



Report for Fondation Eagle:

Medical and Educational Aid to Kenya (MEAK)

Eye mission - Busia County, Kenya

March 17th – 27th, 2019

Donor:

Fondation Eagle, Switzerland

Donor's Reference: 00424/021

Date of acceptance:

19th July 2017

Project Name:

MEAK Siaya and Bondo mission

Date of Donation:

22nd June 2017

Amount of Donation:

A one-off donation of \$22,039.79

2,226,018.70 KSH at the exchange rate of 1 Kenyan shilling to approximately 0.0099 US dollars

Dates of mission & project duration:

Pre-screen – 1st & 2nd March, 9th & 10th March, 2019

Surgical mission (eyes only) – 17th March 2019 to 27th March 2019

Post-surgical review – 11th April 2019 to 13th April 2019

Thus, project duration was 6 weeks



Eye testing in the Kombewa dispensary

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Registered Charity No 1093115

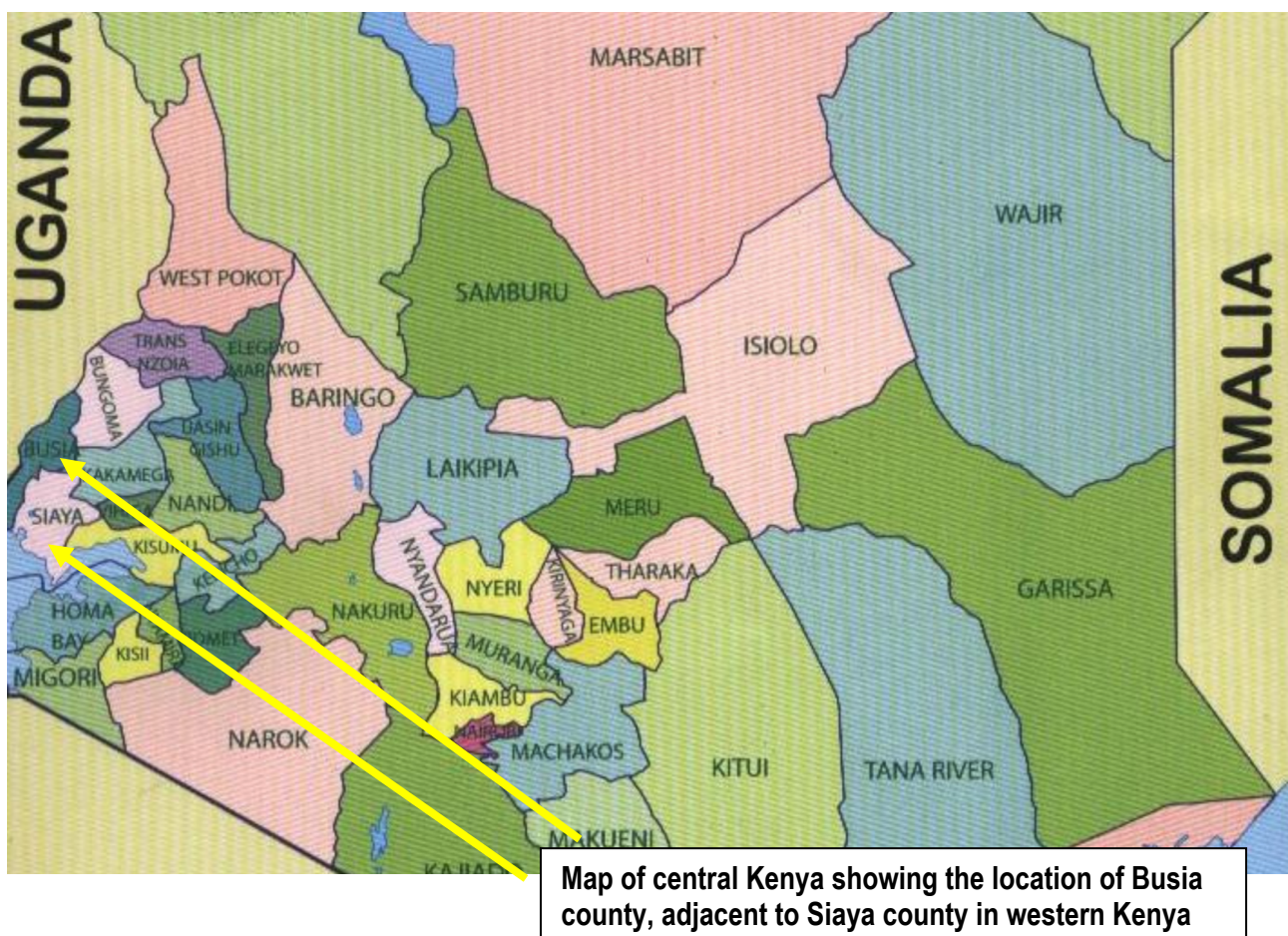
Location of mission within Busia County:

Nubian, Manyatta, Car wash, Nyaleda, Migosi, Kibos, Kolowa, Kajulu, Nyamasaria, Kanyakwar, Lolwe, KMTC, Nyakach, Katito, Nyabondo, Kombewa and Pap ondi



Number of beneficiaries:

1825 people benefitted from the mission, either from eye check ups, sunglasses distribution or eye surgery. This figure includes the 2 orthopaedic patients also seen.



Map of central Kenya showing the location of Busia county, adjacent to Siaya county in western Kenya

Summary of achievements - Eyes

- Total number of eye patients screened & reviewed, including school children = 1823
- Total number of cataract operations to restore sight = 126
- Other operations facilitated (relief of trachoma & foreign bodies) = 21
- Medication used, including pain relief and antibiotic eye drops dispensed = 1748
- Pairs of reading glasses dispensed = 635
- Pairs of sunglasses dispensed = 400

Trip Planning & Overview:



This was another very successful mission from the MEAK eye team with over 1800 eye patients reviewed & 147 patients benefitting from eye surgery. In addition to this, many patients benefitted from:

- The distribution of medication to treat eye infections;
- Eye tests to diagnose presbyopia for which 600 pairs of easy reader magnifying reading glasses were dispensed;
- Dark sunglasses which were distributed to post-operative patients and many patients who showed signs of eye damage that were directly related to exposure to bright sunlight. The wearing of sunglasses also has the added benefit of protecting the eyes from dust and flies, all potential causes of eye infections and early cataract formation in rural populations;
- The Kombeya, Katotor St Michaels, Kajulu and Pap Onditi primary schools were visited where children were taught about how to look after their eyes and given eye booklets produced by the Lions SightFirst Eye Hospital; and
- Two patients with orthopaedic injuries were reviewed and will be referred to the MEAK orthopaedic team on their next visit for specialist review and potential treatment.

This format of this mission changed from the initial plan when the file form was submitted to Fondation Eagle in June 2017. Initially, the mission was planned to be performed in November 2017 in the Bondo / Siaya region and was to include dentistry. However, leading up to the mission there were worrying security concerns that caused the mission to be postponed on several occasions. These security issues remain to this day.

The unrest in the Siaya area is mostly attributable to the region being the birthplace and home of the Hon. Mr Raila Odinga, a presidential candidate in the last two Kenyan elections. Mr Odinga ran for president in the August 2017 elections and lost to Mr Uhuru Kenyatta, which triggered clashes in the area, many violent. Not wishing to deploy the eye team into a potentially dangerous situation, the mission was postponed twice over the last 18 months, with the plan to rebook for a time when the situation had eased. However, the situation is ongoing and has never really improved. A handshake between Odinga and Kenyatta on March 9th 2018 created further discord in this area by further inflaming post-election political unrest as many Odinga supporters viewed it as a 'sell out'. Thus, not wishing to lose the funding we had in place the decision was made to change the location of the eye mission to a region that was close to Siaya, but much safer.

Busia county was chosen rather than another neighbouring county as reports from our contacts in the county had alerted us to Busia having the greatest need for cataract surgery. The mission was coordinated with the Busia Ministry of Health (MoH) and in particular, county executive Mrs Roselyn Obara. Unfortunately, dentistry was not included in the mission as the usual dental team were not available for this trip and we were unable to recruit another dental time in time for the mission.

Mission logistics:

Patient recruitment was excellent for the mission with over 1800 patients reviewed. The community was made aware of the mission by:

- Announcements in local churches and in community groups;
- Dissemination of information to the community after a baraza (Chief's meeting);
- Posters being put up in village centres;

- Flyers and posters distributed by boda boda (motorbikes) which was done during pre-screening period, which was 2 weeks prior to the mission; & by
- Radio announcements



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Patients were recruited from 17 different areas / villages and transported to either one of three different local dispensaries, which were located at Kombewa, Kajulu and Pap Onditi. Each dispensary had a medical clinic attached and these rooms were used by the eye team at each site to set up their waiting room, operating theatre and recovery area. The eye patients who had been pre-screened were brought the closest dispensary to their home for their surgery. They stayed overnight in the dispensary area (MEAK always sets up camp for the patients, each with a separate room for men and women, complete with mattresses and blankets). The camp cooks produce nutritious and filling food for the patients, such as wimbi (millet porridge) and dengi (lentils). After the removal of the dressing over the operated eye and a vision check the patients are given a talk on how best to care for their eyes and a pair of sunglasses to protect their eyes from the elements while they heal. They are then driven back to their respective manyattas or village areas in one of the 4WD drive vehicles. On this mission the local government did not supply any vehicles or diesel to help with patient mobilization. This is always requested as it helps keep the costs of the missions low and helps with efficiency.

Challenges:

Any outreach mission is not without its challenges and this mission was no exception. In addition to the safety issues which caused the postponement of the mission and the subsequent re-siting of the mission to Busia, there were several other challenges that the team met. They were:

- Communication difficulties with the patients:
 - There was a language barrier which needed to be overcome. The Nilotic tribes who accessed the mission did not speak Swahili (nor any English) and the eye team did not have any members from the area who spoke any of the nilotic languages. The team utilised members of the dispensary staff where they could to provide interpretation, but as the dispensary team also had their usual roles to perform the team employed dedicated interpreters who were members of the local community. This had the added benefit of providing paid work for some members of the community for the duration of the mission.
- Transportation of people to the screening and operating sites:
 - It is usual practice for the government MoH to provide one of two 4WD vehicles for patient transportation, but this did not happen on this mission. Thus, the few vehicles we had driven up from Nairobi were in constant use to transport patients from their villages to the dispensary sites where the team were operating.
- The terrain:
 - The terrain was a big problem for the team as it hindered transportation of patients. This quote is from our administrator John Kivua, who was present on the mission "...the area is so hilly and the roads are miserable. We would find huge rocks on the roads prompting us to call for help from the locals in setting them aside so we could pass".
- Little help from the county government:
 - Despite being arranged in conjunction with the Busia MoH the local government did not provide any logistical support for the mission. For example, it is usual that they supply some vehicles, diesel or water and some local medical staff to help staff the clinic area.



Budget & expenditure comparison:

Siaya mission - November/December 2017 - Now Busia mission March 2019				
	BUDGET:		ACTUAL COSTS:	
Pre - screening: (Road travel)	COST (KSH)	COST (USD)	COST (KSH)	COST (USD)
5 days (1 day travelling each way, 3 day pre screen)				
Food and accommodation	22,500.00	213.88		
Fuel	30,000.00	285.5		
Allowances (medical team)	125,000.00	1188.21	8,000	79.20
Vehicle hire	67,500.00	641.63		
TOTAL:	245,000.00	2,329.22	8,000.00	79.20
Main Mission: (Eyes and dental)	COST (KSH)	COST (USD)		
8 days (1 day travelling each way, 6 day mission)				
Posters	12,000	120.67	0.00	0.00
Medicines/medical consumables (eyes)	450,000	4,525.21	888,745.00	8798.580
Medicines/medical consumables (dental)	150,000	0.00	0.00	0.00
Fuel	30,000	285.5	102,387.00	1013.63
Food for medical team and patients	124,000.00	1,178.71	239,663.00	2372.65
Overnight accommodation charges	40,000	402.24	Included above	Included above
Hire of fully equipped overland truck with tents, mattresses, showers, toilets, theatre tent, chairs, cutlery and cookery	436,363.00	4,147.94	426,188.25	3850.00
Allowances (eye team)	200,000	1,901.14	512,300.00	5071.77
Allowances (drivers, cook, laundry)	40,000	380.23	Included in above	Included in above
Security	20,000	190.11	Included in above	Included in above
Laundry	51,000	484.79	Included in above	Included in above
Allowances (dental team)	80,000	0		
Vehicle hire (1 landcruisers)	108,000	1,026.62	291,000.00	2880.90
Safarilink flight for Nargis Kasmani	0	0.00	9,998.00	99.98
Miscellaneous (such as camping fees, park fees)	40,000	402.24	84,490.00	836.45
Allowance for paediatric cases to Nairobi and for surgery	50,000	475.83	0.00	0.00
TOTAL	1,831,363	15,521.23	2,128,583.00	24,923.96
Post - screening:	COST (KSH)	COST (USD)		
4 days (1 day travelling each way, 2 day post-op review)				
Food and accommodation	18,000.00	171.1		
Fuel	30,000.00	285.5		
Allowances (medical team)	100,000.00	950.57	72,000.00	712.80
Vehicle hire	54,000.00	513.31	51,000.00	504.90
TOTAL:	202,000.00	1,920.48	123,000	1217.70



TOTAL (Pre & post screen, mission)	2,226,019	\$22,037.59	2,259,583.00	\$26,169.87
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Budget summary:

The table above represents an overspend of \$4,132.28.

This reflects the increase in prices and the fact that we did not get the anticipated support from the local MoH, offset partly by the fact the dental team did not attend the mission. However, the expenses do not include those of the further costs that will be incurred to transport and provide lodgings for the 2 orthopaedic patients who will need to be seen by the orthopaedic team, most likely in Nanyuki or Nyahururu.

We are in receipt of 41 pages of invoices and small receipts for each individual component that makes up the total for each category on the spreadsheet. We would be more than happy to supply these if the board desires.

Trip summary & learning points:

Clinically, the mission was very successful, despite the challenges documented above. The team managed to operate upon 126 cataract patients to restore sight and to relieve painful trachoma in 21 patients, which is very rewarding and life altering for the patients and their livelihoods. In addition, 2 patients with orthopaedic injuries were identified who will be referred to the MEAK orthopaedic team for assessment and treatment. Lastly, we able screen & give eye health advice to many school children, focussing on preventative eye health, which is also very satisfying.



Registering patients for screening at Kombewa dispensary

Logistically, this was another challenging location to perform a medical mission. The distances for the team to travel were long with poor, boulder-strewn roads & little government engagement beyond the setting up phase. To perform another mission in this area at a later date we would require more support and help with coordination from the local government. If this was in place the mission would be able to run much more efficiently and could have potentially helped more people. However, no patient was left unoperated who needed surgery on this mission.

There are no immediate plans to return to Busia county. However, we are aware of the need in the surrounding Counties. The team believe that they will encounter more cataract and trachoma cases that will make another mission viable. We fully intend to plan missions to these areas once the security issues are resolved and it is safe for us to bring a large team in to operate in these neglected areas.

Thank you:



MEAK would be unable to have completed this mission without the generous donation from Fondation Eagle, to whom we are extremely grateful. We would also like to thank our eye team for all their hard work.

We would like to take this opportunity to thank all our collaborators in the field, including the:

- Busia County Ministry of Health;
- Lions Sight First Eye Hospital in Nairobi;
- Kombewa, Kajulu and Pap Onditi Dispensaries and their staff; and
- MEAK's Nargis Kasmani, who coordinated all the logistics for the mission.

Fondation Eagle can feel justifiably proud that they have made an immeasurable difference to a lot of people's lives & wellbeing. We look forward to further similar collaborative efforts in the future.



Nargis and colleague in charge of distributing medication to patients