



MONTHLY REPORT ON OUTREACH HEALTH EDUCATION AND CLINICAL SERVICES FROM 1ST JUNE – 30TH JUNE 2015

The outreach activities continues even though we have entered the rainy season since the start of June which have probably affected the clinic services by low patient output and discovering an outbreak of measles.

This disease is been considered as disease of concern and alarms. Since we detected it within this our catchment, it was correctly reported to the chiefdom Community Health Officer for an appropriate action to be taken by District Health Management Team but to no avail.

However, since no action were taken as expected we decided to try our best as we could to put the following measures with the aim to stopping or reducing the spread of the disease amongst these vulnerable children in this community.

- Treated the infected children
- Health talks to school going pupils
- House to House sensitization
- Asked the mothers to bring their children for measles booster doses
- And advised mothers on the importance of vaccination to children

Also with our self intervention, we were able to reduce the spread of the measles disease.

Pictorial representations are shown below.



Measles infected child at our clinic



Giving health education to school pupils



Community base sensitization on the Measles outbreak



New measles infected and malnourished twins and their mother

MONTHLY CLINIC ATTENDANCE AND REFERRAL REPORTS

The outreach clinic services had 8 clinical sittings with a total patient's turnout of 97 people including all ages.

| AGE RANGE | TOTAL PATIENTS |
|------------|----------------|
| 0-5 | 59 |
| 6-15 | 4 |
| 16-35 | 23 |
| 36-49 | 3 |
| 50 & ABOVE | 8 |
| TOTAL | 97 PATIENTS |

ATTENDANCE BY SEX

| Male | Female | Total |
|------|--------|-------|
| | | |

| | | |
|----|----|----|
| 42 | 55 | 97 |
|----|----|----|

THE DISEASE CONDITIONS REPORTED BY THE DIFFERENT AGE CATEGORIES FROM
1st June-30 June 2015

| Conditions | 0-5yrs | 6-15yrs | 16-35yrs | 36-49yrs | 50 and above | Total |
|----------------------|--------|---------|----------|----------|--------------|-------|
| Malaria (susp) | 40 | 1 | 5 | 1 | 3 | 50 |
| Malnutrition | 10 | - | - | - | - | 10 |
| ARI | - | - | - | 1 | | 1 |
| PUD | - | - | 1 | 2 | 2 | 5 |
| STI | - | - | 15 | | - | 15 |
| Hernia | - | - | - | | - | 0 |
| Enteric fever (susp) | 2 | | 1 | - | - | 3 |
| Anemia | 10 | - | - | - | - | 10 |
| measles | 12 | 1 | - | - | - | 13 |
| gastroenteritis | 9 | | | | | 9 |
| All others | 7 | | 2 | 1 | 7 | 17 |

ANTENATAL CARE VISIT

| | |
|---------------------|-----------|
| First visit | 10 |
| Second visit | 5 |
| Follow up | 4 |
| Total | 19 |

REFERAL CASES

| SEX | CONDITIONS | TOTAL |
|--------|---------------|-------|
| Male | Severe anemia | 1 |
| Female | Severe anemia | 1 |
| Total | | 2 |

VACCINATION ANALYSIS

Pregnant women vaccinated with tetanus toxoids = 31

TT1- 29

TT2- 2

TT3- 0

Under one vaccinated with the routine vaccines= 50

Break down of the vaccine are as follows

CHILDREN VACCINATED BY SEX

| | |
|--------|----|
| Male | 29 |
| Female | 21 |
| Total | 50 |

CHILDREN VACCINATED WITH THE DIFFERENT ROUTINE VACCINES.

| TYPES OF VACCINES | NO. OF CHILDREN VACCINATED |
|-------------------|----------------------------|
| BCG | 27 |
| OPV 0 | 27 |
| OPV 1 | 13 |
| OPV 2 | 11 |
| OPV 3 | 4 |
| DPT 1 | 13 |

| | |
|--------------|----|
| DPT 2 | 11 |
| DPT 3 | 4 |
| PCV 1 | 13 |
| PCV 2 | 11 |
| PCV 3 | 4 |
| MEASLES | 5 |
| YELLOW FEVER | 5 |
| ROUTA 1 | 27 |
| ROUTA 2 | 11 |

CHALLENGES

- ❖ Reduction of the patients flow due to the season (farming and the rainy season)
- ❖ Ignorance in relation to their health
- ❖ No response from the DHMT of portloko District in regard to the intervention of the measles outbreak at Mamassah village

RECOMMENDATIONS

- ❖ Thorough community sensitization about the importance of the routine vaccines.
- ❖ Community mobilization and sensitization to feel part of the health education program.
- ❖ Creating good inter sectoral (Hospital, DHMT, Agriculture etc) collaborations to intervene in any condition beyond our reach.

Prepared by Primary Health Care Team