

**A REPORT ON FOLLOW UP COMMUNITY
PRACTICE CARRIED OUT IN DABANI SUB-
COUNTY, BUSIA DISTRICT**

File CBR

BETWEEN

10TH October TO 12TH November

BY CBR STUDENTS OF KYAMBOGO UNIVERSITY

ATIM SCOVIA *As.*

BABIRYE LYDIA ~~As.~~

AKOTH JACKIE *As.*

We here by submit to you this report on follow up community practice in Dabani Sub County which commenced on 10th October 2011. appreciation goes to the CAO, DCDO, Dabani sub county chief , the CDO , CBR volunteer, the community members and the families of PWDS whom we worked with for their encouragement, moral support, guidance and assistance rendered to us during the community practice which was successfully carried out .

A number of activities were done using various methods as mentioned below .

The methods that were used include home visits discussions with PWDS families and community members, referrals, guidance and counseling to both the PWDS and their families

The purpose of the community practice is to into practice the theoretical knowledge skills and attitude acquired from the course at Kyambogo University.

During the follow up community practice the students worked with nine clients. They assessed and gave appropriate interventions for the second time. The following are the proceedings of the field report.

CLIENTS WHOM WE WORKED WITH DURING THE FOLLOW UP.

Name of client	Condition	Interventions made during follow up	Achievements during follow up
Emma Wabwire Age: 9years Village : Dabani west	Multiple disability (mental retardation/ motor impairment)	-Improving on personal hygiene -More training on ADL like toileting -Medical referral -Environmental modification -Guidance and counseling -Encouraging the use of a foot brace -Train in range of motion exercises	-Improved on personal hygiene -Trained in ADL like toileting -Trained in range of motion exercises -The client can feed himself
Ibrahim Ngolobe Age : 4 years Village: Dabani west	Epilepsy	-Referring the epilepsy patients for check ups at Masafu Hospital	-Proper nutrition -Personal hygiene and sanitation was improved
Nafula Caroline Age :19 years Village: Buwuma	Epilepsy	-Continous taking of the medicine for the fits	-Epilepsy patients got medicine for the fits
Lyaka Beatrice Age :26years Village :Dabani East	Epilepsy	-Training on the management of epilepsy -Avoiding risky places like fire	-Parents acquired the skills on the management of epilepsy
Nabwire Esther	Mental retardation		-Trained in income

<p>Age :5years Village :Dabani East</p>	<p>/Epilepsy</p>	<p>places -Improving on their personal hygiene -Proper nutrition -Good sanitation and modification of the environment -More training on income generating activities -Traing on ADL like toileting</p>	<p>generating activities</p>
<p>Bogere Moses Age :10 years Village :Dabani east Kwoba siwocha Age :68 years Village :Dabani east Misanya Harriet Age :37years Village :Mndaa</p>	<p>Visual impairment (partial) Visual impairment (partial) Visual impairment (partial)</p>	<p>-Referral to the hospital for eye check up -Good personal hygiene especially on the eyes -The students advised the clients to supplement on their diets by feeding on nutritious foods like vegetables which help in vision -More training in income generating activities -Improving on the sanitation especially around homes -The students still advised on proper accommodation especially on ventilation</p>	<p>-Personal hygiene of the eyes were improved -Good feeding especially on vegetables -Sanitation around homes was improved</p>
<p>Nakigozi Teddy Regina Age :11years Village :Dabani A</p>	<p>Mental retardation</p>	<p>-She has to be given time to complete her work at school -Teachers have to put much attention her for good performance -Good nutrition -Proper hygiene and sanitation</p>	<p>-She is copying up with academic skills -Good nutrition -Sanitation and personal hygiene was improved</p>

GENERAL OBSERVATION

During the course of the follow up community practice the student observed the following.

- Some people still regard disability as a curse from God or a result from witch craft.
- There is poor hygiene and sanitation in some homes.
- There is generally poor feeding (nutrition) among families with pwds.
- Many pwds are not fully involved in community development activities like NAADS for the development of their area.
- There are negative attitudes among families of children with disabilities.
- Poor attention of pwds by the top officials.
- There is lack of monitoring of clients with severe cases.
- There is lack of enough locally available resources for the artisans to make the assistive devices for the some of the clients who need them

CHALLENGES ENCOUNTERED BY THE STUDENTS

- They faced a problem of moving for long distances which was costly and tire some.
- High expectations from the CBR students by PWDS and their families in terms of wealth
- Many children with disabilities experienced negative attitude from the community where they stay and with in the schools where they study.
- Limited supervision and monitoring of the PWDs by theCDO and DCDO.
- Limited time by family members of PWDs since it was a rainy season

RECOMMENDATIONS

- More sensitization of disability causes, management and prevention to the community members.
- More training on income generating activities to eradicate poverty.
- There is need to improve upon general sanitation and hygiene in the families with PWDs and he community members.
- There is need to provide loans to the families with PWDs with low or no interest rates to improve on their Income generating activities.
- There is need for placement of special needs teachers in order to cater for the needs of children with disabilities in schools.

- There is need to cater for the individual needs especially those who need the assistive devices.

CONCLUSION

The follow up community practice was successfully carried out though the students experienced some few challenges there fore it was made possible by the help of the CBR volunteer, the family members of PWDs and the community members of Dabani sub-county.

We are there fore very grateful and appreciative for the good work done by the entire stake holders in implementation of CBR programmes.