

ASSOCIAZIONE ITALIANA AMICI DI RAOUL FOLLEREAU - AIFO



INTERNATIONAL HEALTH COOPERATION PROJECT

“Leprosy and TB control in Kadem, Nyanza Province, Kenya”



*AIFO – Project Office
Bologna, August 2014*

PROJECT TITLE AND GENERAL INFORMATION

Project Title: “Leprosy and TB Control in Kadem, Nyanza Province, Kenya”

Location: Kadem and Macalder Locations, Nyatike, Migori and Suba Districts, Nyanza Province, Kenya.

Local partner: Ivrea Sisters Congregation

Area: health, social and education

Duration: 2 years **Scheduled date of activities start:** 1st February 2013

Total budget: 155.000,00 Euros

Total request to MISSIO: 120.000,00 Euros

1. APPLICANT ORGANIZATION

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2. LOCAL PARTNER

IVREA SISTERS –Ivrea Immacolate Conception Charity Sisters

Kadem Leprosy and TB Clinic

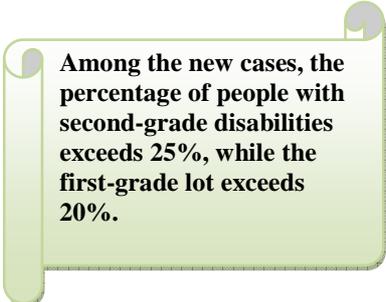
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4. THE CONTEXT

In 1980, the Government of Kenya launched the **National Program for Leprosy and Tuberculosis (PNLT)**. This put together the National Program for the Control of Tuberculosis which in 1956, started with several projects of leprosy control, which had been active since the Seventies. The action plan was elaborated together with the World Health Organization (WHO) and the International Union against Tuberculosis and Lung Disease (IUATLD). Today is the program has evolved into a fully-fledged division known as; Division against Leprosy, TB and Lung Disease (DLTLD). The division is under the Ministry of Public Health and Sanitation which is in charge of leprosy control in the Country but as an integral part of the National Health Service (horizontal approach). This means that the control of leprosy and tuberculosis is one of the tasks of all personnel of health centers and hospitals. The task of the DLTLD consists in the coordination and supervision of the treatment services, through province and district Coordinators, free drugs and funding of reference health centers for the treatment of serious cases and complications. The latter were created where the main leper hospitals used to be, Kadem, Alupe and Msabweni Hospital in the coast of Kenya.

The introduction of poli-chemotherapy (PCT), introduced in the Eighties, has allowed the recovery of thousands of cases of leprosy in the country. In 1989, Kenya reached an index of leprosy prevalence lower than one case every 10.000 inhabitants ($<1/10.000$). On the basis of this, the Health Ministry has declared the disease eliminated and a problem of public health, as defined by the World Health Organization. Later on, in consideration of the contemporary increased incidence of TBC, the PNLT has gradually started to overlook the role of leprosy, thus investing fewer and fewer resources. As a consequence, nowadays most county and district responsible people are not adequately trained about leprosy, and the therapy services of Health Units have lost their professionalism and interest. Because of this situation, most cases have not been diagnosed in the last few years, thus causing a wide infection. The situation seems difficult in four Provinces (Coastal, Nyanza, Western and Eastern). In these provinces, in the last fifteen years, the annual number of new cases has decreased (approximately from 237 to 126), but the decrease concerns mainly Pauci-bacillary cases (PB), whereas the number of Multi-bacillary (MB) has been decreasing more significantly. Besides, the new cases have been diagnosed with a certain delay, with serious consequences for the patients, because leprosy is a disease which leads to serious and permanent disabilities with the passage of time. Among the new cases, the percentage of people with second-grade disabilities exceeds 25%, while the first-grade lot exceeds 20%. All this means that nowadays leprosy is still a serious problem of public health, which will have to be considered as a priority within the framework of planning of the local National Health System.



Among the new cases, the percentage of people with second-grade disabilities exceeds 25%, while the first-grade lot exceeds 20%.

AIFO is a member of the “International Federation” of the Organizations promoting leprosy control actions (International Leprosy Federation – ILEP). In 2003, it assumed in the country the role of “ILEP National Coordinator”, thus replacing the Dutch Association NLR. Following the change of coordination, AIFO has started a support action, in collaboration with the DLTLTD. An MoU has been signed between AIFO and DLTLTD in 2013 and on the bases of it a new manual for early detection of leprosy for health workers has been developed and a pre test training done in the area of Kadem project.

Kadem is located near lake Victoria, in South-Western Kenya, on the border with Tanzania. The area covered by the activities, known as The Great South Nyanza, is located in Nyatike and Migori districts and it has an extension of about 350 square km. The estimated population counts about 658,625 people (Nyatike 144.625 & Migori 514.000) mainly belonging to the Luo and Suba tribes, who live in small communities, spread all over the territory, far from the main routes, thus difficult to reach. Polygamy and traditional beliefs connected to witchcraft are still widespread.

The region has for a long time been an opposition zone thereby ending up being neglected by the central Government in the past years, both from the economic and political point of view, since, from the time of independence on, the Luo ethnic group has been opposed to Nairobi. With the coalition Government of 2008 the situation started improving but it is still far to be ok. Currently, it is the opposition bedrock in the country. This is why the area is still in many cases deprived of basic services (such as water, electricity, hospitals, roads), which, kin other areas of the country – have reached better levels. Moreover, the area is characterized by an almost arid plateau, with irregular rains, which make conditions difficult for farming, which is still the primary source of living for people. Indeed, fishing and sheep-farming are still marginal activities.

As far as leprosy is concerned, Kademregion still remains one of the most endemic areas in Nyanza province

The project Beneficiaries live in small communities, spread all over the territory, far from the main roads, thus difficult to reach. Polygamy and traditional beliefs connected to witchcraft are still widespread.

Kadem mirror the country’s general situation, though it is even more serious, since it is located in an isolated and neglected area, and its infrastructures are wanting, both in quantity and in quality. A high death-rate, caused by AIDS among TB infected patients, has been recorded, and is estimated to exceed 50%. From the 2011 report written by the Kadem

Health Centre, one discovers that 92% of the new TBC cases have emerged as positive to the HIV tests.

As far as leprosy is concerned, Kadem lies in one of the most endemic areas in Nyanza province. In the last few years, the Health Centre has recorded an increase of MB cases, nearly all of which

already showed irreversible disabilities, because they were diagnosed far too late. Unfortunately, leprosy is not only a sanitary problem, but also a social problem, because it is still connected with a strong popular belief in witchcraft. Those affected by the disease are therefore discriminated and stigmatized, so that their lives are marked by continuous social, psychological and economic problems.

Childhood death rate is still rather high, because of a lacking health education and long walking distances for mothers, who often arrive at the Health Centres when their children are already in hopeless conditions. There are two county hospitals in the area, which, however, have to face serious management problems, and are too far away for most people. The other most frequent diseases present in the area are: malaria, acute respiratory diseases, intestinal parasitism, mycosis, typhus, tetanus, cholera.

5. PROJECT DESCRIPTION

Background

Since 1976, Ivrea Sisters have been coordinating the Kadem TB & Leprosy Center; they are devoted to educational and health-related activities, and are mainly focused on the care and assistance of people affected by leprosy and tuberculosis.

The Kadem Leprosy and TB Center has been developed on a previously built leprosarium, and today it is one of the few referral centers for the treatment of leprosy and tuberculosis in the Country. The health Center is so organized with the following services:

1. An out-patients health center with laboratory;
2. An in-patients clinic for patients affected by leprosy and tuberculosis with major complications;
3. A mobile clinic to provide health assistance to the most distant communities;
4. A mobile clinic for health assistance to the local communities.

AIFO has supported Kadem Center since 1990. From 2006 to 2007 a two year project co-funded by Provincia Autonoma di Trento (Italian Local Government) had been promoted and concluded. During 2008, Kadem Center have been supported by MISSIO and then a 3 year project has been implemented (November 2010 – November 2012) with the support of MISSIO and CEI. The current project is a 2 year project focusing on the TB and Leprosy early diagnosis, control and treatment activities.

Problems

The project intends to address the following specific problems:

- The gap between local people and health centers. The main reasons for this gap are: the shortage of medicines in local public health units, the provided service costs and its poor quality, and the difficult local economic reality. The local communities are very far from each other (of note, the Nyatike division shows the lowest density in the area) and the possibility to reach them is very low, mainly due to the street conditions and lack of means of the people for the transport. In addition, even if the drugs are provided free-of-charge by the Government, the distribution does not cover the real needs of the Kadem health center.
- Regarding leprosy, Kadem is still one of the areas with the highest number of new cases and these new cases often show irreversible disabilities since they are identified too late.

There is still an issue related to improper information about the possibility of healing people with polychemiotherapy and thus many patients still believe it is better to be treated with traditional medicine approaches, of course without any positive results. Some of them need chirurgical surgeries (amputation) or footwear. Also new tuberculosis cases are increasing, mainly due to the fact that patients decide to interrupt their cure.

- Lack of local and properly trained medical assistants makes it very difficult to provide good health assistance over time.
- Marginalization of people formerly affected by leprosy. They often develop severe and irreversible disabilities that have big consequences on the quality of their life and their ability to work. These people often are not able to work in the fields and sometimes are forced into long periods of total inactivity. This condition has dramatic consequence within a family, in particular when the family head gets sick. In addition, prejudices and discrimination make their life even harder since they are forced to live outside of society and without a possibility of social rescue.
- Difficult access to school for children. The previous 3 year projects included an educational component and it supported scholarships to children: in 2013 some of them will attend the last years of the secondary school and it is important to guarantee them to finish the school cycle.

Project Beneficiaries during the project life

Kadem Data – 2014

Leprosy	
Number of new leprosy cases detected in 2014 and never treated before	1
Number of MB cases who started MDT treatment in 2014	2
Number of patients registered for MDT at the end of 2014	2
Number of relapses recorded during 2014	1
Number of persons who received care or dressing for foot ulcers & wounds	192
Number of persons who received footwear	206
Tuberculosis	
New cases	47
Relapses	1
Failures and return after default	0
Smear negative	26
Smear not done	3
Extra pulmonary	12
Total number of cases	48

Primary Health Care	
Persons with diarrhea and dysentery treated	228
Persons with malaria treated	3336
Children who received vaccination	980
Women who received ante-natal care	356
Persons treated for dermatological problems	1400
Persons with AIDS or HIV treated with anti-retroviral drugs	1112
Persons with respiratory infection and bronchial asthma treated	324
Support for Self Help Groups	
Number of groups assisted	78
Number of NHIF cards achieved	>30
Number of registrations with the NCPWD	1
Total number of beneficiaries (both Direct and Indirect – family members)	>150
Provision of footwear	
Number of persons that received the footwear support	206

NB: The number of new TB cases has reduced significantly due to public health advocacy, timely diagnosis of open cases and more importantly Intensive Case Finding and Isoniazine Preventive Therapy offered at Kadem Clinic.

Objectives

Overall objective:

To promote access to health services for the rural populations in the districts of Migori, Niatike and Suba in South Nyanza Province

Specific objective:

To improve the health-related activities of Kadem Clinic, with particular attention to the care and control of leprosy and tuberculosis

Expected results:

- 21 rural isolated communities within the districts of Migori, and Nyatike will be reached periodically by mobile clinics;
- Increased number of out-patients visits performed by Kadem Clinic;
- Regular treatment of new cases of TB at Kadem Clinic;

- Regular treatment of new cases of leprosy at Kadem Clinic;
- 200 footwear provided to leprosy patients
- 4 Self Help Groups registered to the NHIF and empowered
- 2 students graduated at the nursing school
- 4 students regularly attend the last years of the secondary school

Activities Implemented

A) MOBILE CLINICS

The activities of the mobile clinics of Kadem Centre were carried out by the staff already operating on site. The visits of the Kadem Center mobile unit were organized on weekly basis in order and they reached to more than 16 communities every month, in the districts of Migori, Nyatike and Suba. During the visits, the following specific activities were carried out:

- ✓ Basic health assistance
- ✓ Pre-birth checks
- ✓ Vaccinations
- ✓ Research of TB and leprosy new cases,
- ✓ Health training (in particular, hygiene and nutrition classes)
- ✓ Drugs and personal hygiene products are also distributed

B) OUT-PATIENTS ASSISTANCE

The ambulatory-based health assistance activities were carried out by the Kadem Health Center staff. This was significantly possible because of the selfless help of the already operating local staff. Particular attention was given to the diagnosis and care of new cases of leprosy and tuberculosis. Together with the ambulatory visits and the distribution of prescribed drugs, the following activities were provided;

- ✓ Medications/small surgical interventions
- ✓ Vaccinations
- ✓ Laboratory tests
- ✓ Reception and care of underfed children

C) TREATMENT OF LEPROSY AND TUBERCULOSIS RELATED COMPLICATIONS

The clinic at the Kadem Center is recognized as a “National Reference Center” for treatment of the complications caused by TB and leprosy. The clinic runs 24 beds and there is also a room for medications and small surgical treatments. The recovery of TB patients was provided during the first two months of therapy and in case of complications. This is the so-called “DOT” (Directly Observed



A Nurse in the medication and medical treatment room at kadem clinic

Treatment), required for providing proper treatment, increasing patient compliance, decreasing the possibility of infection within the patient family (besides that, more than 80% of these patients were HIV+ and thus they needed retroviral inhibitors). In this way, it was also provided proper nutrition necessary for their recovery. For leprosy patients, it was required only for the recovery of those with complications (eye and skin complications, in particular). The drugs for leprosy and TBC were distributed free-of-charge by the local governments.

Some of the patients were referred to other hospitals, generally for surgical operations as amputation, and the project took care of the related expenditure. In addition, footwear were delivered to the needy patients for prevent of foot ulcers and wounds.

D) TRAINING OF LOCAL HEALTH PERSONNEL

Two scholarships for professional nurses was offered to two students who trained in private college in Tabaka, directed by the Camillian Fathers and officially recognized by the ministry of health. The two students have successfully completed the course. One of them, “Felicita” is already working at the kadem clinic and the other was employed by the Government. The aim was to increase the staff and the quality of the services provided by the health Center. The putative candidates were identified in the area focused by the current project and selected on the basis of their ability. In addition, the candidates were required to have attained a high school certification with at least a C+ grade (this is the minimum requirement for being accepted at the professional nursing school).

Two Nursing scholarships were offered and the two have successfully completed the course. One of the student now works at Kadem health clinic and the other was employed by the Government.

E) SELF HELP GROUPS EMPOWERMENT

Self Help Groups in the project area were assisted by a social worker to registre in the Ministry of Social Affairs and Gender. This gave them opportunity to exercise the rights for marginalized groups already recognized in the Country. For example the registration to NCPWDs (National Council for Persons with Disabilities) as group with disabilities allowed them to ask for funds for IGAs (Income

Generating Activities) and for orthopedic devices. Through the self-help groups, they were also assisted to register the government medical scheme NHIF (National Health Institute Fund) which allows members to be admitted in governmental hospital without paying admission. This has enabled many households access medical care, a situation that was difficult in the earlier days. This intervention has seen many requests from former leprosy patients to be assisted in registering with the NHIF



Members of a self help group in a discussion with the social worker and a nurse.

There is notable increased request for assistance to register with the NHIF due to the tremendous benefits especially accessing medical treatment for free. The households already registered are giving testimonies to the community on the benefits of having the NHIF card

F) SCHOLARSHIPS

Scholarships were distributed to sustain students attending the third and fourth year of the secondary schools. In the second year only the two remaining students attending the fourth and last year were supported to allow them to finish the entire secondary school cycle. They are students already supported in the previous 3 year project, who needed to end the school cycle.

Table 3. Timetable of the activities

Activities	Months											
	2	4	6	8	10	12	14	16	18	20	22	24
A) Mobile clinics	X	X	X	X	X	X	X	X	X	X	X	X
B) Out patients assistance	X	X	X	X	X	X	X	X	X	X	X	X
C) Treatment for TB and leprosy complications	X	X	X	X	X	X	X	X	X	X	X	X
D) Training of local health personnel	X	X	X		X	X	X	X	X		X	X
E) Self Help Groups empowerment			X	X		X			X	X	X	
F) Scholarships				X				X				

6. RESOURCES

HUMAN RESOURCES

Local staff Kadem Center

During the activities implementation period, the project was supported by the following staff;

- ✓ 2 nurses-obstetricians (one of which is the Mother Superior, in charge of the management of the project are managing the Health Centre.
- ✓ One professional nurse, working at the pharmacy and at the out-patient surgery of the Health Centre
- ✓ Health Centre: a nurse; a laboratory technician, two pharmaceutical technicians, an operator caring for patients' admission
- ✓ Subsidiary personnel/general offices: a driver/logician; two woman cooks; two day/night watchmen; two cleaners and a gardener.
- ✓ One AIFO staff based in Nairobi

PHYSICAL RESOURCES

Besides the Human resources, All goods and equipment were bought in Kenya (in Migori, the main economic centre of the area, in Kisii and in the capital Nairobi) and they were immediately registered as property of Kadem leprosy clinic.

Equipment, medical materials, drugs

- Yearly, reagents and laboratory material (slides, biological containers, test-tubes) necessary for making basic tests in the laboratory of Kadem
- Yearly, medical material and surgical instruments for medications, meant to improve the work of the Kadem Health Centre.
- Yearly, drugs for the Clinic of Kadem , for the mobile clinics of Kadem (namely antibiotics, anti-inflammatory, anti-mycotics, pain-killers, salts for oral reintegration).
- Yearly, 200 orthopaedic shoes for leprosy patients.

Food for inpatients of the Clinic of Kadem

The Centre provided food for all the Clinic's inpatients, all through their stay in hospital. A proper diet is a fundamental step for recovering health status, especially in case of people ill with tuberculosis and HIV. Many patients were found to be suffering from malnutrition at their arrival; therefore critical to give

them a right nourishing support in order to reach the expected results as regards treatment and control of TB. In most cases, these people came from very far villages and they could not get assistance from their family. Cost sharing was encouraged among all patients, though they only covered a small amount of the expenses.



A Patient waiting to be served at the clinic

Many patients were found to be suffering from malnutrition at their arrival; therefore critical to give them a right nourishing support

7. MONITORING AND EVALUATION

Monitoring

Collection of monitoring data was carried by AIFO facilitator. To avoid overloading the local operators, it was agreed not to include new monitoring instruments. As a matter of fact, the system for gathering and recording information used by the Missions of Kadem at present is trustworthy and complete enough. The data was collected every day, through the registers at the hospital's various departments.

Table 4. Indicators

Outcome
Number of new TB cases diagnosed at the Kadem Health Centres every year.
Number of new leprosy cases diagnosed at the Kadem Health Centres every year.
Cohort study: Percentage of leprosy cases having completed treatment within expected time.
Percentage of new leprosy cases showing disability of degree 2 at the moment of diagnosis
Cohort study: Percentage of leprosy cases (PB and MB) ending treatment with PCT within expected time
Output
Number of patients treated every year through the mobile clinics in Kadem.
Number of patients visited at the Out-patients Dept. of the Health Centres of Kadem and every year
Number of patients admitted in Kadem hospital every year (in-patients).
Number of patients receiving adequate orthopaedic shoes

Number of patients benefiting of chirurgical operations
Input
Number of kits of reagents for laboratory, health supply and drugs supplied
Number of scholarships provided

8. SUSTAINABILITY OF THE PROJECT AND AUTONOMY IN FUTURE

Political and Institutional sustainability

AIFO in the previous project facilitated the strengthening of the relationship between Ministry and Ivrea Sisters that are already in direct contact with local district medical coordinator for leprosy and TB in Nyatike, giving - guarantee of continuity to actions, complying with national medical directives. During the project implementation, this relationship has been further enhanced and the two are relating and cooperating freely and directly.

The establishment of the county government system in Kenya has also been a positive eventuality because the health services have been devolved closer to the people. The local County government through the Health department are in contact with Kadem Clinic and the relationship is aimed at establishing a partnership that will see the clinic receive some financial allocations in future.

Social and cultural sustainability

The management of the project by our local partner, who has been operating there for more than 30 years, the employment of local people exclusively, the involvement of beneficiaries and local communities, assure the utmost respect of social-cultural context. Besides these, the projects aspect on the support to SHG and foot ware to some leprosy patients has brought about a more direct impact among the community and the initiatives

Technical sustainability

Technical sustainability is assured by following elements:

- Employment of local staff only.
- No further infrastructure being built or started.
- Purchase of all necessary outfits on the spot; with available technical assistance and spare parts (proper technology).

Financial sustainability

Continuity in the activities once the project is ended is assured by autonomy in managing and by the Ivrea Sisters' financial availability. Ivrea Sisters have also started a new partnership with Camillian

Fathers to support the treatment and care for HIV–AIDS patients that covers most of the costs of the medicine for primary health care of the patients besides ARVs treatment assuring a more stable stock management and financial availability for the increased number of patients.

Furthermore, financial sustainability is assured by the fact that there will be no new engagements for the project accomplishment and no new infrastructures are going to be built.