2025

Najimudu
Empowerment Initiative

REPORT FOR THE MERU GITIMBINE AFYA DAY

PROJECTS DEPARTMENT

MERU GITIMBINE AFYA DAY

THEME: Creating Climate-Resilient Communities

Location: Gitimbine Chief's Office, Meru County

Date: 25th July 2025

Table of Contents

List of Tables

ABBREVIATIONS

CBE	Clinical Breast Examination
HIV	Human Immuno-deficiency Virus
HPV	Human Papilloma Virus
NCDs	Non-Communicable Diseases
NEI	Najimudu Empowerment Initiative
NGO	Non-Governmental Organization
PBO	Public Benefit Organization
PSA	Prostate Specific Antigen
VIA	Visual Inspection with Acetic Acid

Foreword

The Meru Gitimbine Afya Day Medical Camp was a landmark step in advancing the climate-health nexus in Meru County. Organized by Biotech International, Prime Biotech MTM Centre, Najimudu Empowerment Initiative, and the County Government of Meru, the campaign recognized that building healthy communities today requires more than medical treatment it demands climate resilience.

Meru's varied climate, from its cool highlands to its warmer, drier lowlands, directly influences health outcomes. Unpredictable rainfall patterns have disrupted food production, leading to nutrition challenges, while rising temperatures and erratic weather have heightened risks of malaria, respiratory illnesses, and waterborne diseases. These climate stressors also contribute to the growing burden of non-communicable diseases, underscoring the urgent need for integrated health and climate action.

By embedding climate awareness into health service delivery, this campaign empowered residents to understand and act on the links between environmental change and personal wellbeing. This approach aligns with Mission 300,000 by 2030, our commitment to reach 300,000 underserved individuals with climate-resilient health interventions, shaping a healthier and more informed generation.

The evidence gathered from this camp - chronic disease patterns, cancer detection outcomes, and participation trends - provides valuable insights for policy and research. It reinforces the call for healthcare systems and community programs that anticipate climate risks and proactively protect lives. Meru has shown that when health services and climate action converge, we move closer to sustainable, resilient, and thriving communities.

Ms. Charity Adhiambo

CEO, Najimudu Empowerment Initiative

Acknowledgement

We extend our sincere gratitude to all who made the Meru Gitimbine Afya Day Medical Camp a success.

To the Najimudu Empowerment Initiative (NEI) and the planning committee your dedication to inclusive, climate-conscious healthcare was central to this initiative's impact.

Special thanks to Prime Biotech MTM Centre for convening the camp, and to Biotech International for its generous sponsorship. We also appreciate the County Government of Meru for the invaluable support during the planning process and during the camp, and the Kenya Methodist University Medical Students' Association (KeMUMSA) for the invaluable support they offered to the medical team.

We are grateful to the medical professionals, volunteers, and community health workers who served over 300 participants with compassion and professionalism.

To the Meru-Gitimbine community, your warm welcome and active participation made this event truly meaningful. Together, we have taken a vital step toward a healthier, climate-resilient future.

Dr. Lemayian Saaman,

Climate-Health Nexus Campaign Project Lead.

EXECUTIVE SUMMARY

The Meru Gitimbine Afya Day Medical Camp was held at the Gitimbine Chief's Camp in Meru County through a collaborative effort between Biotech International, Prime Biotech MTM Centre, Najimudu Empowerment Initiative, and the County Government of Meru.

The camp aimed to deliver free and subsidized healthcare services to underserved populations, emphasizing chronic disease management, cancer screening, and health education. A key innovation in this camp was the integration of climate and environmental awareness, recognizing the growing intersection between climate change and public health.

Participants were engaged in civic education sessions that raised awareness on the climate-health nexus, including how climate-related stressors contribute to the burden of non-communicable diseases.

Key Highlights

- **Total Participants**: 330
- **Elderly (60+ years):** 257 (78%)
- **Diagnostic Tests Conducted:** 114
- **Most Prevalent Conditions:** Diabetes, hypertension, arthritis, and gastrointestinal disorders (Gastritis and Peptic Ulcer Disease)
- **Cancer Screening Results**: 3 early-stage abnormalities detected; timely referrals made.
- **Observed Gaps:** Low male engagement and limited participation in reproductive health services.

CHAPTER ONE: INTRODUCTION

1.1 Background

Non-communicable diseases (NCDs), including diabetes, hypertension, and cancer are on the rise in Meru County. These health issues are worsened by poverty, limited healthcare access, climate change, and low health literacy.

The impacts of changing weather patterns such as increased heatwaves, food insecurity, and altered disease vectors disproportionately affect vulnerable populations, exacerbating existing health inequalities.

The medical camp was organized to mitigate these challenges through proactive screening, treatment, education, and climate-conscious health interventions.

1.2 Objectives

1. To provide free screenings and consultations for NCDs.
2. To promote early detection of cancer and HIV.
3. To support reproductive health.
4. To offer subsidized or free medications for the most vulnerable.
5. To raise community awareness on disease prevention and management.
6. To educate participants on the links between environmental degradation and public health.
7. To promote sustainable behavior through proper waste disposal and recycling initiatives

CHAPTER TWO: APPROACH

2.1 Camp Setup & Logistics

i. **Venue:** Meru Gitimbine Chief's Office
ii. **Duration:** 1 day
iii. **Staff:** Medical personnel (Clinical Officers, Nurses, Pharmacists Laboratory Technician, Nutritionists, Community Health Volunteers (CHVs), and Medical Students) and Support Staff

2.2 Partners:

i. Najimudu Empowerment Initiative
ii. Prime Biotech MTM Centre
iii. Biotech International
iv. The County Government of Meru
v. Kenya Methodist University Medical Students Association (KeMUMSA)

2.3 Services Offered

The following healthcare services were offered in the health camp:

1. General Consultations
2. Diagnostic Testing
    i. Blood pressure and glucose monitoring
    ii. Cancer screenings – HPV, VIA, CBE, PSA
    iii. Malaria, pregnancy, and HIV tests
3. Health Education Sessions - Climate-health awareness, Nutrition
4. Medication Dispensing
    i. Free for the elderly (70+ years)
    ii. Subsidized for the rest of the population

2.4 Environmental and Climate Integration

To align with the climate-health nexus program, the camp incorporated the following climate-smart actions:

i. **Climate-Health Civic Education:** Sessions highlighted how environmental changes influence disease patterns, such as respiratory conditions due to pollution or vector-borne diseases due to warming climates.

ii. **Waste Management:** Recycling bins were provided and a clean-up of the venue area was conducted to separate plastics and non-biodegradable waste.

iii. **Climate-Sensitive Health Screenings:** Screenings were adapted to detect climate-exacerbated conditions, including respiratory and gastrointestinal illnesses linked to water and air quality.

iv. **Community Engagement on Sustainability:** Participants were sensitized on adopting eco-friendly practices such as tree planting, reducing plastic use, and conserving water.

2.5 Data Collection & Analysis

2.5.1 Demographic Breakdown

Category	Number	Percentage
Elderly (60+ years)	257	78%
Women	210	64%
Men	120	36%
Total Participants	**330**	**100%**

Table 1: Patient Demographic Summary

2.5.2 Health Outcomes

i. Chronic Diseases

- **Diabetes**: 76% of identified diabetics had uncontrolled blood sugar levels
- **Hypertension:** High incidence of untreated hypertension
- **Gastrointestinal Disorders:** 10 H. pylori tests conducted, 20% turned positive

ii. Cancer Screenings Done

Screening Type	Tests Done	Abnormal Results	Referrals
HPV (Cervical)	29	Pending	–
VIA + CBE (Women)	20	2	2 (1 biopsy)
PSA (Prostate)	12	1	1
Total Screenings	**51**	**3**	**3**

Table 2: Cancer Screening Summary

2.5.3 Health Impact

Total Participants Served	330
Total Tests Conducted	114
Chronic Conditions Identified:	High prevalence of uncontrolled diabetes and untreated hypertension
Cancer Detection:	Two (2) cervical and one (1) prostate cancer cases referred for further evaluation
Gender Disparity:	Significantly higher participation by women Only 12 men underwent prostate cancer screening

2.6 Waste Disposal

Waste generated during the camp was disposed of responsibly in collaboration with Meru Level 5 Hospital, ensuring compliance with local environmental and health regulations. The following waste management measures were employed:

i. Segregation of waste into sharps, general waste, infectious waste and biohazardous pathological waste.
ii. Safe transport and disposal of medical waste by licensed waste handlers.
iii. Recycling initiatives for non-hazardous materials such as paper and plastics.

2.7 Community Engagement & Feedback

Health education sessions emphasized disease prevention, climate-health integration and encouraged male involvement.

Feedback forms indicated demand for:

i. Expanded services (including dental and optical care)
ii. Improved access to essential medication

CHAPTER THREE: CHALLENGES AND LESSONS LEARNED

3.1 Challenges

1. **Short planning duration** - led to friction with the approving bodies.
2. **Short-staffing** - The available health care workers could not meet the demand. More healthcare workers had to be recruited in the course of the camp.
3. **Use of a manual system of registration** - The digital system set to be used broke down on the day of, and there was no backup system in place.
4. **Medication Short Supply** - Medication for chronic diseases like hypertension and diabetes depleted quickly.
5. **Financial Constraints** - Many participants were unable to afford the medication, plus the subsequent medical care.
6. **Poor Male Health-Seeking Behavior** - The patient demographic demonstrated that 1/3 of those who sought health services were men; low male gender turnout.
7. **Limited Reproductive Health Awareness** - Stigma and poor education reduced participation in reproductive cancers screening.
8. **Low Health Literacy** - Most community members demonstrated ignorance on basic, preventive and nutrition-related health practices, especially those ailing from chronic diseases.

CHAPTER FOUR: NEXT STEPS AND SCALING UP

4.1 Short-Term Actions

1. Integrate more climate activities in all future health camps e.g., planting trees.
2. Begin planning at least three (2) months in advance and engage stakeholders early.
3. Partner with more facilities to ensure a wide range of specialized medical services like optical and dental.
4. Build a larger healthcare workers database.
5. Test systems beforehand and use energy-efficient technology, aligned with climate goals.
6. Offer 100% free medical services for future medical camps.

4.2 Long-Term Strategies

1. Expand community health education workshops on diabetes, hypertension, and cancer prevention.
2. Strengthen referral pathways with the county government hospitals.
3. Advocate for government-subsidized pharmacies to ensure consistent access to medications.
4. Introduce climate-resilient health policies in collaboration with environmental stakeholders.
5. Train healthcare workers on climate change adaptation in health service delivery.
6. Forecast drug needs using past data.

CHAPTER FIVE: MONITORING & EVALUATION

5.1 Monitoring

Purpose: To track real-time progress, service delivery quality, and operational efficiency.

Key Indicators:

i. Health Services: Number of patients served, types of services offered, screening outcomes.
ii. Operations: Patient flow efficiency, station wait times, staff-patient ration.
iii. Medicines & Supplies: Availability, stockouts, affordability.
iv. Environmental Sustainability: Waste segregation compliance, recycling volumes, climate-health education reach.

Tools & Methods:

i. Manual consultation forms.
ii. Station checklists.
iii. Real-time feedback from volunteers and participants.
iv. Debriefs with team leads and the team.
v. Visual tracking boards for patient movement.

Challenges Noted:

i. HMIS system failure → fallback to manual data.
ii. Short staffing → strain on HCWs.
iii. Financial barriers → reduced access to subsidized meds by the community.

5.2 Evaluation

Purpose: To assess effectiveness, relevance, and impact of the camp.

Evaluation Dimensions:

i. Reach & Inclusion: 330 people served, gender and age distribution, and male health-seeking behavior.
ii. Service Quality: Satisfaction levels, completeness of consultations, and follow-up referrals.

iii. Equity & Access: Financial exclusions, medication affordability, and inclusion of vulnerable groups.
iv. Environmental Impact: Awareness raised on climate-health links, clean-up efforts, and behavior change.

Methods:

i. Oral feedback from participants and volunteers.
ii. Post-camp team reflections.
iii. Manual data review and synthesis.
iv. Comparative analysis with previous camps.

Findings:

i. High community trust.
ii. Low non-communicable diseases (NCDs) literacy.
iii. Low male participation and health literacy.
iv. Medication shortages and affordability gaps.
v. Environmental education well received.

5.3 Learning

Purpose: To capture insights to improve future programming and deepen impact.

Key Lessons:

i. Begin planning at least three (3) months in advance.
ii. Ensure clear partner communication and role clarity.
iii. Expand services to include dental, optical, and mental health.
iv. Fully subsidize services to eliminate financial exclusion.
v. Train CHVs on proper practices before commencing and during the health camp.
vi. Train HCWs on climate-adaptive care and sustainability practices.
vii. Integrate climate-resilient health policies and screening protocols.

Innovations to Scale:

i. Deployment of NEI's full medical team.
ii. Waste segregation and recycling integration.
iii. Embedding climate-health education in service delivery.

iv. Targeted screening for climate-exacerbated conditions

Next Steps:

i. Embed PMEL framework into concept notes and partner onboarding.

ii. Conduct post-camp evaluations with demographic and impact data.

iii. Develop a climate-health module for HCW training.

iv. Create a digital MEL dashboard for future camps.

CHAPTER SIX: CONCLUSION

The Meru Gitimbine Medical Camp successfully served vulnerable populations with critical healthcare services, while also advancing climate-health integration. The inclusion of environmental awareness, clean-up activities, and sustainable practices underscores the need for a multi-sectorial response to both health and climate challenges. Moving forward, community resilience will be enhanced by promoting behavior change, policy alignment, and partnerships that support both health and environmental sustainability.

Prepared by:

Grace Gicheru,
Medical Camp Director,
Member, Najimudu Empowerment Initiative.
Date: 6th August, 2025

and,

Dr. Lemayian Saaman,
Climate-Health Nexus Campaign Project Lead,
Najimudu Empowerment Initiative.
Date: 4th September, 2025.

APPENDIX 1: GALLERY

APPENDIX 2: PLANNING COMMITTEE

NAME	ROLE & ORGANISATION
Grace Gicheru	Health Camp Director, Member, NEI
Dr. Simon Njenga	Director, Prime Biotech MTM Centre
Charity Adhiambo	Chief Executive Officer, NEI
Petronilla Wakio	Co-founder NEI, Chairperson, Board of Directors, NEI
Bill Kaunda	Co-founder NEI, Director of Strategy, Innovation and Research, NEI
Dr. Lemayian Saaman	Health Camp Chief Pharmacist, Head of People & Culture, NEI Climate-Health Nexus Campaign Project Lead
George Ndichu	Health Camp IT Consultant Head of Programs, NEI
Vivian Nafula	Health Camp Chief Clinician, Member, NEI
Nabil Said	Health Camp Chief Nurse, Member, NEI

APPENDIX 3: MEDICAL CAMP CONCEPT NOTE

Theme: Creating Climate-Resilient Communities

Executive Summary

The Gitimbine Afya Day will be a one-day integrated health and environment outreach aimed at addressing the dual burden of non-communicable diseases (NCDs) and climate-induced public health challenges in Meru County. The initiative, will be hosted at Gitimbine Chief's Office on 25th July 2025 providing a range of free and subsidized healthcare services alongside civic education on environmental sustainability.

This camp is expected to engage over 200 community members, with a special focus on vulnerable populations such as women, children, the elderly, and people with chronic illnesses. Organized by Prime Biotech MTM Centre and Biotech International, in partnership with Najimudu Empowerment Initiative (NEI), the camp will be held in collaboration with key stakeholders from the health, environmental, and education sectors. The camp' s budget which will cater for all the requirements and activities for the 1 day will be Ksh.422,135.

Problem Statement: The Climate-Health Nexus in Meru County

Meru County is experiencing a growing burden of non-communicable diseases including diabetes, hypertension, and cancer, exacerbated by shifting disease patterns, inadequate sanitation, and food insecurity–all intensified by climate change. There is a pressing need for holistic interventions that address both clinical care and environmental health within community settings.

Objectives

The Gitimbine Afya Day seeks to achieve the following goals:

i. Provide free and subsidized healthcare services to underserved populations.
ii. Conduct screening and early diagnosis for chronic illnesses and cancers.
iii. Promote reproductive health services and HIV testing.

iv. Enhance community awareness of climate change and its health implications.
v. Promote environmental responsibility through civic education and waste management.

Target Beneficiaries

The outreach will focus on underserved populations within Gitimbine and surrounding areas, with special emphasis on:

i. Elderly persons (60+ years)
ii. Women and Children
iii. Men
iv. Persons living with chronic conditions
v. Community health volunteers and educators

Planned Activities

Category	Activity
Healthcare Services	- Free General medical consultations and diagnostic testing - Cancer screening (HPV, VIA, CBE, PSA) - Free and subsidized pharmaceutical distribution
Public Health and Education	- Civic education on nutritional health and basic sanitation - Reproductive health counselling and HIV testing - Awareness sessions on the climate-health integration
Environmental Action	- Waste management sensitization - Recycling demonstrations

Proposed Partners

1. The County Government of Meru
2. Kenya Methodist University Medical Students Association (KeMUMSA)

Expected Outcomes

i. Increased community access to essential health services.
ii. Early identification and referral for chronic and reproductive health concerns.
iii. Improved public understanding of climate change impacts on health.
iv. Strengthened the community in climate-health adaptation practices.
v. Enhanced multi-stakeholder partnerships for sustainable development.

Monitoring and Evaluation

Post-event evaluation included data collection on:

1. Number of beneficiaries served
2. Types of services rendered and referral cases
3. Community participation in environmental sessions
4. Qualitative feedback from beneficiaries and partners

This data will inform future programming and guide replication in other vulnerable communities.

Conclusion

Gitimbine Afya Day will exemplify a community-based model for integrating healthcare delivery with environmental awareness and resilience. The success of this initiative will reflect the potential of strategic partnerships in addressing intersecting public health and climate challenges.

APPENDIX 4: PROGRAMME SCHEDULE FOR THE EVENT

MERU GITIMBINE AFYA DAY

PROGRAMME SCHEDULE

THEME: WELLNESS BEGINS WITH AWARENESS

WHEN: 25th JULY 2025

TIME: 0800hrs – 1700hrs EAT

TIME	ACTIVITY	Responsible Party
0700hrs – 0800hrs	Set-up and staging of stations - Arrival of volunteers and health teams - Equipment & Inventory unpacking - Brief coordination checks	Prime Biotech
0800hrs – 0830hrs	Flag-off ceremony - Assembly at the venue - Opening Prayers - Opening Brief by Camp director - Acknowledgment of Partners - Tree Planting - Camp Flow Brief & Stations Identification	Grace Gicheru & Dr. Njoroge Njenga
0830hrs – 1230hrs	Health Services (morning session) - General Consultations - Health Checks - Cancer Screening - Health Education & Climate Talk	All Teams
1230hrs – 1400hrs	Lunch Break - Rotational lunch by teams to ensure service continuity	All Teams
1400hrs – 1700hrs	Health Services (afternoon session) - Ongoing Consultations & Screening	All Teams
1700hrs – 1730hrs	Debrief and Camp Closure - Partners & Volunteers recognition - Closing remarks - Stations dismantling & Cleaning - Departure Coordination	Grace Gicheru, Dr. Njoroge Njenga, Planning Committee