



More stories from our October trip to Kopanga...

Fighting Malnutrition

As I sift through the stream of events of our latest Kenyan trip, I realize how the concept of community is vital to P4P's success in Kopanga.

We were introduced to 11 young men and women who are part of a new Kenyan government program that trains volunteers as Community Health Workers (CHWs). Their job is to act as liaisons between villages, governmental programs and other health services. These young adults will eventually play an integral part in improving the overall health of the Kenyan population.



We have an option to partner with the CHWs to promote Kopanga clinic services and reach out to those individuals who are not using the clinic. This is a huge opportunity for P4P to help make a long and sustainable impact on the general health of these very poor communities.

In addition to receiving training to promote health programs in their villages, the CHWs will also be trained in a specific skill like basic health education and methods of identifying malnourished children. CHWs are to report any child who falls below government specifications for their age to their supervisor who will then make contact with the parents and assess the reason for the malnutrition. If needed, the supervisor will register the child or children in a nutritional supplement program. One of the supplements, Plumpy Nut, is a nutritionally complete substance that is readily available, nutritionally complete, requires no measuring or mixing prior to use and comes in easily dispensable packets.

The opportunity to partner with the Kenyan government through CHWs to tackle the serious problem of malnutrition is a godsend to P4P. There is still much to be done to combat pervasive malnutrition in the Kopanga community, but we feel that the adapting the Plumpy Nut substance with the help of the

CHWs is moving Partnering for Progress closer to a more practical, dependable and sustainable program.

Sandy Ivers, Co-Executive Director



Overnight in Kopanga

On our last trip to Kenya, Stacey and I had the rare opportunity to be guests at Nurse Alice's small, mud-brick home adjacent to the clinic. We expected a cultural, medical and personal experience but had no idea what the night would hold.

Our team typically stays in Migori, a town located about 40 kilometers from the Kopanga clinic. We travel by van each day over a dirt road full of giant potholes (unlike any you'll see in Spokane!) and navigate through a variety of obstacles -- including people, donkeys, cattle, chickens, motorbikes and cars. During daylight, the trip is slow and challenging. After dark, it's downright dangerous. We don't travel at night.

For those of you who have never been to the Kopanga clinic, picture a fenced compound that includes Alice's mud house, a couple of tin and mud huts, two outhouses and the clinic. Staff members, including two nurses, live on the compound. Two guards armed with bows and arrows spend the night walking the perimeter and keeping an eye on the property.

Nurse Winnie was on-call that night. When Stacey and I went into the clinic, we found her confidently suturing the lip of an after-hours patient, a young woman in her late teens or early twenties. The man accompanying the patient was most likely her husband. The patient was wife number four in a polygamous marriage. Polygamy is common in Kenya. She had been attacked by wife number three. Because wife number three is HIV positive, the patient needed antibiotics to prevent infection and prophylaxis (HIV medications) for 28 days to prevent HIV. This incident reminded me how significant cultural differences are between us and our partners in Kopanga and how important it is that we understand this factor as we work together to improve their health care.

Not long after we treated this young woman, a taxi sped into the clinic and delivered two women, one obviously pregnant. The pregnant woman was in labor and Alice's quick exam revealed that she was dilated 7-8 centimeters, a sure indication that it wouldn't be too long before the baby was delivered. We hurriedly got clean cotton, string, clamps, gloves and a blanket for the newborn. With contractions every few minutes, our patient was struggling to stay in control. Once Mom began to push, and five contractions later, a baby boy weighing 2.9 kg (6.5 pounds) was delivered. Stacey worked as midwife alongside Alice, two other nurses and me.

The pregnant mom was HIV positive and had her "delivery pack" of HIV medication for herself and another liquid formulation to give to the baby as soon as possible after birth. The infant will continue to take this medication for six weeks and would be tested for HIV. The mother will breast-feed the baby, despite being HIV positive, and the infant will receive anti-HIV medication for as long as he continues to breastfeed. This protocol is followed in many Third World countries since formula is expensive or not available and clean water is rare. The mother and baby will return to the clinic within two weeks for another HIV test for the infant and follow up HIV care for the mom. By following this protocol, this baby boy has a chance to grow up without HIV.

Exhilarated and tired, Stacey and I went to bed, but our sleep was short lived. Later that night a patient, a young boy about four years old, had to be sent to hospital in Migori. The child's malaria was very

We P4P volunteers who spend a week or two a year in Kopanga do our best to appreciate the medical care the nurses and staff provide day and night, every day of the year. They have limited medications and resources and cannot perform even the most basic medical tests. The staff makes-do at primitive facilities with only rudimentary equipment, yet they are phenomenal, working day and night caring for a constant flow of patients, many suffering from ailments that have been eliminated in other parts of the world.

I am thankful to P4P and its many supporters who have provided resources, time and education to the Kopanga community through the clinic. We are making a difference.

Debbie Stimpson, PA-C, HIV Specialist and P4P Board Member

Blankets from the Heart

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has. ~ Margaret Mead

The power of people in numbers is impressive! This Fall two Spokane women, Nancy Parsons and Sue Anderson, gathered together women of all ages to sew blankets for infants in Kopanga. Some of the ladies brought fabric from their own craft rooms, others purchased new material. They spent hours washing, ironing and sewing and produced 144 warm, cuddly blankets. They donated the colorful gifts to P4P and we carried them to Kopanga with us on the October trip. Every infant that was seen at the clinic received one. Partnering for Progress would like to sincerely thank each and every volunteer for their time and generosity.



We also want to extend our deepest appreciation and thank you's to an amazing Spokane woman who asks to remain anonymous. She has made over 50 beautiful flannel baby blankets over the last 6 trips. When we tell Alice, clinic nurse, that we are making a trip, her first words are "can you bring some more baby blankets". One person can make a difference.

Update on Water!

As many of you know, water is now pumped from the clinic well to two separate holding tanks, one by the clinic and one located near the entrance gate for community members. Our next priority is to install plumbing, sinks, drains and a septic tank at the clinic. We are certain clean running water will have a positive impact on the patient care and cleanliness of the clinic.

The Kopanga Spring project is moving forward. The community has an active and well-informed committee that has voiced an extreme interest in working with P4P to improve this water source. During our October trip, the committee gathered and provided information and testimonies. The Kopanga Spring group does not feel they can provide the engineering or large scale equipment that will be needed but they have offered to



The new partnership with Community Health Workers will provide an opportunity to educate the larger community in water source protection and transmission of water borne diseases.

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