



HEALTH REPORT

MISSION TRIP TO CHINYAMA LITAPI ZAMBEZI DISTRICT

22nd – 26th September 2025
HEALTH REPORT



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SITE

Chinyama Litapi is a remote rural village in Zambezi District, Northwestern Province of Zambia. It is located approximately 98 km from the district capital, Zambezi. The village is served by a single primary health facility, Chinyama Litapi Health Post, which provides basic outpatient services to several widely dispersed surrounding villages. Due to the large catchment area and limited transport options, some community members must walk long distances—up to eight hours—to access care. This creates significant delays in seeking treatment and increases the risk of complications from otherwise preventable or manageable conditions. Owing to its limited capacity, the health post refers patients requiring higher-level care to Zambezi District Hospital for more advanced evaluation and management.



Chinyama Litapi is primarily a fishing and peasant farming community, with livelihoods dependent on natural resources and seasonal agricultural productivity. Its geographic isolation presents significant barriers to accessing timely healthcare, adequate nutrition, and reliable transport. Travel to referral facilities is difficult and prolonged, particularly during the rainy season when roads become largely impassable. In addition, the community has limited access to diverse and nutritious foods, especially fruits and vegetables, which are essential for maintaining good health. The pattern of disease observed in this community reflects the combined effects of environmental exposure, physically demanding livelihoods, nutritional limitations, and delayed access to essential health services. These structural challenges increase vulnerability to preventable diseases and contribute to poorer health outcomes across all age groups.



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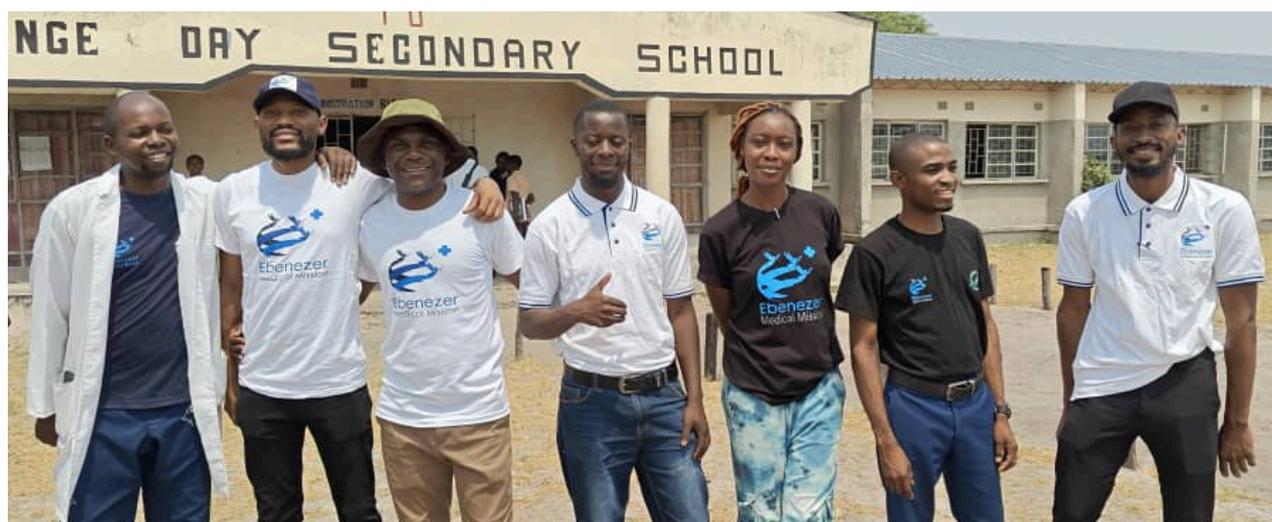


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TEAM MEMBERS

MEDICAL TEAM

Name	Position/Organization	Qualification
Mercy Monde Imakando	President - Ebenezer Medical Mission	Obstetrician Gynaecologist
Muyereka Nyirenda	Vice President - Ebenezer Medical Mission	Obstetrician Gynaecologist
Orbrie Chewe	Treasurer - Ebenezer Medical Mission	Public Health Specialist, Field Epidemiologist
Beene Moonga	Vice Proects Coordinator - Ebenezer Medical Mission	Insurance Broker
Lucia Zulu Nyirenda	Member - Ebenezer Medical Mission	Paediatric Nurse
Emmanuel Chama	Member - Ebenezer Medical Mission	Laboratory Technician
Frank Mutuna	Member - Ebenezer Medical Mission	Medical Student
Violet Banda	Ebenezer Medical Mission	Chef
Mr. Kakoma Sakatete	Zambezi District Health Office	Clinical Officer
Ms. Medrine Kamboyi	Zambezi District Health Office	Nurse
Mr. Mulonda	Zambezi District Hospital	Dental Technician
Ms. Chilombo	Chinyamalitapi Health Post	Nurse
Mr. Samuel Phiri	Chinyamalitapi Health Post	Clinical Officer



WILDERNESS GATE MISSION | FARMSTEW

Name	Position/Organization	Qualification
Hillary Zebron	Director - Wilderness Gate Mission/Farm Stew	Architect
Daniel Lungu	Farm Stew Regional Coordinator	Farm Stew Trainer Missionary and Medical Evangelist
Richard Mushipi	Farm Stew Field Coordinator N/Western Province	Missionary Farm Stew Trainer and Bible
Cephas Kakweji	Farm Stew Volunteer	Teacher
Mr. Mushipi	Farm Stew Volunteer	Farm Stew Volunteer

CAMP SITE



CLINIC TIMES



A clinic was ran from Tuesday 23rd September 2025 to Friday 26th September 2026 at the “Camp” which at Chinyamalitapi clinic. Medical services offered included screening, treatment, rehabilitation and health education as patients with various conditions presented. Both Outpatient and inpatient (at the local clinic) healthcare services were provided.



FINDINGS

In total, 224 patients were registered, the vast majority (83%) of whom were adults. The oldest patient was 98years old, while the youngest was 2 months old. Among those for whom denomination was captured, 94% were non Seventh Day Adventists.

Table 1: Demographic Data: Open Clinic

Demographic Data	Number	Percentage (%)
Total Number of People seen	224	100
Males	83	37
Females	141	63
Age		
Under 5 years	19	8
5-10 years	18	8
11-19 years	27	12
≥20 years	158	71
Denomination		
Seventh-day Adventists	10	5
Non-Seventh-day Adventist	211	94
Denomination not captured	3	1

Table 2: Summary of Top 5 Medical Conditions by Age Category

Medical Condition(s)	Frequency	Percentage (%)
Under 5 (n=16)		
Malaria	6	38
Respiratory Tract Infections	4	25
Conjunctivities	1	6
Diarrheal Diseases	1	6
Epilepsy	1	6

Children 5 - 17 years (n=35)		
Malaria	10	29
Respiratory Tract Infections	7	20
Conjunctivities	3	9
Virtiligo	2	6
UTI	1	3
Adults 18 years and Above (n=151)		
Musculoskeletal Pain/Conditions	35	23
Hypertension	18	12
Respiratory Tract Infections	10	7
Arthritis	8	5
Malaria	6	4

Dental team saw over 30 clients. Mostly dental carries. The dental team also distributed toothpaste and toothbrushes to community members. Much-needed commodities in the area.



Disease Burden and Health Needs Assessment in Chinyama Litapi

Disease Burden Among Children

Infectious diseases were the predominant health concern among children under five years of age. Malaria accounted for 38% of reported conditions, followed by respiratory tract infections (25%). This high burden is consistent with the environmental conditions of a lakeside fishing community, where stagnant water provides ideal breeding sites for mosquitoes, increasing the risk of malaria transmission. Young children are particularly vulnerable due to their developing immune systems and lower physiological reserves.

The high prevalence of malaria in this age group suggests gaps in access to essential preventive measures, including consistent use of insecticide-treated nets (ITNs), adequate coverage of indoor residual spraying (IRS), and access to malaria vaccination where available. These gaps are likely exacerbated by the community's geographic isolation, limited access to health services, and supply constraints. Diarrheal diseases and conjunctivitis were also observed, reflecting challenges related to sanitation, hygiene, and limited access to clean water. Compared to older age groups, children under five carried the highest proportional burden of acute infectious diseases, highlighting their increased vulnerability and the urgent need for targeted preventive interventions.

Children aged 5–17 years showed a similar pattern, with malaria (29%) and respiratory tract infections (20%) remaining the most common conditions. The slightly lower proportion compared to younger children may reflect gradual development of partial immunity and improved physical resilience with age. However, infectious diseases remain a major health concern in this group. Other conditions such as conjunctivitis and skin disorders were also observed, likely due to environmental exposure and participation in fishing and farming activities from a young age. These findings indicate that infectious diseases continue to pose a significant and persistent threat throughout childhood in this community.



Disease Burden Among Adults

Adults aged 18 years and above experienced a broader range of health conditions, with a shift toward chronic, occupational, and lifestyle-related health problems. Musculoskeletal disorders were the most common condition, affecting 23% of adults. This was followed by hypertension (12%) and respiratory tract infections (7%). The high prevalence of musculoskeletal disorders is likely linked to the physically demanding nature of fishing and peasant farming, which involve repetitive strain, heavy lifting, and prolonged manual labour. Eye conditions, including cataracts, were also observed and may be associated with aging, prolonged sun exposure, and nutritional deficiencies. Access to eye care services is currently unavailable within the community, leaving many conditions undiagnosed and untreated.

Nutritional factors likely play a significant role in adult health outcomes. Although fish is readily available, access to fruits and a diverse range of vegetables is limited. This lack of dietary diversity increases the risk of micronutrient deficiencies, which may contribute to muscle weakness, reduced physical capacity, poor immunity, and eye disorders. These nutritional challenges, combined with physically demanding livelihoods, increase vulnerability to both chronic and infectious diseases.

Community-Associated Disease Risk Factors

Several structural and environmental factors contribute significantly to the observed disease burden across all age groups:

1. *Geographic isolation and limited access to healthcare:*

Chinyama Litapi is located approximately 98 km from Zambezi District in the Northwestern Province of Zambia. Access to healthcare is severely limited by distance and lack of reliable transport. Community members often walk long distances to reach Chinyama Litapi Health Post, with some walking up to eight hours. Referral to Zambezi District Hospital requires transport by motorbike or scotch cart. Ambulance response times range from 3.5 to 4 hours under normal conditions and are significantly longer during the rainy season when roads become impassable. These delays result in late presentation, worsening of otherwise manageable conditions, and increased risk of complications.

2. *Environmental Exposure:*

The lakeside environment increases exposure to malaria-transmitting mosquitoes and waterborne diseases such as schistosomiasis. Housing conditions and limited access to preventive interventions further increase transmission risk.

3. *Poor Dietary Diversity and Nutritional Deficiencies:*

Despite access to fish, the community has limited access to fruits and diverse vegetables. This contributes to micronutrient deficiencies that may worsen immunity, increase susceptibility to infections, and contribute to musculoskeletal and eye disorders.

4. *Occupational Risk Factors:*

Fishing and peasant farming involve heavy manual labour, increasing the risk of musculoskeletal disorders and long-term physical strain.

5. *Limited Water, Sanitation, and Hygiene Infrastructure:*

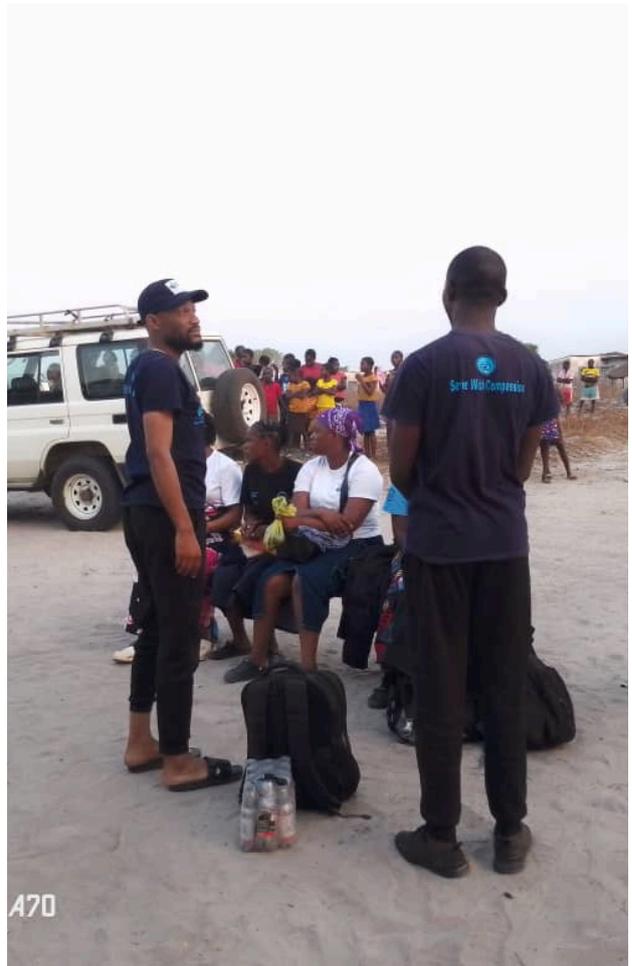
The presence of diarrheal diseases and eye infections suggests gaps in sanitation, hygiene, and access to clean water.



Integrated Approach Model - Medical Care and FARMSTEW Program

The collaboration between the medical outreach team and the FARMSTEW International program represents a critical and sustainable approach to improving long-term health outcomes in Chinyama Litapi. While the medical team addressed immediate health needs through diagnosis and treatment, the FARMSTEW team focused on empowering community members with practical knowledge and skills to prevent disease through improved daily living. This included training households to grow a wider variety of fruits and vegetables of different colours, which is essential for improving dietary diversity and reducing micronutrient deficiencies that contribute to poor immunity, muscle weakness, and eye conditions. In addition, the promotion and construction of ventilated improved pit (VIP) latrines and the installation of simple handwashing facilities such as tip taps are vital for improving sanitation and hygiene, thereby reducing the spread of diarrheal diseases, respiratory infections, and other preventable illnesses. This integrated approach is particularly important in a remote setting where access to healthcare is severely limited. By combining clinical care with practical interventions in nutrition, agriculture, sanitation, and hygiene, the program not only treats existing conditions but also addresses their root causes. Such preventive, community-based strategies strengthen resilience, reduce long-term dependence on external medical services, and support healthier and more self-sufficient livelihoods.

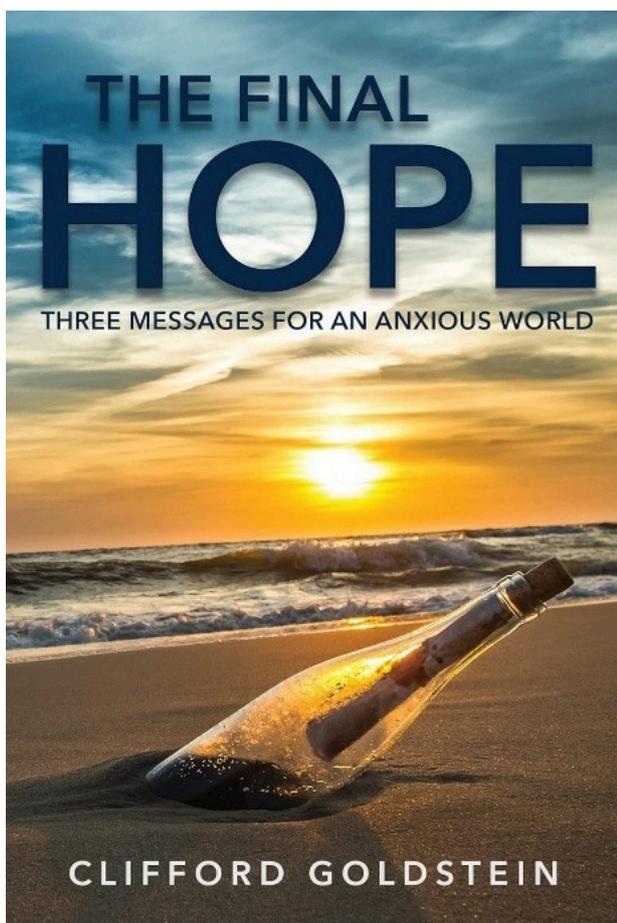
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Evangelism and Spiritual Support

As part of the holistic outreach approach, evangelistic activities were integrated into the medical mission, reflecting a commitment to caring for both the physical and spiritual needs of the community. Following Christ's example of compassionate service, prayers were offered for each patient who consented, providing spiritual encouragement and comfort alongside medical care. This approach was well received and contributed to building trust and strengthening relationships with community members.

In addition, 200 copies of *The Final Hope*, a faith-based resource focused on health, hope, and spiritual well-being, were

distributed to patients, community members, and the administration of Mwnage Day Secondary School. These materials were intended to provide ongoing spiritual support and promote principles of healthy living, personal resilience, and hope. Integrating spiritual care with health services reinforced the mission's commitment to holistic well-being and supported the community's emotional and spiritual resilience in the face of ongoing social and health challenges.

Health Education: Visit to Mwnage Day Secondary School



As part of the outreach program, the medical team conducted a health education and career guidance session at Mwnage Day Secondary School. The session was also attended by pupils from the nearby primary school, ensuring broader engagement with adolescents at different educational levels. The health awareness component focused on key issues affecting young people in remote rural settings, including sexually transmitted infections such as HIV and syphilis, teenage pregnancy, alcohol and substance abuse, personal hygiene, sanitation, and mental health. These topics were discussed in an age-appropriate and practical manner to improve knowledge, promote healthy decision-making, and reduce risk behaviors.

In addition, career guidance was provided to help broaden students' awareness of educational and professional opportunities beyond their immediate environment. The presence of professionals from diverse fields served as tangible examples of achievable career pathways, helping to inspire motivation and long-term goal setting. Particular emphasis was placed on the importance of maintaining a positive mental attitude, resilience, and commitment to education as key determinants of future success. This engagement not only addressed immediate health education needs but also contributed to empowering young people with knowledge, confidence, and aspirations necessary for improved life outcomes. Copies of Final Hope were given to Head teachers for the Primary and Secondary School as a contribution to the local libraries.

Recommendations

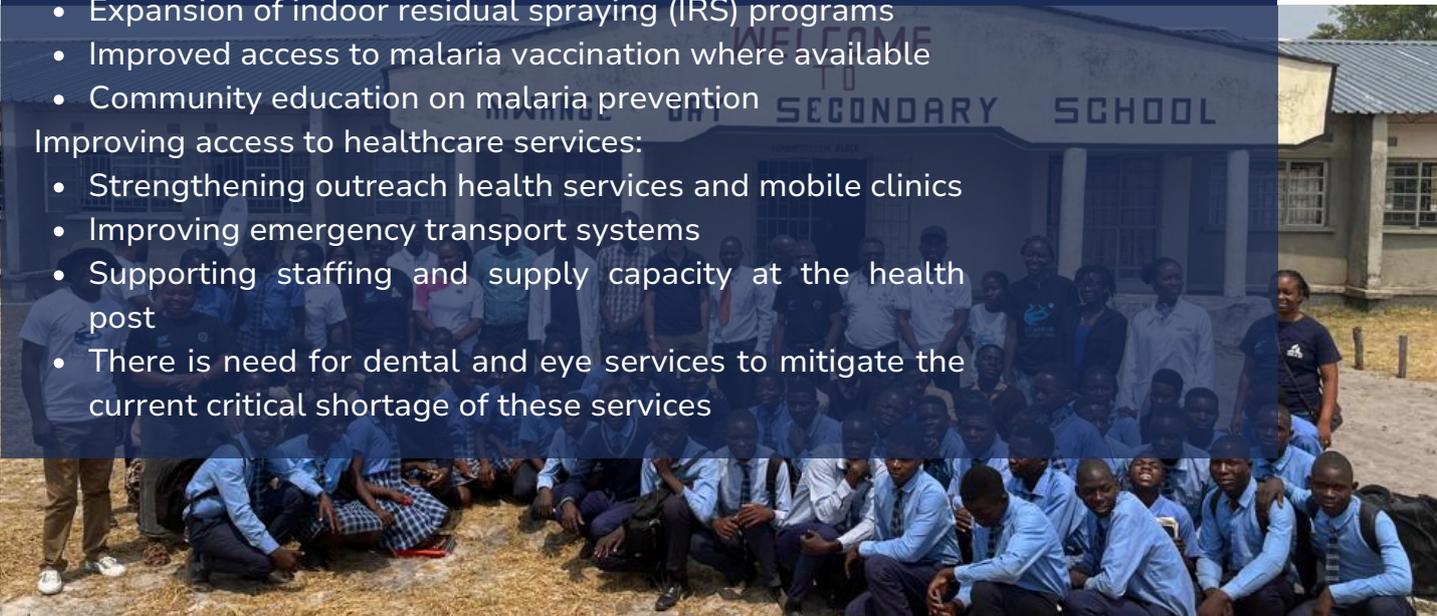
The findings highlight an urgent need for integrated, sustainable interventions to reduce preventable disease and improve long-term health outcomes. Priority areas include:

Strengthening malaria prevention and control:

- Distribution and promotion of insecticide-treated nets (ITNs)
- Expansion of indoor residual spraying (IRS) programs
- Improved access to malaria vaccination where available
- Community education on malaria prevention

Improving access to healthcare services:

- Strengthening outreach health services and mobile clinics
- Improving emergency transport systems
- Supporting staffing and supply capacity at the health post
- There is need for dental and eye services to mitigate the current critical shortage of these services



Medical Supplies

As we impacted on this important mission, we accomplished the mission with the following medical supplies which we carried to Chinyama Litapi.

Item	Bath Quantity (PCS)
Malaria Test Kit (Koshiho) - 5*5	1
Novalyte (ORS) - 10*5	10
Zinc Sulphate 20mg Tabs - 10*10	2
Uprone 20 Caps (Omeprazole 20mg) - 10*1*10	10
Polygel Tabs - 20*10	6
Ziflodip - 10 (Amlodipine 10mg) - 10*10	3
Nifedipine 20mg Tabs (Umedica) - 10*10	20 box
Frude Tabs Furosmide) - 10*10	2
BG-Met (Metformin) 500g - 10*10	6
Glycoben Tab (Dionil)	6
Kemoxyl (Amoxicillin) Caps - 1000'S	1
Agomet Metronidazole 200mg - 1000'S	2
Dental Tabs 600mg (Praziquantel) - 2*4	5
Pen V Tabs - 10*10	15
Lofnac - 100 Tabs (20*10)	8
Lofnac Balm - 12g	40
Curamol (Paracetamol) 500mg - 1000'S	2
Amidol Syrup (Paracetamol) - 100ml	15
Dazel Kit - 1'S	5
Lonart Tabs - 10*3*8	10
Ciproz 500mg (Ciprofloxacin) - 10*10	20
Cetirizine Tab (Altrine) - 10*10	1

Wormin - 100 Tabs - 24*1*6	2
Benzo Benzonate Application - 100ml	15
Dexnew Eye/Ear Drops 5ml	40
On call Strips - 50'S	3
Lancets 100'S - Flat	1
Funbact-A Cream - 30gm	10
FCN-150 Fluconazole Tablets 150mg 1*1	10
Oralcon-F Tabs 3*28	10



Enhancing nutrition and food security:

- Supporting household production of diverse fruits and vegetables
- Promoting nutrition education to improve dietary diversity
- Integrating agriculture and nutrition interventions to address micronutrient deficiencies.

Addressing occupational and chronic health risks:

- Community education on injury prevention and safe work practices
- Screening and early management of hypertension and chronic conditions
- Provision of basic eye screening and referral services

Improving water, sanitation, and hygiene (WASH):

- Construction and use of improved latrines
- Promotion of handwashing facilities such as tip taps
- Community hygiene education to reduce infectious diseases

Supporting preventive, community-based approaches:

Integrated programs such as those implemented in collaboration with FARMSTEW International demonstrate the importance of combining healthcare with sustainable interventions in agriculture, nutrition, sanitation, and livelihood development.

Conclusion



Chinyama Litapi faces a dual burden of disease, with children primarily affected by preventable infectious diseases and adults experiencing both infectious and chronic occupational-related conditions. These health challenges are driven by geographic isolation, limited healthcare access, poor dietary diversity, and physically demanding livelihoods. Donor support is essential to strengthen preventive services, improve access to care, enhance nutrition, and build sustainable community resilience. Integrated, community-based interventions offer a cost-effective and sustainable pathway to improving health outcomes in this underserved population.

Reported by: ***Dr. Mercy Imakando - Mutali***
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