to the camps even after delivery with their babies to be checked and to make sure babies are growing well and are getting all the immunizations required



Conclusions:

- Medical Camps are the best way to reach the poorest who are left behind from the rapid progress and urbanization that Kenya is witnessing, this way they are able to receive quality care without the burden of costs and transport.
- Through medical camp the hospital moves to the community and this way it succeeds to meet the patients at every stage of the process of care: from health education, to prevention up to treatment and follow up. For instance the attendance to ANC Medical Camp is crucial for mothers to become aware of the importance of health care and to seek attention timely. This affects positively both their health and the health of their babies, in fact they access more frequently the Well Baby Clinic (growth monitoring and immunization) which can be the perfect opportunity for early detections of risk factors or symptoms and consequent referral to a paediatrician.

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Introduction:

- More than 1 in 10 babies are born pre-term (less than 37 weeks of gestational age) all around the world.
- Over 60% of preterm births occur in Africa and South Asia.
- Over 1 million children die each year due to complications of prematurity or LBW (Low Birth Weight).
- An African baby who is born prematurely is 12 times more likely to die compared to a European pre-term baby.

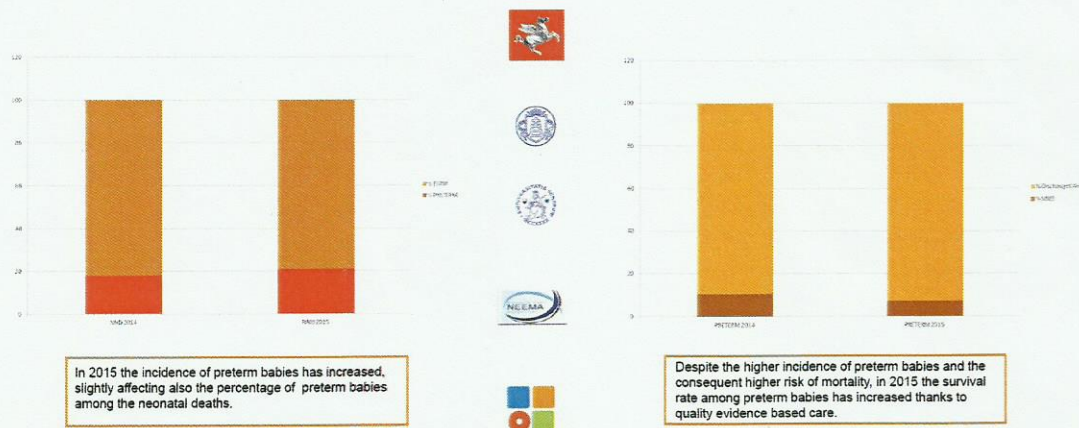
Historical data and new analyses show that more than three-quarters of premature babies could be saved with feasible and cost effective care, even without the availability of neonatal intensive care*.

This study examines the outcomes of a cohort of preterm in the newborn facility at Ruaraka Uhai Neema Hospital (RUNH), North-East of Nairobi, Kenya.

Objective: To describe the outcome and in-hospital mortality rates of hospitalized pre-term, and review trends of care services delivery in order to underline needs and priorities.

Methods: Observational study involving retrospective review of routinely collected facility data of all hospitalized neonates from January 2014 - June 2015.

The maternity unit at RUNH has a capacity of 40 beds and also features a small Newborn Unit to provide basic Neonatal Care for sick or low birth weight babies, in accordance to standard protocols. The department is managed by nurses and midwives and a consultant paediatrician.



Conclusions: Lately we faced an increasing incidence of Preterm babies, with an understandable higher risk of mortality and morbidity, without the chance to offer neonatal intensive care.

In a big town as Nairobi, in which the largest part of the population lives in informal urban settlements (slums), the challenges are even bigger than in rural areas, in fact in the slums of Nairobi, maternal and child mortality rates are about 50% higher than the national average**.

Quality care before and during pregnancy can help to reduce pre-term births rates, while Evidence based care of premature babies can improve the outcomes. Including also attention on neonatal record After discharge from the Newborn Unit, constant follow-up of growth and neurological development is crucial and can contribute to improve the morbidity associated to pre-term births. Nevertheless, the continuum of care from prevention to treatment is only possible if there is good linkage from the community to the health centre and from the health centre to the hospital. Collaborating with partners working in the community is the best way for RUNH to create a trust chain which will lead a mother to choose the best care for her baby.

References

*March of Dimes P, Save the children, WHO. Eds CP Howson, MV Kinney, Je Lawn. Born too soon : The Global action report on preterm Birth. World health organization. Geneva. 2012.

**Save The Children, The Urban Disadvantage, State of the World' Mothers 2015