

Pamoja Tunaweza Medical Caravan: October 2015



Statistical Report: Prepared October 2015



Prepared by BenJee Cascio, Managing Director, Pamoja Tunaweza Women's Center

Table of Contents

Introduction	2
Staff background	2
Services	3
Services Provided	3
Emergency/life changing or threatening surgery	3
Numbers of Patients	3
Medication.....	3
Statistics.....	4
Breakdown by village:	5
Kyaseni	5
Chekereni	6
Mtakuja.....	7
Kahe.....	7
Shimbwe.....	8
Conclusion	9

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 September 28th-October 9th, 2015. The schedule was as follows:

September 28th: Kyaseni/Uru West

September 29th: Mtakuja

September 30th:Chekereni

October 1st : Kahe

October 2nd : Shimbwe

October 5th : Kyaseni

October 6th : Mtakuja

October 7th : Kyaseni*

October 8th : Kahe

*October 7th was originally intended to visit Shimbwe but due to political activity we were advised to go to Kyaseni and advise patients to go there for follow up.

Staff background

The majority of the staff were Tanzanians including doctor, clinical officer, pharmacist, ophthalmologist and surgeon. We collaborated with 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 two foreign doctors from Canada both of which had medical license in Tanzania. There was also support staff of nurses, translators, pharmacists and crowd-control.

Services

Services Provided

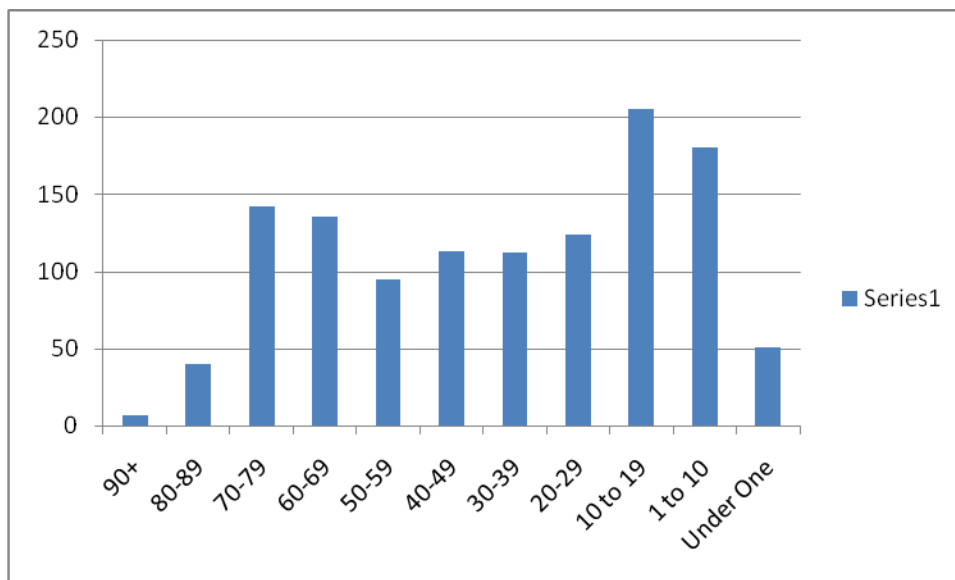
The services provided to patients during the caravan were general medical and paediatric care, optometry (and the distribution of reading glasses), gynaecological consultations, HIV testing and counselling, and limited minor surgeries. Most patients received a general medical "kit", including paracetamol 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, Hai District Hospital, and St. Joseph's Hospital in Moshi for further treatment and follow-up care.

Emergency/life changing or threatening surgery

PTWC provided support for eight patients facing emergency or life changing/threatening surgery. This includes: inguinal hernia, uterine fibroid surgery, and six cataract surgeries.

Numbers of Patients

This year we saw a total of 1,227 patients (817 females, 410 males). See graph below for distribution of age among patients.



Medication

There were 4,076 medications dispensed. This includes the standard deworming and pain relief kit, which counts as two prescriptions.

Statistics

There 1,895 conditions diagnosed from the 1,227 patients. The five most frequently diagnosed conditions represented 57% of the total diagnosis, and the top 10 cases represented 80% of all diagnosis.

1. MSK disorders	332
2. LRTI	254
3. UTI	222
4. Hypertension	127
5. Tinea/Fungal Skin	119
6. Eye Problem	105
7. GERD	99
8. Allergy/Dermatitis/Eczema	87
9. GI Infection	71
10. Headache	63
PUD	54
Diabetes	29
Bacterial skin/soft tissue infection	25
PID/Urethritis	26
Vaginosis	26
Viral RTI	25
Otitis Media	22
Asthma	22
Skin Lesions	22
Constipation	16
Conjunctivitis	14
Malaria	14
Scabies	13
Dental Infection	12
Angina	13
Chicken Pox	12
Tonsilitis	10
Neuropathy	9
Psych	9
TB	7
Thrush	5
Mastitis	5
Prostate	5
Hernia	4
DUB	1
Acne	1

Vertigo	2
Goiter	2
Leprosy	2
Arrhythmia	2
Medication Refill	1
Congestive Heart Failure	1
Elephantiasis	1
Alcohol	1
Endometriosis	1
Threatened Abortion	1
Breast Mass	1

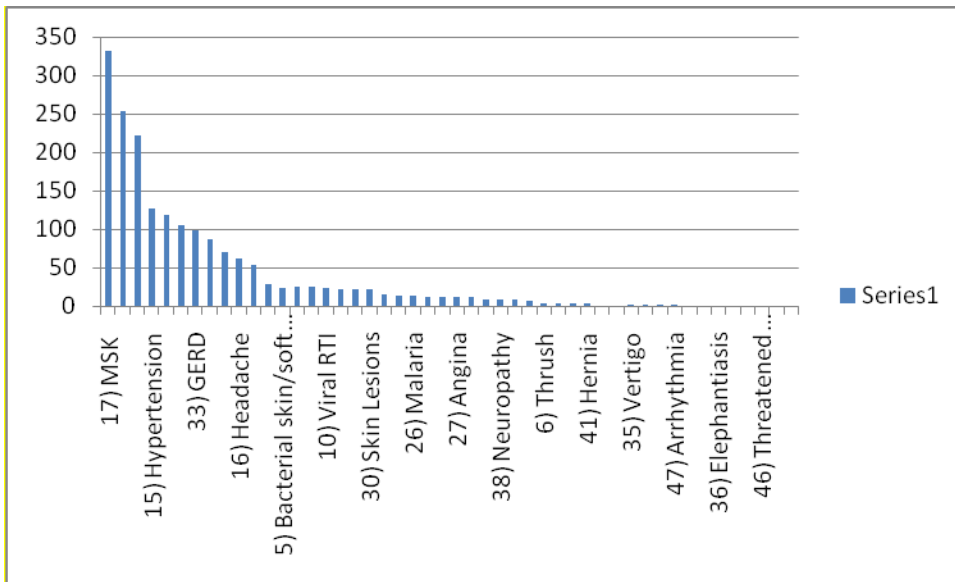
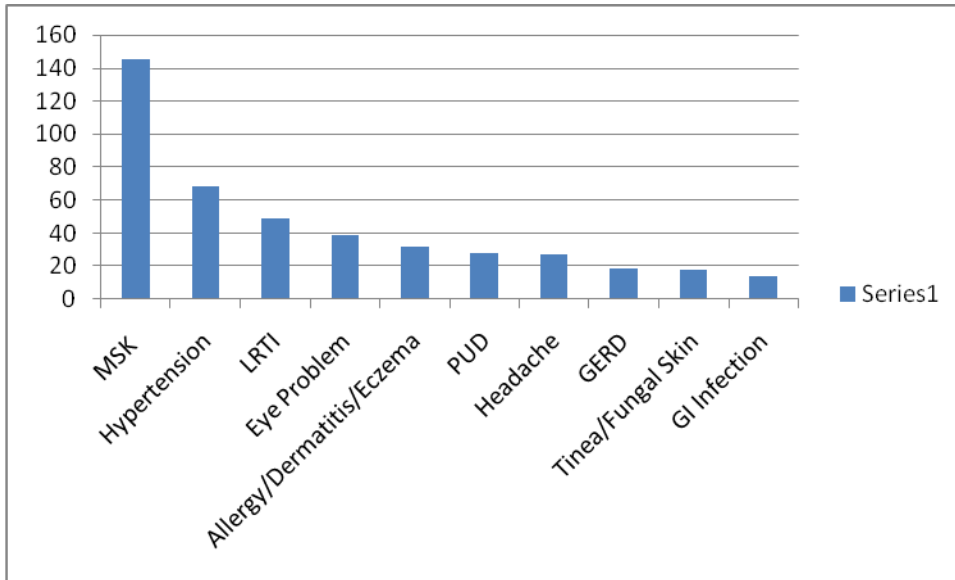


Figure 1: Graph of overall diagnosis

Breakdown by village:

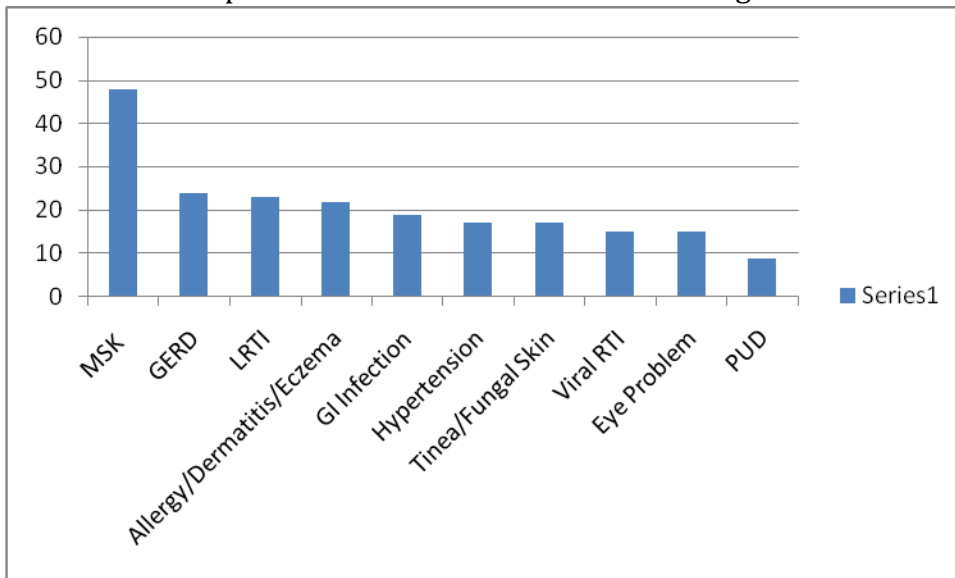
Below find the ten most common diagnosis for each village

Kyaseni: 380 patients seen with 564 conditions diagnosed.



MSK	145
Hypertension	68
LRTI	49
Eye Problem	39
Allergy/Dermatitis/Eczema	32
PUD	28
Headache	27
GERD	19
Tinea/Fungal Skin	18
GI Infection	14

Chekereni: 172 patients seen with 277 conditions diagnosed.

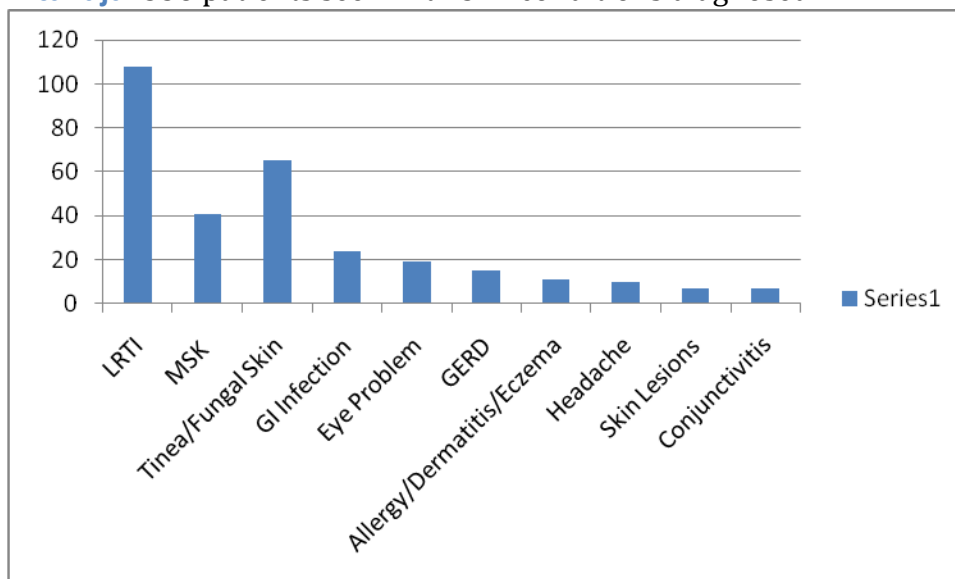


MSK

48

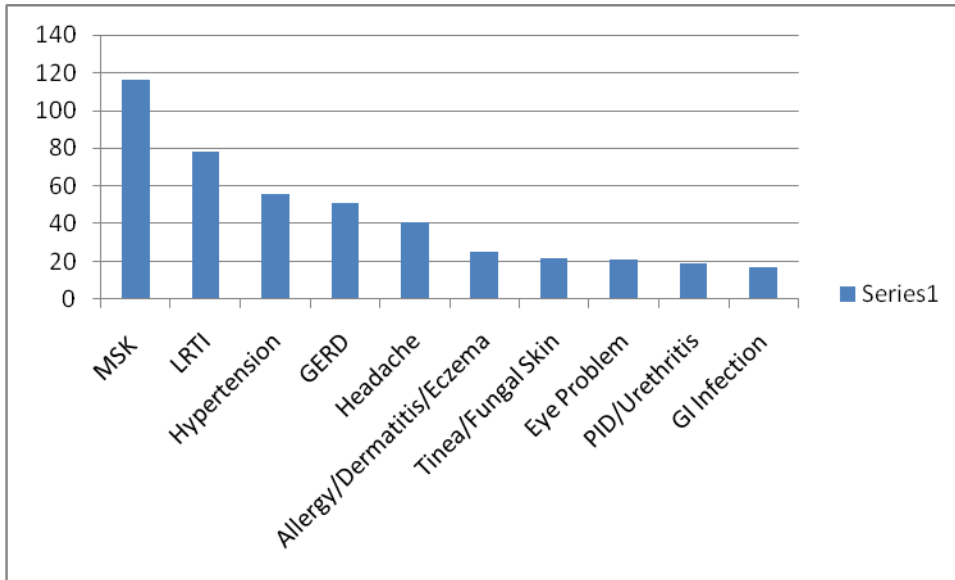
GERD	24
LRTI	23
Allergy/Dermatitis/Eczema	22
GI Infection	19
Hypertension	17
Tinea/Fungal Skin	17
Viral RTI	15
Eye Problem	15
PUD	9

Mtakuja: 338 patients seen with 372 conditions diagnosed.



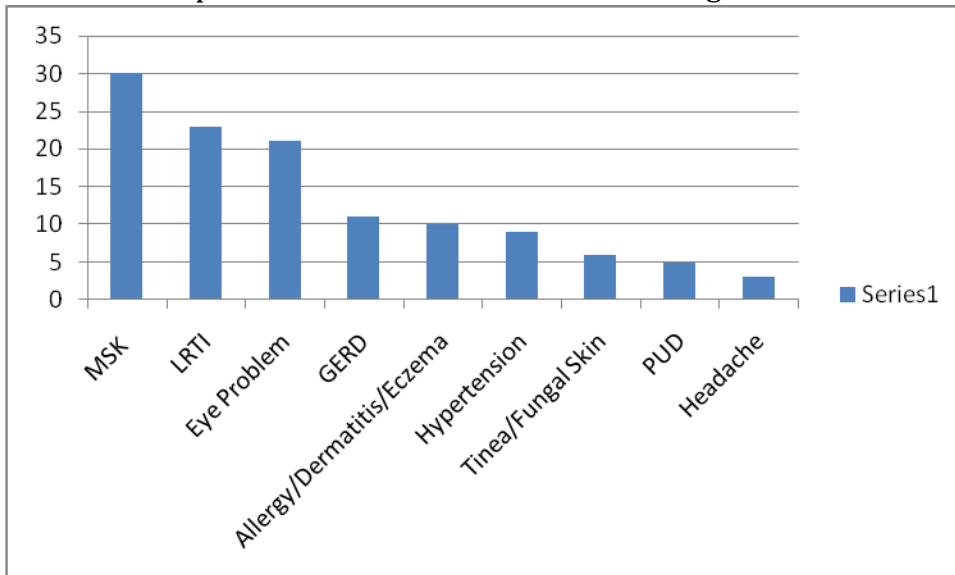
LRTI	108
MSK	41
Tinea/Fungal Skin	65
GI Infection	24
Eye Problem	19
GERD	15
Allergy/Dermatitis/Eczema	11
Headache	10
Skin Lesions	7
Conjunctivitis	7

Kahe: 413 patients seen with 558 conditions diagnosed.



MSK	116
LRTI	78
Hypertension	56
GERD	51
Headache	41
Allergy/Dermatitis/Eczema	25
Tinea/Fungal Skin	22
Eye Problem	21
PID/Urethritis	19
GI Infection	17

Shimbwe: 87 patients seen with 144 conditions diagnosed.



MSK	30
LRTI	23
Eye Problem	21
GERD	11
Allergy/Dermatitis/Eczema	10
Hypertension	9
Tinea/Fungal Skin	6
PUD	5
Headache	3
GI Infection	3

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 January/February 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.