

TALE OF TWO SUCCESS STORIES

By PATH Staff



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"We need to care for our children."

An Exceptional Advocate for Children

Women rarely hold office in Kenya. Florence Wekesa is an exception. The only female councilor on the Kimilili Municipal Council, she has become a voice for the mothers of her ward and for their children. Wrapped in her customary bright colors, Florence stands out in a crowd—and so does her message: "We need to care for our children."

The statistics say diarrhoea kills more than 4,000 children around the world every day. In Kenya, diarrhoea is the fourth leading cause of death among children below five. The burden is particularly serious in Bungoma district, a poor and mostly rural area. It is Florence's duty as a councilor to be present at every funeral in the district. Too often, those funerals are direct evidence of how quickly and how often diarrhoea kills the very young.

Their message affected Florence as a leader and a mother: she vividly remembers a long week almost 20 years ago spent nursing her son through a nearly fatal episode.

She speaks eloquently about the need to help women control diarrhoeal disease: "I tell women that they are equally important, something they have never known."

Last year, Florence took part in a pilot project run by PATH, joining a workshop that taught practical methods to reduce disease: breastfeeding, use of oral rehydration therapy (ORT), zinc treatment, and proper hygiene. The workshop was part of a new, community-based approach to diarrhoeal disease control in the region and a proving ground for techniques that will be integrated into Kenya's National Diarrhoeal Disease Control Framework.

Learning how to respond when diarrhoea breaks out in a village—how to slow its spread from household to household, how to keep children hydrated, the importance of clean water—gave her a fresh set of tools. For Florence, who believes a councilor's job is to lead by example, "The seminar opened up so much."

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Armed with information, she can provide immediate aid to families who come to her because a child is violently ill. And she travels every week to churches, schools, and health clinics, spreading awareness

among parents and community leaders. She's creating a safety net for her community's children. Now, she says, "Diarrhoea is still here—but it is no longer killing."



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Bringing ORT Corners back to Kakamega Provincial Hospital

Kakamega Provincial Hospital is the largest government hospital in Western province. The hospital, like most government hospitals had an oral rehydration therapy (ORT) section in the early 1980, then known as Control of Diarrhoeal Disease Program (CDD). This became dormant until the PATH EDDs program came into place in 2009.

"Little emphasis was placed on diarrhoea, unlike HIV and Malaria," says Dr. Aturo Kidaha, the Medical Superintendent of Kakamega Provincial Hospital at the time.

"Furthermore, our health workers did not have access to new and emerging information and practices of diarrhoea control, like the use of low osmolarity ORS and zinc," adds Dr. Kidaha, who presently is the Chief Provincial Pediatrician. "With the coming of PATH EDDs program, the ORT Corner was not only revived, and restocked, but our staff got training on how to effectively use the facility."

Today, the Kakamega ORT Corner receives an average of seven to eight children per day depending on the season.

This, two nurses explain, is because in periods of drought, cases of diarrhoea rise since there is relatively limited access to clean and safe water, same for periods of floods where water sources get contaminated. The nurses train mothers who come to the ORT Corners how to observe and treat their children with ORS and zinc and when to return their children to the hospital for observation. The ORT Corners have also helped the nurses to capture immunization dropouts. "Some diarrhoea is a result of measles and when they (the parents) bring their children here, we inquire whether they were immunized," says Nurse Terry.

Official records from the hospital show a decreased number of admissions due to diarrhoea. "We consider it a success when a mother brings a child to hospital and these children are taken care of by the Diarrhoea Corner and then discharged after being taught how to provide home care, without necessarily being admitted into wards as this decongests the hospital and reduces constraint on staff time and hospital finance," explains Dr. Kidaha.

For more information on these projects or PATH's comprehensive work in Kenya, contact Alfred Ochola at aochola@path.org.