



FARM STEW.
a recipe for abundant life



Ebenezer
Medical Mission

IN PARTNERSHIP WITH

Mission Trip to Bwalya Mponda Island Lunga District

HEALTH REPORT

Site

An open-air clinic was ran from Tuesday 27th September 2022 to Friday 30th September 2022 at the “Camp” which is the National Assembly Office for Bwalya Mponda, courtesy of the local area Member of Parliament. Medical services offered included screening, treatment and health education on a wide range of conditions. Both Outpatient and inpatient (at the local clinic) healthcare services were provided.



Figure 1: Team with Chief Bwalya Mponda



Figure 2 Ebenezer Medical Mission and Farm Stew/Wilderness Gates Mission Team

A summary of the demographics and disease conditions is indicate in Tables 1 and 2 below.

Table 1: Demographic Data: Open Clinic

Demographic Data	Number	Percentage (%)
Total Number of people seen	175	100
Males	63	36
Females	112	64
Ages		
Under 5 years	21	12
5-10years	7	4
11-19years	15	8.6
≥20 years	132	75.4
Denomination		
Seventh Day Adventists	45	25.7
Non -Seventh Day Adventist	72	41.1
Denomination not captures	58	33.1

In total, 175 patients were registered, the vast majority (75%) of whom were adults. Among those for whom denomination was captured, 62% were non Seventh Day Adventists.

Table 2: Summary of Medical Conditions

Medical Condition(s)	Num/ Sum	Percentage (%)	Additional Comment
Cardiovascular			
Hypertension	13	7.4	5 Newly diagnosed, remaining not on medications due to stock outs at clinic
Central Nervous System & Musculoskeletal			
Migraines	6	3.4	
Epilepsy	2	1.1	
Chronic back and joint pain	9	5.1	
Congenital Talipes Equinovarus	2	1.1	
Left foot drop	1	0.6	
Peripheral Neuropathy	1	0.6	
Osteomyelitis	1	0.6	
Eye Problems	20	11.4	
Dental			
Multiple Dental Carries	1	0.6	
Gastrointestinal			
Chronic abdominal pains (?PUD, Gastritis, Dyspepsia, GORD)	26	14.9	
Acute Diarrheal Diseases	5	2.9	
Haemorrhoids	2	1.1	
Rectal Prolapse	1	0.6	
Genital-Urinary /Obstetrics & Gynaecology			
Abnormal Uterine Bleeding	1	0.6	
Secondary subfertility	2	1.1	
Genital Warts	1	0.6	
Vaginal Candidiasis	3	1.7	
Dysmenorrhea	1	0.6	
Chronic Pelvic Pain (?PID)	1	0.6	
Septic Abortion	1	0.6	
Haematological			
Sickle Cell Anaemia	1	0.6	
Integumentary			
Scabies	28	16.0	NB: People receiving scabies medication indicated that it was a

			household issue, therefore the numbers were much higher than highlighted
Allergic skin rash	2	1.1	
Chronic Leg Ulcer	1	0.6	
Respiratory			
Upper Respiratory Tract Infections	4	2.3	
Tuberculosis	9	5.1	6 Confirmed on Treatment, 2 Suspected (Matted lymph nodes in neck region, children),1 suspected recurrence in adult
Asthma	2	1.1	One post Obstetric Fistula repair, Another Post Depo-Provera injection
Systemic			
Malaria	6	3.4	All children under the age of 5
Tumours			
		0.0	
Right Scrotal Mass	1	0.6	
Testicular Mass	1	0.6	
Upper eyebrow mass	1	0.6	
Left Arm mass	1	0.6	
Right Hip Mass	1	0.6	
Abdominal Tumour (Massive left to Right)	1	0.6	
		0.0	
Other NCD's			
Diabetes Mellitus	1	0.6	Newly diagnosed, in elderly Male

DISEASE BURDEN

The conditions affecting the community-included congenital anomalies (such as Talipes Equinovarus), communicable and non-communicable diseases. The top 5 conditions affecting the locals, in decreasing order, were, Scabies, Gastrointestinal Problems, Eye problems, Hypertension, Tuberculosis and Hypertension.

Scabies affected multiple households and the numbers represented in table 2 or for a single household member who often collected enough Benzoate to treat other family members affected by the same condition. The number of TB cases is alarming for the small community. Though only a few are indicated, a good number of people gave a positive family history of TB. Moreover, three children were noted to have generalised lymphadenopathy. One of whom was on TB treatment and two were suspected to have TB. Malaria was another infectious disease that was common. All Malaria positive tests were in children under the age of 5.

PREDISPOSING FACTORS

Poor sanitary conditions and water pollution:

The toilet facilities in the area are inadequate, with very few VIP toilets. Even at the school (Primary and Secondary) there were inadequate number of toilets for the students. This coupled with few facilities for washing hands, predisposes community members to diarrheal diseases. Additionally, the water from the lake was noted to be contaminated on testing. Only water from the borehole was found to be clean on water testing. It is of note however that the area is serviced by only one borehole, and households are subdivided in sections, with each section having access to the borehole once weekly. This also predisposes the community to water borne diseases, as noted with Acute Diarrheal Diseases. The children under the age of 5 appear to be particularly vulnerable.



Figure 3 Pit latrine



Figure 4 Water Samples from Lake and Borehole (Borehole water is the clearest)

Dietary Deficiencies

The diet in the area is lacking in foods that contain beta-carotene. No foods containing yellow coloured nor orange coloured plant phytochemicals were noted in the whole community and the market. Moreover, the majority of people grind their maize locally, which means the maize

is not fortified with Vitamin A. Through the farm stew program, community members were encouraged to grow carrots, yellow peppers and yellow/orange sweet potatoes to mitigate for the [present deficiencies. The present situation might explain the high percentage of people with visual problems as well as musculoskeletal body aches.

Lack of/ inappropriate use of Mosquito Nets:

Community members indicated inadequate availability of insecticide treated nets. During walks in the community, some nets were noted being used as garden nets. Others we were informed sometimes used these for fishing. There is need for Implementation Research in the area to ascertain the bottlenecks in malaria prevention and control so as to improve the situation. The area being a swamp, we were reliably informed that Malaria cases peak in the rain season.

Drug Stock outs and inadequacies at the Local Clinic

There are inadequate supplies of drugs and medical supplies at the local clinic. Notably, the lack of surgical gloves, strapping, inadequate stock of fluids like normal saline and antihypertensive to mention a few. The Blood Pressure Machine at the facility was also not working due to lack of batteries (the team however donated a manual BP machine to the facility). This made monitoring of critical patients before referral difficult. The majority of hypertensive patients were inconsistent with taking anti-hypertensive drugs due to stock-outs. These health system challenges need to be addressed to prevent unnecessary mortality. Additionally, epilepsy appears to be common in the community; however, there are no oral anticonvulsants available at the local clinic. Despite the seemingly high number of TB cases, there appears to be no active surveillance and initiation of prophylaxis to other family members/care givers.

NB: See attachment for list of items donated to the local clinic at the end of the visit.

HEALTH EDUCATION: VISIT TO THE SCHOOL

A visit to the local school, Bwalya Mponda Secondary School was done as part of a health awareness campaign. The students included Grade 6 to Grade 12 pupils. A range of issues affecting adolescents was addressed including, sexually transmitted diseases (like HIV and Syphilis), teenage pregnancy, alcohol and substance abuse as well as sanitation and mental health. Additionally career guidance was done.



Figure 5 With Teachers and Pupils at Bwalya Mponda Secondary School

RECOMMENDATIONS:

1. Ministry of Health to prioritise and strengthen Malaria control, TB control (including Prophylaxis), medicines and drugs as well as increase diagnostic capacity i.e Xray Machine
2. Ministry of Health to organise an outreach for Ophthalmologists to the area
3. Community project on growing a variety of fruits and vegetables particularly the yellow and orange coloured vegetables like carrots and orange sweet potatoes which are lacking in the diet.
4. Community education on Sanitation and building of VIP toilets as well as handwashing facilities
5. Local Authorities to sink more boreholes in the community to increase access to safe drinking water

Reported By

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List of items donated to Bwalya Mponda Clinic

- 1) Coartem — 26 Boxes of Losartan (Arterial hypertension)
(Antihypertensive)
- 2) Artesunate — 180mg
- 3) Metronidazole — 6 boxes (each box 10x10 500mg tablets)
- 4) Amizide (Hydrochlorothiazide) — Antihypertensive medicine
2 boxes of 10x10 tablets
- 5) Nifedipine (Nifedipin) — 16 blisters
(16 x 10 tablets)
- 6) BGMEF (Mefenamic acid) 500mg
tablets, 2 boxes of 10x10 tablet strips.
- 7) Anadol (Paracetamol Syrup) 3 and 1/2 bottles
- 8) Paracetamol (Kelon tablet) 500mg tablets 3 boxes of 10x10 strips
- 9) Glibenclamide (Dawnil) 5mg tablets (Antidiabetic)
4 boxes of 10x10 tablet strips
- 10) Ciprofloxacin 2 boxes 1 box 10x10 strips
1 box 7x10 strips.
- 11) Gynogynax (Clotrimazole pessaries) 2 boxes of 1x6 tablet strips
for vulvovaginal candidiasis.
- 12) Benzocaine 1x100ml bottle
- 13) Penicillin / Phenoxymethylpenicillin 250mg 4 strips of 1x10
1 strip — 1x9

- 14) Dexona eye drop — 1 bottle (for allergic reaction of eye)
- 15) Omeprazole (Anti acid) 1 x 10 tablet strip
- 16) Cotton wool — 5 packets
- 17) Methylated spirit 1 x 750ml bottle
- 18) Gloves — 100 disposable (1 box)
- 19) BP Machine — Aneroid Sphygmomanometer