



Panyadoli Health Centre Upgrade and Support

Date: July 31, 2016	Prepared by: Naku Charles Lwanga
I. Demographic Information	
1. City & Province Bweyale, Kiryandongo District, Uganda	
2. Organization: Real Medicine Foundation Uganda (www.realmedicinefoundation.org) World Children's Fund (www.worldchildrensfund.net)	
3. Project Title: Panyadoli Health Centre Upgrade and Support	
4. Reporting Period: Aril 1, 2016 – June 30, 2016	
5. Project Location (region & city/town/village): Panyadoli Health Care Centres, Bweyale, Kiryandongo District, Uganda	
6. Target Population: As of the 2008 census, there are over 266,197 residents in the Kiryandongo District, and per UNHCR updates in August 2016, there are more than 65,000 asylum seekers and refugees living in Kiryandongo Refugee Settlement. This includes Ugandan IDPs, Bududa survivors, and South Sudanese, Congolese, and Kenyan refugees, who are the main target population for this project. There are also refugees from Burundi and Rwanda. We saw an influx of 10,000 Ugandan IDPs in October 2010 and another 15,000 joined the camp at the end of May 2011. The population of the refugee community has increased lately due to push factors in refugees' countries of origin, especially South Sudan. Push factors include violence, financial instability, famine, lack of reliable services, etc. According to UNHCR statistics, there have been 19,730 new South Sudanese arrivals in Kiryandongo between July 1, 2016 and September 25, 2016.	
II. Project Information	
7. Project Goals: <ul style="list-style-type: none"> • Upgrade and maintain the Panyadoli Health Care Centres at a high level of hygienic and operating standards. • Providing health care to refugees and IDPs living in Kiryandongo Refugee Settlement and the host population around Kiryandongo Refugee Settlement in accordance with the set SOPS. 	
8. Project Objectives: To improve the health status of the population: <ul style="list-style-type: none"> • Provide medicine, medical supplies, and medical support • Support service delivery through employing medical personnel • Support and maintain the security of the health centers by employing security guards • Reach communities with health services through community outreaches • Raise health service awareness through health promoters and community health teams 	

- Support the Health Management Information System Maintenance (staff and petrol supply)
- Maintain hygiene at clinic to Best Practice Modern Medicine standards
- Enhance existing structures for the Malnutrition ward and the main health center
- Promote hygiene through recruitment of more compound and ward cleaners
- Provide upkeep and renovation of the health center through periodic re-painting and re-plastering
- Maintain effective disease surveillance through community health services
- Maintain a high level health information system
- Provide overall management of health care in the Kiryandongo Refugee Settlement in partnership with UNHCR and the government of Uganda

9. Summary of RMF/WCF-sponsored activities carried out during the reporting period under each project objective (note any changes from original plans):

- RMF procured and delivered sufficient medications and medical supplies to the Panyadoli Health Centres.
- RMF procured and delivered sufficient cleaning supplies to help our hardworking staff keep the health centers clean.
- RMF recruited two new staff members to replace the team members that left during the previous quarter.
- Continuous medical education (CMEs) were fully carried out during the quarter.
- Medical outreaches were conducted as planned.
- Medical screening of new refugees at Kiryandongo Refugee Settlement was effectively performed during the reporting period.
- HIV and AIDS campaigns have been conducted and as result, many clients have turned up for testing and care.
- Continued maintenance of water pipes and solar pump.
- Facilitated UNHCR and partners' coordination meetings both in the settlement and regional offices, helping to promote cohesiveness in operations.
- Timely payment of staff salaries and wages, payee (taxes), and national social security funds.

10. Results and/or accomplishments achieved during this reporting period:

- Continued provision of medical treatment and other health services to patients.
- Having recruited two additional medical doctors has helped RMF reduce the number referrals. A majority of medical cases are now handled at Panyadoli Health Centre III, and only complicated cases that need surgery or specialists are referred to Kiryandongo Hospital, Gulu Hospital, or the national referral hospital in Mulago.
- Collaboration between RMF and Kiryandongo Hospital has been strengthened by the fact that RMF has provided a medical officer to support the hospital, especially with cases that need surgery. This strategy has helped RMF win the heart of Kiryandongo District's local government, and has had a direct impact on promoting peaceful coexistence of refugees and the host community.
- The health centers (Panyadoli Health Centre III, Panyadoli Hills Health Centre II, and the Reception Centre Clinic have maintained a high level of cleanliness.
- Provision of quarterly medical supplies has kept Panyadoli Health Centres II and III, and the Reception Centre Clinic running effectively, especially during the current influx of South Sudanese refugees. There were no stock-outs during this reporting period.
- Facilities entrusted to RMF have been protected accordingly. Throughout the reporting period no case of theft was reported.
- The solar-powered water pump is continuing to run successfully, providing clean running water to the clinic wards and offices, and greatly increasing hygienic conditions of the clinics.
- RMF has continued to deliver health services according to the tripartite agreement between the UNHCR, OPM, and RMF; we are still performing our duties as UNCHR Health Implementing Partner in Kiryandongo Refugee Settlement.
- As a result of the generous compensation for ward and compound cleaners, the cleanliness of the health centers and compounds has been kept in excellent condition.

- New staff members received uniforms, increasing RMF's visibility in the camp.

11. Impact this project has on the community (who is benefiting and how):

Through RMF/WCF's support, Panyadoli Health Centre III has become a reliable source of healthcare services to the community. As a result, death rates have been reduced significantly both in the refugee and host communities.

There has been a general improvement in quality of life among the population served; the increase in the number of staff members in all health facilities has added tremendous value to health services, and the establishment of the Health Clinic at the Reception Centre has reduced overcrowding at Panyadoli Health Centres II and III. Because of these factors, the health facility utilization rate has increased, with changed health seeking behavior among refugees.

During the reporting period, continued efforts were made to ensure that drugs were locally procured for patients with illnesses for which drugs were not available in the stores. Other services like ultrasound examinations and therapy, and x-ray services were provided; these services are not readily available at either Kiryandongo Hospital or Gulu Hospital, which are the nearest referral points. However, these services were made available by supporting patients financially to access such services at the offices of private medical practitioners.

Various capacity-building activities were undertaken as planned. Most training sessions were planned through direct implementation by UNHCR, with RMF making considerable, successful efforts to fast track implementation. Community health promoters' (VHTs) training in disease surveillance and prevention are invaluable at a time when there are outbreaks of epidemics in the world like Ebola in West Africa. As a result, one of the trained VHTs was able to detect a suspected case of polio in Magamaga. Tests were conducted at the Virus Institute. Structures such as these are also making patients change their attitudes toward seeking health services in various health facilities in the settlement.

HIV/AIDS Voluntary Counseling and Testing (VCT) services were provided at Panyadoli Health Centre III. The ART clinics have been conducted every Wednesday, condoms have been distributed, and opportunistic infections properly managed with survivors assisted and supported. Communities have been sensitized on prevention, care, guarding against discrimination and stigma, and avoiding risky lifestyles that lead to the spread of HIV/AIDS. These services are conducted both at the static units and outreaches. The recruitment of an HIV/AIDS counsellor has helped build confidence among the clients in need of HCT services at the health facility and outreach sessions. Availability of skilled midwives has increased ANC services at both health facilities; overall, mothers are now seeing hope in delivering at a health facility instead of at home.

Preventive, community based health services were enriched by conducting outreaches through static units (i.e. the Reception Centre Clinic) and enhanced by outreach for communities with limited access to the existing health units or located over 5 km from the health facility as per the Ministry of Health access standards.

RMF took an integrated outreach approach with services covering immunization, HCT, ANC, deworming, condom distribution, and health education (including vital information on other cross cutting issues like gender based violence) since the community is reached with various medical services in consideration of time and cost implications.

These outreaches have been planned in regular visits to established sites by an integrated team of qualified staff with a clear work plan.

Community health promoters were trained on disease surveillance and prevention and their roles, while an assessment of the training needs for the Health Unit Management Committee members has been undertaken.

In addition to the above, because of the improved healthcare services that RMF/WCF has facilitated, the community is healthier, and thus engages in productive activities, especially farming. A number of families are producing food and vegetables to supplement the food rations provided by WFP.

Since the health and other services supported by RMF cater to both the refugee and host community, this has promoted peaceful coexistence.

The refugees that have been employed as cleaners at the health centers can now earn a salary that has helped them improve their lives and the lives of their family.

12. Number served/number of direct project beneficiaries (for example, average number treated per day or month and if possible, per health condition).

- **19,391** patients were treated during the second quarter of 2016.
- 8,474 male patients were treated during this reporting period.
- 10,919 female patients were treated during this reporting period.
- 23 deaths were reported at the clinics during this quarter. The causes of death were anemia, HIV/AIDS, malaria, TB, pneumonia, liver failure, and one case of post-abortion complications.

13. Number of indirect project beneficiaries (geographic coverage):

Over 200,000 in the refugee settlement and host community combined.

14. If applicable, please list the medical services provided:

Please review sections 9 through 12.

15. Please list the most common health problems treated through this project.

- Malaria
- Respiratory Tract Infections
- Gastrointestinal Disorders
- Skin Diseases
- Urinary Tract Infections
- Acute Diarrhea

16. Notable project challenges and obstacles:

South Sudan Refugee Crisis in Uganda/Kiryandongo

Despite the cease fire discussions to end the South Sudan crisis, no agreement has been reached and fighting has continued. The implication of this is that more refugees will keep coming. This requires continuous and additional funding to provide services that will match the increased population of refugees. At the moment on average, **we receive at least 50 new refugees per day**.

The enrollment in school has increased, which has caused a strain on all existing facilities, namely: classrooms, desks and benches, pit latrines, textbooks, etc. Addressing all of these needs requires additional funding.

Resources such as scholastic materials are not sufficient for every child, especially with the current influx. Some children receive school supplies and others must do without, even though they are all in the same difficulty. Distribution becomes a challenge due to the abundance of need and shortage of supplies.

Due to a poor exchange rate for our income dollars, our actual funds in Uganda have been decreasing. This has not left us enough surplus money to buy scholastic materials for all children and pay second term school fees.

Other/Related Challenges

- Delays in PHC funds, as the government doesn't follow quarterly releases, and overall government funding is low (UGX 5,000,000/= per year).
- Delays in accessing services at Kiryandongo Hospital due to language barriers and the lack of a referral focal person.
- Inadequate staffing results in delays in blood screening, which affects the time taken for patients to access treatment.
- Lack of treatment for chronic diseases, especially high blood pressure.
- The laboratory block has multiple cracks and needs renovation for the safety of staff and patients.
- Lack of a psychiatric nurse at the health center, hence high referral rates.
- Lack of delivery sets (consisting of kidney dishes; artery forceps; cord scissor; sponge holding forceps and gallipots-medium) both at Panyadoli Health Centre III and Kiryandongo Hospital.
- Lack of delivery sets, episiotomy sets, stitch removal sets, dressing sets, and MVA sets.
- Lack of ambu bags (neonate).
- Solar power is needed for the Maternity ward, operating theatre, and 4 other wards.
- Fetoscope (plastic) is needed.
- Inadequate number of medicine trolleys.

17. If applicable, plans for next reporting period:

- Continue our work as outlined above.
- Continue to purchase medicines and medical supplies for the health centers.
- We are actively looking for additional resources for a Malnutrition Treatment Program at Panyadoli Health Centre III, and for additional Maternal Child Healthcare Programs.

18. If applicable, summary of RMF/WCF-sponsored medical supply distribution and use:

RMF provides medicines, medical supplies, emergency medicines, and medical support.

Please see Appendix A.

19. Success story(s) highlighting project impact:

Please see Appendix B.

20. Photos of project activities (file attachment is fine):

Please see Appendices A and B.

III. Financial Information

21. Detailed summary of expenditures within each budget category as presented in your funded proposal (file attachment is fine). Please note any changes from plans.

Sent separately.

APPENDIX A

Medicines and medical supplies delivered to the Panyadoli Health Centres by RMF/WCF in the second quarter of 2016:





Part of the medicines stored at Panyadoli Health Centre III



Taking stock of the medicines at Panyadoli Health Centre III



APPENDIX B

Progress at Panyadoli Health Centre III:

New RMF Staff Members



Joyce Auma: newly recruited Midwife



Eveth Angee: newly recruited Nursing Officer

Success Stories

Marvin Mungujakisa

Marvin Mungujakisa is a two-and-a-half-year-old boy. Marvin had symptoms of malaria, and after investigation by laboratory technicians, he was diagnosed with severe malaria and being underweight. After the diagnosis, he was immediately put on treatment based on the following drugs:

- IV Artesunate 60 mg 12 hourly for three doses,
- IV Gentamycin, and
- Diclofenac injection.

Children of Marvin's age worldwide have many similar problems, often complicated or caused by the lack of a balanced diet. Since most of these children eat only one meal a day, this affects them severely. Marvin has greatly improved with his continuous treatment and medication; he has gained weight and is now playing with his peers in the neighboring community.



Marvin seated on the floor after having a meal

Scovia Jakoma

Scovia is a 9-month-old girl who lives in Cluster B with her family. She was brought to the health facility coughing and vomiting. Her mother said that life has not been easy and they cannot afford a balanced diet. The doctor diagnosed Scovia with malnutrition, after finding signs of swelling in her stomach. Scovia was put on outpatient therapeutic treatment with Plumpy Nut (RUTF – Ready-To-Use Therapeutic Food). After being given IV Quinine, IV Expense, and IV Setragon, Scovia began showing improvement with time, and the excitement of her mother was evident when she visited.

RMF also provided some foods that the mother will keep cooking for Scovia so as to boost her immunity.



Scovia on her hospital bed

Sylvia Ayomoro

Sylvia is a 3-year-old girl. She was brought to the health facility with severe malaria and vomiting. We found that the girl was poorly fed and did not get enough breast milk since her mother was not producing enough breast milk. The doctor diagnosed Sylvia with malnutrition after finding signs of swelling in her stomach and face. Sylvia was put on outpatient therapeutic treatment Plumpy Nut (RUTF – Ready-To-Use Therapeutic Food). After being given IV Quinine, IV Expense, and IV Setragon, she improved and started breastfeeding. Sylvia was also introduced to F75, F100 with a positive response. She has improved and can now play with her peers; a thing that Sylvia could not do before. Looking at the picture, one would think she was a one-year-old.



Sylvia seated in her hospital bed

Yusuf Bisiku

Yusuf Bisiku is a three-and-a-half-year-old boy. He is a refugee from Cluster G. Yusuf had symptoms of malaria and he was vomiting. After investigation by laboratory technicians, he was diagnosed with severe malaria and being underweight. He looked like a much younger child. After the diagnosis, Yusuf was immediately put on treatment based on the following drugs:

- IV Artesunate 60mg 12 hourly for three doses,
- IV Gentamaciline, and
- Diclofenac injection.

Due to their flight from South Sudan, Yusuf's mother said they did not have enough food, and they survived on water and biscuits and some food begged from well-wishers they found along the way. The whereabouts of Yusuf's father are unknown, but there is a high chance that he perished in the war.

Yusuf continued with his medication and has greatly improved; he has gained weight and is now playing with his friends. Yusuf has a future thanks to RMF's work in the settlement and also thanks to the VHT system that has been able to constantly monitor and encourage the community to go to health facilities for treatment.



Yusuf resting in his bed in the health facility

APPENDIX C

MORBIDITY REPORT:

Health Unit: Panyadoli Health Centre III

Month: June 2016

Laboratory Tests

Category	Number of tests		Number positive	
	Male	Female	Male	Female
Malaria blood smear	1,254	3,102	361	1,461

TB sputum	22	35	2	3
Syphilis screening	0	0	0	0
Pap smear	0	0	0	0
Other lab tests	234	210	26	49

Outpatient Attendance

Category	0-4 years		5 years and above	
	Male	Female	Male	Female
New attendance	610	603	1,958	2,330
Re attendance	68	67	215	250
Total attendance	678	670	2,173	2,580
Referral to unit (all ages)	12	16	21	39
Referrals from units (all ages)	8	9	30	34

Outpatient Diagnoses

Diagnosis	0-4 years		5 years and above		Diagnosis	0-4 years		5 years and above	
	Male	Female	Male	Female		Male	Female	Male	Female
Epidemic – Prone Diseases					34 Death in OPD	00	00	00	00
01 Acute Flaccid Paralysis	00	00	00	00	Maternal and Perinatal Diseases				
02 Cholera	00	00	00	00	35 Abortions	00	00	00	02
03 Dysentery	00	00	02	07	36 Malaria in Pregnancy	00	00	00	06
04 Guinea Worms	00	00	00	00	37 High Blood pressure in Pregnancy	00	00	00	00
05 Meningitis (meningococcal)	00	00	00	00	38 Obstructed Labor	00	00	00	00
06 Measles	00	00	00	00	39 Hemorrhage related to Pregnancy (APH &/ or PPH)	00	00	00	00
07 Newborn Tetanus (0-28 days age)	00	00	00	00	40 Perinatal Conditions (in Newborns (0-28 days))	00	00	00	00

08 Plague	00	00	00	00	Non-Communicable Diseases				
09 Rabies	00	00	06	11	41 Anemia	07	07	05	05
10 Yellow Fever	00	00	00	00	42 Asthma	01	01	01	06
11 Other Viral Hemorrhagic Fevers	00	00	00	00	43 Periodontal Disease	00	00	13	11
12 Other emerging Infectious Diseases (specify)	00	00	00	00	44 Diabetes Mellitus	00	00	01	01
Other Infectious/Communicable Diseases					45 Gastrointestinal Disorders (non-infectious)	01	00	29	159
13 HIV/AIDS	01	01	06	01	46 Hypertension	00	00	01	00
14 Acute Diarrhea	41	31	20	10	47 Anxiety Disorders	00	00	00	00
15 Persistent Diarrhea	00	00	00	00	48 Mania	00	00	00	00
16 ENT Conditions	04	10	40	41	49 Depression	00	00	13	31
17 Eye Conditions	10	11	26	25	50 Schizophrenia	00	00	00	00
18 Sexually transmitted Infections (STI)	01	03	09	58	51 Alcohol & Drug Abuse	00	00	01	00
19 Urinary Tract Infections (UTI)	07	01	50	94	52 Childhood Mental Disorders	00	00	00	00
20 Intestinal Worms	10	11	47	35	More Non-Communicable Diseases				
21 Leprosy	00	00	00	00	53 Epilepsy	00	00	13	22
22 Malaria	235	182	896	717	54 Other forms of Mental Illnesses	00	00	08	03
23 Other types of Meningitis	01	00	00	00	55 Other Cardiovascular Diseases	00	00	00	00
24 No Pneumonia-Cough or Cold	253	212	417	385	56 Severe Malnutrition (Kwashiorkor & Marasmus)	10	07	07	03
25 Pneumonia	15	15	13	20	57 Low weight for Age	00	00	00	00
26 Schocerciasis	00	00	00	00	58 Injuries-Road Traffic Accidents	00	01	03	03
27 Onchocerciasis	00	00	00	00	59 Injuries (Trauma due to other causes)	04	04	57	81
28 Skin Diseases	40	30	145	97	60 Animal/ Snake Bites	00	00	06	12

29 Tuberculosis (New Cases)	00	00	00	01	61 Other Diagnoses (Priority Diseases for District)	00	00	00	00
30 Typhoid Fever	04	00	07	09	All Others	145	167	438	698
31 Tetanus (over 28 days of age)	00	00	00	00					
32 Sleeping Sickness	00	00	00	00	Total Diagnoses	789	694	2,280	2,608
33 Pelvic Inflammatory Disease (PID)	00	00	00	54					

Morbidity Summary - Number of Patients

Age	Male	Female	Sub-Total
0-4 Years	678	670	1,348
5 Years and above	2,173	2,580	4,753
Total	2,851	3,250	6,101

Mortality

S.NO.	SECTION	NUMBER OF DEATHS	CAUSE OF DEATH
1.	Medical	04	1 HIV, 1 Malaria, 1 LRTI, 1 Liver disease
2.	Maternity	01	1 Post abortion sepsis
3.	Pediatric	01	1 Malaria
4.	Therapeutic Feeding Center	00	00
5.	Surgical	00	00
	TOTAL	06	06

Most Prevalent Diseases

S. No	Name of Disease	Number of Patients Treated
1.	Malaria	2,030
2.	Respiratory Tract Infections	1,267
3.	Skin Diseases	312
4	Gastrointestinal Disorders	189
5	Urinary Tract Infections	152

Immunization Data

Total numbers of children immunized at Panyadoli Health Centre III were:

- Male 631
- Female 765

MORBIDITY REPORT

Health Unit: Panyadoli Health Centre III

Month: May 2016

Laboratory Tests

Category	Number of tests		Number positive	
	Male	Female	Male	Female
Malaria blood smear	790	2,555	453	1,311
TB sputum	20	19	1	0
Syphilis screening	9	13	1	3
Pap smear	0	0	0	0
Other lab tests	77	114	18	42

Outpatient Attendance

Category	0-4 years		5 years and above	
	Male	Female	Male	Female
New attendance	616	570	1,573	2,213
Re attendance	21	26	157	164
Total attendance	637	596	1,730	2,377
Referral to unit (all ages)	4	3	11	15
Referrals from units (all ages)	16	10	37	48

Outpatient Diagnoses

Diagnosis	0-4 years		5 years and above		Diagnosis	0-4 years		5 years and above	
	Male	Female	Male	Female		Male	Female	Male	Female
Epidemic – Prone Diseases					34 Death in OPD	00	00	00	00
01 Acute Flaccid Paralysis	00	00	00	00	Maternal and Perinatal Diseases				
02 Cholera	00	00	00	00	35 Abortions	00	00	00	00
03 Dysentery	01	01	02	02	36 Malaria in Pregnancy	00	00	00	02
04 Guinea Worms	00	00	00	00	37 High Blood	00	00	00	00

						pressure in Pregnancy				
05 Meningitis (meningococcal)	00	00	00	00		38 Obstructed Labor	00	00	00	00
06 Measles	00	00	00	00		39 Hemorrhage related to Pregnancy (APH &/ or PPH)	00	00	00	00
07 Newborn Tetanus (0-28 days age)	00	00	00	00		40 Perinatal Conditions (in Newborns (0-28 days)	00	00	00	00
08 Plague	00	00	00	00		Non-Communicable Diseases				
09 Rabies	00	00	03	02		41 Anemia	05	08	06	03
10 Yellow Fever	00	00	00	00		42 Asthma	01	02	05	09
11 Other Viral Hemorrhagic Fevers	00	00	00	00		43 Periodontal Disease	05	01	21	26
12 Other emerging Infectious Diseases (specify)	00	00	00	00		44 Diabetes Mellitus	00	00	00	03
Other Infectious/Communicable Diseases						45 Gastrointestinal Disorders (non- infectious)	04	02	46	146
13 HIV/AIDS	01	00	01	05		46 Hypertension	00	00	07	12
14 Acute Diarrhea	50	40	23	20		47 Anxiety Disorders	00	00	00	00
15 Persistent Diarrhea	00	00	00	00		48 Mania	00	00	00	00
16 ENT Conditions	03	08	27	42		49 Depression	00	00	08	16
17 Eye Conditions	11	10	32	24		50 Schizophrenia	00	00	00	00
18 Sexually transmitted Infections (STI)	00	01	01	08		51 Alcohol & Drug Abuse	00	00	02	00
19 Urinary Tract Infections (UTI)	04	07	57	110		52 Childhood Mental Disorders	00	00	00	00
20 Intestinal Worms	13	07	18	12		More Non-Communicable Diseases				
21 Leprosy	00	00	00	00		53 Epilepsy	00	01	18	11
22 Malaria	249	204	736	807		54 Other forms of Mental Illnesses	02	00	12	07
23 Other types of Meningitis	01	00	00	00		55 Other Cardiovascular Diseases	00	00	01	01
24 No Pneumonia-	240	219	280	333		56 Severe	04	03	02	00

Cough or Cold					Malnutrition (Kwashiorkor & Marasmus)				
25 Pneumonia	20	19	21	18	57 Low weight for Age	00	00	00	00
26 Schocerciasis	00	00	00	00	58 Injuries-Road Traffic Accidents	00	00	05	01
27 Onchocerciasis	00	00	00	00	59 Injuries (Trauma due to other causes)	03	02	100	82
28 Skin Diseases	42	30	133	140	60 Animal/ Snake Bites	00	00	03	02
29 Tuberculosis (New Cases)	00	00	00	01	61 Other Diagnoses (Priority Diseases for District)	00	00	00	00
30 Typhoid Fever	03	02	15	17	All Others	108	118	370	497
31 Tetanus (over 28 days of age)	00	00	00	00					
32 Sleeping Sickness	00	00	00	00	Total Diagnoses	769	685	1,955	2,412
33 Pelvic Inflammatory Disease (PID)	00	00	00	53					

Morbidity Summary - Number of Patients

Age	Male	Female	Sub-Total
0-4 Years	537	596	1,133
5 Years and above	1,730	2,377	4,107
Total	2,267	2,973	5,240

Mortality

S.NO.	SECTION	NUMBER OF DEATHS	CAUSE OF DEATH
1.	Medical	05	1 HIV, 1 Malaria, 1 TB, 1 RTA, 1 unknown
2.	Maternity	00	00
3.	Pediatric	03	1 Anemia, 2 Malaria
4.	Therapeutic Feeding Center	00	00
5.	Surgical	00	00
	TOTAL	08	08

Most Prevalent Diseases

S. No	Name of Disease	Number of Patients Treated
1.	Malaria	1,996
2.	Respiratory Tract Infections	1,072
3.	Skin Diseases	345
4	Gastrointestinal Disorders	198
5	Urinary Tract Infections	178

Immunization Data

Total numbers of children immunized at Panyadoli Health Centre III were:

- Male 588
- Female 732

MORBIDITY REPORT

Health Unit: Panyadoli Health Centre III

Month: April 2016

Laboratory Tests

Category	Number of tests		No. positive	
	Male	Female	Male	Female
Malaria blood smear	618	1,780	230	734
TB sputum	39	20	2	0
Syphilis screening	05	11	1	1
Pap smear	0	0	0	0
Other lab tests	76	120	3	8

Outpatient Attendance

Category	0-4 years		5 years and above	
	Male	Female	Male	Female
New attendance	488	436	1,077	1,606
Re attendance	16	14	46	61
Total attendance	504	450	1123	1,667
Referral to unit (all	2	3	1	2

ages)				
Referrals from units (all ages)	3	5	22	19

Outpatient Diagnoses

Diagnosis	0-4 years		5 years and above		Diagnosis	0-4 years		5 years and above	
	Male	Female	Male	Female		Male	Female	Male	Female
Epidemic – Prone Diseases					34 Death in OPD	00	00	00	00
01 Acute Flaccid Paralysis	00	00	00	00	Maternal and Perinatal Diseases				
02 Cholera	00	00	00	00	35 Abortions	00	00	00	04
03 Dysentery	05	02	04	03	36 Malaria in Pregnancy	00	00	00	01
04 Guinea Worms	00	00	00	00	37 High Blood pressure in Pregnancy	00	00	00	00
05 Meningitis (meningococcal)	00	00	00	00	38 Obstructed Labor	00	00	00	00
06 Measles	00	00	00	00	39 Hemorrhage related to Pregnancy (APH &/ or PPH)	00	00	00	00
07 Newborn Tetanus (0-28 days age)	00	00	00	00	40 Perinatal Conditions (in Newborns (0-28 days))	00	00	00	00
08 Plague	00	00	00	00	Non-Communicable Diseases				
09 Rabies	00	00	01	01	41 Anemia	06	02	05	01
10 Yellow Fever	00	00	00	00	42 Asthma	01	00	06	09
11 Other Viral Hemorrhagic Fevers	00	00	00	00	43 Periodontal Disease	00	00	32	16
12 Other emerging Infectious Diseases (specify)	00	00	00	00	44 Diabetes Mellitus	00	00	09	04
Other Infectious/Communicable Diseases					45 Gastrointestinal Disorders (non-infectious)	02	00	40	135
13 HIV/AIDS	02	05	03	14	46 Hypertension	00	00	05	05
14 Acute Diarrhea	58	41	16	19	47 Anxiety	00	00	00	00

					Disorders				
15 Persistent Diarrhea	00	00	00	00	48 Mania	00	00	00	00
16 ENT Conditions	06	05	26	26	49 Depression	00	00	00	01
17 Eye Conditions	14	07	17	07	50 Schizophrenia	00	00	00	00
18 Sexually transmitted Infections (STI)	00	08	04	40	51 Alcohol & Drug Abuse	00	00	00	00
19 Urinary Tract Infections (UTI)	06	03	54	58	52 Childhood Mental Disorders	00	00	00	00
20 Intestinal Worms	07	14	30	14	More Non-Communicable Diseases				
21 Leprosy	00	00	00	00	53 Epilepsy	00	00	16	06
22 Malaria	149	107	362	348	54 Other forms of Mental Illnesses	00	00	02	04
23 Other types of Meningitis	01	00	00	00	55 Other Cardiovascular Diseases	00	00	02	00
24 No Pneumonia-Cough or Cold	185	164	209	260	56 Severe Malnutrition (Kwashiorkor & Marasmus)	03	03	00	00
25 Pneumonia	04	10	16	16	57 Low weight for Age	00	00	00	00
26 Schocerciasis	00	00	00	00	58 Injuries-Road Traffic Accidents	00	00	00	01
27 Onchocerciasis	00	00	00	00	59 Injuries (Trauma due to other causes)	05	06	125	77
28 Skin Diseases	38	26	92	87	60 Animal/ Snake Bites	00	00	02	02
29 Tuberculosis (New Cases)	00	00	03	04	61 Other Diagnoses (Priority Diseases for District)	00	00	00	00
30 Typhoid Fever	00	00	09	11	All Others	117	123	278	615
31 Tetanus (over 28 days of age)	00	00	00	00					
32 Sleeping Sickness	00	00	00	00	Total Diagnoses	607	526	1,368	1,830
33 Pelvic Inflammatory Disease (PID)	00	00	00	41					

Morbidity Summary - Number of Patients

Age	Male	Female	Sub-Total
0-4 Years	504	450	954
5 Years and above	1,123	1,667	2,790
Total	1,627	2,117	3,744

Mortality

S.NO.	SECTION	NUMBER OF DEATHS	CAUSE OF DEATH
1.	Medical	05	1 HIV, 1 Malaria, 1 Anemia, 1 suspected Meningitis, 1 unknown
2.	Maternity	00	00
3.	Pediatric	04	3 Anemia, 1 Pneumonia
4.	Therapeutic Feeding Center	00	00
5.	Surgical	00	00
	TOTAL	09	09

Most Prevalent Diseases

S. No	Name of Disease	Number of Patients Treated
1.	Malaria	966
2.	Respiratory Tract Infections	818
3.	Skin Diseases	243
4	Injuries	213
5	Gastrointestinal Disorders	177

Immunization Data

Total numbers of children immunized at Panyadoli Health Centre III were:

- Male 513
- Female 625

MORBIDITY REPORT

Health Unit: Panyadoli Hills Health Centre II

Month: June 2016

Laboratory Tests

Category	Number of tests		No. positive	
	Male	Female	Male	Female

Malaria blood smear	604	1,001	434	547
TB sputum	0	0	0	0
Syphilis screening	0	0	0	0
Pap smear	0	0	0	0
Other lab tests	0	0	0	0

Outpatient Attendance

Category	0-4 years		5 years and above	
	Male	Female	Male	Female
New attendance	188	283	523	819
Re attendance	2	3	15	14
Total attendance	190	286	538	833
Referral to unit (all ages)	04	01	01	0
Referrals from units (all ages)	13	07	11	16

Outpatient Diagnoses

Diagnosis	0-4 years		5 years and above		Diagnosis	0-4 years		5 years and above	
	Male	Female	Male	Female		Male	Female	Male	Female
Epidemic – Prone Diseases					34 Death in OPD	00	00	00	00
01 Acute Flaccid Paralysis	00	00	00	00	Maternal and Perinatal Diseases				
02 Cholera	00	00	00	00	35 Abortions	00	00	00	00
03 Dysentery	02	02	03	02	36 Malaria in Pregnancy	00	00	00	31
04 Guinea Worms	00	00	00	00	37 High Blood pressure in Pregnancy	00	00	00	00
05 Meningitis (meningococcal)	00	00	00	00	38 Obstructed Labor	00	00	00	01
06 Measles	00	00	00	00	39 Hemorrhage related to Pregnancy (APH	00	00	00	00

					&/ or PPH)				
07 Newborn Tetanus (0-28 days of age)	00	00	00	00	40 Perinatal Conditions (in Newborns (0-28 days)	00	00	00	00
08 Plague	00	00	00	00	Non-Communicable Diseases				
09 Rabies	00	00	00	00	41 Anemia	03	01	00	01
10 Yellow Fever	00	00	00	00	42 Asthma	00	00	00	01
11 Other Viral Hemorrhagic Fevers	00	00	00	00	43 Periodontal condition	01	00	03	06
12 Other emerging Infectious Diseases (specify)	00	00	00	00	44 Diabetes Mellitus	00	00	00	00
Other Infectious/Communicable Diseases					45 Gastrointestinal Disorders (non-infectious)	00	00	28	61
13 HIV/AIDS	00	00	00	00	46 Hypertension	00	00	01	02
14 Acute Diarrhea	24	18	11	18	47 Anxiety Disorders	00	00	00	00
15 Persistent Diarrhea	02	00	00	00	48 Mania	00	00	00	00
16 ENT Conditions	00	00	08	03	49 Depression	00	00	00	00
17 Eye Conditions	03	10	18	17	50 Schizophrenia	00	00	00	00
18 Sexually transmitted Infections (STI)	00	01	08	16	51 Alcohol & Drug Abuse	00	00	01	00
19 Urinary Tract Infections (UTI)	01	03	20	29	52 Childhood Mental Disorders	00	00	00	00
20 Intestinal Worms	00	04	11	15	More Non-Communicable Diseases				
21 Leprosy	00	00	00	00	53 Epilepsy	00	00	01	07
22 Malaria	12 4	114	338	455	54 Other forms of Mental Illnesses	00	00	00	00
23 Other types of Meningitis	00	00	00	00	55 Other Cardiovascular Diseases	00	00	00	00
24 No Pneumonia-Cough or Cold	81	82	121	197	56 Severe Malnutrition (Kwashiorkor & Marasmus)	05	04	00	02
25 Pneumonia	07	02	03	01	57 Low weight for Age	00	00	00	00
26 Schocerciasis	00	00	00	00	58 Injuries-Road Traffic Accidents	00	00	00	00

27 Onchocerciasis	00	00	00	00	59 Injuries (Trauma due to other causes)	00	00	02	02
28 Skin Diseases	25	21	32	42	60 Animal/ Snake Bites	00	00	01	02
29 Tuberculosis (New Cases)	00	00	00	00	61 Other Diagnoses (Priority Diseases for District)	00	00	00	00
30 Typhoid Fever	00	00	02	02	All Others	25	48	130	286
31 Tetanus (over 28 days of age)	00	00	00	00					
32 Sleeping Sickness	00	00	00	00	Total Diagnoses	303	310	742	1,208
33 Pelvic Inflammatory Disease (PID)	00	00	00	09					

Morbidity Summary - Number of Patients

Age	Male	Female	Sub-Total
0-4 Years	190	286	476
5 Years and above	538	833	1,371
Total	728	1,119	1,847

Mortality

S.NO.	SECTION	NUMBER OF DEATHS	CAUSE OF DEATH
1.	Medical	00	00
2.	Maternity	00	00
3.	Pediatric	00	00
4.	Therapeutic Feeding Center	00	00
5.	Surgical	00	00
	TOTAL	00	00

Most Prevalent Diseases in June 2016

S. No	Name of Disease	Number of Patients Treated
1.	Malaria	1031
2.	Respiratory Tract Infections	481
3.	Skin Diseases	120
4	Gastrointestinal Disorders	89
5	Acute Diarrhea	71

Immunization Data – June 2016

Total numbers of children immunized at Panyadoli Hills Health Centre II were:

- Male 78
- Female 74

MORBIDITY REPORT

Health Unit: Panyadoli Hills Health Centre II

Month: May 2016

Laboratory Tests

Category	Number of tests		Number positive	
	Male	Female	Male	Female
Malaria blood smear	365	521	330	330
TB sputum	0	0	0	0
Syphilis screening	0	0	0	0
Pap smear	0	0	0	0
Other lab tests	0	0	0	0

Outpatient Attendance

Category	0-4 years		5 years and above	
	Male	Female	Male	Female
New attendance	196	219	433	673
Re attendance	8	5	7	10
Total attendance	204	224	440	683
Referral to unit (all ages)	0	0	0	0
Referrals from units (all ages)	19	09	17	13

Outpatient Diagnoses

Diagnosis	0-4 years	5 years and		Diagnosis	0-4 years	5 years and above
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			above						
	Male	Female	Male	Female		Male	Female	Male	Female
Epidemic – Prone Diseases					34 Death in OPD	00	00	00	00
01 Acute Flaccid Paralysis	00	00	00	00	Maternal and Perinatal Diseases				
02 Cholera	00	00	00	00	35 Abortions	00	00	00	00
03 Dysentery	00	01	02	02	36 Malaria in Pregnancy	00	00	00	04
04 Guinea Worms	00	00	00	00	37 High Blood pressure in Pregnancy	00	00	00	00
05 Meningitis (meningococcal)	00	00	00	00	38 Obstructed Labor	00	00	00	00
06 Measles	00	00	00	00	39 Hemorrhage related to Pregnancy (APH &/ or PPH)	00	00	00	00
07 Newborn Tetanus (0-28 days of age)	00	00	00	00	40 Perinatal Conditions (in Newborns (0-28 days))	00	00	00	00
08 Plague	00	00	00	00	Non-Communicable Diseases				
09 Rabies	00	00	00	00	41 Anemia	02	01	00	02
10 Yellow Fever	00	00	00	00	42 Asthma	00	00	00	00
11 Other Viral Hemorrhagic Fevers	00	00	00	00	43 Periodontal condition	00	00	08	06
12 Other emerging Infectious Diseases (specify)	00	00	00	00	44 Diabetes Mellitus	00	00	00	00
Other Infectious/Communicable Diseases					45 Gastrointestinal Disorders (non-infectious)	08	05	29	77
13 HIV/AIDS	00	00	00	00	46 Hypertension	00	00	00	03
14 Acute Diarrhea	36	37	10	16	47 Anxiety Disorders	00	00	00	00
15 Persistent Diarrhea	00	00	00	00	48 Mania	00	00	00	00
16 ENT Conditions	03	05	05	15	49 Depression	00	00	00	00
17 Eye Conditions	13	10	08	27	50 Schizophrenia	00	00	00	00
18 Sexually transmitted Infections (STI)	00	01	06	18	51 Alcohol & Drug Abuse	00	00	00	00

19 Urinary Tract Infections (UTI)	07	01	17	41	52 Childhood Mental Disorders	00	00	00	00
20 Intestinal Worms	01	03	12	19	More Non-Communicable Diseases				
21 Leprosy	00	00	00	00	53 Epilepsy	00	00	00	01
22 Malaria	92	113	254	240	54 Other forms of Mental Illnesses	00	00	00	00
23 Other types of Meningitis	00	00	00	00	55 Other Cardiovascular Diseases	00	00	00	00
24 No Pneumonia-Cough or Cold	70	112	92	171	56 Severe Malnutrition (Kwashiorkor & Marasmus)	03	02	00	00
25 Pneumonia	01	01	00	00	57 Low weight for Age	00	00	00	00
26 Schocerciasis	00	00	00	00	58 Injuries-Road Traffic Accidents	00	00	01	00
27 Onchocerciasis	00	00	00	00	59 Injuries (Trauma due to other causes)	00	00	04	06
28 Skin Diseases	49	30	23	36	60 Animal/ Snake Bites	00	00	00	00
29 Tuberculosis (New Cases)	00	00	00	00	61 Other Diagnoses (Priority Diseases for District)	00	00	00	00
30 Typhoid Fever	00	00	04	01	All Others	41	29	116	243
31 Tetanus (over 28 days of age)	00	00	00	00					
32 Sleeping Sickness	00	00	00	00	Total Diagnoses	326	351	591	939
33 Pelvic Inflammatory Disease (PID)	00	00	00	11					

Morbidity Summary - Number of Patients

Age	Male	Female	Sub-Total
0-4 Years	204	224	428
5 Years and above	440	683	1,123
Total	644	907	1,551

Mortality

S.NO.	SECTION	NUMBER OF DEATHS	CAUSE OF DEATH
1.	Medical	00	00
2.	Maternity	00	00
3.	Pediatric	00	00
4.	Therapeutic Feeding Center	00	00
5.	Surgical	00	00
	TOTAL	00	00

Most Prevalent Diseases in May 2016

S. No	Name of Disease	Number of Patients Treated
1.	Malaria	699
2.	Respiratory Tract Infections	445
3.	Skin Diseases	138
4	Gastrointestinal Disorders	119
5	Acute Diarrhea	99

Immunization Data – May 2016

Total numbers of children immunized at Panyadoli Hills Health Centre II were:

- Male 65
- Female 63

MORBIDITY REPORT

Health Unit: Panyadoli Hills Health Centre II

Month: April 2016

Laboratory Tests

Category	Number of tests		Number positive	
	Male	Female	Male	Female
Malaria blood smear	355	427	79	95
TB sputum	0	0	0	0
Syphilis screening	0	0	0	0
Pap smear	0	0	0	0
Other lab tests	33	41	0	2

Outpatient Attendance

Category	0-4 years		5 years and above	
	Male	Female	Male	Female
New attendance	152	139	194	403
Re attendance	2	3	7	8
Total attendance	154	142	201	411
Referral to unit (all ages)	0	0	0	0
Referrals from units (all ages)	2	3	1	2

Outpatient Diagnoses

Diagnosis	0-4 years		5 years and above		Diagnosis	0-4 years		5 years and above	
	Male	Female	Male	Female		Male	Female	Male	Female
Epidemic – Prone Diseases					34 Death in OPD	00	00	00	00
01 Acute Flaccid Paralysis	00	00	00	00	Maternal and Perinatal Diseases				
02 Cholera	00	00	00	00	35 Abortions	00	00	00	00
03 Dysentery	03	06	03	07	36 Malaria in Pregnancy	00	00	00	01
04 Guinea Worms	00	00	00	00	37 High Blood pressure in Pregnancy	00	00	00	00
05 Meningitis (meningococcal)	00	00	00	00	38 Obstructed Labor	00	00	00	00
06 Measles	00	00	00	00	39 Hemorrhage related to Pregnancy (APH &/ or PPH)	00	00	00	00
07 Newborn Tetanus (0-28 days of age)	00	00	00	00	40 Perinatal Conditions (in Newborns (0-28 days))	00	00	00	00
08 Plague	00	00	00	00	Non-Communicable Diseases				
09 Rabies	00	00	00	00	41 Anemia	01	01	00	00
10 Yellow Fever	00	00	00	00	42 Asthma	00	00	00	00
11 Other Viral	00	00	00	00	43 Periodontal	00	00	01	07

Hemorrhagic Fevers					condition				
12 Other emerging Infectious Diseases (specify)	00	00	00	00	44 Diabetes Mellitus	00	00	00	00
Other Infectious/Communicable Diseases					45 Gastrointestinal Disorders (non-infectious)	01	00	10	62
13 HIV/AIDS	00	00	00	00	46 Hypertension	00	00	00	00
14 Acute Diarrhea	49	36	08	12	47 Anxiety Disorders	00	00	00	00
15 Persistent Diarrhea	00	00	00	00	48 Mania	00	00	00	00
16 ENT Conditions	03	02	00	06	49 Depression	00	00	00	00
17 Eye Conditions	09	08	11	22	50 Schizophrenia	00	00	00	00
18 Sexually transmitted Infections (STI)	00	00	02	07	51 Alcohol & Drug Abuse	00	00	00	00
19 Urinary Tract Infections (UTI)	02	00	05	20	52 Childhood Mental Disorders	00	00	00	00
20 Intestinal Worms	05	02	19	29	More Non-Communicable Diseases				
21 Leprosy	00	00	00	00	53 Epilepsy	00	00	01	04
22 Malaria	37	37	44	65	54 Other forms of Mental Illnesses	00	00	00	00
23 Other types of Meningitis	00	00	00	00	55 Other Cardiovascular Diseases	00	00	00	00
24 No Pneumonia-Cough or Cold	97	92	76	148	56 Severe Malnutrition (Kwashiorkor & Marasmus)	03	01	00	00
25 Pneumonia	04	02	00	00	57 Low weight for Age	00	00	00	00
26 Schocerciasis	00	00	00	00	58 Injuries-Road Traffic Accidents	00	00	02	02
27 Onchocerciasis	00	00	00	00	59 Injuries (Trauma due to other causes)	00	00	02	01
28 Skin Diseases	09	09	08	16	60 Animal/ Snake Bites	00	00	00	01
29 Tuberculosis (New Cases)	00	00	00	00	61 Other Diagnoses (Priority Diseases for District)	00	00	00	00

30 Typhoid Fever	00	00	00	03	All Others	08	05	59	138
31 Tetanus (over 28 days of age)	00	00	00	00					
32 Sleeping Sickness	00	00	00	00	Total Diagnoses	231	201	251	551
33 Pelvic Inflammatory Disease (PID)	00	00	00	00					

Morbidity Summary - Number of Patients

Age	Male	Female	Sub-Total
0-4 Years	154	142	296
5 Years and above	201	411	612
Total	355	553	908

Mortality

S.NO.	SECTION	NUMBER OF DEATHS	CAUSE OF DEATH
1.	Medical	00	00
2.	Maternity	00	00
3.	Pediatric	00	00
4.	Therapeutic Feeding Center	00	00
5.	Surgical	00	00
	TOTAL	00	00

Most Prevalent Diseases in April 2016

S. No	Name of Disease	Number of Patients Treated
1.	Respiratory Tract Infections	413
2.	Malaria	183
3.	Acute Diarrhea	105
4	Gastrointestinal Disorders	73
5	Intestinal Worms	55

Immunization Data – April 2016

Total numbers of children immunized at Panyadoli Hills Health Centre II were:

- Male 40
- Female 12