

Integrated Health Camp in Rural Villages of Bupsa and Bumburi

Solukhumbu District, Nepal

In association with Bristol University Medical School

Submitted by:

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Submitted to:

Ministry of Health, Government of Nepal

Moving Mountains Trust, UK



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Aim

To provide free basic health services and health awareness to the people of Bupsa, Bumburi and the neighbouring villages.

Objectives

- To provide medical and basic surgical care to the people attending the health camp
- To provide dental services to the people attending the camp
- To provide health education and create health awareness in the public on basic health issues like personal hygiene, nutrition, smoking, alcohol, birth control and family planning
- To collect data on population distribution, disease pattern, disease burden and recognise health requirement of the people of Bumburi, Bupsa and nearby villages
- To perform obstretic examination and measure fetal heart rate and well being via fetal Doppler
- To provide pharmacy services

Schedule of the Health camp

Bupsa health post: 9th - 14th August 2018

Bumburi Health Clinic: 14th - 18th August 2018

Programme structure

Our team was divided in 5 groups:

1. Registration
2. Vitals
3. Medical/ Surgical
4. Dental
5. Pharmacy

Health camp time: Started at 9 am and ended at 5 pm every day for ten days.

Attendees were registered at a registration desk where their details were taken. Then they were sent to the vitals section where their Blood Pressure, Respiratory rate, Pulse rate, Temperature and weight were taken.

They were directed to either medical or dental department according to their complaints for their general health check-up. As per requirement, minor surgeries or any interventions were done and then patients who were prescribed some basic medicines were directed to Pharmacy section where they were explained about the dosage and duration of the medication.

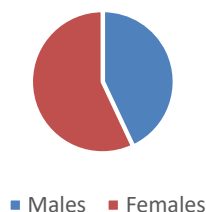
Statistics

A total of 1234 patients were treated - 1004 medical and 230 dental. There were 438 patients treated in Bupsa and 796 in Bumburi. In terms of the gender distribution, 57% of the total patients were female, 43% were male which is a more even distribution than last year.

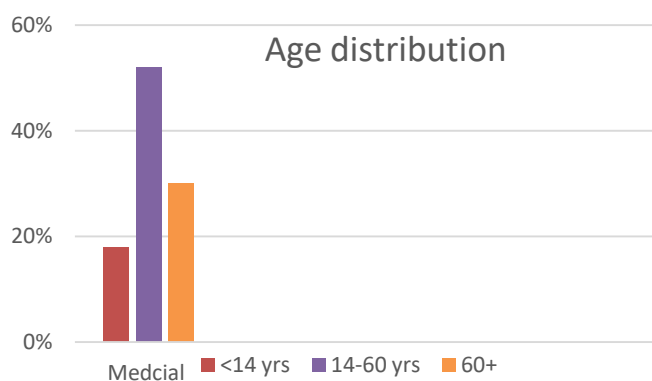
Age distribution of patients

The majority of the medical patients were between the ages of 15-60 (52%), followed by >60 years (30%) and finally the fewest patents were aged <14 years (18%).

Gender Distribution

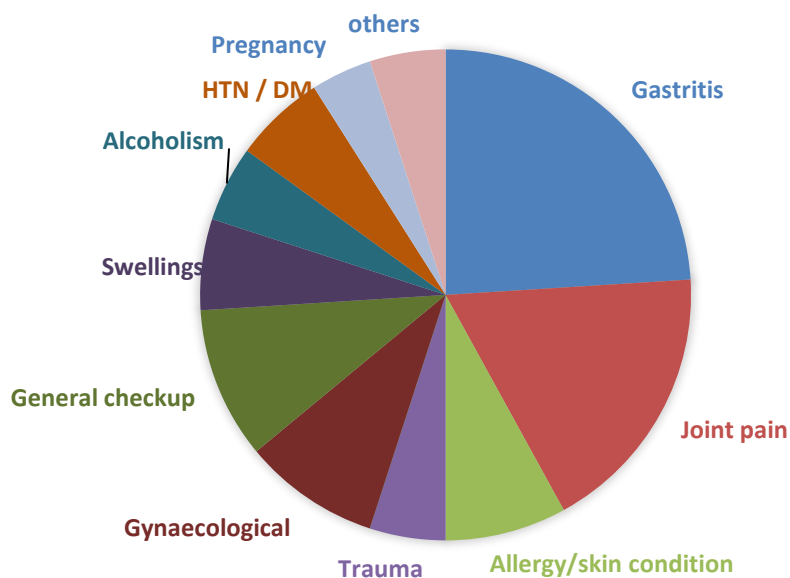


Age distribution



Distribution of patients according to medical problems

MOST COMMON CONDITIONS



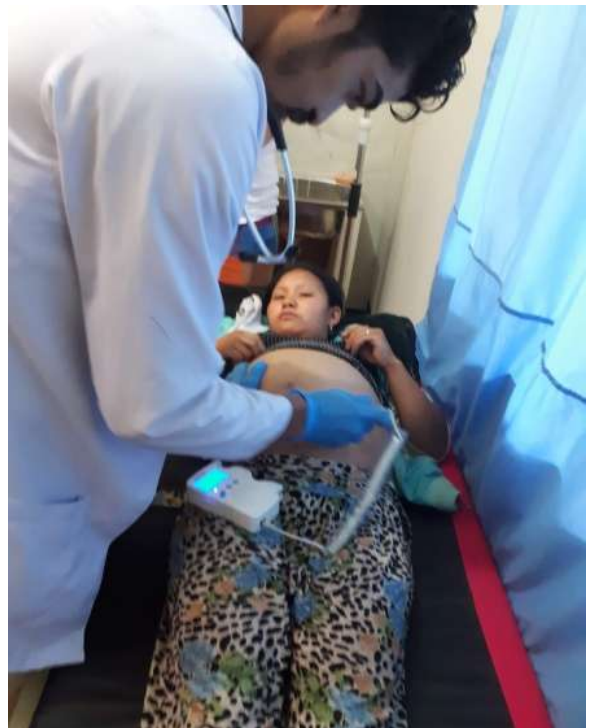
Procedures performed

- Dental extraction was the most common surgical procedure performed followed by dental restorations and minor dental surgeries.
- Minor surgeries that include incision and drainage of abscess, aspiration of knee joint effusion, excision of cyst.
- Excision of corn and foreign body exploration LA.

Conclusions

- Integrated free health camp conducted in Solukhumbu was a great success this year which attended 1234 patients within the 10 working days (total 15 days of camp including travel time) in two venues.
- These medical camps have enormous impact and have proven beneficial. Moreover, it allows people to have treatment option and also clarifies their confusion and fear about various diseases.
- A wide variety of cases across a wide age-group (including; medical, surgical, gynaecological and paediatric cases) were dealt in a small timeframe.
- Majority of cases were musculoskeletal and gastrointestinal problems followed by dental problems.
- Most of the cases were managed medically with drugs being prescribed, and various surgical procedures were performed for minor surgical cases and some of the dental problems needed extraction and restorations.
- The emergency cases encountered were stabilized, treated and referred as necessary.
- We had a huge number of young and enthusiastic medical students, a better dental team and were very much co-ordinated. This enabled us to attend a huge number of cases in the short time span.
- The receptive and helpful community, well organized team effort and active local volunteers made it possible to cope with all the problems faced. All of the team members found the patients to be very pleasant and the local helpers who helped with translation made their tasks even more effective.
- Working in Solukhumbu was a very good experience and great motivation to continue with the good work.
- The villagers were very thankful for the novel work Moving Mountains Trust Nepal had been doing and we are very grateful to them for their enthusiasm and support.







Background

Nepal is a beautiful country with magnificent landforms from the plains of terai to the majestic mountains in the North. Within a small area of 147,181 sq km there lies a highest peak to lowest gorge, rich cultural heritage and ethnicity to scenic floras and faunas. But despite of it being nature's true bliss, it does lack in its economy, infrastructure and is among the developing nations of South East Asia.

In the developing countries like ours, where most of the population live in rural areas and a quarter of the population is still living below the poverty line, most of the people living in the remote villages are deprived from the basic health services. Further, difficult terrain and lack of proper transportation to these regions adds up to this problem.

Despite the fact there has been rapid growth in the healthcare system of Nepal in the past few decades, the status is not satisfactory in general. The barriers of **4As (Accessibility, Affordability, Availability and Acceptability)** remain the major hindrances to health service utilization in our country for which immediate attention and rigorous works are required to improve the overall health standards of Nepal.

There has been a rapid boom in health posts and hospitals in recent years but most of them are based in more urban areas whereas rural village areas do not have adequate medical facilities. Rural communities are deprived of medical attention and other health care benefits. Centralization of facilities in urban areas and lack of resources like physical infrastructures, funds and proper government policies remains one of the major causes. Additionally, most people there are below the poverty line and cannot afford costly medical services.

On such circumstance, medical camps in various specialties on a regular basis are a boon to developing countries, which are key to addressing most of those needs and delivering health care services to needy populations.

Until the development of a well-established nation-wide health service in the remote and rural areas, the medical camps or outreach clinics have great importance. Previously only government sponsored medical camps like "vasectomy" "tubal ligation" and vaccination clinics were conducted in the remote villages. But nowadays many NGOs, INGOs, Hospitals and Medical colleges are also conducting infrequent health camps on an individual basis to aid the need of health facilities to these areas.

In many instances, these camps are the only occasions when the villagers get their rare interactions with doctors and other medical professionals or get any sort of health care. For some it may be the only time they have seen a doctor and services provided in camps are the closest to a health service they'll get. As these camps are almost always free and generally provide free medications, people try to get the most out of it and walk miles and miles to reach the camp site. Due to this, these health camps are mostly crowded. It may not be a permanent solution but these camps do help give the rural dwellers an opportunity to get access to basic health care.

In recent years the frequency of free medical camps in rural Nepal has increased significantly. However, well planned and organized health camps with a clear vision and objectives still appear lacking. Hence health camps with prior planning, research and proper implementation in collaboration with governmental and no-governmental organisations including medical colleges can be more effective and useful in meeting the need of targeted populations in the rural parts of our community.

Regarding the health status of our targeted area of Solukhumbu (Bupsa and Bumburi) there are several good health care facilities around this region these days. The hospitals in Kunde, Lukla, Kharikhola and Phaplu are well organised, efficient and effective. The majority of them are sustained by foreign aid.

Despite that, these hospitals lack in speciality care so health camps that can bring in speciality care like eye clinics, gynaecology clinics, surgical clinics, dental clinics etc depending on the need of the population is of great value. That would provide the villagers with reasonable specialty care which is not offered by nearby health facilities.

Besides the temporary solutions, for the provision of primary health care needs there is an utmost need of long term vision on provision of sustained and regular health care services and the commitment and active participation from the public in coordination with government and non-government agencies to accomplish the entire mission.

Moving Mountains Trust Nepal and UK have been organising various health camps every year in rural areas of Nepal to meet the health needs of the neglected and rural parts of the country.

Recently the 10 days health camp was conducted as per the commitment of Moving Mountains Trust with the team of Doctors, Dentist and Medical/Dental students from the UK. The camp was organised in Khumbu, 5 days each in 2 different villages Bupsa and Bumburi and provided services to the people of the surrounding Gaunpalikas including Taksindu, Basa and Baku along with Juving.

Annexe 1 - Case Studies

Case No. 1

31 years male presented with complaints of swelling over the upper back since 6 months. He has occasional pain over the swelling, no history of trauma or any other swelling.

On examination:- single nodule approx. 4x3 sq.cm located at the midline of the back at the level of T3-T4, punctum present. no signs of inflammation, firm, non mobile, not associated with lymphadenopathy.

Provisional diagnosis:- sebaceous cyst

Treatment:- excision under LA and skin closed with silk 2-0.

Rx:- cap. cloxacillin + ampicillin
tab. ibuprofen + paracetamol
tab. ranitidine
alternate day dressing
suture out after 7 days.



Case No. 2

60 years female presented with the complaint of swelling over the right knee which is progressive in nature since 6 months. there was no history of fever, trauma. she complained of occasional pain and difficulty in walking.

ON EXAMINATION:- general condition – fair

vitals:- stable, no pallor, icterus, clubbing, cyanosis, lymphadenopathy, edema and dehydration.

systemic examination:- No deformity.

Local examination:- swelling of the right knee, loss of knee contour, diffuse extension up to the lower thigh. non tender, no raised local temperature, no erythema range of movement- normal

patellar tap test- positive

PROVISIONAL DIAGNOSIS:- severe joint effusion of right knee secondary to OA.

MANAGEMENT:- joint aspiration under LA. about 150 ml of straw coloured non hemorrhagic fluid was drained under aseptic condition.



Rx- cap. megapen 500mg x po x QID – 7d

-tab ibuprofen + PCM 500mg x po x TDS – 3d

- tab. calvit 1tab po x OD – 2w

- tab. pantop 40 mg x po x OD – 7d

Case No. 3

39 years female presented with complaint of fever since 6 days, dizziness, headache, and decreased appetite. she has yellowish colour urine and no passage of stool since last 2 days. (might be due to decreased oral intake)

on examination :-

GC:- fair

GCS:- 15/15

PILCCOD:- dehydration present

chest:-B/L clear

cvs:- S1S2M0

PA:- soft, nontender

vitals:

TEMP:- 102 F

BP:- 90/60

RR:- 20 bpm

PR:- 108 bpm

MANAGEMENT:-

- I. IV line opened with 20G cannula
- II. NS. 1 pint iv over 1 hour
- III. inj. promethazine 1amp iv stat
- IV. inj. pantop 40mg iv stat
- V. inj. ceftriazone 1gm iv stat
- VI. inj. PCM 600mg iv stat.

then discharged with Rx:-

- I. tab. cefixime 200mg po bd 7 days
- II. tab. azithromycin 500mg po od 5 days
- III. tab. flexon 1 tab po tds 5days
- IV. tab. pantop 40mg po od 7 days.



Case no 4

21 Years female @ G1P0A0 presented with the complaint of amenorrhoea since 7 months. She is perceiving good fetal movements and no any PV discharge or bleeding. She also complains of lower abdominal pain, and is taking iron and calcium tablets and has taken vaccination against tetanus.

O/E:-

GC- fair, normally built

Vitals- stable

PILCCOD- NIL

Chest - B/L NVBS

cvs- S1 S2 M0

OBS EXAMINATION-

PA- 28 weeks size fundal height

1st leopard:- soft irregular

2nd leopard:- smooth on right side and irregular on left

3rd leopard:- hard

4th leopard:- hard, free floating



FETAL DOPPLER SCAN:-

FHS- 144 bpm, regular

ADVICE:-

- * continue tab. Iron and calcium
- * avoid heavy weight lifting
- * balanced diet
- * follow up for regular check up

Future Recommendations:

Our targeted area of Solukhumbu where we conducted the health camp takes almost 2 days to reach from either Lukla or Phaplu. The means of transport is by air to Lukla (which is irregular and uncertain as well as rather expensive) or by bus to Phaplu (12-14 hours by road from Kathmandu). Additionally, the majority of the people in this region are under the poverty line and far from any modern health facilities. This poses a great difficulty in accessing the health services, especially during emergencies. Keeping these things in mind, we have following recommendations:

- Prior to establishment of full-fledged and equipped hospitals, regular health camps are recommended in the remote places like Solukhumbu to familiarize us with the common health problems of the community and create a database which will be necessary for long term planning.
- Adequate supplement of medicines for 10 days health camp, and provision of emergency medicines such as Atropine, Adrenaline, Steroids and parenteral forms of medications for prompt treatment of emergency cases.
- Basic diagnostic tools such as Glucometer, ECG machine, Portable Ultrasound machine, Urinalysis kit, Microscope and slides to rule out emergency conditions would have made the camp more effective and aid in correct diagnosis.
- Establishment of 24 hours working hospital with skilled manpower, with diagnostic facilities, emergency care, gynaecological and obstetrical care and surgical facilities.
- Basic sanitation measures, proper water supply, electricity, curtains, beds, sterilization facilities and essential instruments in the clinic.
- Organizations like Moving Mountains Trust Nepal can still run a specialist clinic (especially surgical clinic, ophthalmological clinic, gynaecological clinic and dermatological clinic) of one week duration once or twice a year so that people don't have to travel all the way to Kathmandu for the surgeries and health care that can be done in local setup.



Feedback and experiences

Our time spent at the medical camps was a really fascinating experience in a number of ways – from living in a similar way to the locals, to observing medical care in a totally different country and culture, it was so different from anything I've experienced before. I feel I learnt a whole range of things, from practicing drug names and blood pressures, to gaining a greater cultural awareness, which I will be able to take forward into my upcoming education and career. Most importantly, it was great to see where the money we raised was going and see the direct benefit for the rural people, as it was clear that for many of them this clinic and the advice and medication they received was much needed. However, I think the most memorable thing for me was the welcome and hospitality we were greeted with, which truly was second to none.

Emma Rush, Medical Student Bristol University



I had an amazing time at Moving Mountains medical and dental camp! I really enjoyed working as one of the team that saw over 1000 patients. It was such a great opportunity to see how medicine works in such a rural and poor area in the Himalayas and was a welcomed reminder as to why I am studying medicine.

I hope to return again one day, but for now I am left with fond memories that will last a lifetime.



My time spent in the medical camps in Bupsa and Bumburi in 2018 is an experience I will never forget. Our daily duties which consisted of registering the patients, shadowing the doctors, taking basic observations such as blood pressure and helping run the pharmacy all enabled us to experience each aspect of how a rural clinic is run. In registration, especially in Bumburi, we would arrive to a queue of often tens in not close to a hundred people who had sometimes trekked far to reach the clinic, soon showing us the vital role these camps play in their community. Pharmacy and observations provided us with a great opportunity to revise our newly taught clinic skills whilst being of help to the clinic. Finally, shadowing the doctors gave us an valuable insight in to the medical conditions that were most common and problematic in Nepal and thus gave us a small view into to the day to day struggles of some of the Nepalese people living in the mountains. A couple of things that stood out to me this trip was the doctors and dentists ability to adapt to conditions that were less than optimal, especially considering some of the cases and of course the wonderful friends I've met through this. Seeing all this has definitely advanced my interest in global health in a rural setting.

