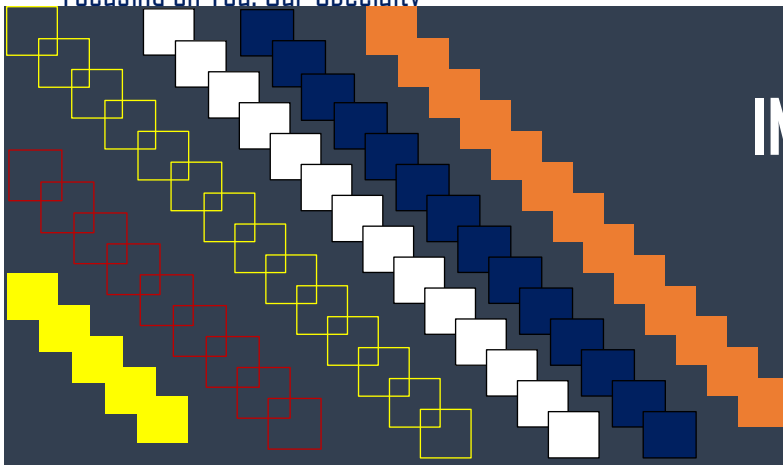


ROCKHEALTH INTEGRATED CARE ORG.

Focusing on You. Our Specialty

IMPROVING PRIMARY HEALTHCARE & RESPONSE TO TROPICAL DISEASE EPIDEMICS

Epidemiology-Informed Resource Allocation (EIRA) Model



The RICO Baringo Programme aimed at strengthening primary health care and responding to epidemics in counties in Kenya. The medical team travelled on a two day journey to Rotu, Baringo County to provide medical aid, collect epidemiological data and officially mark the close of the second 3-month batch of food donations to 7 villages in Rotu Location. The Rotu Community Health Unit also received pharmaceuticals then among other donations even months after.

WELCOME

Welcome to this official entry document prepared by RICO that will provide information about the organization. This document gives details in the following areas:

- i. Organizational Management Structure/Organogram
- ii. Description of the Project
- iii. Offers clearly defined project objectives
- iv. Gives details on the beneficiaries
- v. Provides for strategies that are used to achieve the objectives
- vi. Entails the project's achievements in relation to set objectives
- vii. Quantifies impact on primary care services

RICO LOCATION AND FURTHER DETAILS

Offices

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Contacts

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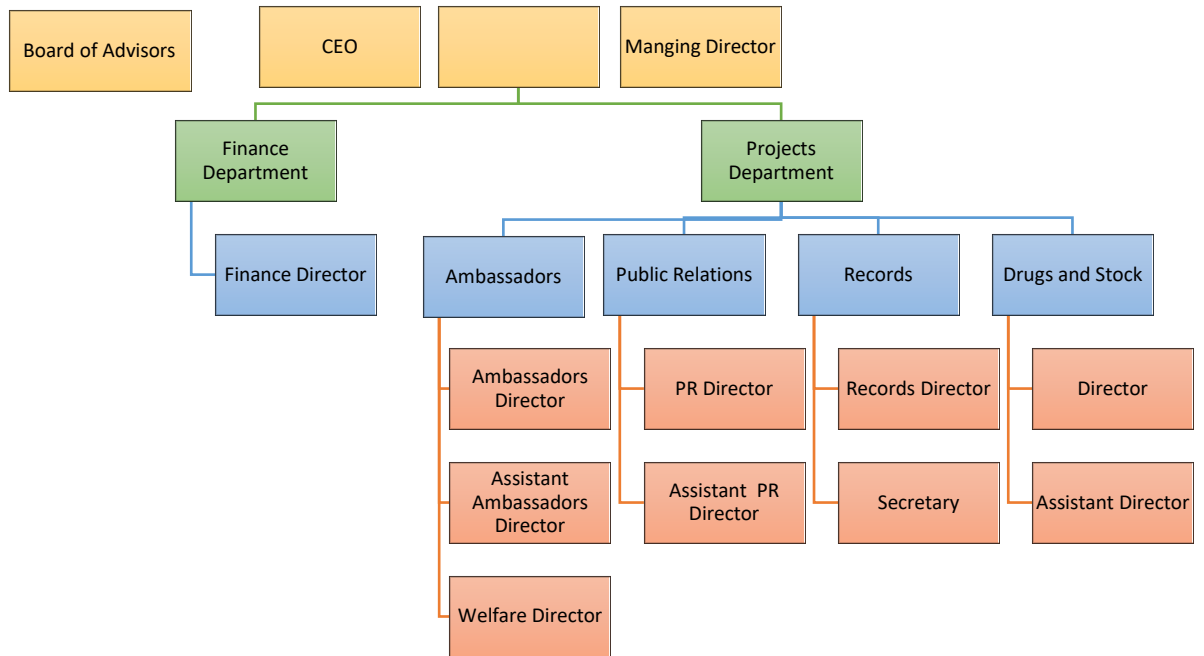
Email: rockhealthconsults@gmail.com OR info@rockhealth.co.ke

Website: www.rockhealth.co.ke



A baby receives immunization during a RICO medical aid in Kajiado County, Ilbisil

MANAGEMENT STRUCTURE



PROJECT DESCRIPTION: STRENGTHENING PRIMARY HEALTHCARE AND RESPONSE TO TROPICAL DISEASE EPIDEMICS THROUGH AN EPIDEMIOLOGY-INFORMED RESOURCE ALLOCATION MODEL



ROCKHEALTH'S RESPONSE TO BARINGO MALARIA OUTBREAK

Infections have had a compelling role in human history with one of the predominance of infectious diseases being the unpredictable nature they tend towards, and the potential for an explosive effect. Experiences from pandemics such as the 2009 H1N1 influenza presented a public health emergency but most importantly exposed deficiencies and vulnerabilities in not only the global approach to the outbreak, but also the national and local public health capacities. Most of the unprecedented experiences in epidemic history have largely been due to the incapability of local health facilities to mount any form of response due to lack of resources,

limitations in scientific knowledge, poor health systems, and challenges in communication between local health facilities. The huge challenge behind poor response to epidemics is a weakened or a dichotomized primary health care (PHC) system

RockHealth Integrated Care Organization (RICO) stepped into this niche 3 years ago with the aim to make robust the primary health care and response to tropical disease epidemics. The model, "Epidemiology-Informed Resource Allocation" (EIRA) was designed to collect epidemiological data from extremely remote and marginalized areas in some counties in Kenya and further provide insight as well as intelligence towards improving or re-operationalizing the health care facilities in these areas. This model confers a paradigm shift from assumption to an evidence-based approach to enabling these facilities respond to prevalent diseases with a potential of an outbreak.

RICO targets communities which due to reasons being limitations in road network coverage, limited healthcare facilities and low education opportunities and thus low literacy levels, have poor primary healthcare approaches. Most of these areas including Baringo, Kajiado and Migori have had a history of an outbreak and this menace still goes on to date.

Apart from this, RICO screens for non-communicable diseases in areas with high prevalence of the same including diabetes, hypertension and cancer while making referrals of major clinical findings to partner healthcare facilities. To this far, RICO has been able to provide medical services to areas with limited accessibility such as in Tiaty (Baringo), Getambwega (Migori County), Siabai Makonge (Migori County), Ilbisil (Kajiado County) and Oloirien (Kajiado County) which are areas afflicted by tropical infectious diseases, a total of 13,740 clinical cases being managed in the field hospitals RICO sets up to collect its data.

Success in Rotu, Baringo County was epitomized by the re-operationalization of the Rotu Community Health Unit that during RICO's response to the 2017 malaria epidemic in the area had not been operational for a period of 6 months. Through conversations on how RICO would support either directly through facilitation of some of its operational requirements or indirectly by influencing collaborations from the county government, the health unit was re-opened and has been operational since. RICO has been continuously visiting the area to make follow-up on prevalence of diseases in the area as well as provide for pharmaceutical and operational needs.

In addition to tackling primary healthcare challenges in such areas, RICO also partners with well-wishers to respond to drought and famine through its food programme and provide relief food for the period of time in order to reduce cases of moderate to severe malnutrition. In Baringo County, RICO has supported 7 villages while in Kajiado County, 5 villages with food that was able to sustain them for about a month during the drought season.

The EIRA model and the impact it has had in these communities has received recognition from Lord Howell of Guildford, Royal Commonwealth Society, London, England as well as the Foundation of Advanced International Medical Education and Research , Limerick, Ireland for its contribution to improving community health and the livelihoods of Kenyans. The model has been published in the 50th Edition of the Social Innovations Journal.



Patients receive health care services and in the process, data on epidemiology collected to inform primary health decisions

PROJECT GOALS AND OBJECTIVES

Long-term Goals

GOALS	
Goal 1	Make dispensaries and community health units in Baringo, Kajiado and Migori Counties fully operational and providing quality healthcare services in the next 3 years
Goal 2	Establish a centralized hospital for referrals made in decentralized field hospitals/Medical aid camps in the next 3 years
Goal 3	Partner in aversion and control of famine and drought as factors that predispose to tropical infectious diseases and outbreaks
Goal 4	Partner in improvement of literacy levels as a factor promoting public health goals

Main Objective

To Strengthen Primary Healthcare of Marginalized Remote Areas in Kenya and Epidemic Preparedness towards Tropical Diseases

Specific Objectives

CHALLENGE	OBJECTIVES
Potential and History of Tropical Infectious Disease Epidemics	<p>Objective 1: To collect data from the field hospitals set up and analyze them to inform primary healthcare actions</p> <p>Objective 2: To make an audit of dispensaries in the areas and engage in discussions with the county government and other stakeholders in how to improve healthcare services in the facilities</p> <p>Objective 3: To work on establishing or revamping closed units to satisfy the kilometer radius requirements of access to primary healthcare services.</p> <p>Objective 4: To mobilize resources according to evidence to ensure full operation of the primary healthcare facilities</p> <p>Objective 5: To work with Community Health Workers in providing public health education as well as mobilize clinical cases.</p>
Limited, Closed and /or Distant Healthcare Facilities	
Limited or Non Area-Specific Epidemiology	
Outbreak of Droughts and Famine	Objective 5: Partner with stakeholders in the field of food and agriculture to provide for long-term interventions and prevent malnutrition in the areas.
Marginalization of the communities	Objective 6: Educate the community on the importance of education as RICO
Warring community	Employ strategies to pacify warring communities especially in the pastoral and nomadic communities.

OUR BENEFICIARIES

Beneficiaries to the project are classified herewith as either direct or indirect beneficiaries depending on how they receive benefits accrued from it.

Direct Beneficiaries

WHO? (BENEFICIARY)	WHY? (NEEDS)	HOW? (IMPACT)
General Community All Kenyans of all Ages and Gender in the Community	Limited accessibility to quality primary healthcare services	Receipt of treatment services for clinical cases Referral of serious clinical cases to partner clinics for specialized diagnoses and disease management.
Communities in Drought and Famine	Dependence on pastoralism for livelihoods with limited crop agriculture	Provide relief food and discuss possible strategies to diversify agriculture to mitigate future events
Local Primary Health Facilities	Closed or poorly operational local health facilities	Discuss possibilities of rekindling operations through human resource empowerment and essential drug supply

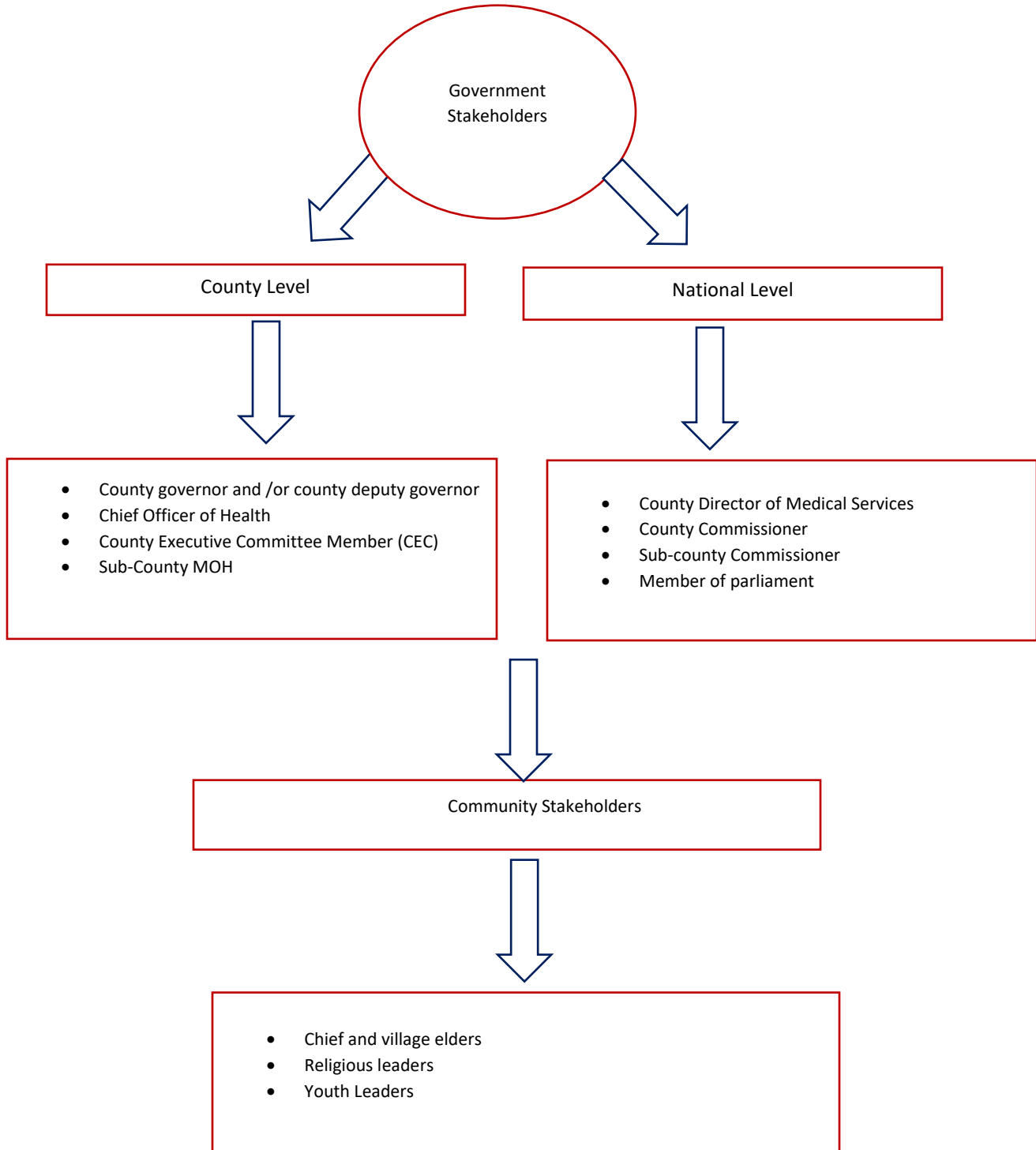
Indirect Beneficiaries

WHO? (BENEFICIARY)	WHY? (NEEDS)	HOW? (IMPACT)
Ministry of Health Global Health Community (WHO)	Decentralization of primary care services to areas with limited accessibility to healthcare services. Limited area-specific epidemiological intel for some very remote areas Inadequate volunteers and personnel to work in remote areas	Early detection of clinical cases of prevalent and isolated cases of Neglected Tropical Diseases Assist the Ministry in responding to outbreaks and administration of Mass Drug Administration Programmes Publishing epidemiology to inform primary healthcare interventions Local public health data as an evidence-based approach to vertical programmes by WHO
Sub-County Hospital	Critical clinical cases in the remote areas of the sub county Limited epidemiological data to inform decisions/interventions	Receipt of clinical cases and initiation of appropriate action and follow up Data to inform public health interventions
Project Implementing Committee	Limited job opportunities in such a field	Improved experience in management of project resources. Job opportunity and experience in primary care as well as humanitarian interventions to quality health care.

STRATEGIES EMPLOYED IN THE PROJECT

The strategies involved in the RICO EIRA model involve:

Stakeholder mapping and Community Entry Charting



The RICO EIRA Model



PUBLISHED IN THE 50TH EDITION

This model seeks to address the dichotomized Primary Health Care (PHC) exemplified by the poor state of Primary Health Care Facilities (PHCF), poor road and communication network systems, high illiteracy levels, and conflict in some counties in Kenya as a major hindrance to attainment of universal health coverage.

The conceptual framework of the RICO EIRA (Epidemiology-Informed Resource Allocation) model, an innovation of the Scott JN et al, model of public health surveillance and action, offers an approach to revamping dispensaries among other dormant primary health care facilities in areas inflicted by poor PHC.

The RICO EIRA model is unique in that it offers an integrative, needs-based, community oriented, epidemiology-informed health care approach through public partnerships for the public (PPP) in the most remote areas in Kenya with a history of epidemics. This approach has offered one of RICO's primary stations, conflict-prone Tiaty Constituency, Baringo County, a data-driven opportunity to revamping Rotu Community Health Unit, which previously was closed for more than half a year, and now serves about 32,000 people. A bi-phasic, multi-design method is employed.

In Tiaty, catalyzed by the climate-sensitive Malaria and Rift-Valley Fever among other potentially explosive infections, a first phase pilot study by medical aid camps was conducted. The spread of the disease was determined by the prescriptions collected. This was implemented through a partnership with the County Government Executive Health Committee and resolutions made were implemented based on the data. With a huge proportion in each disease prevalence, children under five years of age were highly inflicted with more than 50 percent rates. This raised concerns and triggered the need for allocation of a nurse to the dispensary and pharmaceutical resources by RICO in a bid to reduce the predisposition of mortality for those under five.

The second phase provides a follow-up and through the data collected, an evaluation of impact through comparison. The third phase provides better epidemiology intelligence to the approach and a call to action of global health actors in the diffusion and scaling of the impact. Though the model reacts to epidemics, it avoids taking a vertical and duplicative approach as this may result in redundancy and larger expenses allocated on potentially low-priority diseases. To add, its rather horizontal approach allows for allocation of adjuvant resources including a feeding program during famine and drought

Quarterly Evaluation of Milestones

The execution of the organization's activities is always spread out into quarters with each quarter distinctly bearing its own activities that are unique and independent. Culmination of the quarters is characterized by summits of all stakeholders who bring into the sheaves the occurrences of the field hospitals. The evaluation sessions seek to address and answer questions that are witnessed during outreaches.

Further, the summits also provide opportunities to critique and learn from the errors that may have occurred in the course of execution of duty. During this time, various departments present their reports and thereafter give recommendations that are henceforth filed in the organization's data system.

More, numerous efforts are channelled towards preparation of the oncoming quarter where the resources and manpower needed for that is put into place. It is during this time that all partners if any are also brought on board as strategies are netted in effect.

PROJECT'S ACHIEVEMENTS IN RELATION TO SET OBJECTIVES



ROTU COMMUNITY HEALTH UNIT IIN ROTU



UPCOMING PCEA Ng' ONDU & RICO HEALTH CENTER

OBJECTIVES	ACHIEVEMENTS
<p>Objective 1: To collect data from the field hospitals set up and analyze them to inform primary healthcare actions</p>	<p>Data has been collected from 7 counties so far including Nairobi, Nyeri, Murang'a, Kiambu, Baringo, Kajiado and Migori Counties. More epidemiological data will be collected from Tana River and Marsabit counties in 2019.</p>
<p>Objective 2: To make an audit of dispensaries in the areas and engage in discussions with the county government and other stakeholders in how to improve healthcare services in the facilities</p>	<p>Rotu Community Health Unit was revamped following our response to a malaria epidemic in 2017 and RICO has been aiding its operations from time to time. The dispensary currently serves a community of close to 32,000 members.</p>
<p>Objective 3: To work on establishing or revamping closed units to satisfy the kilometer radius requirements of access to primary healthcare services.</p>	<p>In 2019, dispensaries in Barpello and Kollowa are set to benefit from the audit.</p>
<p>Objective 4: To mobilize resources according to evidence to ensure full operation of the primary healthcare facilities</p>	<p>Currently, RICO is re-operationalizing a Health Center with PCEA Ng' Ondu which has been closed for the past 7 years in an area with no health facility within a radius of 10 – 15 kilometers. The facility has enough land to expand into its second phase and into a level 3 hospital.</p>
<p>Objective 5: To work with Community Health Workers in providing public health education as well as mobilize clinical cases.</p>	<p>Community Health Workers (CHWs) are a crucial part of RICO's mobilization of clinical cases in all the counties. The CHWs are responsible for making critical follow-ups too.</p>
<p>Objective 6: Partner with stakeholders in the field of food and agriculture to provide for long-term interventions and prevent malnutrition in the areas.</p>	<p>RICO has partnered with the county government and organizations such as MaryKnoll to provide relief food in times of drought and famine.</p>

IMPACT ON PRIMARY CARE SERVICES

13,740
PATIENTS
SERVED

MORE THAN
3, 297,600
KES
OUT-OF-POCKET
EXPENSES
SAVED

7
COUNTIES IN
KENYA

2 HEALTH
CARE
FACILITIES
REVAMPED

The strategy employed by RockHealth Integrated Care Organization (RICO) is aimed at improving the accessibility of healthcare services to community members in remote areas and areas with a high level of poor communication and transport infrastructure. The RICO EIRA model also seeks to impact the primary health care sector by drawing Universal Health Coverage closer by not only improving accessibility, but also affordability and services of high quality.

RICO has been able to provide primary health services in makeshift field hospital set-ups to more than 13,740 community members who find basic healthcare services difficult to access as well saved these communities more than 3 million KES out-of-pocket expenses. The integrated approach to this project ensures that quality is high and significant in the management of the illnesses. As these areas are highly remote the epidemiological data collected is utilized in informing the re-operationalization of dormant or closed healthcare facilities in the area.

During the malaria outbreak of Baringo County, the documentary made and publicly circulated attracted Safaricom's input in establishing a booster and hence improved network coverage in an area with zero mobile network. Currently, the booster serves Tiaty Ward and plays an important role in improving primary health inter-facility communication.

Milestones in Facility Improvement

	ROTU COMMUNITY HEALTH UNIT	NG'ONDU HEALTH CENTER
Challenge	Closed for nearly half a year with an outbreak of malaria within the same period County government hadn't allocated a nurse to the facility	Closed for more than 5 years with plans of expanding its operations to improve its sustainability
Level of health care	Level 1 health facility	Level 3 health facility
Current Development	Nurse available in the facility Facilitation mobilized for the operations of the facility 	Developing a roadmap Re-licensure of the facility Construction of ward and maternity sections 

AWARDS, SELECTIONS AND RECOGNITIONS 2018

Faimer Award



MR. HAKEEM KIBOI, CEO RICO TO THE FAR RIGHT. WITHIN, FELLOW WINNERS AND GEMx OFFICIALS

On 14th to 21st of August, Mr. Hakeem Rabuka Kiboi, CEO and Co-founder RICO made a journey worth thousands of miles to the University of Limerick, Ireland. This trip was attributed to the collection of a prestigious award from the Foundation for Advancement of International Medical Education and Research (FAIMER) for coordinating an outstanding project in health in Kenyan rural communities. The award, *'The Students Project for Health Award'* was only awarded to 19 more other students on a Global scale. Further to this, the award was given to students lobbying for innovative reforms in the health care sectors in their respective countries as well as providing a multi-sectorial approach to societal health challenges.

This award packaged opportunities including an opportunity to present on the organization's project, *'Strengthening Primary Health Care and Response to Epidemics'* during the 'Towards Unity for Health' Conference, receipt of an award during an award ceremony and a myriad of networking opportunities across more than 100 countries. All the sessions and workshops revolved around offering a multi-sectorial approach to community health as an item in improving the livelihoods of communities as well as achieve universal health coverage.

Earlier Awards



THE ROYAL COMMONWEALTH SOCIETY
ASSOCIATE FELLOWS NETWORK



OUR PARTNERS IN 2018

