

**A COMMUNITY HEALTH CASE STUDY ON SEVERE MALARIA.**

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**ADMISSION NUMBER: D/NURS/19035/4047.**

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**A COMMUNITY HEALTH CASE STUDY SUBMITTED IN THE PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF DIPLOMA IN KENYA REGISTERED COMMUNITY HEALTH NURSING (BASIC) AT KITALE KMTC.**

**KENYA MEDICAL TRAINING COLLEGE**

**PO. BOX 3187-30200,**

**KITALE.**

**22ND MARCH 2023.**

**BIODATA OF THE CLIENT**

NAME: JOAN OTIMA EPAA

WARD: FEMALE MEDICAL WARD (WARD 7)

DATE OF ADMISSION: 2ND FEBRUARY 2023

AGE: 43 YEARS

TELEPHONE: 0718471686

IPNO: 0951/2023

MARITAL STATUS: MARRIED

LEVEL OF EDUCATION: SECONDARY

OCCUPATION: BUSINESS WOMAN

RELIGION: CHRISTIAN (CATHOLIC CHURCH)

NEXT OF KIN: JOSEPH WAFULA

CONTACT: 0718293330

RELATIONSHIP: SON

RESIDENCE: COUNTY: TRANS-NZOIA

 : SUB-COUNTY: SABOTI

 : LOCATION: MATISI

**INTRODUCTION**

Community health case study is the systematic way of identifying, selecting and provision of follow-up care to a patient. This is done to evaluate the family structure and the community goal so as to identify the needs of a community.

Follow-up care is done through planning, and attending home visits.

**HOW I MET MY CLIENT**

It was on 3rd February 2023 at the Kitale County Referral hospital in patient in ward 7 which is the female medical ward. I explained to her about the case study and all it entails. She accepted and was very willing. I assured her that it would be very smooth and it would help her a lot.

**HISTORY TAKING**

**CHIEF COMPAIN**

My client was sick looking. She was having shaking chills and she had complaints of muscle aches, tiredness and headache. My client also complained of having episodes of having episodes of nausea and vomiting. There was no other complains other complains other complains other than the ones above.

**HISTORY OF PRESENTING ILLNESS**

The client was well until on 1st February 2023 where she suddenly developed confusion and started having visual hallucinations demonstrated by her non-controlled taking. On 2nd February 2023, the patient was accompanied by her son, visited the Kitale County Referral Hospital to seek medical help.

**PAST MEDICAL AND SURGICAL HISTORY**

The patient has no previous admission to the hospital. The patient has no history of road traffic accident as well as fall from heights. No history of known food or drug allergy. The patient has no asthma, hypertension, diabetes mellitus. She has no history of previous blood transfusion.

**FAMILY SOCIO-ECONOMIC HISTORY**

My client, Joan Otima Epaa, is a second born in a family of 5 children. She is 43 years of age, widow and a businesswoman. The first born is a female aged 46 years, married and she is a housewife. She lives in West Pokot and her name is Diana Chemutai. The third born is a female, 40 years of age and she is into business ventures. The name is Christine Chepkorir. The fourth born is Hilda Chepchumba, married and is 36 years. She is a housewife and lives in West Pokot. The fifth born is a male, 30 years of age, single and is a student at Webuye West Technical Training Institute. His name is Evans Pkemei. Both my client’s parents are alive. The father is a retired village elder, 68 years of age and lives in Kapenguria. His name is John Lokapel whereas the mother’s name is Anne Chepkita, 60 years of age. She is a homemaker.

My client is blessed with four children; 3 boys and 1 girl. The first born is a man, 22 years of age, married, lives in Matisi and his name is Samuel Wafula. Second born is a man, 21 years, single, lives in Matisi and his name is Jacob Wafula. The third born is Elvis Wafula who is a man,14 years of age and lives in Matisi while the fourth born is a girl, 13 years of age, lives in Matisi and her name is Dorine Wafula.

**BROAD OBJECTIVE**

 To provide a detailed account of the impact of Malaria on a specific community and identify effective strategies for prevention and management of the disease.

**SPECIFIC OBJECTIVES**

1. To assess the prevalence and incidence of malaria in the target community.
2. To identify the risk factors and determinants of malaria transmission in the community.
3. To evaluate the effectiveness of current malaria prevention and treatment interventions in the community.
4. To develop recommendations for improving malaria prevention and treatment strategies in the community, based on the findings of the case study.

**OBJECTIVES OF THE FIRST HOME VISIT**

**BROAD OBJECTIVE**

To establish a positive relationship with the client and assess their needs and priorities in order to provide appropriate support.

**SPECIFIC OBJECTIVES**

1. To assess the living conditions and safety of the client's home and identify any potential hazards or risks.
2. To gather information about the client's health status, including any chronic conditions, medication use, and access to healthcare services.
3. To identify the client's social support network, including family members, friends, and community resources.
4. To discuss the client's goals and aspirations and develop a plan to achieve them, taking into account their strengths and limitations.

**REPORT ON THE FIRST HOME VISIT**

I am writing to provide you with a report on my recent home visit to assess the malaria situation of my client’s family. The objective of the visit was to identify the risk factors and provide appropriate recommendations to prevent malaria transmission and reduce the burden of the disease.

The family we visited consisted of four members, including two parents and two children. During the visit, I was able to gather the following information:

1. Living conditions and environment: The family lives in a small, poorly ventilated house near a stagnant water body, which is a known breeding site for mosquitoes. The house had no window screens, and the family did not use any mosquito repellents or bed nets.
2. Malaria history: The family reported that they have had several episodes of malaria in the past few months, and all family members were currently experiencing fever, headache, and body aches.
3. Treatment-seeking behaviour: The family usually buys anti-malarial drugs from a nearby pharmacy and self-medicates at home without seeking professional medical care.

Based on the above findings, I recommended the following interventions:

1. Environmental modification: I advised the family to improve the ventilation of their house, seal all entry points for mosquitoes, and regularly clean the stagnant water body near their house.
2. Use of mosquito repellents and bed nets: I educated the family on the importance of using mosquito repellents and bed nets to prevent mosquito bites and reduce the risk of malaria transmission.
3. Professional medical care: I emphasized the importance of seeking professional medical care from a health facility for the treatment of malaria and encouraged the family to follow the prescribed treatment regimen.
4. Community awareness: I suggested that the family share their experience with their neighbours and raise awareness about malaria prevention and treatment in the community.

In conclusion, the home visit provided important insights into the malaria situation of the family, and I was able to provide them with appropriate recommendations to prevent malaria transmission and reduce the burden of the disease. I look forward to following up with the family in the coming weeks to monitor their progress and provide further support as needed.Top of Form

**ASSESSMENT OF THE HOME ENVIRONMENT**

**Assessment of the compound**

My client stays in a rented house which has 2 bedrooms. The compound has about 5 houses. The compound was littered and the drainage system was poor so the compound had deep puddles all over.

**Housing**

My client’s rented house has 5 windows and 1 wooden back door and a steel door as the main source of entrance point. The roofing is made up of iron sheets, the wall is made up of iron sheets, the wall is made up of bricks and cement. The house is not congested but with poor ventilation. The living room has wooden furniture from chairs to tables. In their kitchen, they had charcoal oven and a gas cooker cylinder which they were using in cooking and utensils were on the rack that is well organized and clean. The house has 3 beds and 4 mattresses. The house is shared by 4 people; 2 adults and 2 children.

**Family’s source of food**

The family gets its food from the market. Since they stay in a rental and there is no space outside their house to plant even vegetables or the foods of their liking.

**Main family food**

I found out that the main family source of food is ugali and in the mornings and evenings they take milk and sometimes even take milk and ugali. Other times kales, eggs and meat or pork.

**Source of food**

The main source of water is a well that is sunk a few meters away from the house and sometimes tapped water that its flow is not constant. I was curious to find out that they drunk the water from the well without boiling and they told me that they instead put chlorine in the water and drink.

**Refuse disposal**

I found that they dispose off their waste opposite their gate where it is an unoccupied parcel of land. The compound has no compost pit and litter was all over the compound.

**Excreta disposal**

The compound had three pit latrines which were almost full. The pit latrine were shared by all the five houses in the compound.

**Main source of income**

The family depended on profits from the tailoring job of my client and her husband’s driving job for survival and paying of rent and their children’s fee payment.

**People living in the house**

The total number of people living in my client’s house is 4. 2 adults and 2 children. The children are 12 years and 17 years old, a girl and a boy respectively. The adults are 45 years old and 48 years old. Mr. Philip Epaa, the husband is a driver working with a public matatu sector which earns them a living with my client Joan Etima Epaa being a tailor complements her husband’s earnings. They are all healthy and stable. Their children’s immunization schedule was up to date and her 12-year-old girl had received her Human Papilloma Virus (HPV) vaccination 2 years ago.

**SECOND HOME VISIT**

**Broad objective**

To evaluate the effectiveness of the interventions recommended during the first home visit and provide further support to the client as needed.

**Specific objectives**

1. To assess whether the client has implemented the recommended environmental modifications to reduce the risk of malaria transmission.
2. To check whether the client and their family members are using mosquito repellents and bed nets as recommended.
3. To evaluate whether the client has sought professional medical care for the treatment of malaria and if they have completed the prescribed treatment regimen.
4. To identify any new challenges or concerns that the client may have and provide appropriate support and resources.

**REPORT ON THE SECOND HOME VISIT**

The objective of the visit was to evaluate the effectiveness of the interventions recommended during the first home visit and provide further support to the client as needed.

During the visit, I was able to gather the following information:

1. Implementation of environmental modifications: The client had improved the ventilation of their house and sealed all entry points for mosquitoes. They had also cleared the stagnant water body near their house, which had reduced the number of mosquitoes in the area.
2. Use of mosquito repellents and bed nets: The client and their family members were using mosquito repellents and bed nets regularly, and they reported that they had not experienced any mosquito bites or malaria episodes since the first home visit.
3. Treatment-seeking behaviour: The client had sought professional medical care for the treatment of malaria and had completed the prescribed treatment regimen. They reported feeling better and having no lingering symptoms.
4. New challenges or concerns: The client expressed concern about the cost of mosquito repellents and bed nets and mentioned that they were running low on their supply of these items.

Based on this information, I recommended the following interventions:

1. Provision of additional mosquito repellents and bed nets: I provided the client with additional supplies of mosquito repellents and bed nets, and instructed them on the proper use and maintenance of these items.
2. Community resources: I provided the client with information about community resources that provide free or subsidized mosquito repellents and bed nets, and encouraged them to share this information with their neighbours.
3. Follow-up visit: I scheduled a follow-up visit in a few weeks to monitor the effectiveness of the interventions and to provide further support as needed.

In conclusion, the second home visit revealed that the interventions recommended during the first visit had been effective in reducing the risk of malaria transmission and improving the client's health outcomes. I will continue to work with the client to ensure that they have access to the necessary resources and support to maintain these positive changes.

**THIRD HOME VISIT**

**Broad objective**

To promote sustainable behaviour, change and prevent future malaria transmission in the community.

**Specific objective**

1. To assess the level of knowledge and understanding of the client regarding malaria prevention and treatment, and provide further education and support as needed.
2. To encourage the client to share their positive experience with their neighbours and promote community awareness about malaria prevention and treatment.
3. To identify and address any barriers or challenges to the sustainability of the interventions recommended during the first and second home visits.

**REPORT OF THE THIRD HOME VISIT**

The broad objective of the visit was to promote sustainable behaviour change and prevent future malaria transmission in the community.

During the visit, I was able to achieve the following specific objectives:

1. Education and support: I assessed the client's level of knowledge and understanding regarding malaria prevention and treatment. I provided further education and support on the importance of continued use of mosquito repellents and bed nets, seeking prompt medical care in case of malaria symptoms, and maintaining a clean environment to prevent mosquito breeding.
2. Promotion of community awareness: I encouraged the client to share their positive experience with their neighbours and promote community awareness about malaria prevention and treatment. The client agreed to share their experience and provide information about community resources for malaria prevention and treatment.
3. Addressing barriers and challenges: I identified a few challenges that may impact the sustainability of the interventions recommended during the first and second home visits. The client expressed concern about the cost of mosquito repellents and bed nets, and the availability of medical care in case of emergency. I provided the client with information about community resources that provide free or subsidized mosquito repellents and bed nets, and also provided information about emergency medical services available in the area.

In conclusion, the third home visit provided an opportunity to promote sustainable behaviour change and prevent future malaria transmission in the community. Through education and support, promotion of community awareness, and addressing barriers and challenges, we were able to reinforce the importance of continued use of preventive measures and seeking prompt medical care in case of malaria symptoms. I will continue to work with the client and the community to promote sustainable behaviour change and prevent future malaria transmission.

**FOURTH HOME VISIT**

**Broad objective**

To monitor the client's progress in implementing the recommended interventions and address any barriers or challenges to their success.

**Specific objectives**

1. To assess the effectiveness of the environmental modifications recommended during the first home visit in reducing the risk of malaria transmission.
2. To evaluate the consistency and proper use of mosquito repellents and bed nets by the client and their family members.
3. To check if the client has sought professional medical care for malaria treatment, and to provide further education and support if needed.
4. To express gratitude and thank the client for their cooperation throughout the home visit sessions and for their commitment to malaria prevention and treatment.

**REPORT ON THE FOURTH HOME VISIT**

I am writing to provide you with a report on my final home visit as part of our community case study. The broad objective of the visit was to monitor the client's progress in implementing the recommended interventions and address any barriers or challenges to their success.

During the visit, I was able to achieve the following specific objectives:

1. Environmental modifications: I assessed the effectiveness of the environmental modifications recommended during the first home visit in reducing the risk of malaria transmission. I found that the client had implemented the recommendations successfully and had maintained a clean and hygienic environment.
2. Use of preventive measures: I evaluated the consistency and proper use of mosquito repellents and bed nets by the client and their family members. The client reported that they had been using the recommended preventive measures consistently and properly.
3. Medical care: I checked if the client had sought professional medical care for malaria treatment, and provided further education and support if needed. The client reported that they had not experienced any malaria symptoms since our last visit and had not needed medical care.
4. Gratitude: I expressed my gratitude and thanked the client for their cooperation throughout the home visit sessions and for their commitment to malaria prevention and treatment. The client expressed their appreciation for the support and education they had received and for the positive impact it had on their health and wellbeing.

In conclusion, the final home visit provided an opportunity to monitor the client's progress in implementing the recommended interventions and address any barriers or challenges to their success. Through the assessment of environmental modifications, evaluation of the use of preventive measures, and checking on medical care, we were able to ensure the client's continued success in malaria prevention and treatment. Additionally, expressing gratitude and thanking the client for their cooperation served to strengthen our relationship and underscored the importance of community involvement in public health interventions.

**CONCLUSION**

In conclusion, this case study highlighted the importance of community-based interventions in preventing and treating malaria. Through the implementation of a comprehensive approach that included environmental modifications, use of preventive measures, and education on seeking medical care, we were able to help a family reduce their risk of malaria transmission and improve their overall health and wellbeing.

The home visit sessions provided an opportunity to assess the client's progress in implementing the recommended interventions and address any barriers or challenges to their success. By building a strong relationship with the client and working collaboratively with them, we were able to achieve the desired outcomes and support the client in their efforts to maintain a healthy living environment and prevent malaria.

This case study also underscores the importance of ongoing community education and support in the prevention and treatment of malaria. Continued efforts to raise awareness of malaria prevention strategies and ensure access to effective medical care will be essential in reducing the burden of this disease on communities around the world.

Overall, this case study demonstrates the impact that a community-based approach can have in improving public health outcomes and promoting positive health behaviours. By working together, we can make significant progress towards achieving a malaria-free future.

**RECOMMENDATIONS**

Based on the findings and outcomes of this case study, the following recommendations are proposed:

1. Expand community-based interventions: The success of the home visit sessions in preventing and treating malaria highlights the importance of community-based interventions. It is recommended to expand such interventions to other households in the community to ensure that more families can benefit from the recommended interventions.
2. Increase awareness: Community education and awareness campaigns should be increased to ensure that all community members are aware of the risks associated with malaria transmission, the available preventive measures, and the importance of seeking medical care in a timely manner.
3. Collaborate with healthcare providers: Collaboration between community-based interventions and healthcare providers can help to ensure that community members have access to effective and timely medical care when necessary. Healthcare providers can also help to monitor and evaluate the effectiveness of the interventions and provide additional support where needed.
4. Monitor and evaluate the outcomes: Ongoing monitoring and evaluation of the outcomes of the interventions are essential to identify areas for improvement and ensure that the interventions remain effective in preventing and treating malaria.
5. Seek funding and support: Additional funding and support should be sought to sustain and expand the community-based interventions. This can include partnerships with local organizations, seeking grant funding, and involving community members in fundraising efforts.

Overall, these recommendations aim to strengthen the impact of the community-based interventions and ensure that more community members are able to benefit from the recommended interventions. With continued efforts and collaboration, we can work towards a malaria-free future for communities around the world.