

MINISTRY OF HEALTH



MEDICAL REPORT FOR KONGONI ECD MAY 2015

COMPILED BY

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INTRODUCTION

This report follows a medical outreach at Kongoni ECD Timau area in Kenya.

The activity was conducted on 28th, and 29th May 2015

With prior knowledge of improved school enrolment at kongoni ECD, we expanded our team to be able to handle the situation and to increase efficiency.



PREPARATIONS

Team composition

A total of 4 medical personnel were involved as follows;

3 clinical personnel – they were tasked to medically examine all the children, document the findings and analyses the data for reporting.

The team was also to assess other amenities within the school and share findings.

Nutritionist – to assess the nutritional status of all the children using standard tools as per our national guidelines and report on findings and suggested actions

Other supplies

We made adequate preparations and shopped for drugs that included selected antibiotics, analgesics, dewormers, cough syrups, skin creams, vitamin A supplements, nutritional supplements and also snacks for the children

ACKNOWLEDGEMENTS

Our sincere thanks to all who made this activity a success

As anticipated, it was bigger but well coordinated and successful.

FINDINGS

School enrolment

It was noted that since the start of this year, there has been a significant increase in new enrolments to this school as shown below

Newly enrolled children	61
Children previously in school	28
Total	89

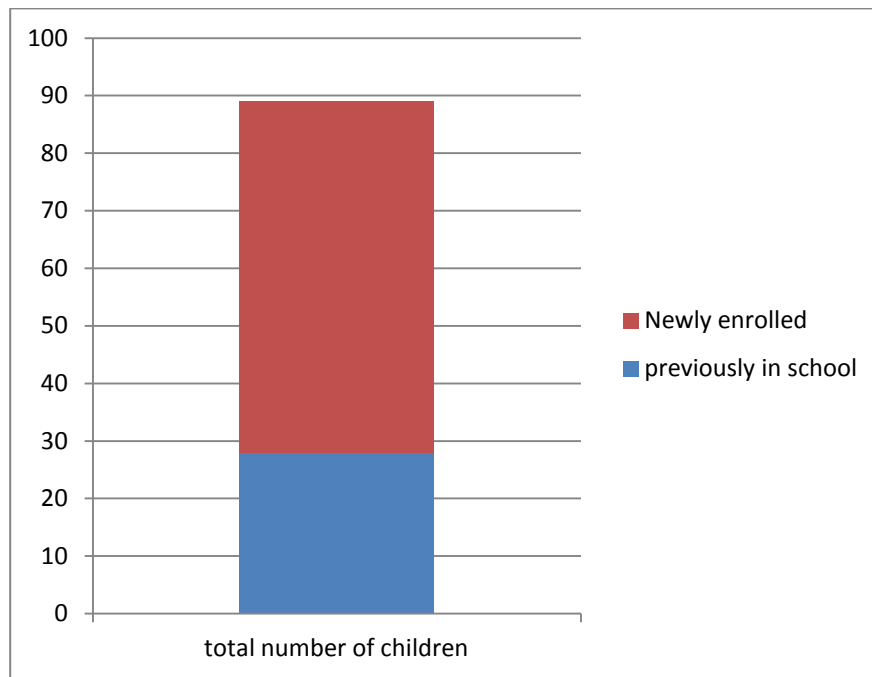


Figure shows the proportion of new enrolment versus old children in kongoni ECD

Comparative look picture to appreciate increase in enrolment in this school over a period of one year towards realization universal basic education to all children in Kenya.

Ongoing infrastructure development in the school is a sure sign and guarantee of a better future for the school

The feeding program in the school where the children are assured of one adequate and balanced meal per day extending to the holidays is an attraction to the new enrolments.

EXAMINATION FINDINGS

Nutritional status

2 children were underweight for their age. One being a new student and the other is an old student

The underweight child who has been in school the last one year and who is a beneficiary of the school feeding program was assessed and history taken from the guardian pointed to inadequate nutrition as a result recurrent infections the child has been suffering lately.

The child was started on supplementary feeding program and further investigations were recommended including establishing her sero status.

Generally there is improved community nutrition and thus fewer children with malnutrition



Excited children during the medical check-up

Skin conditions

Fungal skin conditions still remain a public health concern. We noted a significant increase in the number of children with fungal skin conditions.

It was also noted that hygiene level for most of the children was below expectations with majority of children could be seen wearing visibly dirty clothing's.

Enhanced community education on importance of improved personal hygiene was done and we are hoping for improvement.

21 children were found with fungal skin conditions as shown bellow.

Action taken;

- Personalized counseling to the parent on importance of improved personal hygiene for their children.
- We recommend deworming of the children after every 3 months

Fungal skin infections	Number of cases	Total enrolment	Percentage skin infections
May 2014	10	78	12.8 %
May 2015	21	89	23.6 %

Respiratory conditions

Many children had minor respiratory tract conditions like normal colds and allergic cough due to the chilly weather conditions prevailing.

42 children were diagnosed with different levels of upper respiratory tract conditions.

Warm water sips and the health education was emphasized. Cough remedies were also given to support recovery

Respiratory conditions	Number of cases	Total enrolment	Percentage of respiratory conditions
May 2014	16	78	20,5 %
May 2015	42	89	23.6 %

Ear, nose and throat (ENT)

6 children had minor wax impaction which can be sorted at home with ear wicking, guardians were shown how to do it with ear pads

Immunization

2 children didn't have a BCG scar and they were referred to Nanyuki Teaching and Referral Hospital for management.



Deworming and Vitamin A supplementation

All the children were dewormed on the 2 days and given vitamin A supplementation. However, it was noted that most parents had not followed up on deworming the children as per schedule since the last time the medical team visited the school.

Action taken-Albendazole tablets to be supplied to the school every 3 months.

Gastroenteritis

7 children had complaints of abdominal pains and 4 cases of diarrhea. The abdominal pains presented more as features of worm infestation and most parents said they used non boiled water at home for the children thus the diarrhea cases.

Action taken-parents sensitized on doing their part on the hygiene of the children by boiling their water and washing & cooking food appropriately having the current cholera outbreak in mind.

Others

There were other new cases in comparison to the other year. These included:

- Dental - 3 children had dental issues. Of note were dental hygiene (2) and the other child had dental carries. Parents taught on the importance of having their children teeth brushed and one was referred to Nanyuki Teaching & Referral Hospital for Dental consultation.
- 1 child had Urinary Tract Infection which could be attributed to contamination at home by sharing utilities with guardians.
- Measles -2 children. Been an infectious disease, parents and teachers were educated about measles and the precaution to take. The school was put on alert for possible further surveillance
- One child with a hernia was referred to Nanyuki teaching and referral hospital for surgical consultation

Parents / guardians screening

26 parents and guardian also got an opportunity to be screened for non communicable diseases and one of them was newly diagnosed with hypertension



OTHER AREAS

COMPOUND

We appreciate the continuous improvement that has been realized so far with the school compound looking clean and free of litter. The children play area is good, adequate and in use.

We still hope that waste compost pit near the kitchen will be fenced to keep off both human and animal scavengers and to also minimize on risks of accidents.



Figure 1 true meaning of a kitchen garden

CLASSROOMS

The new permanent classrooms being constructed will help in enhancing a conducive learning environment for the kids and offer more space for the ever increasing demand for the same.

WATER SUPPLY

The presence of sanitizers at strategic areas has greatly enhanced hand washing and personal hygiene in general within the school.

TOILETS.

The toilets are clean

Recommendation - Some minor repair of door locks needs to be done to facilitate safe handling and enhance privacy for the users.

HEALTH TALK

Health talk forms part of our visit and in the talk we target the parents and guardians.

Majorly the talk touches on efforts being made to ensure safe and conducive learning for their kids both in and out of school.

We emphasize on the need for collaboration and personal responsibility in adherence to recommendation made.

We also try to encourage the parents to be more observant and keen to the upbringing of their children because it's their responsibility.

This time round we also incorporated issues of cholera which has been reported at various parts of our country.

Ear, nose and throat (ENT)

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Immunization

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CONCLUSION

Once again we wish to thank all the people concern for making this activity a success.

We are happy that recommendations are taken seriously and action taken.

Once again we are making an appeal for consideration as below;

As we move forward, we wish to notify our sponsors of increased cost of commodities and supplies and thus overall cost incurred on our side. We have maintained cost for this activity for 4 years and over time absorbed the upward cost adjustments of running the outreach. We wish to make a request for additional 250ksh per child in our subsequent visit. We will appreciate your response on the issue.

Compiled by;

George Mochama – Team Lead

