

**ZOE MEDICAL CENTRE**  
**MKOMBE OUTREACH CLINIC REPORT**

**23<sup>rd</sup> April 2017**

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## **1.0 INTRODUCTION**

Zoe Medical Center organized an outreach clinic campaign in Mkombe village on 23 April 2017 from 12:30pm to 4:30pm. On that auspicious day Outpatient services were conducted. In view of this some activities carried out include vital signs check and examination of patient. The main focus was to treat uncomplicated communicable and non-communicable diseases affecting people of all age groups in the area. Mkombe village was chosen since it has no health facility. The campaign was held at Disciples church, founded by north-west mission.

This report will present a general overview of Mkombe village, the activities carried out by Zoe Medical Centre, common medical conditions encountered, medication distributed as well as recommendations.

## 2.0 MKOMBE VILLAGE

Mkombe village is located along Mchinji road, about 25km from Malawi's capital, Lilongwe. The area is flat and marshy as such most people farm to earn a living. The land topography predisposes the inhabitants to frequent malaria attacks. Farming which happens to-be one of the daily activities, also precipitates some problems such as musculo skeletal pains.

Mkombe is one of the villages located away from health facility. The nearest health facility is Mbwatalika Mission Hospital about 5km away, which offers health services at a fee. This is a challenge to the poor who are forced to travel long distances to seek free health services from government hospitals which include Mkanga, Nthondo, Nsalu, Chileka as well as Chitedze Health centres. These facilities are located about 5 to 10km away.



***A picture displaying topography of Mkombe village***

## 3.0 ACTIVITIES CONDUCTED BY ZOE MEDICAL CENTRE

We arrived at Mkombe village at 12 noon and were welcomed by the missionaries who founded Disciples' church, village chiefs as well as the village headman. The team of medical staff who participated during the campaign include a Medical Doctor, a clinical officer, 2 Nurses and Counsellors.



***Missionary Lee and Missionary Choi welcoming Zoe team***



***Zoe team with other participants of the outreach clinic***



***Villagers of all age groups waiting for medical attention***

### ***2.1 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.



***Patient registration in progress***



***Counsellor checking patient blood pressure***

## ***2.2 Examination of patients***

Patients were examined by the Medical Doctor and Clinical Officer. 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.



***Clinical Officer examining patient***



***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 counseled and tested for HIV. Those who tested positive to HIV were referred to higher health facility for further management.



***Laboratory Technician conducting Malaria and Random Blood Sugar Test***

## ***2.5 Pharmacy.***

After prescriptions medication was dispensed by the nurse. 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
Lumefetrine Artemether	15	15	-
Ciprofloxacin	400	100	300
Paracetamol	414	414	-
Brufen	270	270	-
Tylenol	1000	1000	-
Amoxicillin Caps	2000	500	1500
Doxycycline Caps	1300	200	1100
Propranolol	700	640	
Hydrochlorothiazide	1600	300	1300
Chlorpheniramine	900	200	800
Promethazine	1000	100	900
Cefuroxime	1000	1000	-



**Village headman (*immediately next to the nurse*) receiving medicine**

### 3.0 COMMON CONDITIONS ENCOUNTERED

A Total of 140 people were treated during the campaign. This includes 24 children between 36 months to 11 years of age and 116 adults within age ranges of 12 to 85 years, mostly females. Some common cases conditions which were treated include malaria, musculo-skeletal pain and respiratory tract infections, hypertension, diabetes, asthma.



*Pictures depicting a 3 years old boy with Umbilical Hernia*

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

MALE CHILDREN	FEMALE CHILDREN	MALE ADULTS	FEMALE ADULTS
9	15	54	62

**Table 3: Conditions encountered among the patients treated**

Name Of Condition	Number Of Adults	Number Children	Total
Respiratory Tract Infection	31	8	39
Musculo Skeletal	32	-	32

Pain			
Urinary Tract Infection	11	2	13
Sexually Transmitted Diseases	1	-	1
Malaria	15	8	23
Gastro Enteritis	2	-	2
Gastritis	4	-	4
Peptic Ulcer Disease	4	-	4
Hypertension	9		9
Sepsis	1	2	3
Arthrititis	5	-	5
Amoebiasis	2	-	2
Dermatological Disease	2	-	2
Ophthalmic disease	2	-	2
Other Complicated	8	3	11

diseases			
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#### 4.0 CHALLENGES

- Insufficient medical supply. Despite treating most common diseases, some other patients with malaria were not well treated due shortage of medication.
- Shortage of medical personnel to assist since the people come in large numbers.
- Other patients were sent back due to time( late hours) and also we didn't enough drugs to respond to the need of everyone.

#### 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.
- Conducting pre-assessment of the common conditions affecting the area so as to familiarize ourselves with the health status of the community.
- 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.

## **6.0 CONCLUSION**

This outreach campaign has been a success since most un-complicated diseases were treated. The presence of the village leaders as well proves that the program was welcomed in the village. Complicated diseases were referred to higher facilities for proper treatment.