

The 7th annual Two-day Ndhiwa B Healthy Medical Camp Report

Ndhiwa Constituency Homabay County November 22 - 23 – 2025

“Health for Wealth with Partnership”



The KMTCC Ndhiwa B Healthy Medical Camp 2025

EXECUTIVE SUMMARY

The Ndhiwa Medical Camp organized by Hon. Martin Peters Owino, Member of Parliament for Ndhiwa Constituency, in partnership with The African Health Foundation Inc, was held on 22–23 November 2025. The camp delivered a comprehensive two-day outreach that combines specialist clinical services, preventive health education, and health system strengthening initiatives for residents of Ndhiwa and surrounding communities.

The camp was inaugurated on Day 1 by **Dr. Patrick Amoth, Director of Medical Services**, representing the national government and **Cabinet Secretary of Health, Mr. Aden Duale**. On Day 2 by **Dr. Kelly Oluoch, CEO of the Kenya Medical Training College (KMTCC)**, who served as chief guest.

Both leaders emphasized the importance of collaborative partnerships between national institutions, county governments, and community stakeholders in expanding access to quality

healthcare. The camp convened **multidisciplinary teams** drawn from Kenyatta National Hospital, Moi Teaching and Referral Hospital, Elgeiyo Marakwet Hospital, Nairobi NeuroCare, Ndhiwa KMTC, Life-Care Hospital, Kisii Eye and Innovation Centre, SYNDEMIC, Red Cross, the County Referral Hospital, and local health facilities, supported by community health volunteers. This diverse mix of clinicians, nurses, and allied health professionals ensured broad coverage of services and strengthened referral pathways.

Services provided

The camp was divided into pediatrics, youth, geriatrics, people with disabilities, and the general population. The services included SHA registration, eye care, dental care, ENT, surgical and neurological consultations, gynecological, cervical and breast cancer screening, physical therapy, basic laboratory, x-ray, ultrasound, ECG tests, and medication dispensing for common conditions. The **HTS desk** tested 176 individuals, identifying one positive case (an 18-year-old female) who was referred for confirmatory retesting and linkage to care.

The **NSDCC desk** distributed 200 HIV OraQuick self-test kits and 288 condoms; 300 people received disease prevention commodities and health education. Redcross collected 56 pints of blood. The camp recorded strong community turnout with **3,996 patients on Day 1** and **2,857 patients on Day 2**, totaling **6,853 beneficiaries** over the two days.

Beyond immediate service delivery, the camp created **training opportunities for Uzima, Masinde Muliro, Maseno Universities and KMTC students**, who gained hands on mentorship in community health and specialist care. It also generated a consolidated patient and referral register through **the Digital Health Authority** system to support systematic follow-up. The initiative strengthened referral linkages between community and higher-level facilities, ensuring continuity of care for patients requiring advanced management.

Immediate priorities following the camp include confirmatory testing and linkage for the HIV positive case, systematic follow up of all referred patients, formalizing data sharing mechanisms across participating institutions, and replenishing prevention commodities to sustain outreach momentum.

The Ndhiwa Medical Camp demonstrates the value of coordinated, multiinstitutional collaboration in delivering integrated healthcare, building local capacity, and advancing public health priorities in Homabay County.

LINKS TO MEDICAL CAMP PODCAST

Narrative

<https://drive.google.com/file/d/15SmGhaVOcGwltJ3G8myZnBjSEdm0ISNP/view?usp=sharing>

Narrative-Pictural

https://drive.google.com/file/d/1Y-zlZG_5YxeI3rn8bbr8uusbLLS3KZQw/view?usp=drivesdk

LINKS TO MEDICAL CAMP PICTURES AND VIDEOS

<https://photos.app.goo.gl/6Tzbkuwe1yitm1u48>

<https://www.facebook.com/share/r/1BaLVBUksj/>

https://drive.google.com/drive/mobile/folders/1KPzEm_eeDiRVg-h8k6Hc7IOKDVUda3DW?usp=drive_link

EVENT OVERVIEW



Ndhwa medical camp site at the Ndhwa KMTC grounds

PRE-CAMP PARTNERS MEETING – TEAM BUILDING

A day before the camp, 21/11/2025, all the camp partners met at the MP's home to meet and greet, have a briefing from the organizing team on the camp goals, activities, expectation, and hold team building exercises. The pre-camp meeting is extremely important, as the camp brings together partners from out of county hospitals, universities, non-governmental organizations, private, parastatals and local health care providers. Team building and comradeship in service allow for a focused, and effective service delivery. The team also takes this day to visit the camp site and set up for the early morning 6:00am service delivery. The meeting at the MP's home also gives him an opportunity to meet all the providers, share his vision and mission, and to thank them for their service to the people of Ndhwa.



Participating partners meet and greet at the area MP's home

The two-day medical camp in Ndhwa Constituency was organized by **Hon. Martins Owino, Member of Parliament**, and the **African Health Foundation Inc.** held on **22–23 November 2025**. The camp was officially opened on **22 November** by **Dr. Amoth, Director of Medical Services**, and the second day, **23 November**, was graced by **Dr. Kelly Oluoch, CEO of KMTC**, who served as the chief guest. The initiative aimed to expand access to essential and specialist health services, register residents for the national health scheme (SHA), and strengthen referral linkages between community and higher-level facilities.

DAY 1 OPENING

Opening Ceremony

The opening ceremony of the two-day medical camp in Ndhwa was a dignified and purposeful occasion, graced by **Hon. Martin Owino, MP for Ndhwa**, who welcomed attendees and outlined the camp's objectives of expanding access to specialist care and facilitating SHA registration.



Hon. Marin Peters Owino giving a speech at the 7th Ndhiwa B Healthy Free Medical Camp

The event was officially opened by **Dr. Amoth, Director of Medical Services**, who represented Cabinet Secretary of Health, **Mr. Aden Duale** and delivered remarks underscoring the government's commitment to community health.



Director General, Dr. Patrick Amoth speaking at the medical camp- Ndhiwa KMTC College in Homabay County

Dignitaries and health partners acknowledged the collaboration between national and county institutions, highlighted the range of services to be provided, and called on residents to take advantage of the free screenings and referrals. ***Hon. Mercy Grace Osewe***

Hon. Mercy Grace Osewe urged the people of Ndhiwa and neighboring communities to continue getting treated. The ceremony closed with a call for continued partnership between local leaders, health professionals, and volunteers to ensure sustained follow-up and care for those identified during the camp.



County Executive Committee Member for Health, Homabay County, Hon. Mercy Grace Osewe

DAY 2 OPENING

Opening ceremony

Dr. Kelly, Chief Executive Officer of the Kenya Medical Training College, officially opened Day 2 of the Ndhiwa Medical Camp with a warm welcome to patients, volunteers, and partner organizations, expressing deep gratitude for the collaborative spirit that made the outreach possible. He highlighted KMTC's commitment to strengthening community health through practical training, hands on mentorship for students, and sustainable service delivery, noting that the camp not only provides immediate clinical care but also builds local capacity through skills transfer and health education.

Dr. Kelly called on all stakeholders, county health officials, NGO partners, clinical supervisors, and community leaders—to continue working together to ensure continuity of care after the camp. He emphasized strict adherence to patient safety and ethical standards and closed by reaffirming KMTC's dedication to expanding equitable access to quality health services across Homabay County.



The second day of the medical camp chief guest, Dr. Kelly, CEO, KMTC, speaking at Ndhiwa KMTC College in Homabay County.

Services Provided

A comprehensive package of services was offered to attendees, including **SHA registration, eye care and vision screening, dental care, ENT, surgical consultations and triage, physical therapy, gynecology, family planning, blood donation, neurological screening and consultations, HIV screening and breast and cervical cancer screening.** Additional support services include basic laboratory, ultrasound, x-ray, ECG tests, and medication dispensing for common conditions. Health education sessions were provided on disease prevention and follow-up care. These services were designed to address both immediate clinical needs and long-term public health priorities.



A

patient getting her vitals checked at the B Healthy Free Medical Camp.

Participating Institutions and Staffing

The camp brought together multidisciplinary teams from national, county, and sub-county health institutions to ensure specialized coverage and continuity of care. Key participants included medical teams from **Kenyatta National Hospital, Moi Teaching and Referral Hospital, Kenya Medical Training College (KMTC), Elgeiyo Marakwet, Nairobi NeuroCare, Kisii Eye and Innovation Centre, Life Care Hospital** and the **County Referral Hospital**, alongside local health facility staff and community health volunteers. The collaboration of specialized clinicians, nurses, allied health professionals, and Masinde Muliro, Uzima, Maseno universities and KMTC trainees ensured a mix of expertise for screening, treatment, and referral management.

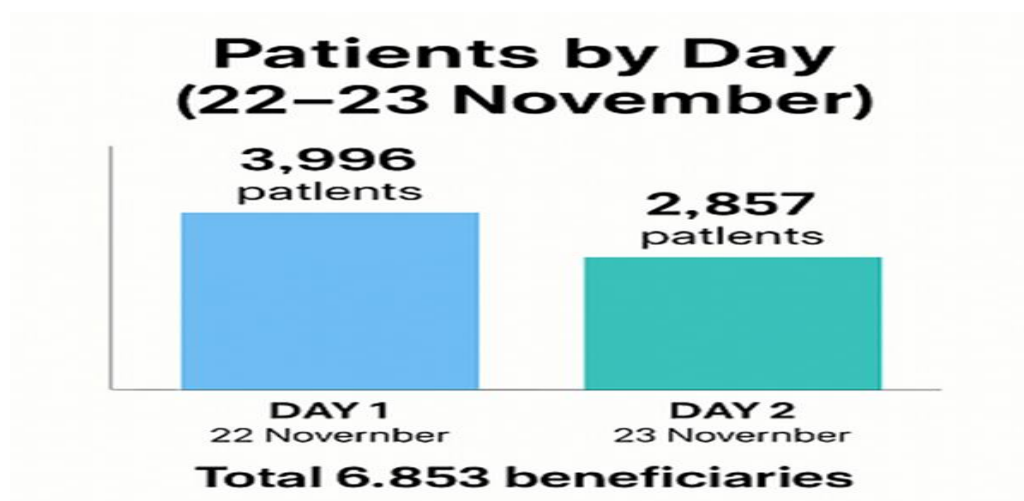


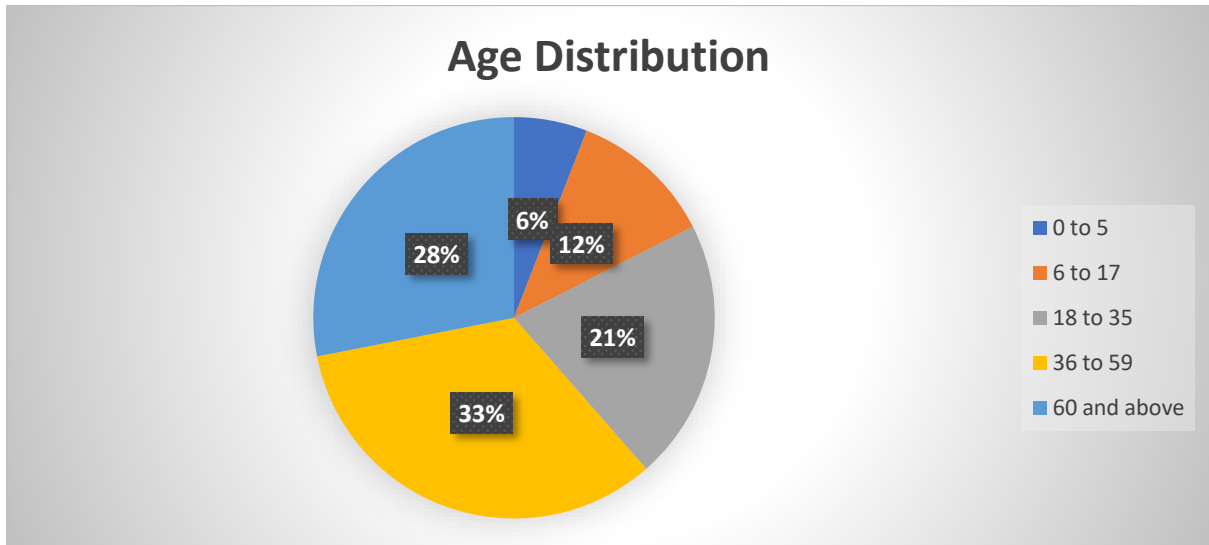
Pharmacists dispensing medications at the camp site

Medications were provided by **KEMSA**, multiple partner pharmaceuticals like **Arachis, Dawa, Laboratory and Allied, Dinlas, Glaxo, Debo Mart** healthcare systems, **PharmaPlus, Spinal Injury Hospital**, and partner hospitals.

Attendance and Clinical Outcomes

The camp recorded strong community turnout with **3,996 patients on Day 1** and **2,857 patients on Day 2**, totaling **6,853 beneficiaries** over the two days.





Age distribution at the camp.

Coordination, Logistics and Patient Flow

Organizers established registration and triage points dividing the patients into pediatrics, youth, geriatrics, people with disabilities, and general population to manage patient flow and prioritize urgent cases.

The KMTC, Ajira students and Community Health Volunteers supported registration, health education, and follow-up planning. Despite high demand during peak hours, the camp maintained orderly queues and clinical documentation for onward care.

Coordination between national referral hospitals, county services and the community health care workers ensured that referrals could be arranged efficiently and that patients had clear instructions for follow-up.

Nursing Care Services

The nursing team, divided into specialized groups, handled all the 6853 patients, providing services including vital monitoring, nerve blocks, teaching, counseling, and medication administration. Achievements include emergency management, mentorship, networking, and mass SHA registration.

Pharmacy Services

The camp achieved over 90% drug availability, thanks to donations and effective procurement by African Health Foundation Inc.

Multiple dispensing desks at various sites within the camp improved efficiency of medication distribution.

Thanks to the milk donations received from Brookside Milk and water from Videa supermarket in Homabay, the pediatric tent had milk and water for onsite medication administration for the children.



Brookside Milk donation

Biomedical Engineering Services

Bio-Medical equipment included x-ray, ultrasound, ECG, and laboratory services diagnostics. These supported onsite screening, enabling clinicians to provide evidence-based practice.

Public Health, OSH & IPC Services

Public Health services ensure environmental hygiene through sanitation, waste management, and provision of handwashing points. They maintained a conducive work environment with PPE, regular cleaning, and staff welfare provisions. Hand sanitizers were available in all the stations, and staff were in level one PPE.

SERVICES OFFERED

HIV TESTING AND COUNSELLING

SYNDEMIC at the NSDCC desk addressed the triple threat of HIV, Early Pregnancy, and Gender Violence. A total of 300 youths were seen at the camp; 176 youth were tested for HIV, with 1 positive, who was referred for immediate treatment; 200 oraquick self-test kits and 288 condoms were distributed.



Youth education on tripple threat – HIV, Early Pregnancy and Gender Based Violence prevention by SNDEMIC tent

NEUROLOGY

Patient Numbers and Block Totals

Patients seen - 108

Day 1	Patient count	Sites	Total blocks	
TOTAL BLOCKS			1,412	
Nerve Block	64	12	768	
Day 2				
Nerve blocks	52	12	624	
Headache block	2	10	20	

These figures reflect the high procedural volume and the intensive resource use required for safe delivery.

Dr Mahendra of the Nairobi Neurocare performed extensive nerve block injections as part of the specialist pain management services. These procedures were delivered over two days to provide targeted analgesia for a range of conditions, support diagnostic assessment, and reduce reliance on systemic pain medication. The activity formed a key component of the camp's clinical offerings and required coordinated staffing, supplies, and patient monitoring.

Procedure Description

A nerve block involves injecting local anesthetic, sometimes with adjuncts, near specific peripheral nerves to interrupt pain transmission temporarily. Blocks were performed under aseptic conditions with standard patient monitoring and post procedure observation. The

approach provided rapid pain relief, allowed assessment of treatment response, and in some cases served as a bridge to further specialist care or surgical intervention.

Clinical Indications and Observed Benefits

Nerve blocks were used for chronic and acute pain syndromes, periprocedural analgesia, and refractory headaches. Immediate benefits observed included rapid reduction in pain scores, improved mobility or function for some patients, and decreased need for oral opioids. The procedures also helped clinicians triage patients who required further imaging, specialist review, or surgical referral.

NUTRITION and DIETETICS

Total number of patients attended 255

Population		Disease
Pediatrics	4	Underweight, type 1 DM
Adults	7	Hypertension, type 2 DM
Counselling		Topics
Caregivers	122	Healthy choices, childcare
General Population	120	Healthy choice, health seeking behavior

Client attendance and clinical findings:

A total of **11 clients** were attended, comprising **4 pediatrics** and **7 adult** cases. All four pediatric clients were assessed as **underweight**; one of these children was **newly diagnosed with Type 1 Diabetes Mellitus** and was referred to **Ndhiwa Subcounty Hospital** for ongoing clinical management and insulin initiation.

The seven adult clients were known cases of **Type 2 diabetes mellitus and hypertension**; each adult received one-on-one nutrition counselling focused on blood glucose control, blood pressure management, food portion control, and practical food choices consistent with their conditions.

Nutrition education, recommendations and follow-up:

Nutrition health education reached **122 caregivers and their children** (maternal and young child nutrition), **52 older adults** (geriatrics focused on healthy eating), and **120 members of the general population** (general healthy eating practices).

Continued monitoring was recommended for the underweight pediatric clients to track weight gain, feeding practices, and growth milestones; linkage with community health volunteers for home follow-up was advised. The newly diagnosed Type 1 DM case requires coordinated clinical and nutritional follow-up with Ndhiwa Subcounty Hospital to establish

insulin therapy, carbohydrate counting education, and caregiver training. Reinforcement of individualized dietary counselling for adults with Type 2 DM and hypertension should continue, with emphasis on follow-up appointments, adherence to recommended diets, and referral pathways for complications.

EYE CLINIC

Total number of patients seen - 120

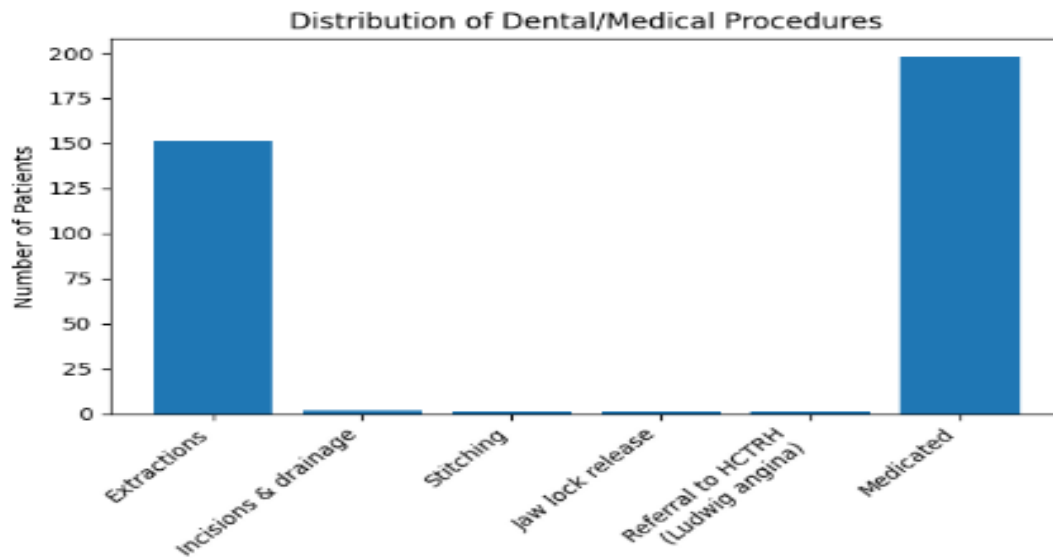
Table of outcomes		
Category	Count	Percentage
Operated	96	80%
Glaucoma (not operated)	18	15%
Other conditions (not operated)	6	5%

A total of 120 patients were assessed for eye operations; 96 (80%) underwent surgery while 24 (20%) were not operated on. Of the non-operated group, 18 (15%) were diagnosed with glaucoma and therefore did not receive the planned surgical procedures, and 6 (5%) were presented with other ocular conditions that precluded operation. All cases which were operated and non-operated were documented for appropriate follow-up and further medical management.

DENTAL CLINIC

Total number of patients seen - 354

Procedure	Count	Percent of patients
Extractions	151	42.7%
Incisions & drainage	2	0.6%
Stitching	1	0.3%
Jaw lock release	1	0.3%
Referral to HCTRH (Ludwig angina)	1	0.3%
Medicated	198	55.9%



Note: Some patients received more than one procedure; the total procedures = 416, which exceeds the number of patients seen - (354).

EAR NOSE and THROAT (ENT)/Audiology

Total patients seen 230

Day 1	150
Day 2	80
Referral	Tumors and Congenital hearing impairment

Total of patients seen were 150 on Day 1 and 80 on Day 2.

Procedures included foreign body removal, ear syringing, wax removal, chronic suppurative otitis, media tinnitus allergic rhinitis and assessments for hearing loss and neck malignancies.

Notable cases included **congenital hearing impairment**, and **tumors** requiring imaging and biopsy were referred to Homabay Teaching and Referral Hospital.

SURGICAL.

Total number of patients seen 58

Completed Surgical Cases	
Lipomas	20
Dermoid Cysts	6
Ganglion Cysts	4
Ingrown Toenails	1
Referred - Homabay Hospital	
Inguinal Hernias	10

Epigastric Hernias		2	
Hemorrhoids		8	
Thyroid Case		1	
Anal Fissure		1	
Referred – MTRH			
Encephalocele-Neurosurgery		1	
Hirschsprung Disease Pediatric		1	
Myoma for TAH		1	
Myosarcoma- excision biopsy		1	
Chondroma		1	

A total of **58 cases** were reviewed. Of these, **31 procedures** were performed onsite, comprising **20 lipoma excisions, 6 dermoid cyst removals, 4 ganglion cyst excisions, and 1 ingrown toenail procedure.** All patients received perioperative assessment, wound care instructions, and immediate post-op counselling; those requiring further specialist care were identified and prepared for referral.

Clinical outcomes and referrals: The remaining **27 patients** were referred for higher-level surgical care: **22 cases** to **Homabay** (10 inguinal hernias, 2 epigastric hernias, 8 hemorrhoids, 1 thyroid case, 1 anal fissure) and **5 cases** to **MTRH** for specialist management (1 encephalocele for neurosurgery, 1 Hirschsprung’s disease for pediatric surgery, 1 myoma for total abdominal hysterectomy, 1 myosarcoma for excisional biopsy, and 1 chondroma). Referral coordination included completed referral forms, summary clinical notes, and direct contact with receiving teams to expedite appointments and ensure continuity of care.

PEDIATRICS (0-17 years)

Patients seen 716

Day 1		349
Day 2		367
Referred to MTRH		4

Attended to 349 children (Day 1) and 367 children (Day 2), with accompanying adults. HPV vaccinations were administered.

Four children **referred to MTRH** for **EEG, neurological review, and urological assessment.**

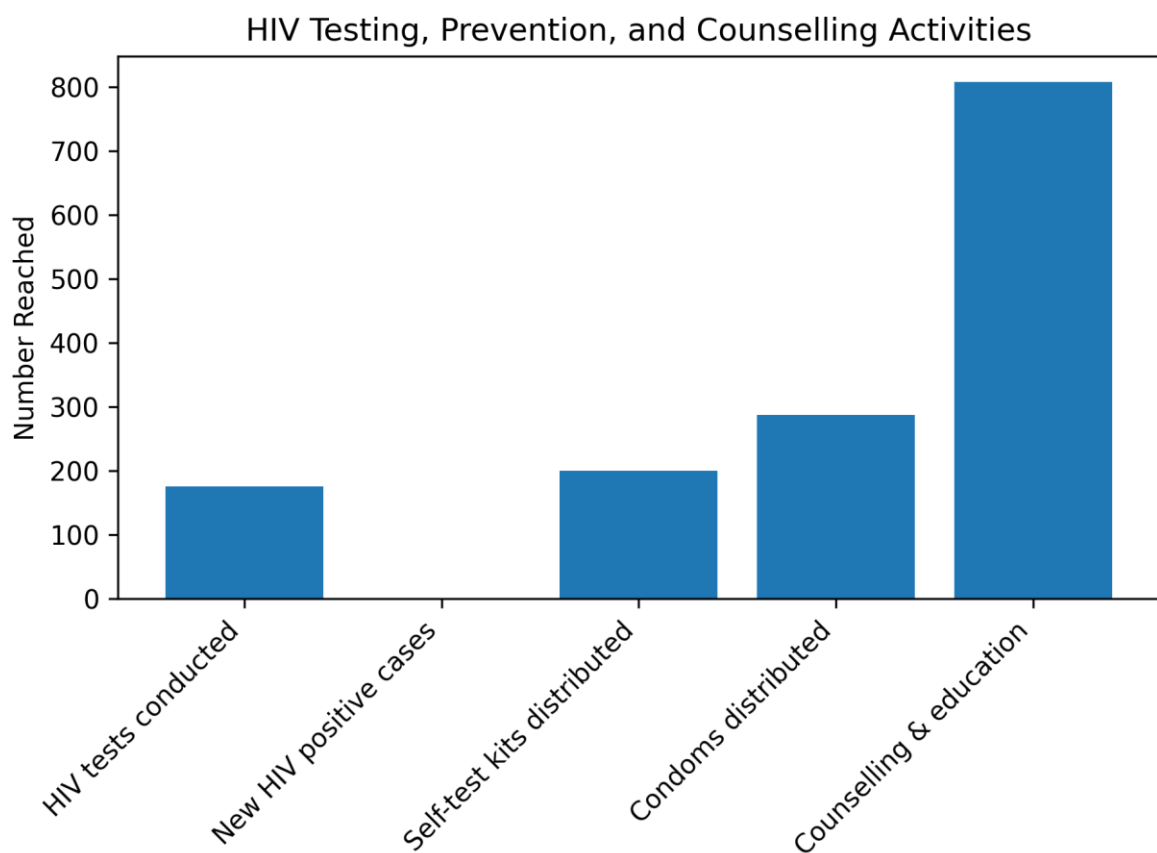
Common conditions included **atopic dermatitis, allergic conjunctivitis, convulsive disorders, congenital malformations, malaria, and sickle cell disease.**

Notably, many children with special needs had never accessed proper medical care, and stigma impeded their education and social inclusion.

YOUTH (18–35 years)

Total patients seen 808

HIV testing	176
Positive new HIV – referred to treatment	1
Oral quick self-test kits distributed	200
Condoms distributed	288
Counselling and education	808



Total of 808 individuals, mainly seeking HIV/AIDS counseling. Self-testing kits were distributed to promote awareness and early detection

GENERAL ADULT POPULATION (36 -59 Years)

Total patients seen 1,661

Day 1	737
Day 2	824
Common diseases	hypertension and Diabetes Type 2

There was a total of 1,661 adult patients. Day one was 737 patients and Day two 824.

The major condition triaged was Hypertension followed by DM. Poor disease management related to poor medication adherence was noted.

GERIATRICS (60 years and above) and PEOPLE WITH DISABILITIES

Total patients seen 972

Day 1	631
Day 2	341
Emergency tent transfers	27

Triaged 631 patients on Day 1 and 341 on Day 2.

Triaging Identified 27 hypertensive emergencies who were promptly transferred to the Emergency tent for urgent management.

There were 12 patients with enlarged prostates that were referred for further examination and treatment

PSYCHOLOGY

Psychological Counseling Services

The team provided counseling to 275 patients, including **individual, group sessions** and **couple therapy**, addressing mental health issues related to chronic illness, grief, and social stigma.

77 patients with chronic illnesses, i.e. diabetes, hypertension, oncology cases and HIV/AIDS were counseled in adherence to clinical follow up and drug management.

PHYSICAL THERAPY

Total patients seen 133

Patients	Treatment	Referred
Children	20 Cerebral Palsies	5
Youth	40 dislocated joints	3
Elderly	58 Arthritis	Given walking device
General Population	15 – amputated legs and arms	Referred for review

133 patients were seen for physical therapy, 20 children with Cerebral Palsy, 5 referred to Ndhiwa Sub-county hospital; two 8-year-olds were referred for Polio test related to atrophied lower limb muscle. 2 children were referred to MTRH due to hydrocephalus and unstoppable diarrhea.

3 youths with dislocated joints were referred to Ndhiwa sub-county for rehabilitation, 58 elderly with ambulation disorder received ambulation assistive devices, donated by the Framingham Callahan Senior Citizen Center in Framingham Massachusetts US. Amputee patients were referred to therapy and to Prothea for artificial limbs

ARTIFICIAL LIMBS - PROTHEA LTD in collaboration with **African Health Foundation Inc** provided 2 artificial limbs to 5 years old and 15 years old girls.

GYNECOLOGY and FAMILY PLANNING

The team addressed a range of reproductive health issues, including **abnormal uterine bleeding, candidiasis, pelvic organ prolapses, subfertility, fibroids, and cervical screening.**

The medical team conducted numerous procedures such as thermo-coagulation and VIA/VILI testing. The team managed obstetric emergencies like threatened miscarriage and post-operative pains and referred critical cases for specialized management. 20 patients were seen for short- and long-term family planning.

DIAGNOSTICS and SCREENING

BEYOND ZERO CANCER SCREENING, GYNOCLOGY, LABORATORY AND DIAGNOSTICS

Patients screened 416

FINDING	0-14yrs		15-24yrs		25-49yrs		50+ yrs		TOTALS	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
NORMAL ABDOMINAL U/S	4	3	11	2	43	5	13	9	71	19
BILATERAL OVARIAN CYST					12		3		15	0
POSTRATE U/S								3	0	3
PELVIC U/S			5		31		7		43	0
NECK U/S - REFERRED						1			0	1
ECG	1				5		10	4	16	4
THYROID U/S - REFERRED					1				1	0
FREE FLUID IN POD					3				3	0
THICKENED ENDOMETRIC					1				1	0
LIVER DISEASE					2				2	0
CHOLECYSTITIS	1				1	1	2	2	4	3
HYDRONEPHROSIS		1			2				2	1
SVIUP	1		4		4				9	0
PID					4				4	0
PYELONEPHRITIS					2	1	2	1	4	2
TOTALS	7	4	20	2	111	8	37	19	175	33

Patients seen 210

screening	Day 1	Day 2
RPL	2	
Candidiasis	10	7
AUB	7	16
ANC	7	9
Pelvic Organ Prolapse		
Arthritis		

Family Planning complications		
Ovarian Cysts	4	5
Pelvic Inflammatory Disease	4	3
Gastritis		
Dysmenorrhea	2	
Sub -fertility	9	3
Uterine Fibroid	6	
Radiculopathy	2	
Dyspareunia		
Cervical Stenosis		
Incomplete Miscarriages		
Anorectal Fistula		
IUFD	1	
UTI	3	5
Post Op Pain	1	
Thermo-Coagulation	2	
CIA/VILLI - 4 Positive	4	
Breast Screening – 14 Abnormal	45	
Family Planning	20	22
Cervical Cancer		2
Threatened Miscarriage		2
Amenorrhea		
Fibroids		4
Sickle Cell Anemia		2
Umbilical Hernia and repair		1
Malaria		
	129	81

EMERGENCY TREATMENT

The emergency tent was well stocked, and emergency doctors and nurses acted quickly and efficiently in responding to emergencies. A total of 54 patients received emergency care. Conditions attended to included but not limited to hypertensive emergencies, dehydration, DM presenting with elevated RBS >20 mmol/l, sickle cell crisis, severe malaria, RTA (motorbike accident), cardiac conditions that required cardiologist review, burns, hypoglycemia, febrile illnesses, ectopic pregnancy, among others.

PATIENT REFERRALS

There was a total of 322 referrals to different higher levels of care facilities, for further examination and treatment. Community health workers were notified to ensure that the referrals were followed up. Each referral facility took patients details and gave instructions of follow up care.

UNIQUE CASE ENCOUNTER

Client aged 17years old with urological problems, low self-esteem because of congenital malfunction, lack of family support and family financial constraint. The patient is among the six cases that were referred to MTRH for further treatment.

SMART GLASSESS - OHANA ONE

One of the participating institutions during the camp was a **non-profit organization named Ohana One based in the United States of America**. Ohana One is a global surgical training and telemedicine dedicated to improving access to high-quality specialty care in low- and middle-income countries. Through its innovative **Remote Surgical Training (RST)** platform, Ohana One connects local medical teams with international expert surgeons and specialists, enabling real-time mentorship, case discussions, and skills transfer using augmented reality-enabled smart glasses and telecollaboration tools.

In Kenya, Ohana One partners with public health institutions to strengthen capacity in complex surgical and specialty care. Its support focuses on:

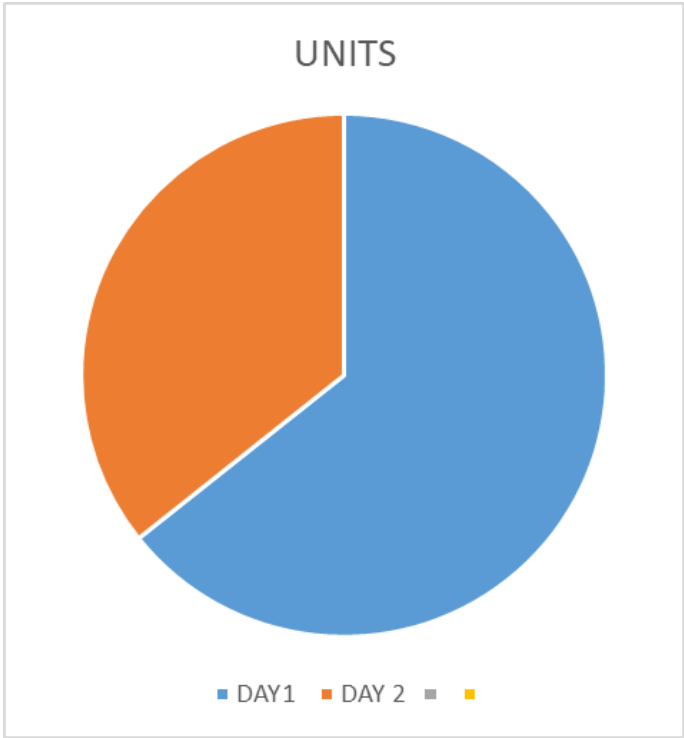
- **Specialist mentorship** on a continuous, case-based model.
- **Technology enabled teleconsultation** to improve clinical decision-making.
- **Training pathways** that build local teams into centers of excellence.

At the **Ndhiwa B Healthy Medical Camp**, Ohana One’s collaboration reinforced the camp’s commitment to digital health innovation and specialist outreach. Most of our medical specialists at the camp were able to experience the application of smart glasses with a surgical case at Ndhiwa Sub-County Hospital while monitoring the operation from the field. Their involvement demonstrates the growing role of telehealth in expanding access to specialized care for underserved communities and enhancing the overall quality of health services delivered during the camp.

BLOOD BANK COLLECTION

Total collection 56 Units

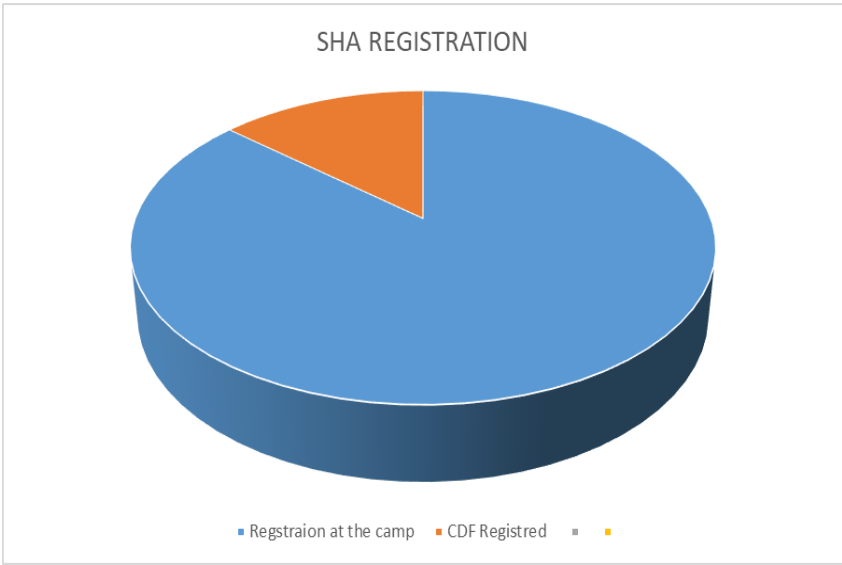
Day 1	36 Units
Day 2	20 Units
Total	56 Units



SOCIAL HEALTH AUTHORITY

Total registration 739

SHA camp registration	639
CDF camp registration and payment	100
TOTAL	739



SHA had started registration one month before camp registration. SHA registered 639 people at the camp site. CDF registered and paid for 100 elderly patients who could not afford payment

Patient Safety, Monitoring and Immediate Outcomes

All patients were monitored for vital signs and observed for treatment, efficacy, and adverse reactions. Expected transient effects included numbness, weakness, or local discomfort; serious complications such as infection, bleeding, nerve injury, or systemic local anesthetic toxicity are rare but were guarded against by trained personnel and emergency preparedness. Any patient with incomplete relief or adverse signs were flagged for follow-up.

Documentation and Follow Up

Accurate records were kept for each patient, noting block or surgery sites, agents used, immediate response, and any complications. Clear referral pathways were established for patients needing further care at referral hospitals. Active follow-up of the newly diagnosed Type 1 DM case requires coordinated clinical and nutritional follow-up by community health volunteers or liaison officers was recommended to ensure referred patients complete their appointments and receive continuity of care.

CHALLENGES

Operational challenges:

- long waiting times at peak periods
- Faster than expected depletion of some consumables and screening supplies
- difficulty of ensuring that referred patient's complete follow-up at referral facilities
- lacked adequate procedure/ examination bed and screens to ensure patient privacy
- Limited registration under social health schemes; community sensitization is needed.
- Lack of sign language interpreters, enough condoms, and adequate diagnostic equipment.
- Inadequate monitoring machines (BP, RBS, ECG) resulted in some patients being lost to follow-up.
- Staffing shortages, especially in dental and ENT sections, hindered service delivery

RECOMMENDATIONS

- Need for improved community sensitization on health coverage insurance (SHA)
- Ensure adequate stocks of local anesthetics, needles, and monitoring supplies based on projected procedural volume.
- Increase post procedure observation capacity to manage higher degrees of safety.
- Use standardized forms or simple digital tools to capture block details and outcomes for audit and follow-up.

- Assign a referral coordinator to track patients needing further diagnostics or surgery and to support adherence to follow-up plans.
- Increase triage and registration capacity,
- pre-position essential supplies based on projected turnout,
- implement simple digital registration for faster SHA enrolment and data capture and strengthen referral tracking through designated liaisons and active follow-up by community health volunteers.
- There's a need for counselling on the importance of taking anti Hypertension and DM drugs, plus proper follow up in the said clinics. Most cases were defaulters of the above. There's a need for RBS testing to be included in vital taking.
- Future camps should also consider establishing pediatric emergency units, providing sign language interpretation, and expanding medication supplies, particularly for geriatrics and chronic disease management.

PARTNERS

	PARTNERS
HOSPITALS	
	Homabay Teaching and Referral Hospital
	Kenyatta Teaching and Referral Hospital
	Kenyatta University Teaching Research and Referral Hospital
	Kisii Eye Innovation Hospital
	Life Care Hospital Migori
	Moi Teaching and Referral Hospital
	Ndhiwa Sub-County Hospital
	Kenya Spinal Injury Referral Hospital
	Nairobi NeuroCare
	Elgeiyo Marakwet Hospital
PHARMACEUTICALS	
	Pharma Plus Pharmacy
	Dawa Pharmaceutical
	Arachis Pharmaceutical
	Dinlas Pharma Kenya Ltd
	Laboratory and Allied Pharmaceutical Ltd
	Debo Mart Health Care Systems
	Glaxo Smithkline (Helion)

UNIVERSITIES	
	Masinde Muliro University
	Maseno University
	Uzima University
	Kenya Medical Training College
Non-GOVERNMENTAL ORGANIZATIONS AND PRIVATE ORGANIZATIONS	
	African Health Foundation (CAMP SPONSOR)
	OHANA ONE – Peter and Celia Rhono
	Inter Denominational Churches
	LCVT
	Prothea Kenya Ltd
	Red Cross
	Engineer Victor Mamba
	Dr. Timon Ronga
	Glaxo SmithKline (Helion)
	Kenya Society for the blind
	Digital Health Authority (DHA)
	Framingham Callahan Senior Center Massachusetts USA
GOVERNMENT AND PARASTATAL	
	National SYNDEMIC Disease Control Council - Kenya
	Office of the Ndhiwa Member of Parliament
	National and County Ministry of Health
	Social Health Authority (SHA)
	Community Health Workers
	Kenya Medical Practitioners and Dental Council (KMPDC)
	Kenya Medical Supplies Authority (KEMSA)
HOTELS and FOOD	
	Lag Jag Hotel
	Royal Hotel
	Ndhiwa Resort Hotel
	Breeze Hotal
	Brookside
	Bilali Hotel
	Videa Super Market Ltd Homabay

CONCLUSION

All patients received care, a large number were successfully enrolled for SHA, numerous cancer screenings were completed, and several patients were identified for referral to higher-level facilities for further investigation or surgery

The presence of specialist teams enabled immediate assessment of complex cases and facilitated clear referral pathways.

The camp achieved notable improvements in health diagnostics, treatment, and referrals,

with comprehensive community engagement. Continuous collaboration and resource enhancement are essential for future success.

ACKNOWLEDGEMENT

The organizing committee and African Health Foundation extends gratitude to **Hon. Martin Peters Owino** for convening and supporting the camp, to **Cabinet Secretary for health – Mr. Aden Duale** for supporting the camp, **Dr. Amoth, Director of Medical Services**, for officially opening the event, **Dr. Kelly, CEO of MTC**, for serving as chief guest on 23 November and to **The Homabay County Executive Committee Member for Health, Hon. Mercy Grace Osewe for representing the Homabay Health Department**. Special thanks go to all our partners, supporters, the people of Ndhiwa community, and the many local health workers and volunteers whose dedication made the camp possible. The collaborative effort significantly improved access to essential and specialist health services for the people of Ndhiwa.

WAY FORWARD.

The next B Healthy Ndhiwa Medical Camp will be held on NOVEMBER 14TH- 15TH 2026 6am – 6pm at the Ndhiwa KMTC grounds. “Health for Wealth with Partnership”.

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