

**ZOE MEDICAL CENTRE
MKOMBE OUTREACH REPORT**

on

**31st May 2025 and 1st June 2025
at Mkombe village/Malawi**

by

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1.0 INTRODUCTION

Zoe Medical Center (outreach doctors Ltd) organized an outreach clinic campaign in Mkombe village on 31st May 2025 and on 1st June 2025 from 8am to 5:30pm.

On that particular day, focus was Outpatient department services. In essence, some activities carried out include vital signs check and examination of patient.

The main focus was to treat uncomplicated communicable and non-communicable affecting people of all age groups in the area and also follow up patients with chronic diseases such as diabetes and hypertension, treated during the previous outreach campaign and also refer to nearest hospital cases that needed admission.

The campaign was held at Disciples church, founded by North-West Mission.

This report will present the activities carried out by Zoe Medical Centre, common medical conditions encountered, medication distributed as well as recommendations.

2.0 ACTIVITIES CONDUCTED BY ZOE MEDICAL CENTRE

We arrived at Mkombe village at 7:30am and were welcomed the missionaries, one of the missionaries who founded Disciples' church as well as the church pastor. The team of medical staff who participated during the campaign include a Medical Doctor, 1 Nurse and a Counsellor

2.1 Health Education

Health talk on malaria was conducted by the nurse and the clinical officer. Patients were briefed on the activities to be carried out after the health talk.

2.2 Patient Registration and Vital Signs Check

Patients were registered in the record when they arrived. Temperature, pulse rate and blood pressure were as well checked.



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2.3 Examination of patients

Patients were examined by the Medical Doctor. Consultations were also made and patients with complicated medical and surgical cases were referred to higher health facility such as Kamuzu Central Hospital for better management of their cases. Some of the complicated cases encountered include cardiac failure and a huge lipoma on the back.



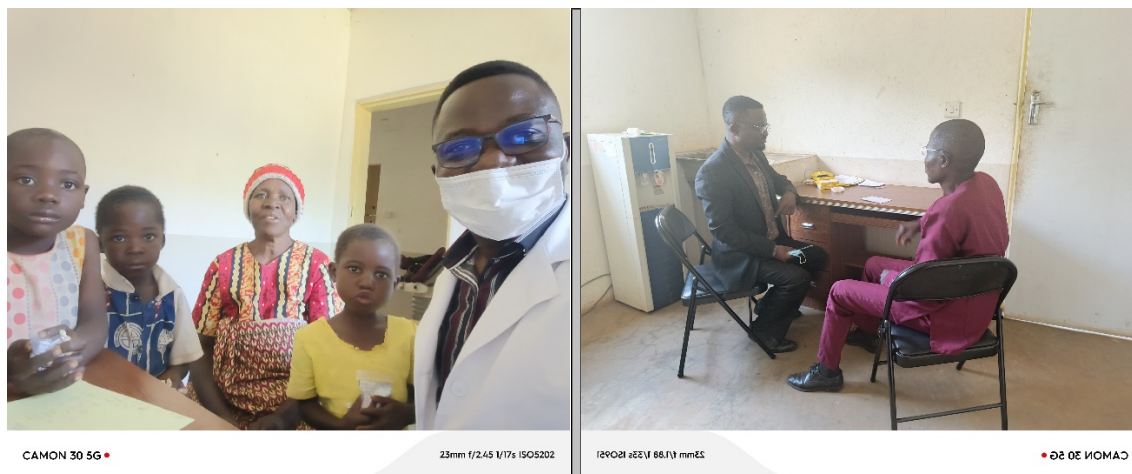
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Patient consulting from Medical Officer

2.4 Laboratory Tests

The laboratory investigations carried out include Malaria Rapid Diagnostic Test, Random Blood Sugar Test. Patients were also counselled and tested for HIV.

2.5 Pharmacy.

After prescriptions medication was dispensed by the nurse and doctor. Some of the medicine provided during the campaign are displayed in the table below.

Table 1: Summary of Medicine distributed and those remaining in stock

| Name of medicine | Amount of medication taken | Distributed | In stock |
|-------------------|----------------------------|-------------|----------|
| Amoxyl syrup | 60 | 60 | - |
| Paracetamol Syrup | 35 | 35 | - |
| Cofex syrup | 35 | 35 | - |
| ORS | 10 | 10 | - |
| Nifedipine | 200 | 200 | - |
| Propranolol | 1000 | 600 | 400 |
| HCTZ | 1000 | 550 | 450 |
| Ciprofloxacin | 1000 | 1000 | |
| Amoxyl | 1500 | 1500 | |
| Metronidazole | 1000 | 700 | 300 |
| Omeprazole | 200 | 200 | |
| Doxycycline | 1000 | 150 | 850 |
| Cold-flue | 100 | 100 | |
| chlorpheniramine | 1000 | 300 | 700 |
| Pyridoxine | 600 | 600 | - |

| | | | |
|---------------------------|------|------|-----|
| Brufen | 4000 | 4000 | |
| Acetaminophen | 1000 | 700 | 300 |
| Metformin | 300 | 300 | |
| Glibenclamide | 300 | 300 | |
| Lumefetrine Artemether | 100 | 100 | |



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Patients receiving medicines

3.0 COMMON CONDITIONS ENCOUNTERED

A Total of 327 people were treated during the campaign. This includes 58 children between 36 months to 11 years of age and 269 adults within age ranges of 12 to 80 years, mostly females. Some common uncomplicated cases conditions which were treated include sepsis, musculo-skeletal pain, gastritis and respiratory tract. Other complicated cases which were referred higher health facility include cardiac failure and erectile dysfunction. Below are the tables showing distribution of villagers treated as well as common conditions.

Table 2: Category of patients who were treated on the campaign

| MALE CHILDREN | FEMALE CHILDREN | MALE ADULTS | FEMALE ADULTS |
|---------------|-----------------|-------------|---------------|
| 28 | 30 | 132 | 137 |

Table 3: Conditions encountered among the patients treated

| Name Of Condition | Number Of Female Adults | Number of Male Adults | Number of children | Total |
|-----------------------------|-------------------------|-----------------------|--------------------|-------|
| Respiratory Tract Infection | 23 | 20 | 35 | 78 |
| Musculo Skeletal Pain | 25 | 14 | | 34 |
| Sepsis | 10 | 5 | 3 | 18 |
| Malaria | 7 | 4 | 12 | 23 |
| Gastritis | 18 | 12 | 3 | 33 |
| Hypertension | 30 | 32 | | 62 |
| Peripheral Neuropathy | 12 | 10 | | 22 |
| Skin infection | 4 | 1 | 5 | 10 |
| Arthritis | 4 | 6 | | 10 |
| Urinary Tract Infection | 12 | 13 | | 25 |

| | | | | |
|--------------------------------|---|---|---|---|
| Sexually Transmitted Infection | 2 | 3 | | 5 |
| Helminthiasis | - | - | 3 | 3 |
| Peptic Ulcer | - | - | 2 | 2 |
| Other Complicated Diseases | 1 | - | 1 | 2 |

4.0 CHALLENGES

- Insufficient medical supply. Despite treating most common diseases, some other patients with skin infections were not treated due shortage of medication. Some under five children were also not treated due to shortage of necessary medication in syrup and suspension presentation.
- Other patients were not assisted since they turned up late. This occurred since most villagers were engaged in other church activities.
- We were not able to bring the whole team with us for this outreach due to lack of food allowances and transport since we come from different areas.
- The car which we purchased was an old Rava 4 of 2004 and has been giving us problems currently the gearbox is damaged.

5.0 RECOMMENDATION

In a bid to address the above challenges, the following are the recommendations.

- Purchasing enough medication to treat the conditions effectively.
- Encourage the village leaders to announce timely about the outreach program in the village in order to keep the villagers aware of the program.
- Foster partnership with the nearest health Centre during outreach clinics in the area
- **Schedule the outreach program to be conducted on a favourable day by the villagers so as to reach out to many people.**
- Liaise with nearest Health Centre on follow up of patients with chronic illnesses.
- High demand of outreach clinics at Dzaleka refugee camp since the UNHCR is has no funds to support the clinic at the camp. I receive calls every week from the refugees to help them with medicines.
- We have to start building the Zoe Medical Center if funds available.

6.0 CONCLUSION

This outreach campaign has been a success since most un-complicated diseases were treated. The increase in turn up of patients as compared to the previous program signifies that the program is really helpful to the habitants. This also depicts that the program has been well accepted in the village. Complicated cases such as cardiac failure were referred to higher facilities for advance treatment. We appreciate Zoe Foundation and Dr David Elder for making these 2 days of outreach clinics possible.