

# Pamoja Tunaweza Medical Caravan: February 2016

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*Statistical Report: Prepared February 2016*

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Our nurse Leonce attending to a patient in Shimbwe



Patients cue outside Kahe dispensary

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## Introduction

Pamoja Tunaweza Women's Center (PTWC) has been conducting caravans since 2008 and typically conduct them twice per year. The caravans are usually two weeks in duration with the first week seeing patients and the second week providing follow up care. The locations are chosen based on past relationships, areas of need identified by local health authorities, and proximity to our clinic in Rau which enables patients to come for follow up care if necessary. Our local staff work with foreign doctors, nurses and pharmacists to provide free consultation and medication to patients, typically seeing over 100 patients each day. Emergency and life threatening/changing surgeries are also supported at the discretion of the medical team and typically patients are requested to raise half the amount of the funds for major surgeries. PTWC conducted a two week medical outreach to rural communities in Hai and Moshi Rural from February 1<sup>st</sup> - February 12<sup>th</sup>, 2016.

The schedule was as follows:

February 2<sup>nd</sup>: Kahe

February 3<sup>rd</sup>: Shimbwe

February 4<sup>th</sup>: Mtakuja

February 9<sup>th</sup>: Kahe

February 10<sup>th</sup>: Shimbwe

February 11<sup>th</sup>: Mtakuja

## Staff background

The majority of the staff were Tanzanians including doctor, clinical officer, pharmacist, ophthalmologist and surgeon. We used the local staff at each health clinic to ensure they were seeing patients and working together. This typically consisted of clinical officer, nurses and support staff. There were four nurses from Canada and two support volunteers. The Canadian volunteers were partnered with a local support staff of nurses, translators, pharmacists and crowd-control at all times.

## Services

### Services Provided

The services provided to patients during the caravan were general medical and paediatric care, optometry (and the distribution of reading glasses), gynaecological consultations, HIV testing and counselling, and limited minor surgeries. Most patients received a general medical "kit", including paracetamol for minor pain relief and a de-worming treatment, as well as any other medications they needed at no cost. Moreover, doctors referred patients to the Kilimanjaro Christian Medical Centre and St. Joseph's Hospital in Moshi for further treatment and follow-up care.

### **Emergency/life changing or threatening surgery**

PTWC provided support for three patients facing emergency or life changing/threatening surgery. This included two patients with cataracts and one with rickets.

### **Numbers of Patients**

In February 2016 we saw a total of 512 patient (315 women, 191 men, and 6 not accounted for)

Kahe: 251

Shimbwe: 145

Mtakuja: 116

### **Medication**

There were 1,764 medications dispensed. This includes the standard de-worming and pain relief kit, which counts as two prescriptions.

## Statistics

There were 713 conditions diagnosed from the 512 patients.

<b>UTI</b>	<b>120</b>
<b>MSK</b>	<b>119</b>
<b>LRTI</b>	<b>83</b>
<b>Hypertension</b>	<b>62</b>
<b>Viral RTI</b>	<b>33</b>
<b>Tinea/Fungal Skin</b>	<b>30</b>
<b>Headache</b>	<b>30</b>
<b>Eye Problem</b>	<b>26</b>
<b>Allergy/Dermatitis/Eczema</b>	<b>24</b>
<b>GI Infection</b>	<b>22</b>
<b>PUD</b>	<b>19</b>
<b>Worms</b>	<b>21</b>
<b>PID/Urethritis</b>	<b>19</b>
<b>Vaginosis</b>	<b>15</b>
<b>Diabetes</b>	<b>13</b>
<b>Bacterial skin/soft tissue infection</b>	<b>11</b>
<b>Otitis Media</b>	<b>11</b>
<b>Skin Lesions</b>	<b>9</b>
<b>Conjunctivitis</b>	<b>6</b>
<b>TB</b>	<b>5</b>
<b>Medication Refill</b>	<b>5</b>
<b>Tonsilitis</b>	<b>4</b>
<b>Thrush</b>	<b>3</b>
<b>Asthma</b>	<b>3</b>
<b>Malaria</b>	<b>3</b>
<b>Constipation</b>	<b>3</b>
<b>Hernia</b>	<b>3</b>
<b>Scabies</b>	<b>2</b>
<b>Dental Infection</b>	<b>2</b>
<b>Psych</b>	<b>2</b>
<b>Prostate</b>	<b>2</b>
<b>Leprosy</b>	<b>2</b>
<b>Chicken Pox</b>	<b>1</b>
<b>Acne</b>	<b>1</b>
<b>Angina</b>	<b>1</b>
<b>Congestive Heart Failure</b>	<b>1</b>
<b>Neuropathy</b>	<b>1</b>

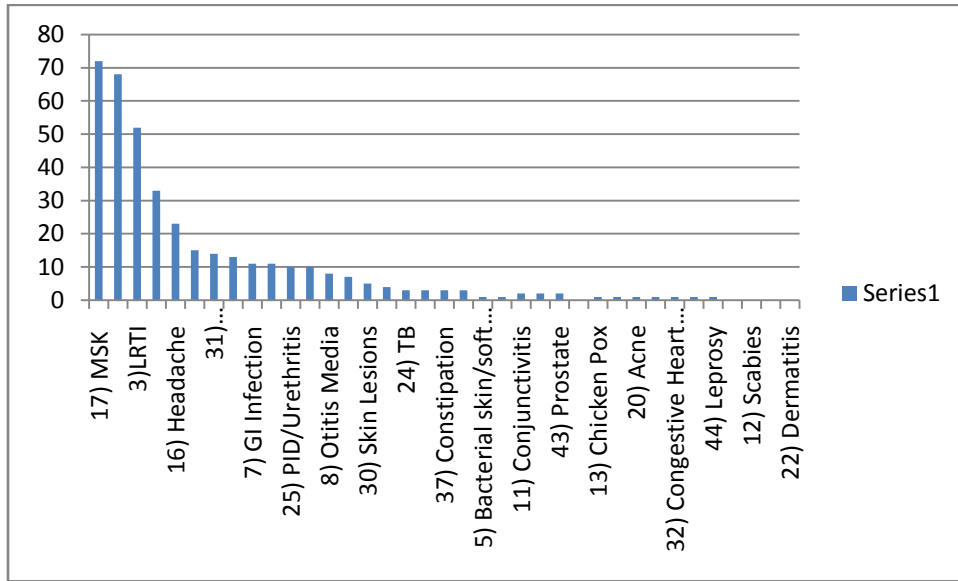
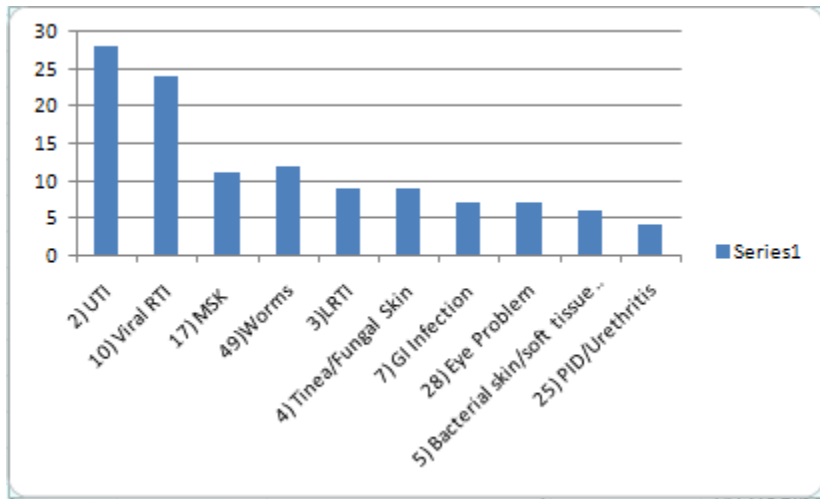


Figure 1: Graph of overall diagnosis

## Breakdown by village:

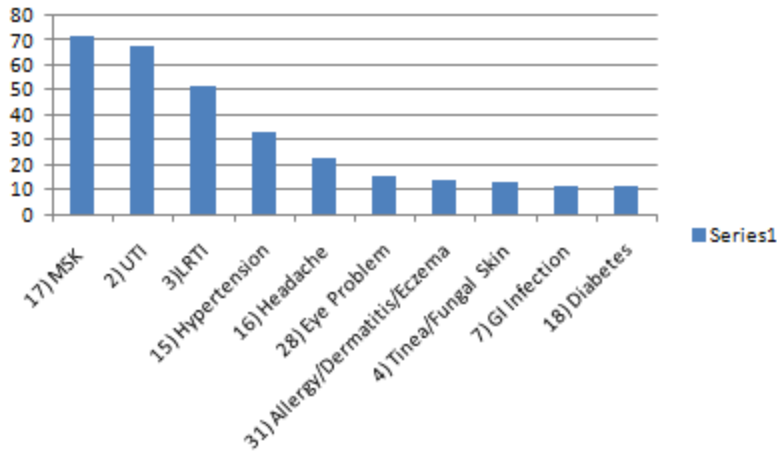
Below find the ten most common diagnosis for each village

**Mtakuja:** 116 patients seen with 134 conditions diagnosed.



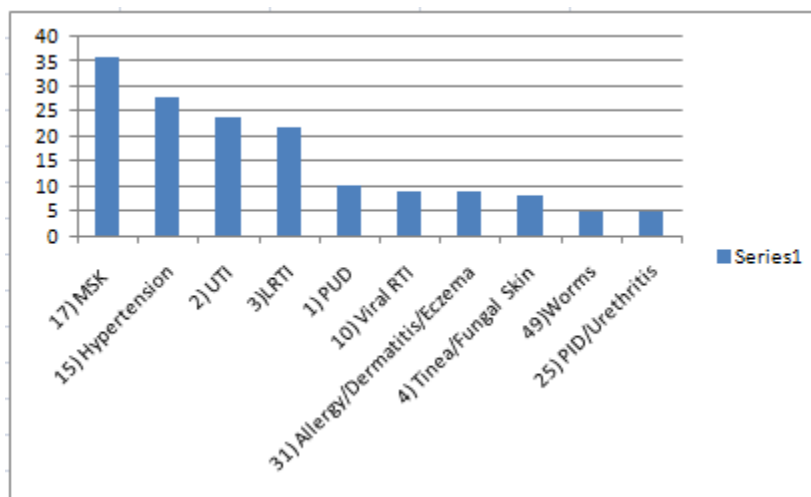
UTI	21
Viral RTI	13
MSK	8
Tinea/Fungal Skin	5
Eye Problem	5
GI Infection	5
LRTI	3
PID/Urethritis	4

**Kahe:** 251 patients seen with 383 conditions diagnosed.



MSK	72
UTI	68
LRTI	52
Hypertension	33
Headache	23
Eye Problem	15
Allergy/Dermatitis/Eczema	14
Tinea/Fungal Skin	13
GI Infection	11
Diabetes	11

**Shimwe:** 145 patients seen with 196 conditions diagnosed.





MSK	36
Hypertension	28
UTI	24
MLRTI	22
PUD	10
Viral RTI	9
Allergy/Dermatitis/Eczema	9
Tinea/Fungal Skin	8
Worms	5
PID/Urethritis	5

## Conclusion

The medical outreach was extremely successful in providing primary outpatient care for those in the surrounding rural areas. The number of patients seen, medications dispensed, and surgeries supported demonstrate effective utilization of time and resources.

PTWC looks to use the statistics gathered from each community to design health education programs in response to the most prevalent diagnosis that we have found in communities. We have recently implemented a more structured statistical approach that will allow us to track the most common diagnoses. We hope to implement targeted health education programs in the next year which are aimed at reducing targeted health issues.

PTWC looks forward to our next medical outreach, which will take place in October 2016.

We would like to thank the Government of Tanzania, specifically the Regional Medical Office of Kilimanjaro, District Medical Office of Moshi Urban and Rural, and local staff at all the dispensaries and clinics. We would also like to thank our Canadian volunteers who donated financially and with their skills and time. Lastly we would like to thank our local staff for bridging the gap between the foreign volunteers and local staff to ensure effective and ethical treatment was given.