



SizaBantwana

Caring for Children

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Report on Treatment outcomes of Medical Treatment for Orphaned and Vulnerable Children of SizaBantwana Children Benefit Organisation

Extract of report

Report compiled by Dr C Banda

Report date: 31 July 2010

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Introduction

This treatment outcome report is based on the treatment of children with the ailments identified in an initial medical screening project carried out from Monday 15 February 2010 to Thursday 25 February 2010, at four of SizaBantwana's Care Centres.

The treatment sessions were carried out from 23 April 2010 to 30 April 2010 and the aim was to treat all children with conditions or ailments that could safely be treated at the centres and refer those children with ailments that needed further investigation and / or specialised treatment and care.

A waiting period of over four weeks was allowed between the commencement of treatment and the re-examination so as to allow optimum medical response even in slow responding ailments such as pityriasis, Tinea Capitis and Seborrhoeic Dermatitis. The re-examination of the children commenced on 31 May 2010 to 27 July 2010. Retreatment to non-responding ailments and reinforcement of treatment in recalcitrant conditions were carried out during this period of re-examination.

The full treatment outcomes report gives results for each centre; with the summary report only reflecting a consolidated report on treatment outcomes for all centres combined. A further analysis of the results and the resultant recommendations is made in cognisance of the restraints encountered during the programme.

Consolidated figures for all four (4) care centres

Medical Ailment	Initial N° of OVC's	N° of OVC's treated	Treatment outcome
Blood in urine	112	110	74 cured, 2 repeat, 34 not reviewed
Blood and Leucocytes in urine	36	34	29 cured, 3 repeat, 3 not reviewed
Urinary tract Infection	13	12	4 cured, 8 not reviewed
UTI and Vaginitis	3	2	1 cured, 1 not reviewed
Ear Wax	11	9	7 cured, 2 not reviewed
Bacterial Dermatitis	5	5	3 cured, 2 not reviewed
Seborrhoeic Dermatitis	5	5	3 cured, 2 not reviewed
Pallor	2	3	3 resolved
Tinea Capitis	6	8	6 cured, 2 not reviewed
Pityriasis Versicolor	8	9	5 cured, 4 not reviewed
Clinical Immunosuppression	2	0	2 referred
Allergic Conjunctivitis	4	4	2 cured, 2 not reviewed
Down Syndrome	1	0	1 referred
Murmurs/Cardiac Clicks	5	2	2 cured, 3 referred
Septic Sores on left foot	1	1	1 cured
Otitis Externa	2	2	2 cured
Otitis Media	1	1	1 cured
Dental Caries	1	0	1 referred
Mental Deficiency	2	0	2 referred
Chronic Obstructive Airway Disease	1	0	1 referred
Fissure-In-Ano	1	0	1 referred
Acute Pharyngitis	1	1	1 cured
Trichiasis	1	1	1 not reviewed

Total number of children treated	209
Total not reviewed	61
	148
Total number of children confirmed cured	144
Total repeat treatments required	5
Total number of children referred	11

Notes:

- The high number of children who were not reviewed is due to poor attendance of children at Impilo Care Centre's review clinics (52 of 61).
- Bar the children not reviewed, the cure rates was 97%.
- Due to the responsiveness to treatment a definitive diagnosis of bilharzia/schistosomiasis was made for blood in urine and bilharzia/schistosomiasis with secondary urinary cystitis for blood and leucocytes in urine.

Conclusion:

The overall objective of treating the majority of diseases that the children were presenting with, was achieved. All but 11 of the initial 216 children identified, were treated at their Care Centres. An additional 4 children were identified with ailments during treatment and treated accordingly.

Eleven (11) children were referred; of these none presented with feedback from the referred centre/hospital making it probable that none had been seen by the time of writing this report. Taking this lack of cohesive communication between the care centre and our local hospitals in consideration it is recommended that a concerted effort has to be made to create a functional relationship between SizaBantwana and the local hospitals in terms of health care. This would greatly benefit the children and ensure optimum health for the orphaned and vulnerable children within our communities especially those attending SizaBantwana Children Benefit Organisation's projects.

A total of 148 children were reviewed / re-examined a minimum period of one month after treatment; 97% of these children were confirmed cured. 61 children did not present themselves for review after treatment, but a similar response could be assumed.

A baseline medical record was established for each child screened, which will enhance future medical care to the children.

Finally it is recommended that the children undergo a similar medical screening with follow up treatment as required, in six month's time, i.e. around one year from the initial screening date.