

AFRO-EUROPEAN MEDICAL AND RESEARCH NETWORK (AEMRN)



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PROJECTS: INTERNATIONAL MULTI-DISCIPLINARY & MEDICAL WORKCAMPS

1. Theme: Research and Networking in Resource Limited Settings - Promoting South-South and North-South Collaboration

2. Project Locations

- A. **Kitale** and 20-25 Surrounding town and villages in north western Kenya. This project will be implemented in Collaboration with Revival Power Outreach (RPO).
 - Period : 5th November – 7th December, 2007
- B. **Monrovia** and 15-20 surrounding villages in Liberia
 - Period : 16th April -17th May, 2008
- C. **Bekoko** Village Cameroon
School building, teaching and School health programme
 - Period : 20th June- 19th July 2008

3. Background of Afro-European Medical and Research Network(AERMN)

The Afro-European Medical and Research Network, a Non-Governmental and not for profit Organisation was founded with a strong vision of helping to improve the quality of life for people from and living in resource limited settings. It has Bern-Switzerland as overall and European headquarters and Liberia as Africa Regional headquarters. Projects have been initiated in various resource-limited countries especially Sub-Saharan Africa. Its members strive to contribute to the medical, mental, social, educational and every sound well-being of mankind irrespective of race, creed, beliefs, faith and social affiliation. AEMRN serves as a platform wherein active professionals from such disciplines as education, medicine, engineering, nursing, faith-based etc can interact at various levels of self-initiated conferences, seminars, workshops, exchange programmes and voluntary workcamps including medical camps with mobile clinics. Members shall endeavour to share ideas and knowledge for the betterment of the less fortunate human sectors of the world from poor-resourced settings. As a team, we will reach out to needy communities, offer them our services whilst at the same time fostering and promoting cross-cultural exchange and Global Peace. This will benefit both our own multinational and multi-professional team as well as the people we will be interacting with to help. It was in these regards that the projects below were developed.

4. Description of International Medical Workamps Project in Kitale in collaboration with Revival Power Outreach Kenya.

4.1 History

The town of Kitale located at the north-western part of Kenya was in the late 1950`s and early 1960`s commonly known as "little Switzerland". It started as an urban centre for the white settlers engaged in agriculture. After the Kenyan independence in 1963, the former employees of the European settlers moved to this town with their families. Having had poor economic background, these people settled in slums. Most people in this region were and are still leading a "hand-to-mouth existence" and lack the basic necessities of life.

4.2 Population

The population of Kenya is 34,256,000 according to WHO Statistical Information System (WHOSIS, 2005). The entire population of Trans Nona region including Kitale district and town is 693,879.

The population of Kitale district is about 170,000 and Kitale town 53,000. Approximately 70% of this population has no access to quality and affordable medical facilities and other services including education, portable drinking water, electricity, housing etc.

4.2 Population growth

With a population growth of 3.8% in this area, as compared to 2.4% in Kenya, many youths are draining the meagre resources their parents are able to provide.

4.3 Employment

The wage employment rate is about 26%.

People who live in absolute poverty make up 54% of the entire population (per the district development plan for the years 2002-2008 according to the UN report).

4.4 Medical services

The ratio of medical service providers to the population is 1 doctor to 26,000 people.

The situation is worsened by frequent epidemic outbreaks like malaria, diarrhoeal diseases, respiratory problems and one of the greatest health problems that these poverty-stricken people are facing not only in Kenya but the whole of Eastern Africa is the HIV/AIDS epidemic. It is in this light that AERMN in collaboration with the RPO decided to organise a medical camp for Kitale and some of the towns and villages surrounding it.

5 International Medical Camp Location in Pagos Island, Monrovia Liberia

5.1 History

Pagos Island, Congo town with the AEMRN Headquarters and Clinic is surrounded by the Du- River. It is on the eastern suburb of Monrovia. This island was founded by the American-Liberians and it became a Congolese settlement in the late 1930's. Pagos Island is a vast land which was used for farming by the first settlers. The river around the Island was also used for fishing.

5.2 Population

The total population of Liberia is 3,283,000 (WHOSIS, 2005). The population of Monrovia is about 219,000.

The total number of physicians in entire Liberia is 103 (WHO, Core Health Indicators 2007) and there are 3 physicians per 100,000 population.

Pagos Island in Monrovia has about 5,000 inhabitants. Approximately 85% of this population has no access to quality and affordable medical facilities and services including safe drinking, electricity, housing etc. A greater percentage of the population are children and youths most of whom have witnessed or participated in active combat during the civil war in Liberia.

5.3 Population Growth

With the population growth of 7% in this area, as compared to 3% in the entire Congo town area, distribution of resources is a great challenge.

5.4 Employment

The employment rate of Pagos Island is about 2%. Poverty rate in this area is very high.

5.5 Medical Services

Pagos Island has been inhabited by people with no access to modern health care delivery system since 1930's. The people in this Island used medicines from herbs and other sources to treat the sick. This continued up to the 1960's when the Islanders were introduced to scientific medicine with the establishment of the John F. Kennedy Hospital in the central Monrovia. This was the only referral hospital then. Even with the spread of modern medical facilities, this Island never benefited from one, until 2006 when Afro-European Medical and Research Network (AEMRN) established her Headquarters and clinic on this island. With the above mentioned project, a greater percentage of the inhabitants are now benefiting from sustained medical care.

The diseases that are prominent in Pages Island and Liberia in general are malaria, acute respiratory infections, HIV/AIDS and diarrhoeal diseases (especially) during raining seasons). Also due to the long years of rebel war, post traumatic distress disorder could still be a serious problem.

6.0 Goals and expected outcomes of the medical camps:

- A. To address the clinical and public health needs of the population in their less fortunate situation and to take health and health awareness to them in their natural settings in the villages.
- B. Contribute, augment and strengthen the effort of the local health delivery system in making available health for all at an accessible, available and affordable rate.
- C. Encourage health care providers engage in research projects in a collective attempt to seek answers to problems of common interest including health.
- D. Assist and coordinate health and other information sharing and networking among health care providers in resource limited settings.
- E. To minimise morbidity and mortality from common treatable diseases and ailments.

7.0 Beneficiaries

It is estimated that in each country about 30,000-35,000 patients from all work of life including pregnant women, neonates, infants, older children, men and women both able as well as mentally or physically handicapped will be rendered medical services from the selected towns and villages over the four weeks period.

8.0 Organisational and logistical structure of the International Multidisciplinary Medical Workcamps in Kitale and Monrovia

8.1 Volunteers:

30-40 Local and International Volunteers with minimum age of 18yrs.

8.2 Team composition

Pastors and other religious leaders, Doctors, Physician Assistants, Paramedics, Researchers, Health Educationists, Nurses, Medical and Nursing students, University and other vocational students, teachers and workers from other social disciplines.

8.3 Camp participation cost

Minimum participation contribution for international volunteers will be expected CHF 250 or USD 200. But higher contributions are gladly welcome. Concessions are given for volunteers from resource limited countries.

8.4 Accommodation

Efforts will be made for volunteers to stay in one location. From the start of the camp, accommodation and feeding (three square meals a day) plus minimum entertainments will be provided free of charge for all the volunteers.

8.5 Language

Official language in Kenya and Liberia is English. In Kenya Swahili is one of the biggest locally used languages. The official Language in the Medical camp will be English but is not a pre-condition for participation.

8.6 Weather

At the time of the camp the weather in Kenya and Liberia will be summer.

8.7 Health needs

To consult the health authorities in respective countries of residence before departure for the various camping countries.

8.8 Foreign exchange -

The updated information at the time of project will be made available to volunteers in commonly used currencies

8.9 Food

Combination of local diet and western food mostly prepared by campers themselves or with help of selected local volunteers.

Volunteers with special dietary needs should state so before the start of the camp so that they will be catered for.

9.0 Committees for effective running of the Medical Work camps

Before the start of the camp the Camp leader and Co-Camp leader will be selected by the executive and together with the entire group will undergo a period of orientation.

For smooth running of the medical work camps, the following suggested committees on arrival at the campsites will be voluntarily constituted by members present.

Members are free to be in more than one committees of their choice.

9.1 Disciplinary Committee

This will be headed by the camp leader to ensure that working times and safety regulations in the camp are adhered to for the benefit of campers and local community.

9.2 Catering committee

This will be headed by the co-camp leader.

He or she is responsible for the preparing of daily or weekly menu and roster of campers to carry out the cooking and other kitchen duties.

9.3 Work committee

This will have an overall head with subdivisions into clinical and nursing, health education, registration, laboratory and research.

They are responsible to plan daily or weekly work schedule and also the composition of each unit. Requests for more drugs and medical supplies will be channelled through this committee.

9.4 Social committee

This will be responsible for the planning of evening entertainments and weekend activities.

Half way through the camp period, a “long weekend” will be observed. It normally starts on a Wednesday evening after work and ends on a Sunday evening. During this period the social committee in consultation with the entire group will lead campers on an excursion for a day or two to an historic, touristy or other place of interest depending on the country. The executive of AEMRN will subsidise these excursion.

9.5 Data management committee

They are responsible for the protection and maintenance of data from mobile clinics, hospital and other specific researches undertaken.

9.6 Work Team

The team will be based in a central town and from there two mobile clinics a day will visit pre-selected and informed towns and villages around 20-30 km radius depending on the condition of the road.

9.6 Stationary team

This team will be based daily at our community hospital to treat the local people as well as receive emergency cases brought or referred from the mobile clinics in the villages requiring urgent or advanced medical or surgical intervention.

9.8 Mobile clinic or Outreach team

Each mobile clinic or outreach team will include the following units:

- **Health Education:** This unit forms the priority of each outreach team. Before the start of each mobile clinic, health educational talks will be given to the assembled patients on selected topics and with audio-visual aids by campers or invited guest institutions.
- **Registration:** This unit will be responsible for registration of all patients and maintenance of the medical history cards of the patients for data analysis and follow-up visits to the village again.
- **Finance unit:** Registration and cost of treatment will be very low at an affordable cost and funds generated will be utilised in purchasing more medications and for sustainability of future medical work camps.
- **Clinical:** Doctors, Physician Assistants, Paramedics etc. will carry out examination, diagnosis and treatment of common ailments. Cases requiring urgent surgical and other intervention will be referred to our standby team at the stationary unit in Kitale or Monrovia for prompt action.
- **Nursing:** Provide basic professional nursing services and facilitates referred cases to our main Hospital centre.
- **Dispensary:** Dispenses basic medications to patients and advises on correct usage.
- **Laboratory:** Performs on site basic laboratory investigations as requested by the clinicians and within their limited resources. Specialised test are referred to our centre in or to other recognised centres.
- **Research Unit:** This unit will administer questionnaires and supervise other related research issues. Community Based Research on certain topics of epidemiological and public health interest: HIV/AIDS and other Sexually Transmitted Infections (STIs), Malaria, Alcoholism, Family planning, Hygiene etc from us, our facilitators, collaborators etc after getting clearance from the ethics committee in Kenya will be investigated upon.

10.0 Workshops and Seminars

During the medical camps minimum of one workshop or seminar will be held every week in the main towns. The first Seminar will focus on the theme of this year “Research and Networking in Resource Limited Settings -Promoting South- South and North-South Collaboration”. Speakers and participants will be invited locally and

from various parts of the world and will also include special invitation to our specific facilitators and collaborators. It is hoped that the WHO project “Knowledge Management for Public Health (KM4PH)” will play a leading role in this workshop. Workshops on other important topics such as Infectious diseases including HIV/AIDS, drugs of abuse including alcoholism, mental health, reproductive health and family planning will be organised in collaboration with the appropriate Governmental and Ingo’s.

10.1 Follow-up of patients and Mobile clinics

At the end of the medical work camps it would be needed to continue the mobile clinics on a regular basis. These will serve to follow up on patients seen during the camp period to monitor their progress, or research projects that could not be concluded. These will be undertaken by the stationary staff in our fixed health facilities as well as interested volunteers who would like to stay for some time after the official camping period. Modalities of such activities will be worked out with the AEMRN officials and the collaborating partners.