Kenya Country Report
Rotary Family Health Days (RFHDs)
Period: January- April 2025

Executive Summary

Rotary District 9212 signed a memorandum of understanding with Rotary Action Group for Family Health & AIDS Prevention Inc. (RFHA Inc) with the objective of implementing Rotary Family Health Days (RFHDs) in Kenya. District 9212 secured a no objection letter from the Government of Kenya to deliver the RFHDs across the Country. At the beginning of 2025, Rotary District 9212 successfully implemented the **first Rotary Family Health Days (RFHDs)** in Kenya, delivering free and essential medical services across seven regions. The camps were held on diverse dates between January and April 2025. These medical camps were strategically timed to align with the Rotary International President, Stephanie Urchick's, visit to East Africa.

The RFHD initiative was developed with consideration of the Kenya's healthcare governance structure and framework. In particular, the design of the RFHD initiative was a collaborative partnership between the national and county governments since healthcare is a shared responsibility but devolved to the county governments. Led by Rotary Clubs from Rotary District 9212, the RFHD initiative brought together the two governments, Rotarians, members of Rotaract Clubs, professional bodies, and private sector partners to deliver critical medical services to local communities. Each RFHD medical camp was led by a cluster of Rotary and Rotaract Clubs with financial support from District 9212, I & M Bank Foundation, EPCO Foundation and Silverstar Manufacturers Ltd. These crucial partners provided financial support to all seven Camps.

The country planning, logistics and fundraising was undertaken by a 13-member Steering Committee (SC) formed to specifically to oversee the implementation of the Camps. The work of the SC included mobilizing the clubs in the District and training implementing Clubs on how to run a successful medical camp. The SC team also arranged trainings on compliance and M& E requirements. With an initial target to deliver medical services to at least 10,000 individuals across diverse regions in Kenya, the SC began its work in mid-November 2024. The first 3 RFHD Camps were held in Nairobi, Kiambu and Nyeri Counties between 11th-13th January and with the final one on 2nd- 4th April 2025 in Siaya County.

On their part, the implementing Clubs entered into additional and regional partnerships with diverse partners and individuals in support of their cluster RFHD medical camps. These local partners played a key role in facilitating the successful delivery of all medical services for each cluster. The Clubs further developed and deployed localized media strategies which included door-to-door campaigns, the use of loudspeakers, the engagement of community leaders, and printed materials. Notably all clubs leveraged social media and digital resources to create awareness and increase their outreach. Collectively, the localized media strategy significantly boosted public participation and awareness of the camps, and the services to be offered.

Collectively, the Camps reached and surpassed the initial target finally reaching over 14,290 individuals across all regions in Kenya. Within the framework of the finalized RFHD medical camps, some health providers are conducting follow-ups to the patients e.g. for mental services who were first attended to at the camps. Over 1,000 individuals received specialized services including eye clinics, dental services, laparoscopy, pediatric surgeries, and cataract operations

delivered. These highly specialized services with life-changing impact happened despite challenges such as time constraints and resource limitations

The RFHD initiative demonstrated the capacity for multi-stakeholder collaboration to address critical healthcare needs. It also created a framework for ongoing efforts toward universal health coverage in Kenya. District 9212 extends its heartfelt gratitude to RFHA Inc together with all volunteers, healthcare professionals, and partners for their dedication and service.

Positive Impact & Highlights

The Key positive impact from the RFHD Initiative in Kenya include:

1. **Medical Services**: Over 14,000 patients received care, with specialized services such as eye clinics, dental services, laparoscopy, pediatric surgeries, and cataract operations delivered. Three of the most impactful stories from the Camps are highlighted below in pictures:

Delivery of life changing hearing aid to a teacher who visually and hearing challenged at the Thika School for the Blind. Curiously witnessing this is the teacher's son and Rotarians from RC Thika.

Laparoscopic pre-surgery briefing. The Pumwani Camp successfully completed 25 laparoscopic surgeries at no cost to the patients. This minimally invasive procedure is often out of reach for many women due to its high costs and limited availability. Yet it alleviates untold levels of pain in women. RI President Dr. Stephanie Urchick 5th from left.

Patient-Joy arrived at Embu Camp complaining of persistent lower back pain. Thanks to the portable ultrasound device at the Camp, Joy received timely diagnosis of Pelvic Inflammatory Disease (PID)a condition that, if left untreated, could lead to severe complications, including infertility. After the diagnosis, Joy was immediately placed on an appropriate treatment plan and is on she is on the path to full recovery.*

*Not her real name

2. **Referral System**: Patients requiring advanced care not available at the RFHD Camps were referred to appropriate facilities. This was only possible after the patients attended and received screening at the Camps.

3. **Fundraising**: Despite the time constraints, District 9212 secured partnerships from the national and county governments which were critical and in-kind contributions towards the RFHD Initiative. In addition, the District secured cash contributions amounting to Kes 6,100,000 from the private sector to directly support all seven camps. Collectively, these funds supplemented the District Grant of USD 20,000 available from District 9212.

4. **Training**: The implementing Clubs received timely and periodic training on RFHD medical camps models including medical, legal compliance, partnership building, data collection, and M&E.

5. **Procurement**: Critical medical supplies were procured through a thorough yet precise process paving way for the delivery of the supplies to all the sites in diverse regions and in time for the RFHD camps.

6. **Monitoring & Evaluation**: Data was collected electronically and manually, ensuring privacy and compliance with Kenyan data protection laws. This data is used to measure the success of the Camps across all the regions.

Table of Contents

Background

In Kenya, medical services are function of both the national and county government. The Constitution divides and specifically details the functions of the two governments for purposes of implementation.

The national government is responsible for setting the country's health policy and running and managing the national referral health facilities. These facilities are five namely[1]:

a. Kenyatta National Hospital
b. Moi Teaching and Referral Hospital
c. National Spinal Injury Hospital
d. Mathari National Teaching and Referral Hospital and
e. Kenyatta University Teaching and Referral Hospital.

As a devolved service, each of the 47 counties is responsible for:

a. County health facilities and pharmacies.
b. Ambulance services.
c. Promotion of primary health care.
d. Licensing and control of undertakings that sell food to the public.
e. Veterinary services (excluding regulation of the profession).
f. Cemeteries, funeral parlours and crematoria; and
g. Refuse removal, refuse dumps and solid waste disposal.

The Constitution mandates the national government to provide basic services including water, roads, electricity and health services to marginalized areas to bring the quality of these services to a level generally enjoyed by the rest of the nation.

Against this background, the RFHD in Kenya were modeled to include both the national and county governments alongside other stakeholders from the private sector. The Rotary Family Health days were delivered as 3-days medical camps in seven (7) regions across the country and on different dates in the period between January and April 2025. The commencement of the RFHD medical camps was designed to coincide with centenary celebration of District 9212 and the visit by the Rotary International President-Stephanie Urchick. This allowed the RI President to witness and participate in the RFHD launch site part of her visit to East Africa.

In terms of Club participation, each camp in every region was led by a Rotary Club which would qualify to run and manage District Grant. This is because District 9212 was offering a grant to the participating Clubs to deliver on the mandate. The Clubs were required to form a cluster of implementing clubs. This enabled the Clubs to collaborate with other willing Clubs and also offered a sustainable leadership in the delivery of the RFHD Camps, now and in the future. This also ensured that there were other clubs ready to take over if the lead Club was unable to proceed mid-term. Each cluster was then required to collaborate with at least one Rotaract Club with no limitation to the number of Rotary Clubs. Therefore, a cluster could

[1] http://www.parliament.go.ke/sites/default/files/201906/Report%20on%20The%20Status%20of%20National%20Referral%20Hospitals.pdf

have as many Rotary and Rotaract Clubs as were interested in and supportive of the project within the set timelines.

The objectives of the medical camps were to:

a. Provide free medical consultations and treatments to community members.
b. Deliver specialised services to patients who would otherwise not have access.
c. Address neglected health conditions through screening and treatment.
d. Enhance health awareness through education and community engagement.

From left: *PDG Peter Mbui, MoH Principal Secretary for Public Health and Professional Standards, Mary Muthoni CBS; DG Dr. Joe Kamau; the RI President-Dr. Stephanie Urchick; Daniel Tanase-RI Director Zone 21 & 22; and Rtn Dr. Joseph Lenai (standing)- Acting Director Primary Health Care at MoH and District 9212 Lead on Disease Prevention and Treatment area of focus; at the Rotary Foundation Dinner during the RI President's visit in Kenya in January 2025.*

RI President Dr. Stephanie Urchick planting a tree (left) and group photo with Rotarians the Pumwani Maternity Hospital (right). Pumwani Maternity Hospital was the RFHD Launch Site.

Planning and Implementation of the Rotary Family Health Days

a. Determining the Dates

The RFHD Camps were delivered over a period of three days specifically, a weekend, and a weekday. This RFHA strategy ensured members of the public who worked during the week and weekend obtained services. This was the first District 9212 3-day medical camp. Many Rotarians who were willing to undertake implementing the RFHD medical camps were concerned, skeptical and doubtful of their capacity to maintain the stamina required to deliver the camps for three consecutive days.

The Clusters were at liberty to select their days within quarter 1 of 2025.

b. Mapping and Selecting the Sites

The mapping of the sites was done by the interested clusters in collaboration with the regional county governments departments of health services. Mostly, the clubs selected sites based on their proximity to the communities they serve and their readiness to fundraise and secure the necessary collaborations.

The following Clubs delivered the medical camps to the sites listed below:

Cluster Lead	Location & Dates	Rationale for Site Selection
RC Nairobi Muthaiga North	Pumwani Maternity Referral Hospital Nairobi County **Dates:** 11th, 12th & 13th January 2025	Deliver essential healthcare services to underserved communities of Kamukunji, including free medical consultations, screenings, and treatments across various specialties with an aim of serving over 1,000 individuals daily.
RC Kikuyu	Gichuru Dispensary, Zambezi, Kikuyu Sub-County. Kiambu County. **Dates:** 11th, 12th & 13th January 2025	Provide access to quality healthcare, especially to underserved and vulnerable populations within Kikuyu Sub-County. Increase access to preventive, promotive, and curative health services guided by principles of collaboration, equity, and responsiveness to community needs.
RC Juja	Mukuruweini Level 4 Hospital Nyeri County **Dates:** 11th, 12th & 13th January 2025	Provide preventive, promotive, and curative health services to augment the services provided by the government.

RC Embu	Embu Level 4 Hospital Embu County Dates: 4th, 5th & 6th February 2025	Provide preventive, promotive, and curative health services to augment the services provided by the government. Raise awareness of cancer in the region.
RC Kericho	Transmara West Sub-County Hospital Transmara County **Dates:** February 27 – March 1, 2025	Transmara West Sub-County Hospital, located in Kilgoris, Narok County, serves a vast and diverse population, including communities along the Tanzania border and portions of Kisii County. Increase access to specialised medical services in the selected regions. Provide preventive, promotive, and curative health services to the selected regions which face a high burden of both communicable and non-communicable diseases.
RC Thika	Makongeni Dispensary Thika West Sub-county Kiambu County **Dates:** 28th February- 2nd March, 2025	Location has a high population of people from the informal and semi-informal areas of Kiandutu Slums and Kiganjo. The Dispensary if accessible to members of public and has sufficient space to host large crowds. Goal was to offer the required medical services for free since the available public services are at a fee.
RC Maseno	Uyawi Sub-County Level 4 Hospital Siaya County **Dates**: 2nd to 4th April 2025	**Location**: The area had not had such an event in two decades. **Objective**: Increase medical access to the region since its geographical location makes medical access challenging, as it is surrounded by Lake Victoria and can only be reached by boat. Provide free services to the local population who relies on daily wages, from fishing activities or working in gold mines. Provide preventive, promotive, and curative health services to the selected

		regions since their economic activities put them at risk for various non-communicable diseases Camp was structured based on the principles of Community-Based Participatory Research (CBPR), involving partnership building, joint needs assessment, co-designing the outreach, and collaborative implementation.

Training the Teams

To enable the Clubs, deliver the medical camps in compliance with the legal and medical regulations alongside the RFHA guidelines, the participating teams (made up of Rotarians) were trained. The training covered different topics including:

i. Running a medical camp: The legal and medical requirements. The Clubs were provided with a checklist against which to assess their readiness. See the Annexes herein.
ii. Collaboration and partnerships: Engagement of Medical professionals, the governments, community leaders and members of the public.
iii. Public relations and Media engagement.
iv. Data collection, records keeping and reporting requirements.
v. Monitoring and Evaluation.

The Launch

The RFHD medical camps commenced on 11th January 2025 concurrently in Nairobi, Kiambu and Nyeri Counties. The last medical camp took place in Siaya County at Uyawi Sub-County Level IV Hospital on 2nd , 3rd and 4th April 2025.

The official launch was at the Pumwani Maternity Referral Hospital, Nairobi presided over by the DG Dr Joe Kamau in the presence of RI President, Dr. Stephanie Urchick and other District officials. The launch at Pumwani Maternity Hospital was significant since it is earmarked to be the District 9212 centenary project. The Hospital will celebrate its centenary mark in 2026.

The other regional RFHD camps were also officially launched in the presence of District Officials and implementing club's presidents.

Kenya Regional RFHD Medical Camps Launch in Pictures:

Region 1: Pumwani Maternity Hospital, Nairobi-11th January 2025

Region 2: Gichuru Dispensary, Zambezi, Kikuyu-11th January 2025

Region 3: Mukuruweini Level 4 Hospital-11th January 2025

Region 4: Embu Level IV Hospital, 4th February 2025

Region 5: Transmara West Sub-County Hospital-Kilgoris Cluster-27th February 2025

Region 6: Thika, Makongeni Dispensary on 28th February 2025

Region 7: Uyawi Sub-County Level IV Hospital 2nd April 2025

Engaging with Primary Partners and Funders

District 9212 began by signing an MOU with RFHA. This allowed the parties to engage and deliver Rotary Family Days

MEMORANDUM OF UNDERSTANDING

BETWEEN

ROTARY KENYA (FOR ROTARY INTERNATIONAL DISTRICT 9212)

AND

ROTARY ACTION GROUP FOR FAMILY HEALTH & AIDS PREVENTION INC.
(which Rotary Action Group is not an agency of nor controlled by Rotary International)

The District then set up a 13-member steering committee (SC) at District 9212 to coordinate and oversee the implementation of the medical camps across the country. The members of the SC are:

1. Patrick Muchemi-Chair
2. Betty Moraa-Secretary
3. Caroline Wanjiru Muchiri-Member
4. Miriam Kaniaru-Member
5. Dr Joe Lenai-Member
6. George Muyera- Member
7. Dr. Moses Chapa - Member
8. Yvonne Kimutai-Member
9. Lillian Mwari-Member
10. Lynnet Kinuthia-Member
11. Miriam Kaniaru-Member
12. Eric Ombok-Member
13. Silvia Kipkech- Member

The SC met periodically beginning November 2024 to March 2025 to plan and deliver the RFHD medical camps. The following were on the standing agenda:

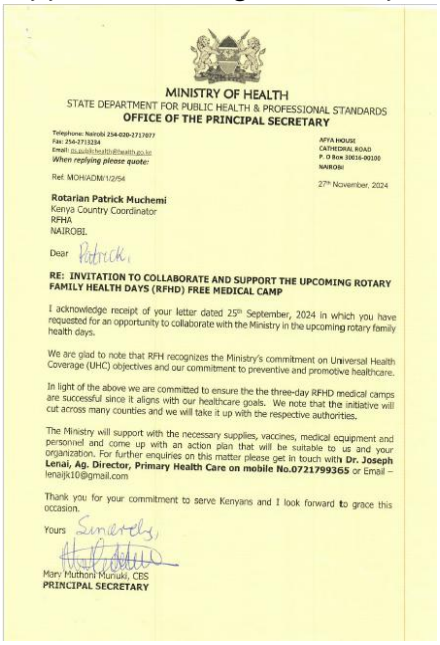
i. Invitation/call to the Clubs within the country to volunteer to implement the Camps.
ii. Liaise with the Ministry to obtain all relevant permits and authorizations, engage medical professional associations and the county governments where RFHD camps were to be carried out.
iii. Preparation and readying clubs on various matters including setting up internal committees and memberships and overall training for the Clubs.
iv. Fundraise for the medical Camps.
v. Assign roles and responsibilities within the SC to ensure successful delivery of the RFHD Camps.

The following were the **SC key milestones** that facilitated the delivery of the medical camps:

i. **Medical Services**: The SC adopted the RFHA Medical services as the minimum services to provided.

The Clubs were, however, at liberty to include additional services to this list guided by their capacity and the needs of the communities they were serving. Details of these services are provided in this report.

ii. **Permits**: On 27th November 2024, the District obtained a letter of support and no objection from MoH in favour of the Camps. The SC guided the implementing Clubs in obtaining support letters from the respective County governments and the Kenya Medical Practitioners and Dentists Union (KMPDU) regional offices. This support was alongside all required permits and licenses.



MINISTRY OF HEALTH
STATE DEPARTMENT FOR PUBLIC HEALTH & PROFESSIONAL STANDARDS
OFFICE OF THE PRINCIPAL SECRETARY

Telephone: Nairobi 254-020-2717077
Fax: 254-2713234
Email: ps.public.health@health.go.ke
When replying please quote:

AFYA HOUSE
CATHEDRAL ROAD
P. O Box 30016-00100
NAIROBI

Ref: MOH/ADM/1/2/54

27th November, 2024

Rotarian Patrick Muchemi
Kenya Country Coordinator
RFHA
NAIROBI.

Dear Patrick,

RE: INVITATION TO COLLABORATE AND SUPPORT THE UPCOMING ROTARY FAMILY HEALTH DAYS (RFHD) FREE MEDICAL CAMP

I acknowledge receipt of your letter dated 25th September, 2024 in which you have requested for an opportunity to collaborate with the Ministry in the upcoming rotary family health days.

We are glad to note that RFH recognizes the Ministry's commitment on Universal Health Coverage (UHC) objectives and our commitment to preventive and promotive healthcare.

In light of the above we are committed to ensure the the three-day RFHD medical camps are successful since it aligns with our healthcare goals. We note that the initiative will cut across many counties and we will take it up with the respective authorities.

The Ministry will support with the necessary supplies, vaccines, medical equipment and personnel and come up with an action plan that will be suitable to us and your organization. For further enquiries on this matter please get in touch with **Dr. Joseph Lenai, Ag. Director, Primary Health Care on mobile No.0721799365** or Email – lenaijk10@gmail.com

Thank you for your commitment to serve Kenyans and I look forward to grace this occasion.

Yours Sincerely,

Mary Muthoni Muriuki, CBS
PRINCIPAL SECRETARY

iii. **Mobilization:** The SC guided the Clubs in forming Clusters to implement the RFHDs. This resulted in the selection of the medical camp locations and the committee for the implementing clubs.

For ease of communication, peer encouragement and support, the clusters' committee members were all put in one group where updates were sent periodically.

iv. **Fundraising**:

The District secured the following amounts to be utilized towards the RFHD Initiative at the seven (7) regions:

a. Kes 5,100,000 from I & M Bank Foundation.
b. Kes 500, 000 from EPCO Foundation.
c. Kes 500,000 from Silverstar Manufacturers.
d. District 9212 allocated USD 20,000 to be managed as a District grant. The Clubs will report on this separately to the District.

v. **Procurement**: The SC prepared and shared a closed tender to specific pharmaceutical companies to prequalify medical supplies suppliers in January 2025. The SC shortlisted two pharmaceutical companies: Omaera Pharmaceuticals Limited and Nila Pharmaceuticals Limited both in Nairobi to be the medical supplies suppliers. This was followed by a notification of award and a contract to supply medical supplies to the locations of the RFHD medical camps sites.

To facilitate delivery, the Clubs were required to provide a list of medical supplies they needed. This list was then forwarded to the two suppliers to confirm availability and related costs of the needed supplies. Availability, costs and ability to deliver within the set periods were considered before requesting the supplier to supply the respective medical camp.

Surplus medication from each camp was rolled over to an upcoming camp with the last camp being in April 2025.

vi. **Continuous training, support and assessment**: The SC conducted continuous webinars discussing various issues around RFHD medical camp. The subject of the webinar included planning, fundraising, infrastructure, medical personnel, post camp activities; legal and ethical considerations; community engagement; patient management; health and safety; support services and monitoring and evaluation.

Media Strategy and Plan

At the country level, the SC engaged the District communication team to assist with designing and developing posters, media strategies for the clubs and dissemination in line with the RFHA branding guidelines. The dissemination was on all official district social media platforms.

Each implementing cluster had a media strategy and plan to enable them to mobilize the public and stakeholders in their respective communities. These details of the plans are as indicated below based on the RFHD medical camp location.

Location	Media Strategy
Gichuru Dispensary, Zambezi Kikuyu Cluster	Door-to-Door Sensitization. Use of Loudspeakers and Public Announcements: A hired announcement vehicle equipped with a PA system during peak hours in the community. Distribution of Posters and Flyers: Visual materials were distributed and displayed at strategic public points. Stakeholder Engagement and Community Leadership: Chiefs, assistant chiefs, ward administrators, school heads, religious leaders, and local opinion shapers. Digital and Social Media Engagement: WhatsApp Broadcasting and Groups; Status updates: Facebook, Instagram posts and status updates. On-Site Engagement: Relying on the familiarity with the local residents, language and health needs the CHPs transitioned into frontline operations and patient management roles.
Pumwani Maternity Hospital (PMH) Pumwani Cluster	Audio vehicles with Banners, posters and fliers Community Health Promoters (CHPs). Targeted announcements in places of worship like churches and mosques etc. were used to reach out to the communities surrounding PMH to create awareness as part of mobilization. Digital and Social Media Engagement: WhatsApp Broadcasting and Groups; Status updates: Facebook, Instagram posts and status updates. 

Transmara West Sub-County Hospital Kilgoris Cluster	Community Health Promoters (CHPs). Targeted announcements in places of worship like churches and mosques etc. were used to mobilise the communities to invite the local community to the camp. Digital and Social Media Engagement: WhatsApp Broadcasting and Groups; Status updates: Facebook, Instagram posts and status updates.
Mukuruweini Level 4 Hospital Nyeri Cluster	Posters, Flyers, and Banners: Distributed and displayed strategically in the community. Local community engagement through strategic public spaces such as churches, markets, hospitals, and chief's camps. Digital and Social Media Engagement: WhatsApp Broadcasting and Groups; Status updates: Facebook, Instagram posts and status updates.
Uyawi Sub-County Level IV Hospital Siaya Cluster	Community Health Promoters (CHP) Flyers distributed over three weeks. Large street banners, three teardrop banners. Two-day publicity roadshow. 
Embu Level 4 Hospital Embu Cluster	Posters and Fliers, Banners. Cycling event around Mt. Kenya from Meru via Nanyuki to Embu. Community Health Promoters (CHPs).

	Public Address during a pre-camp walk in Embu town. Digital and Social Media Engagement: WhatsApp Broadcasting and Groups; Status updates: Facebook, Instagram posts and status updates.
Makongeni Dispensary Thika West Sub-county Kiambu County Thika Cluster	Announcements in places of worship including churches and mosques. Community Health Promoters (CHPs). County Notice Board forums. Posters and Fliers, Banners. Stakeholder engagement. Word of mouth. Digital and Social Media Engagement: WhatsApp groups, Facebook Campaigns.

Monitoring and Evaluation (M & E)

The Monitoring and Evaluation (M&E) process for the medical camps was designed to ensure effective data collection and analysis, enabling a comprehensive assessment of the camp's outcomes and impact.

Data was collected in all the RFHD camps. The clubs used both electronic and manual forms to collect data. The manual records were kept at the medical facility that was supporting each camp. The data was collected during the registration of patients and at the last point of interaction e.g. pharmacy or consultation. This is the data that is used for M & E.

Before the data collection, all appropriate consents were obtained from the patients. This was done during the briefing sessions with the participants before beginning of the camps and at the point of interaction with the Camp volunteers e.g. during registrations. This process complied with both the MoH protocols and Data Protection laws in Kenya.

The key metrics in this report include the number of patients receiving services (including referrals); medical procedures done including triage, screenings and surgeries conducted; and the prescriptions given. The daily post camp meetings provided an opportunity to address the days' challenges and shortfalls as well as appreciate the successes. The post camp delivery report allowed the SC committee to plan and adjust future medical camps.

The Overall Summary

The table below provides overall summary for the camps in Kenya:

Registrations by Rotary District

District	Sites	Patients
9212	Pumwani Cluster	3,201
	Kikuyu Cluster	2,180
	Mukuruwe-ini Cluster	1,850
	Embu Cluster	798
	Kilgoris Cluster	2,387
	Thika Cluster	2,432
	Siaya Cluster	1,443
Total	**7**	**14,291**

Core RFHD Services Provided

Screening/Testing	Immunizations	Education & counselling
HIV/AIDS; Tuberculosis (TB); Cancers; Diabetes; Blood Pressure (BP); Sexually Transmitted infections/Diseases (STIs & STDs); Hepatitis B & C; Cholesterol; Malaria Nutritional State; Neglected Tropical Diseases	Polio; Measles; Rotavirus (Gastro); HPV; Hepatitis B and C; Covid-19; Vitamin A supplements	Family Planning; Mental Health; Alcohol & substance abuse; Training of Community Health workers

Rotary Add-on Services Provided-Services provided by the Clusters

Location	Services	Numbers
Pumwani Cluster	Laparoscopy Surgery	26
	Blood donation Drive	93 (pints)
	Dental & Oral Health Education	550
	Eye Clinic (Screening & Glasses)	40
Kikuyu Cluster	Social Health Authority (SHA) Registrations	1,598
	Eye Clinic (Screening & Glasses)	501
Mukuruwe-ini Cluster	Ophthalmic/Eye Clinic	440
	Dental Services	85
Embu Cluster	Eye Clinic (Screening & Glasses)	297
	Social Health Authority (SHA) Registrations	114
Kilgoris Cluster	Paediatric Surgeries	16
	Dental Extractions	53
	ENT Consultations	26

	Eye Screenings	250
	Cataract Surgeries	47
Thika Cluster	Fistula & Fibroids screening	1,142
	Eye Clinic (Screening & Glasses)	487
	Hearing Screening	1
	Hearing Aid delivery	25
	Dental	60
Siaya Cluster	Bronchitis	91
	Orthopaedic	41

Service Referrals Provided

Site	Services	Number of Referrals
Pumwani	Dental Treatment and Procedures	525
Kilgoris	Pediatric Cases	6
Kikuyu	Cataracts removal	60
Mukuruweini	-	-
Embu	PSA for further specialised treatment	3
Thika	Fistula Surgeries & Related matters	3
	Above 5 years: Escalation of the services delivered	119
	Children under 5: Respiratory tract infections (URTI/LRTI), Malnutrition & Skin disease	20
Siaya	Escalation of the services delivered.	180

Challenges and Recommendations

The delivery of the RFHDs in Kenya had a set of unique challenges. Many of these challenges are considered so because this was the pilot RFHD medical camps in Kenya. Therefore, these would be considered as teething problems.

The table below presents these challenges alongside the lessons learnt in the form of recommendations.

Challenge	Recommendation (s)
1.Planning, Fundraising, Logistics, Partnerships and Collaborations vs Time restrictions: The District aimed to deliver the RFHDs in quarter 1 to coincide with the RI President visit to the country. This had enormous pressure on the implementing clubs to plan and execute the RFHDs. The announcement to move the initial end February date to January 11th-13th was in mid mid-November 2024 which had a significant impact on all aspects of the camps, including fundraising and logistics. The planning went well into the December holidays, which was not ideal as the camps were to be delivered within the first few days into the new year's. At the beginning, the camps were to be delivered at 10 locations simultaneously. Several Rotary Clubs pulled out due to the short period to actualize the RHFD vs the duties to be undertaken.	a) Make the RFHDs in Kenya an annual event with clear delivery days. This can be in one quarter or periodically as may be feasible. b) Have a standing committee at the District level to undertake the planning, delivery and transition of each camp to the next. This will allow better planning, sufficient time to engage and secure key partnerships and collaborations including financial, logistic and professional partners. c) Secure country partnership early and communicate the same to the implementing clubs. d) Disburse funding and any additional support to the clubs at least one month prior to the camps to facilitate their activities.
2. Large Crowds management/Security: The RFHDs medical camps attracted considerable response and large number of people who congregated at one location. This was manageable in locations where the RFHDs were delivered within a hospital infrastructure allowing their security team to intervene and support the camp. However, in instances where the camps were outside an open field, then security became a potential security threat.	a) Securing partnership with the local security apparatus at the location of the camp. This could be through the national or the county government. b) Training/sensitizing volunteer Rotarians and Rotaractors on how to manage large crowds.

3. Data Management: This challenge of handling sensitive data. The patients were required to disclose personal and health data which is all sensitive. This raised the concern of who should be responsible for the collection, processing and eventual storage of the data, the rights of the patients. On site, such data could be accessible to the partners and collaborators depending on the nature of partnership with the implementing clubs.	a) At the next RFHDs preparation meetings, the District and the implementing clubs should have a clear strategy on data management both during and after the medical camps. b) Engage a specific contact person at the District and the sites as data protection officer to control data movements without hindering the delivery of the services whilst complying with the law.
4. Specialized services: The delivery of specialized services highly depended on the implementing Clubs capacity to secure funding and partnerships especially from the professional bodies. For instance, eye clinics require specialized partners, yet the services were required at all sites.	a) The District to identify the key services needed by the Kenyan population. This can be determined from the health data available from the national and county governments. Using such data, the District can select its priority areas which would then be delivered at all medical camps in the country. These would be in addition to the RFHA's list of services. b) Support the Clubs delivering the District 9212 priority services.
5. Support Services and Products: Some locations did not have or provide meals for their volunteers especially the Rotaractors and water for the members of public. Where water was available, it was often not sufficient to cater for the patients.	a) Secure partnership with national and local water distributors, resellers or even water and sewerage companies. These partners would be able to provide water, which is crucial for successful delivery of the medical camps. b) Implementing clubs should be required to plan meals for participating Rotaractors.
6.Volunteer Fatigue: Due to the time constraints, intensity and volume of work, the participating Rotarians and Rotaractors many volunteers experienced volunteer fatigue and burnout.	a) **Planning**: This can be addressed through better and prior planning to ensure engagement of more Rotarians and Rotaractors. b) Creation of volunteer schedules, rotation plans and matching support to delivery of the services.

	c) Sharing a District call on all Rotarians from non-implementing clubs to participate in their individual capacities at the camp sites.

Conclusion

At the beginning of the RFHD medical camps, the goal was to reach at least 10,000 Kenyans in various parts of the country. This number was surpassed as the RFHDs collectively reached a total of 14,290 individuals with various ailments. Over 40% of these individuals received medical services in the first 3 days of the RFHDs. The RFHDs medical camps delivered both general and specialized services including surgeries such as laparoscopy (26), pediatric (16) and cataract (47). These were services that were previously inaccessible to these patients for one reason or the other. The patients received critical medical services, early screening of diseases like cancer and HIV to improve the health outcomes of the community members.

Overall, the RFHDs medical camps provided an opportunity for District 9212 form crucial partnerships and collaborations specific to community health. Leveraging on the experiences and lessons learnt during these RFHDs, medical camps District 9212 will continue working toward universal health coverage and improved healthcare access for all.

The District remains grateful to each individual or company that contributed in any way to delivering the medical camps and impacting the community. To the healthcare professionals, partners, Rotarians and Rotaractors who worked tirelessly to deliver the inaugural RFHD medical camps, thank you for your service.

Acronyms

DG	District Governor
ENT	Ear Nose & Throat
LRTI	Lower Respiratory tract infections
KMPDU	Kenya Medical Practitioners and Dentists Union
MoH	Ministry of Health
PDG	Past District Governor
RFHD	Rotary Family Health Day
RFHA	Rotary Family Health Action Group
PSA	Prostate-Specific Antigen
RI	Rotary International
SC	Steering Committee
SHA	Social Health Authority
URTI	Upper Respiratory tract infections

Partner Summary

Overall, 35 Rotary and 31 Rotaract Clubs participated in implementing the RFHD medical camps in Kenya.

At the District level, the following key partners supported the medical camps:

1. Rotary Action Group for Family Health & AIDS Prevention.
2. Government of Kenya through the Ministry of Health.
3. County Governments of Nairobi, Narok, Kiambu, Embu, Nyeri and Siaya.
4. I & M Bank Foundation.
5. Kenya Medical Practitioners and Dentists Union (KMPDU).
6. Local communities.

The contributing Rotary Clubs and their respective partners at the cluster level are as indicated below:

Cluster	Rotary Clubs	Rotaract Clubs	Partners
Transmara West Sub-County Hospital **Kilgoris Cluster**	RC Kericho RC Enkare Narok RC Langata	RAC Kericho	Afya Reach. Nitibu Network Africa The Kenya Association of Paediatric Surgeons Youth Connect Premium Technical Solutions. Local Communities. Community Health Promoters (CHPs) Friends and Family of Rotary.
Gichuru Dispensary, Zambezi **Kikuyu Cluster**	RC Kikuyu RC Limuru RC Kiambu RC Kabete Springs	RAC Kikuyu	Hope Citadel Foundation. Eye & U Kenya. Silver Star Manufacturers. Silverstone Quality. The Magic. Local Communities. Community Health Promoters (CHPs) Friends and Family of Rotary.
Pumwani Maternity Hospital (PMH) **Pumwani Cluster**	RC Nairobi Muthaiga North. RC Nairobi East. RC Ongata Rongai. RC Ongata Rongai East RC Embakasi RC Nairobi Samawati	RAC Sololo RAC Gigiri RAC Nairobi Muthaiga North RAC Nairobi Thika Road RAC UoN Afya RAC Milimani RAC Embakasi	Pumwani Hospital Dove International Wellness Centre Individual volunteer counsellors Guru Nanak Hospital Dot Glass Sompa AHF Red Cross Lap Mashinani.

	RC Nairobi Thika Road RC Milimani RC Metropolitan IF		
Mukuruweini Level 4 Hospital **Nyeri Cluster**	RC Juja RC Utawala RC Karatina RC Mukuruweini IF	RAC Youth Connect RAC Karatina RAC KMTC Nyeri	County Government of Nyeri Mukurweini Sub County Hospital Blue Valley Spring Hospital Equity Afya-Karatina Jamii Hospital Kinde Engineering Broadcom Communication PE Industries
Uyawi Sub-County Level IV Hospital **Siaya Cluster**	RC Maseno RC Sagam RC Siaya RC Suna-Migori RC Winam RC Bungoma East	RAC Great Lakes University, Kisumu RAC Rarieda RAC Kisumu RAC Siaya RAC Maseno	County Government of Siaya, Ministry of Health-Bondo Sub County KMET Sagam Hospital Anaweza Afya Local Administration
Embu Level 4 Hospital **Embu Cluster**	RC Embu RC Mwea RC Kirinyaga RC Kitui RC Nkubu RC Nyeri RC Isiolo RC Murang'a RC Nanyuki	**RAC** Embu RAC Embu College RAC University of Embu RAC KMTC Embu IF RAC RCC Fides Kenya RAC Kirinyaga University RAC Kirinyaga RAC KeMu RAC Nanyuki	County Government of Embu DeckerMed Africa Trust NALENDI Initiative Cynert Mental and Rehabilitation Hospital Kuku Inn Njuguna and Njuguna Advocates ABC Initiative Embu Mbeere Hospice Focus Diagnostics Equity Afya Embu Valley View Hospital Justin Muturi Foundation
Makongeni Dispensary Thika West Sub-county Kiambu County **Thika Cluster**	RC Thika	RAC Thika RAC MKU RAC TTI RAC JKUAT RAC JFC Munene	County Government of Kiambu AAR Hospital. Aga Khan Hospital. Gertrude's Hospital. Mater Misericordiae Hospital. Thika Nursing Home Hospital. Santamore Specialist Hospital. Kilimambogo Dental Hospital.

			Good Vision Kenya. ENT/Hearing Center-Thika/Kasarani. Global Cancer Care & Research Institute. MKU Health Students Association. Delmonte Kenya. Alpine Coolers. Emirates Electrical & Suppliers. Krishna Chemists. Global Cancer Care & Research Institute.

Our Story in Pictures





Blood donation Drive at Pumwani Camp

Pumwani Camp-11th -13th January 2025


Kikuyu Camp 11th -13th January 2025

Mukuruweini Camp 11th -13th January 2025

Embu Level IV Hospital, 4th -6th February 2025

Transmara West Sub-County Hospital-Kilgoris Cluster-27th February-1st March 2025

Makongeni Dispensary-28th February-2nd March 2025

Triage at Uyawi Medical Camp

Laboratory

Uyawi Sub-County Hospital, Siaya County 2nd to 4th April 2025

Contact Us

Rotary International District 9212.
P. O. Box 2364-00606
Nairobi.
Email: d9212admin@rotary9212.org

This page is intentionally left blank.

Annex 1
RFHD Medical Camps Check List

RFHA / DISTRICT 9212 ROTARY FAMILY HEALTH DAY MEDICAL CAMP PREPARATION CHECKLIST

DATES: 11TH, 12TH, 13TH JANUARY 2025

No	ACTIVITY	DETAILS	TIMELINE	STATUS
1	**Preliminary**	Expression of Interest	1st November 2024	
2	**Planning**	Identification of a location & date	1st November 2024	
3	**Fundraising**	Create an itemised budget / submit District Grant application	28th November 2024	
		Secure Additional funding	28th November-5th December 2024	
4	**County Engagement**	Introduction/Meeting the County & obtaining letters & support	24th November -1st December 2024	
5	**Medical Personnel**	Recruit healthcare professionals	28th November -15th Decenber 2024	
		Audit Professional Credentials: Verify licenses	28th November-15th Decenber 2024	
		Obtain permits and approvals	28th November-15th Decenber 2024	
		Assign roles and responsibilities	28th November -15th Decenber 2024	
6	**Medical Equipment / HPTs**	Create inventory of medications and supplies (Remember your scope & KHIS data)	24th December-15th December 2024	
		Procure necessary Supplies and medical equipment	18th December 2024 -1st January 2025	
		Arrange proper storage and transportation	19th December 2024- 7th January 2025	
7	**Infrastructure**	Ground visit (2-3) with stakeholders including County and Community & volunteers	2-3 visits: 1st December- 8th December 2024	
		Communicate roles and responsibilities with a dry-run/ drill (DG can visit a few)	1st December- 15th December 2024	
		Identify structure to be used with scope of camp in mind & patient flow / prepare banners and branding	1st December-15th December 2024	
		Set up tents or temporary structures where necessary	1st January 2025-7th January 2025	
		Establish registration and triage area	8th January 2025	
		Ensure adequate lighting, ventilation, and sanitation.	1st-8th January 2025	
7	**Support Services**	Arrange security personnel	10th January 2025	
		Organize volunteers for non-medical tasks	28th November 2024- 8th January 2025	
		Set up communication system	29th November 2024- 8th January 2025	
8	**Health and Safety**	Provide personal protective equipment (PPE)	8th January 2025	
		Implement infection control protocols	8th January 2025	
		Establish proper waste management	8th-15th January 2025	
9	**Patient Management**	Create patient flow system	1st December 2024-15th January 2025	
		Develop record-keeping and follow-up procedures	2nd December 2024-15th January 2025	
		Prepare referral systems for complex cases	3rd December 2024-15th January 2025	
10	**Community Engagement**	Conduct pre-camp awareness campaigns	4th December 2024-15th January 2025	
		Collaborate with local community leaders	4th December 2024-13th January 2025	
		Provide health education materials	4th December 2024-13th January 2025	
11	**Post Camp Activities**	Plan for disposal or storage of leftover supplies	13-15th January 2025	
		Prepare reports and evaluate impact	13th January 2025- 13th February 2025	
		Organize debriefing sessions	14th January 2025- 13th February 2025	
		Publish	15th January 2025- 13th February 2025	
12	**Legal and ethical consideration**	Ensure patient privacy and confidentiality	8th January 2025- 13th January 2025	
		Adhere to medical ethics and regulations	28th November 2024-15th January 2025	
		Obtain informed consent	11th January 2025- 13th January 2025	

KEY	
	DONE
	ONGOING & NEEDS CLOSE MONITORING
	TO COME LATER THOUGH NEEDS PREPARATION
	POST CAMP ACTIVITIES

Annex 2

RFHD Medical Camps Training Materials

Rotary District 9212

MAIN REQUIREMENTS FOR A SUCCESSFUL MEDICAL CAMP PREPARATION- D9212

BY RTN DR JOE LENAI, OGW
DIRECTOR, PRIMARY HEALTH CARE, PREVENTIVE AND PROMOTIVE HEALTH
(MINISTRY OF HEALTH, KENYA)

PRESIDENT ELECT AND ROTARY FOUNDATION & PARTNERSHIPS DIRECTOR
RC KABETE

Rotary District 9212

IN SUMMARY

5 Steps in Planning a Medical Camp

1. Step 1: Define Objectives and Scope
2. Step 2: Choose Location and Date
3. Step 3: Secure Resources and Permissions
4. Step 4: Recruit and Train Team
5. Step 5: Promote and Engage Community

Annex 3

Categories of Services at RFHD Medical Camps in Kenya

2 Categories of services to be offered at RFHD Medical Camps in Kenya

Category A: RFHA Minimum & Mandatory Services

A. Screening/Testing	B. Immunizations	C. Education & Counselling
• HIV/AIDS • Tuberculosis (TB) • Cancers • Diabetes • Blood Pressure (BP) • Sexually Transmitted Infections/Diseases (STIs & STDs) • Hepatitis B & C • Cholesterol • Malaria • Nutritional State • Neglected Tropical Diseases	• Polio • Measles • Rotavirus (Gastro) • HPV • Hepatitis B and C • Covid-19 • Vitamin A supplements	• Family Planning • Mental Health • Alcohol & substance abuse • Training of Community Health workers

Category B: Optional & Specialised Services

- Women's Healthcare e.g. Obstetrics & gynecological services
- Ophthalmic/Optical/Eye check-ups.
  Clubs should indicate their intention to offer optical services accompanied by an indication of the **number** and **type** of glasses required e.g. reading glasses, distance vision, sunglasses etc.
- Audiology services
- Dental services
- Distribution of mosquito nets
- De worming
- Blood donation
- Any other specialty service.