



# Street Children's PRIMARY HEALTH SERVICES

APRIL TO JUNE 2018

**Josefina Pamela O. Carpio, MD, DPCOM**  
Mobile Health Clinic Project Officer and Physician  
Occupational Health Physician



The acronym **CHILDREN** summarizes the Primary Health Services Childhope offers its beneficiaries through **direct services** or **assisted medical referrals** to appropriate health facilities and institutions. Through the **Mobile Health Clinic Project**, the Physician, working closely with Childhope's Street Educators, provides preventive and curative health services to street children in Metro Manila.



#### STREET CHILDREN'S PRIMARY HEALTH SERVICES

- C** Common Illnesses Prevention and Treatment
- H** Healthy Lifestyle
- I** Immunization Awareness
- L** Locally Endemic Diseases Prevention and Control
- D** Drug/Substance Abuse Prevention and Rehabilitation
- R** Reproductive, Maternal and Child Health Care
- E** Education and Training on Health
- N** Nutrition, Food Safety, and Food Supply

## The Mobile Health Clinic Project

### Bringing Health Care Closer to the Children

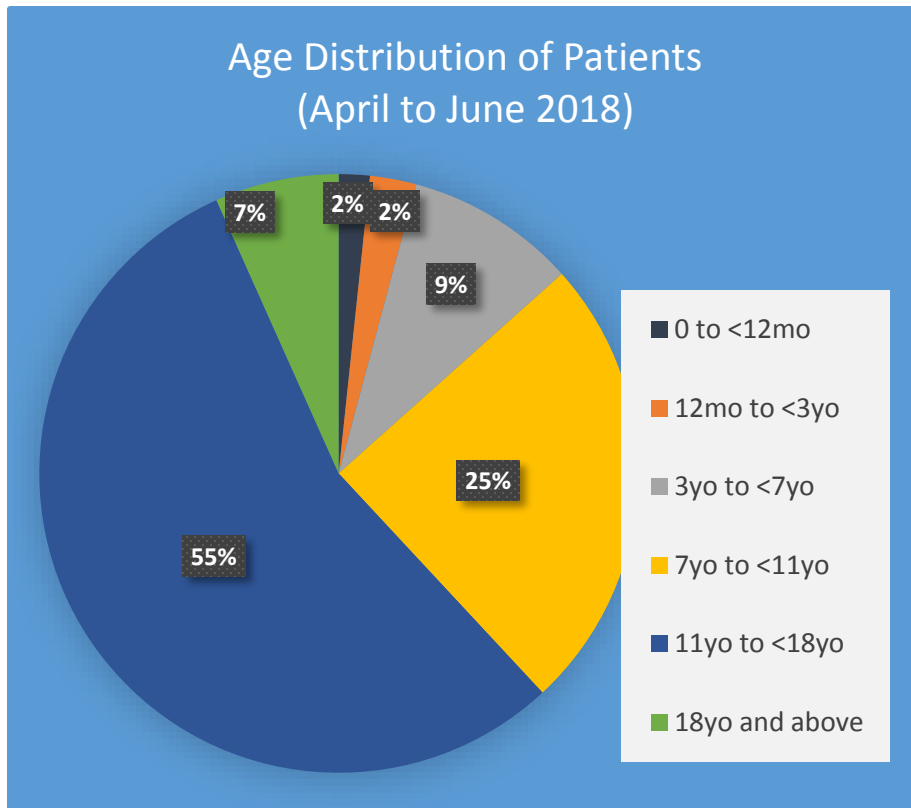
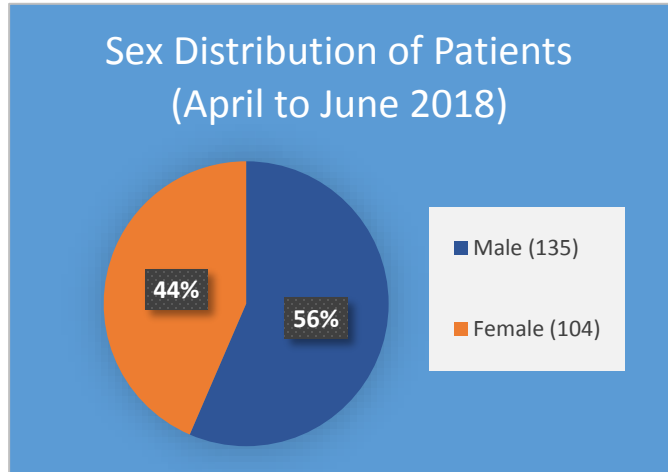
The Mobile Health Clinic (MHC) Project was created based on the belief that health and education always go hand-in-hand. Under this project, a dedicated team composed of a medical doctor, an ambulance driver, Junior Health Workers, and volunteers, visits the different areas where Childhope operates, and reaches out to children needing health services. The Mobile Health Clinic van itself is complete with the necessary medicines and supplements, supplies, and equipment to address common health problems of street children.

During the second quarter of 2018, the Mobile Health Clinic Project was able to serve one hundred and ninety six (**196**) direct beneficiaries, or roughly thirty nine percent (**39%**) of the total number of beneficiaries targeted for the entire year. An additional forty three (**43**) indirect beneficiaries (i.e. family members and relatives of direct beneficiaries) were also provided with health services. **Appendix A** shows the breakdown of direct and indirect beneficiaries served per area of operation.

In terms of the number of services provided, there were two hundred and eighty five (**285**) medical consultations and treatment conducted during this period, most of which were held during the Mobile Health Clinic's visit around Metro Manila, while some were conducted at the Childhope's office. **Appendix B** shows the number of medical consultations per area of operation.

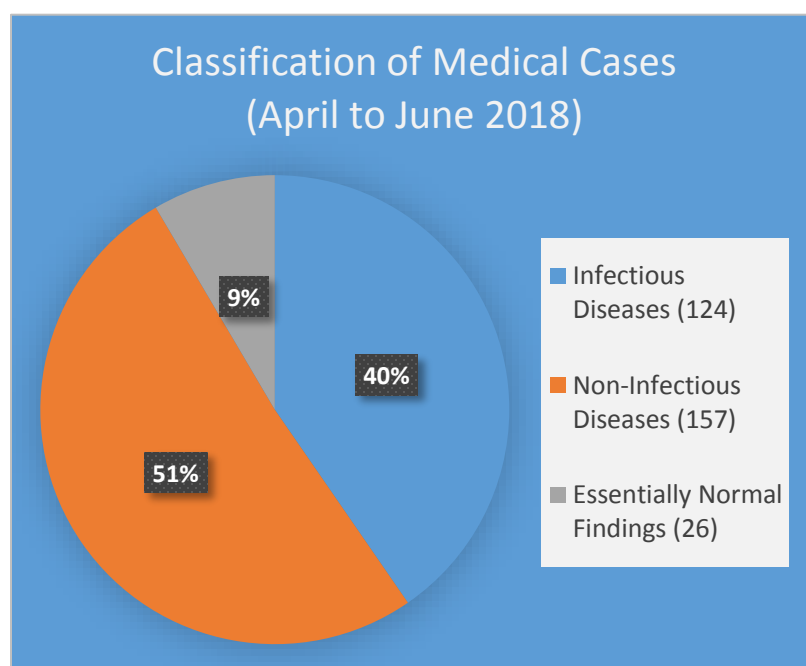
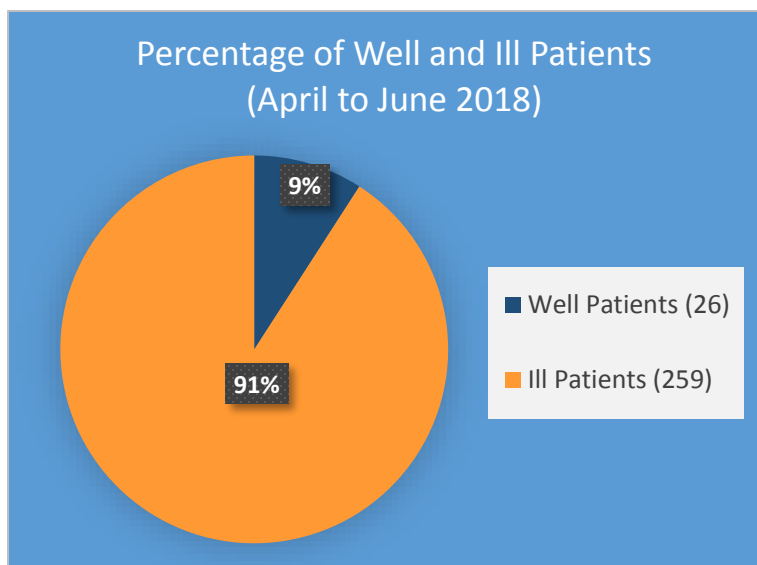
**Sex Distribution.** There were more male beneficiaries seen at the clinic for this period, accounting for fifty eight percent (56%) of patients for this period.

Please refer to **Appendix C** for the unduplicated and disaggregated data on the beneficiaries served by the Mobile Health Clinic Project for this period.



**Age Distribution.** Majority of the patients seen at the clinic were between seven to seventeen years old, corresponding to the age group being served by Childhope, which accounted for eighty percent (80%). The remaining twenty percent (20%) were patients six years old and younger, as well as eighteen years old and older, all of whom were indirect beneficiaries of Childhope.

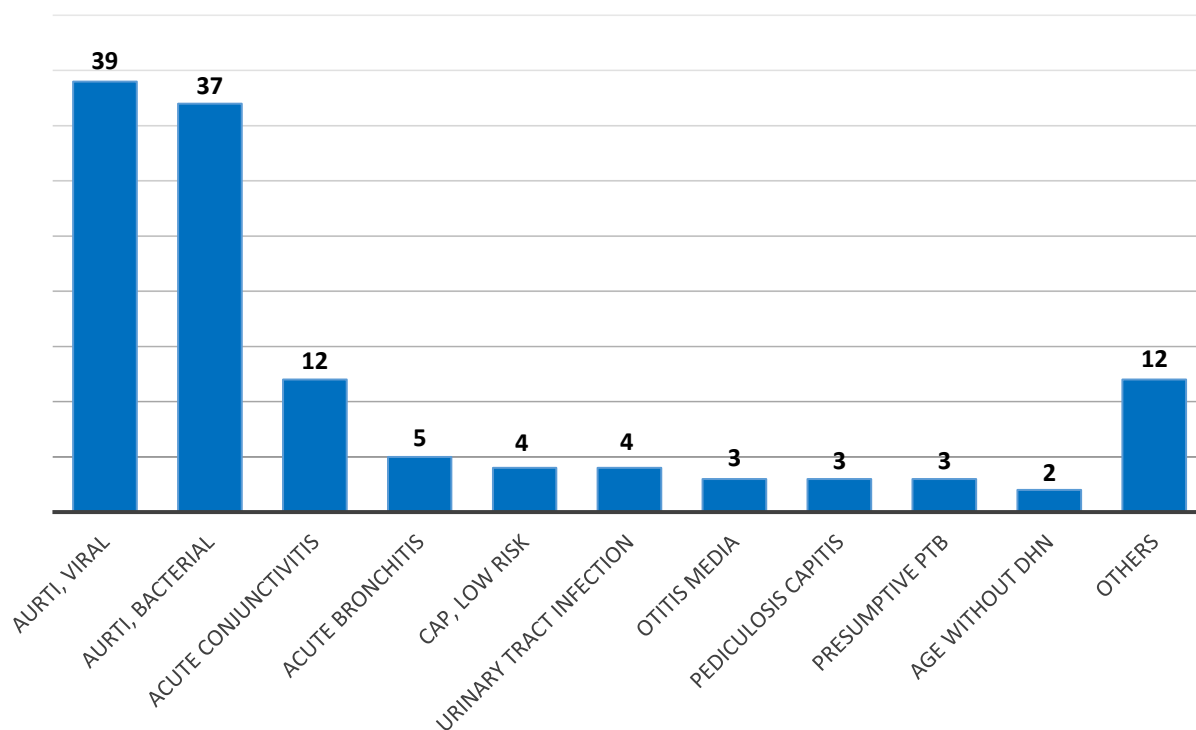
**Well versus Ill Patients.** Ninety one percent (91%) of consultations were due to health complaints, for which the patients were provided with medical treatment and additional medical referrals when necessary. The remaining nine percent (9%) were for routine physical examinations or Well Child / Adolescent consults, and these patients were provided with multivitamins and underwent routine deworming.



**Classification of Medical Cases.** For this period, there more non-infectious cases diagnosed and treated, accounting for fifty one (51%) of all medical cases. This is partly due to the minor injuries sustained by some beneficiaries during the annual sports fest that was held in May. On the other hand, forty percent (40%) were infectious in nature. Only nine percent (9%) of medical consultations turned out with Essentially Normal Findings, including Well Child, Well Adolescent consults.

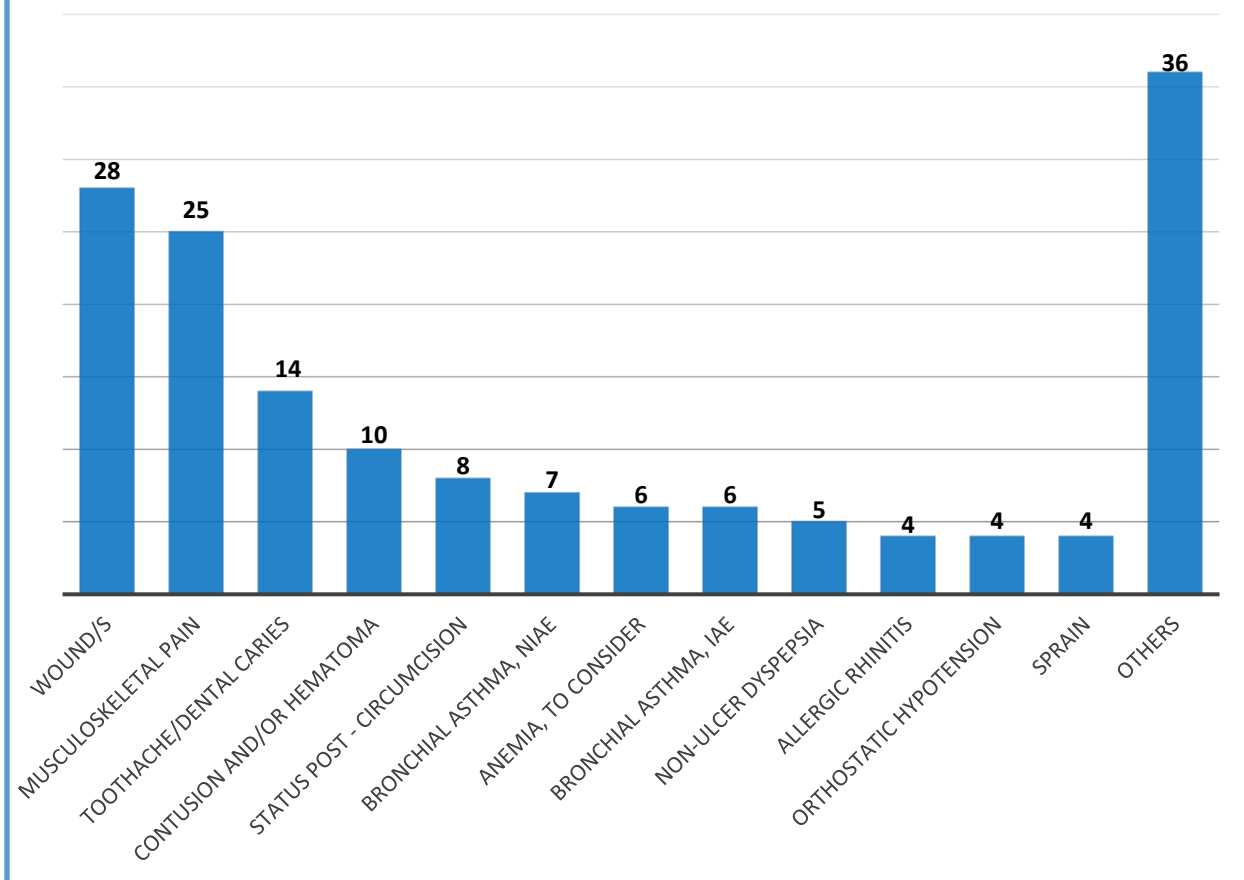
The most common cause of illness for this period was still **Acute Upper Respiratory Tract Infections**, which included colds or rhinitis, cough, tonsillitis or sorethroat, tonsillopharyngitis, and laryngitis, of both viral and bacterial causes. The second and third most common illnesses were **Wounds**, all of which were superficial in nature, and **Musculoskeletal Pain**, respectively. These were sustained mostly from the sports fest, but were treated and healed immediately without any complications. **Dental Caries**, the top non-infectious condition last quarter, was now the fourth most common illness, all of which were treated with pain relievers and dental referrals.

### Infectious Diseases Diagnosed Among Childhope Beneficiaries (April to June 2018)



NOTE: **AURTI, VIRAL** – Acute Upper Respiratory Tract Infection, probably viral; **AURTI, BACTERIAL** – Acute Upper Respiratory Tract Infection, probably bacterial; **ACUTE CONJUNCTIVITIS** – Sore Eyes; **CAP, LOW RISK** – Community Acquired Pneumonia, Low Risk; **OTITIS MEDIA** – Middle Ear Infection; **PEDICULOSIS CAPITIS** – Head Lice; **PRESUMPTIVE PTB** – Suspected with Pulmonary Tuberculosis; **AGE WITHOUT DHN** – Acute Gastroenteritis or Diarrhea without signs of dehydration.

### Non-Infectious Diseases Diagnosed Among Childhope Beneficiaries (April to June 2018)



NOTE: **BRONCHIAL ASTHMA, NIAE** – Bronchial Asthma, not in acute exacerbation or attack; **BRONCHIAL ASTHMA, IAE** – Bronchial Asthma, in acute exacerbation or attack; **ALLERGIC RHINITIS** – Colds due to allergies; **ORTHOSTATIC HYPOTENSION** – Low blood pressure due to sudden rising from a sitting or laying down position.

Please refer to **Appendix D** and **Appendix E** for the complete list of infectious and non-infectious cases, respectively, diagnosed and treated for this period.

This period, there was **no mortality or death**, and **no permanent disabilities**, among Childhope's beneficiaries due to delayed medical treatment.

**Preventive Measures.** Children underwent **one-on-one medical counselling** during their consultations with the Mobile Health Clinic Physician. The topics discussed with them included the following:

1. prevention of common diseases in the community
2. proper hygiene, including dental / oral care
3. practical approaches to proper diet
4. substance abuse effects and prevention

The children were also given **supplemental multivitamins and minerals**, including Ascorbic Acid with Zinc, to correct possible micronutrient deficiencies due to poor diet, to strengthen their immune system, and to hasten their recovery from illnesses. **Routine deworming** was started this period for all patient seen in the clinic. The treatment regimen used was single dose Mebendazole 500mg taken at bedtime. This was done side-by-side with the regular **nutritional status monitoring**, the results of which will be released at the end of the year.

**Medical Management.** During medical consultations, the children were provided with the following services:

1. physical examination
2. full course of medicines
3. medical supplies for wound care
4. wound cleaning and dressing
5. minor surgical procedures, including incision and drainage of pus and wound-suturing
6. medical counselling on their health problems
7. referrals for diagnostic work-up, consultation with medical specialists, or emergency hospital referral, to be facilitated by the Street Educators

A beneficiary was brought by the Mobile Clinic to the emergency room of the Philippine General Hospital due to a **fracture** of her left forearm. Medical assistance was provided to the child for closed reduction and casting of the fractured site. Another beneficiary sustained a fracture on his forearm, for which he underwent surgery, and was provided medical assistance for his post – operative medications.

Two beneficiaries were hospitalized during this period, one for **Leptospirosis**, and the other for **Acute Pancreatitis**. Both children fully recovered, and were discharged without complications.

**Elective Circumcision.** Circumcision, or commonly known as *tuli*, is a practice deeply ingrained in the Filipino culture, and is considered as a right of passage for boys nearing their teenage years. Elective circumcision is routinely being offered to Childhope’s male beneficiaries from May to October of every year. For the first two months of this year’s implementation, eight (8) boys underwent the procedure, and were provided with pain medications, antibiotics, and medical supplies for wound care. Follow-ups one to two weeks after the procedure were conducted, and the surgical wounds were completely healed without without any signs of infection.

## APPENDIX A

<b>NUMBER OF CHILDHOPE BENEFICIARIES SERVED PER AREA (April to June 2018)</b>			
<b>Area</b>	<b>Direct Beneficiaries</b>	<b>Indirect Beneficiaries</b>	<b>Total</b>
Blumentritt	7	1	8
Divisoria/Binondo/Lubog/Sto. Kristo/Malayan	24	0	24
Ermita/Kalaw	41	10	51
Lawton/Intramuros	31	14	45
Luneta/Pier	28	4	32
Monumento	26	2	28
Morayta	12	3	15
NAIA	10	0	10
OsMa	17	9	26
Voc. Tech.			0
<b>Total</b>	<b>196</b>	<b>43</b>	<b>239</b>



## APPENDIX B

<b>NUMBER OF MEDICAL CONSULTATIONS PER AREA (April to June 2018)</b>			
<b>Area</b>	<b>Direct Beneficiaries</b>	<b>Indirect Beneficiaries</b>	<b>Total</b>
Blumentritt	8	1	9
Divisoria/Binondo/Lubog/Sto. Kristo/Malayan	26	0	26
Ermita/Kalaw	56	11	67
Lawton/Intramuros	39	14	53
Luneta/Pier	35	4	39
Monumento	33	2	35
Morayta	13	3	16
NAIA	12	0	12
OsMa	19	9	28
Voc. Tech.			0
<b>Total</b>	<b>241</b>	<b>44</b>	<b>285</b>

## APPENDIX C

<b>BENEFICIARIES PROVIDED WITH HEALTH SERVICES</b> <b>Unduplicated and Disaggregated Data</b> <b>(April to June 2018)</b>							
AGE	DIRECT BENEFICIARIES			INDIRECT BENEFICIARIES			TOTAL
	Male	Female	Total	Male	Female	Total	
0 to <12mo	0	0	0	3	1	4	4
12mo to <3yo	0	0	0	4	2	6	6
3yo to <7yo	0	0	0	9	13	22	22
7yo to <11yo	31	28	59	0	0	0	59
11yo to <18yo	83	49	132	0	0	0	132
18yo and above	2	3	5	3	8	11	16
<b>TOTAL</b>	<b>116</b>	<b>80</b>	<b>196</b>	<b>19</b>	<b>24</b>	<b>43</b>	<b>239</b>

## APPENDIX D

### INCIDENCE OF INFECTIOUS OR COMMUNICABLE CASES (April to June 2018)

INFECTIOUS / COMMUNICABLE CASES	TOTAL
Acute Upper Respiratory Tract Infection, probably viral	39
Acute Upper Respiratory Tract Infection, probably bacterial	37
Acute Conjunctivitis	12
Acute Bronchitis	5
Community - Acquired Pneumonia, Low Risk	4
Urinary Tract Infection	4
Otitis Media	3
Pediculosis Capitis	3
Presumptive PTB	3
Acute Gastroenteritis without dehydration	2
Abscess	1
Acute Hepatitis	1
Cellulitis	1
Folliculitis	1
Intestinal Parasitism	1
Measles	1
Otitis Externa	1
Systemic Viral Illness	1
Tinea pedis	1
Tinea versicolor	1
Varicella Infection	1
Varicella Zoster	1
	124

## APPENDIX E

**INCIDENCE OF NON-INFECTIOUS OR NON-COMMUNICABLE CASES  
(April to June 2018)**

NON-INFECTIOUS / NON-COMMUNICABLE	TOTAL
Wound/s	28
Musculoskeletal Pain	25
Toothache/Dental Caries	14
Contusion and/or Hematoma	10
Status Post - Circumcision	8
Bronchial Asthma, not in acute exacerbation	7
Anemia, to consider	6
Bronchial Asthma, in acute exacerbation	6
Non-Ulcer Dyspepsia	5
Allergic Rhinitis	4
Orthostatic Hypotension	4
Sprain	4
Headache	3
Acute Hypersensitivity Reaction	2
Acute Peptic Disease	2
Animal Bite	2
Dizziness, probably due to dehydration or hypoglycemia	2
Fracture	2
Gingivitis	2
Multiple Injuries secondary to Vehicular Accident	2
Vertigo	2
Bone Deformity, dislocation versus fracture	1
Burn Wound	1
Cerebral Concussion, to consider	1
Cholelithiasis, to consider	1
Congenital Heart Disease, to consider	1
Contact Dermatitis	1
Dysmenorrhea	1
Eye Floaters, etiology unknown	1
Ingrown Toenail	1
Irritant cough	1
Pancreatitis	1
Polycystic Ovarian Syndrome	1
Pregnancy	1

## HEALTH SERVICES SECOND QUARTER REPORT

Retained cerumen	1
Secondary Amenorrhea	1
Secondary Amenorrhea due to Contraceptive Use	1
Urolithiasis, to consider	1
	157