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MINISTRY OF HEALTH.

ANNUAL MEDICAL AND PUBLIC HEALTH REPORTS

KITUI DISTRICT

1980.

52

PREVENTION IS BETTER THAN CURE

Prevent Disease  
Prolong life  
Promote Health

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PERMANENT SECRETARY  
MINISTRY OF HEALTH.

MINISTRY OF HEALTH

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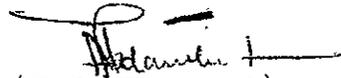
Kitui District Hospital,  
P.O. Box 22,  
K I T U I.

The Provincial Medical Officer,  
Eastern Province,  
P.O. Box 273,  
EMBU.

26th March, 1981.

ANNUAL REPORT:

Enclosed herewith please find the annual report about Health Services in Kitui District for the Year ending on 31-12-1980.



(F.W. Ndambuki)

F, MEDICAL OFFICER OF HEALTH,  
K I T U I.

cc.

The Permanent Secretary,  
Ministry of Health,  
P.O. Box 30016,  
NAIROBI.

The Director,  
Division of Disease Control,  
P.O. Box 20781  
NAIROBI.

The District Commissioner,  
P.O. Box 1,  
K I T U I.

The Clerk,  
Kitui County Council,  
P.O. Box 33,  
K I T U I.

The District Education Officer,  
KITUI

The District Information officer,  
KITUI.

The Doctor i'c,  
Mutomo Mission Hospital,  
KITUI.

The Medical Officer of Health  
MACHAKOS,  
MERU  
EMBU  
ISIOLO  
MARSABIT  
GARRISA  
KANGUNDO  
MAKINDU

MINISTRY OF HEALTH :

PUBLIC HEALTH & MEDICAL  
ANNUAL REPORTS 1980.

GENERAL REVIEW:

A period of 12 months is too short a period for anybody or a group of people to achieve significantly in various sectors in the Health Services. However we are supposed as we usually do, to pause for a while and examine ourselves and our activities critically during the last 12 months ending on the 31.12.80. The main questions are were we able to keep within the right track in the course of delivering Health Services and did we make any steps of progress as we kept on the track.

There is no better way of judging this except by looking at our statistics from a comparative point of view. If there were shortcomings we have no excuses to make unless such shortcomings were influenced by external factors beyond our control.

The period being reviewed was harsh in some aspects. It was a year of prolonged drought resulting in near starvation and long queues of people waiting for food in various trading Centres. Apparently and from the physical point of view, this did not seem to affect the attendance of patients at our Health Institutions. We continued to have long queues of people waiting for service in our Health Units. Probably it can be said that the drought might have resulted in a changed situation of disease incidences. The pattern remained but the incidences changed sometimes alarmingly. We do not have statistics of disease incidences for the whole year. However statistics for the last half of the year ( July - December 1980) will support our point of view. Malnutrition increased. For the second half of the year reported a total of 1665 malnutrition cases as compared to 1940 cases for the whole of 1978 and 1315 cases for the whole of 1979. The reason for the high incidence was obvious.

Diarrhoeal diseases and schistosomiasis cases alarmingly increased. The second half of 1980 reported 21,270 new cases of diarrhoea diseases, and 11,073 new cases of schistosomiasis as compared to 28,590 new cases of diarrhoeal diseases for the whole of year of 1979 and 2,609 new cases of schistosomiasis for the whole of 1979. Probably lack of water due to drought could have resulted in increased incidences of diarrhoea cases as water is vital for hygiene purposes. Surprisingly and very unexpectedly the incidence of measles dived from 8,181 new cases in 1979 to 925 new cases for the last half of 1980.

No new Health Institutions were opened by the Government during the period being reviewed. However the World Presbyterian Mission opened a Family Care Centre at Gai, near Kyuso and under Dr. Grietje S. Rietkerk started offering Medical and Health care to a needy community in the Far North. They also operated a mobile Medical Clinic to several areas. The Government had 32 operating Health Units which kept our staff fully occupied. These units experienced occasionally and for very brief periods shortages of drugs and water. However those responsible for drugs at District level were ever keen in handling the situation to the best of their ability though external forces must have influenced the situation we sometimes found ourselves in, a situation of short-lived drug shortages.

The mission Health Units, with Mutomo Mission Hospital playing a leading role in the delivery of health services, continued to supplement the Government services in the Health care. Worth noting here is the Coel sponsored Health Care project which spread its wings further to include Kyuso, and Eastern Divisions. The Project is a preventive Medicine project carrying out immunizations, Ante-natal, Post natal, Child welfare and family planning Services mostly on mobile basis to ensure that common man handicapped by transport problems is reached.

Delivery of maternal and Child Health / Family Planning services continued. We had 11 reporting Health Units including Mission Hospitals. Attendances at these units showed a declining tendency. This is the only one area where we suspect that the food shortage and the resulting search for it affected attendances adversely. Surprising the immunization services while being a component of the maternal and Child Health Services showed remarkable improvement from 77,426 people (mostly children). in 1979 to 107,518 people in 1980.

We had no problems whatsoever while executing repairs and maintenance of our Health Institutions. We did this job satisfactorily and spent all 105,000/- allocated to this District for that purpose. Provision of roof catchment tanks to our Health institutions continued with no problems. We repaired more Health units in 1980 than any other year in the recent past.

The Hospital security and the stores management did not improve. We continued to have 5 small scattered stores in the Hospital compound whose fence seemed to deteriorate with each passing year. However a letter was written to the Ministry of Health Headquarters by the Provincial Medical Officer requesting the Ministry to look into the fencing problem during the current development plan. We hope this will be looked into including also the stores which the fencing is supposed to provide security for.

The manpower did not improve significantly. There was inadequate personnel in Pharmacy, a situation which made it impossible to operate at lunch hour. There were inadequate personnel on the Nursing side. There were inadequate personnel in the subordinate cadre, though signs of improvement were seen during the second half of the year. There was inadequate personnel also in the Clinical Department. These inadequacies did not make us lose sight our objective and this coupled with difficult conditions under which we discharged our duties, We offered to the best of our ability the services needed by the community within the right track and with improvement in various areas.

VISITORS: See appendix I

ESTABLISHMENT see appendix II

TOPOGRAPHY:

The most noticeable features are the Yatta Plateau, the Mutito, Nuu, Endau and Mutha Hills. East of Mutito hills, the great part of the area, is almost a featureless plain with shallow widely spaced valleys.

CLIMATE:

The district has two rainy seasons per annum. The rainfall ranges from 16" - 40" per annum. Each rainy season is followed by a short hot dry season. June to August are cold months. Temperatures in hot months are between 25°C - 30°C and in cold months about 20°C.

POPULATION:

The district had 435,000 people (approx) last year. They were mainly the Kamba tribe, population density is 19 per sq. K.M

AREA:

The District has an area of 24,790 Sq Km. excluding the Tsavo National Park.

SOCIAL & ECONOMIC STATUS OF THE PEOPLE:

The local people are mostly peasants in Central and Mwingi Divisions while the rest of the District, the people are mostly Pastoralists. By any standards, it is not a rich community.

ADMINISTRATION:

Dr. Thuo was the M.O.H until September when he was transferred to Kenyatta, thereafter Dr. D.B.Oyoo taking over. Mr. P. Ndururi remained the Hospital Secretary while Mr. J.W. Njaramba acted as District Health Officer for Mr. F.W. Ndambuki who took a six month course in the Netherlands on food science. Sister Mbevi, Kitenge remained in the District Health management Committee while Mr. Killian Mwoloi resigned and Mr. Oour-Pharmacist was admitted to the Committee. These changes however did not affect the smooth running of the Health Services.

TRANSPORT:

There was no major problem with transport. However there remained 7 Government vehicles in the compound, throughout the year awaiting boarding and auctioning. It should be mentioned here that though we did not encounter major transport problems we were faced constantly with many repairs of our old vehicles. Mwingi and Nguni Health units remained without vehicles.

ENVIRONMENTAL HEALTH:

(a) Refuse collection /Disposal services.

Township and Markets:

The refuse collection and disposal services were maintained throughout the year with some improvement. However we continued to receive complaints though fewer in 1980, about dirty markets and particularly so along the road surrounding the mjini area. The refuse service was not adequately offered here. Much to our satisfaction was the fact that the County Council lorry was more in Town and Kalundu market collecting refuse than the previous years. Needless to say it was not regular and if this is looked into the problem of refuse collection will lessen drastically, and lead to less nuisance from house flies which invade our butcheries and 'hotels' because of decomposing organic matter within or near the Town, and Kalundu. Refuse not delivered for away from food premises will mean an army of house flies therein, as a result of organic matter decomposition, particularly so during the rainy season. Burning of refuse was the method of disposal and this frequently left empty tins which offered breeding grounds for the anopheles mosquitoes during the rainy season.

(b) Waste water disposal.

Waste water from food premises was mostly drained away into soakage pits which frequently filled up necessitating frequent emptying. This is so for township and other major markets. There was no sewer

(c) Excreta disposal.

In township, this was done through water closets which emptied in septic Tanks which may times filled up resulting into other problems.

(c) Cont.

I feel a sewer is due for this town. Septic tanks are not ideal for a large communities. Excreta disposal in markets and in the rural homes was done through pit-latrines. Worth mentioning here is of pit-latrines in the homesteads. Though the community has/lack been advised many times that pit-latrines are essential in the battle against diseases which afflict them, there seems that there is very little improvement each year. Probably the easy availability of bush, the low economic status of the people and the low formal education of the community, seem to affect the rate of latrine provision in this District. But we shall keep preaching, praying and hoping .

I cannot fail to mention with disapproval the bucket-latrines in the junior civil servants staff quarters in township. They are out-dated and possible threat to health in the event of a water-borne disease outbreak.

(d) Village Sanitation:

This was one area which was not adequately covered due to lack of ~~adequate~~ personnel. But the masses for which village sanitation was intended, were reached through Chiefs Baraza's and Seminars.

(e) Schools and Commercial Premises:

Commercial premises inspection was carried out extensively and hygienic standards for most premises remained average. Schools inspection was carried out though not extensively. The appropriate action was taken in cases of nuisances.

COMMUNICABLE DISEASES:

The disease occurrence pattern remained though some diseases seemed to show some sharp differences in the incidences rate. We are confined to the last half of the year for this report on disease incidences. However we have reason to believe that Measles declined by far, while Pneumonia did likewise. The Last half of the year recorded 1399 new cases of Pneumonia compared to 4,864 new cases of Pneumonia in the whole of 1979. Whooping cough went down sharply. The last half of 1980 recorded 393 new cases compared to 2,035 new cases in 1979. Probably our immunization projects had started to reward us. We were however fortunate in one respect. We had no outbreak of any disease nor did we record any of the internationally notifiable diseases.

The statistics here below for 1980 cover the second half of the year and are being compared with those of the whole of 1979.

<u>Diseases</u>	<u>New cases only.</u>	
	<u>1980</u>	<u>1979</u>
Diarrhoeal Diseases	21,270	28,590
Malaria	51,782	176,624
Gonorrhoea	-( increased) 13,979	15,098
Measles	925	0,101
Bilharzia	-(Increased) 11,070	2,603
Intestinal worms	5,644	10,988
Mumps	-(decreased) 763	6,189
Pneumonia	1,390	4,864
Leprosy	120	81
Infective Hepatitis	152	264
Acute Respiratory Infections	40,905	82,578
Acute eye infections	8,638	9,839
Malnutrition ( Non-communicable	1,665	1,315
Tetanus	22	15
Meningitis	22	89
T.B	461	224
Skin Diseases including ulcers	21,746	64,524
Whooping cough	393	2,035
Acute Poliomyelitis	45	37

Pneumonia, Malaria, Kwashiokor, T.B, Gastroenteritis proved major fatal diseases in our Hospital.

IMMUNIZATION WORK:

Statistical breakdown.

B.C.G.

Under 1yr -	1223	} 14,678
1 - 4 yrs-	1421	
5 -14 yrs	502	
15 yrs & over	329	
Revaccination	189	

	<u>1st dose</u>	<u>2nd dose</u>	<u>Total</u>
D.P.T	16,150	19,432	35,582
Oral Polio	16,178	19,000	35,258
Tetanus Toxoid	0,986	2,709	13,695
Measles: Under 1 yr	599	} - 3,300	
1 yr	1,859		
2yrs & over	445		
Total for 1980	-	107,518 without T.A.B	
Total for 1979	-	77,426 without T.A.B	

Maternal and Child Health Services:

	1st Attendance	Reattendance	Totals	
			1980	1979
Child welfare clinics	13,434	31,826	45,260	64,991
Ante Natal "	10,365	29,186	39,551	61,001
Family Planning "	754	3,939	4,693	4,453
Post Natal "	-	-	-	2,178
Nutrition "	-	-	-	9,601

MEAT INSPECTION:

This was carried out by officials of the Ministry of Health. Ante-Mortem inspections were carried out at Mwingi, Kalundu, Township and Mutomo Markets. The statistics is as below:-

Bovines	5,288	} Inspected and passed fit for human consumption.
Goats	7,571	
Sheep	365	

21 Bovines carcasses were boiled due to cysticercus Bovis and released unconditionally.

CONDEMNATION:

12 Bovine Carcasses were condemned due to generalized Cysticercus Bovis. One goat carcass was condemned due to abscesses.

Organs condemned were as below:-

Livers	3,496	Kidneys	1,786
Spleens	46	Hearts	51
Lungs	5,337	Intestine	197

OTHER FOODS INSPECTION:

Inspection of other foods was not extensively done. However 2289.6 Kgs of unsound milk powder was seized and condemned in Township. Also 86,842 decilitres and 1011.4 litres of school milk was seized and subsequently condemned due to being blown, curdled and torn packets. Tearing of school milk packets during transportation contributed much towards making milk consignments unfit for human consumption. Pouring milk from torn packet tended to spoil good ones. Maximum care during transportation was and is vital to Minimise spoilage of school milk.

Inspection of Hospital foods before being accepted was carried out smoothly and tended to improve quality of food delivered.

EXAMINATION OF FOOD HANDLERS:

This continued satisfactorily though occasional lack of water in our Hospital Laboratory interfered with examination of food handlers. The diseases encountered among the examined food handlers were:-

- (a) Interstitial worms
- (b) Schistosomiasis
- (c) Venereal Diseases ( least)

A total of 949 food handlers were examined and all given T.A.B.

Other data - Kitui Hospital only.

Number of In-Patients admitted	7036
Total in-patient days	14302
Number of Deaths	535

Cause of death breakdown:-

Malaria	16
C.C.F	30
Pneumonia	71
Intestinal obstruction	3
Burns	8
Severe dehydration	8
T.B	17
Prematurity	47
Measles	6
Kwashiorkor	24
Still births	64
Meningitis	3
Gastroenteritis	15
Kala-azar	2
Tetanus	4
Snake bite	4
Anaemia	13
Other causes	200

**Causes**

Sometimes any of these ~~causes~~ combined with others to cause death. This means that anaemia for example could have combined with malaria resulting in death.

MATERNITY REPORT- Kitui Hospital only.

No. of Admission	-	1,735
No. of normal deliveries		1,183
No. of Abnormal deliveries		203
No. of maternal deaths		12
No. of live births		1,401
No. of still births		84
Major Operations		273
Minor Operations		4,234

It is estimated that the 7 Government Health Centres had 480 deliveries (Approx).

Kitui Hospital continued referring patients to Machakos Provincial Hospital and Kenyatta National Hospital and Kabete Orthopaedic Unit, as well. About 250 In-Patients were referred to Machakos, while about 50 were referred to Kenyatta and Kabete for specialist treatment.

#### REPAIRS AND IMPROVEMENT OF HEALTH INSTITUTIONS

We encountered no problem while carrying out repairs and maintenance of our Health institution. Due to this we managed to repair many Health Institutions as under:-

1. Nuu Health Centre - was repaired and repainted
2. Mutito H/Centre - was repaired and repainted
3. Katulani H/Centre - was repaired and repainted
4. Tharaka Dispensary- had its falling windows repaired and ever re-placed.
5. Katse Dispensary - was repaired and internally white-washed.
6. Nzeruni Dispensary - was repaired
7. The kitchen (3 rooms) for Migwani H/Centre was completed, painted and occupied.
8. A room at Nuu Health Centre was completed to be used as Kitchen. However it was not painted and one of the doors was not fixed.
9. A staff house for Enziu dispensary was completed
10. Another staff house for Mutomo dispensary was completed.
11. A three roomed kitchen for Katulani Health Centre was almost finished.
12. A small kitchen for Tseikuru Health Centre was completed. It was permanent.
13. Another kitchen though temporary was completed for Yatta Health Centre.
14. Water was piped into Yatta Health Centre and wash Hand Basins fixed.
15. Matinyani Dispensary was re-painted internally.
16. Burglar Proof wire was provided to a big opening in Voo Dispensary. Also a window was burglar - proofed.
17. A petrol store (temporary) was built in Yatta Health Centre.
18. Pit-latrines were dug at the following places:-

18. Pit -Latrines-Cont.

(i)	Mui- Dispensary	The pit-dug and built on
(ii)	Enziu "	Two pits dug and built on
(iii)	Mutomo "	Two pits dug and built on
(iv)	Mutha "	One pit dug but not built on
(v)	Usueni Dispensary	A pit dug but not built on
(vi)	Tseikuru H/Centre	A pit dug and built on

ENVIRONMENTAL SANITATION:

The following Health Institutions benefited from the construction of water tanks ( roof Catchment tanks)

1. Endau dispensary 10,000 gallo cement block tank
2. Kanziko Dispensary 10,000 gallon cement block tank
3. Mivukoni Dispensary 8,-9,000 gallon cement block tank started in 1979 was completed.

The rain was not enough and therefore these tanks did not catch a lot of water.

LABORATORY SERVICES: Kitui, Mutomo and Muthale Hospitals.

Though lack of water used to interfere with these services, the above mentioned institutions carried out the Laboratory services satisfactorily. The information breakdown is as under:-

Blood specimens submitted for Malaria Investigation	No.	ave
	4,158	794
Sputum specimens Submitted for TB Investigation	2339	208
UrethraSmears submitted for Gonococcus	2,960	852
No of urines submitted for Sugar (a)	2,263	103
-do- Albumis (b)	2,376	294
-do- S. Haematobium (c)	1,164	478
-do- Pregnancy tests (d)	168	59
No. of stool specimens submitted	7,989	
Findings :-		
(a) Tapeworm		274
(b) Hookworm		827
(c) Round worm		1,187
(d) S. Mansoni		425
(e) Amoeba cysts		92
Active amoeba		25
No. of blood specimens for serology ( Syphilis-VDRL/U.S.R / Khan	671	73

PROSECUTION:

About 6 people were prosecuted last year for having insanitary food premises, failing to have toilet papers in their toilets and failing to have adequate sanitary facilities. All were found guilty. The fines ranged from 500/- minimum to 1,200/- maximum per person.

APPENDIX II.

STAFF ESTABLISHMENT: Senior Staff only.

Medical Officers.

Dr. S. Thuo - M.O.H 1-1-60 to september 1960  
 Dr. D.E. Oyoo - M.O.H from September to 31-12-60  
 Dr. Kruger  
 Dr. Patel

CLINICAL OFFICERS:

N. Musoko - D.C.O  
 T. Kamanda  
 S. Kasiva  
 D. Kioko  
 Katangu Nzinga (Nuu H/C)  
 J. Kailu (Migwani H/C)  
 J. Kiamba (Yatta H/C)  
 J. Muthee  
 J. Munyasya (Mutito H/C)  
 G. Ndungu (Tseikuru H/C)  
 F. Safari  
 F. Oako Baringo  
 M. Mutus  
 E.K. Mule (Katulani H/C)  
 C.M. Mutiso (Paediatrics)  
 W.M. Muli (Ikutha H/C)  
 K.A. Maiyo (Nguni H/C)  
 A. Maina  
 Mr. Ombaka (Eye Clinic)

HEALTH OFFICERS:

Mr. F.W. Ndambuki - - D.P.H.O  
 Mr. J. Waithaka - - P.H.O  
 Mr. R. Muncene - - P.H.O  
 Mr. Kimathi Mwirichia - - P.H.O from July 1961

The District had 29 trained P.H. Ts three vaccinators and 4 un-graded P.H. Ts.

NURSING OFFICERS:

Miss. G. Mbevi - Nursing office i/c  
Mrs. A. Mutua -  
Mrs. E. Kiterge  
Miss. Munene - - Transferred late in 1980  
Miss A. Githinji -  
Mr. G. Kitela  
Miss. D. Oyamo  
Mr. C. Kibe  
Miss. Gakure - Transferred in December 1980  
Miss. M. . Wachira  
Miss. M. Linge  
Miss. J. Mwitari  
Mrs. M. Kaguo  
Miss. T. Eman'ole  
Mr. G. Ngatia

The District had about 100 enrolled nurses ( General,  
Mid-wifery plus community )

PHARMACEUTICAL STAFF:

Mr. E. H. Owour - Pharmacist i/c  
Mr. W. Mwarimi - Pharmacist Technologist  
Mr. R. Mutune - " "  
Mr. C.W Mwaura - " "  
Mr. J. K. Mutia - " "  
Mr. Fred Ngwenze - " "

ADMINISTRATION:

Mr. P. Ndururi - Hospital Secretary

Under him were about 11 clerical officers.

PHYSIOTHERAPIST:

Mr. J. Njindū - in-charge  
Mr. Miano

RADIOGRAPHY:

Mr. J.K. Muange  
Mr. Mbai - replaced J.K. Mutua who left on transfer to  
Machakos  
In addition 3 film processors were available.

HEALTH EDUCATION:

Mr. M. Mulli - Health Education officer replaced  
Mr. K. Mwolci who resigned in about June, In addition  
there were 21 F.H.F Educators.

LABORATORY:

Mr. J. Kishoyia left and was replaced by  
Mr. Karuri as the Lab. Technologist i/c.

