



2017

Integrated Health Camp in Rural Villages Solukhumbu District, Nepal

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2017

Integrated Health Camp in Rural Villages of Solukhumbu District, Nepal

A report on Integrated Health Camp in rural villages



Bupsa and Bumburi, Solukhumbu District, Nepal

Supported by:



Submitted to:

Ministry of Health, Government of Nepal

Moving Mountains Trust, UK

Report 2017

Preface

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.





Introduction

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 Juving VDC of Solukhumbu district, 5 days each in 2 different villages Bupsa and Bumburi and provided services to the people of the surrounding VDCs including Taksindu, Basa and Baku along with Juving.

Aims:

Major aim of the health camp was to provide basic health services and health awareness to the people of Bupsa, Bumburi and the neighbouring villages

Objectives of the health camp:

- 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 deliver and teach the local horse owner how to use the new 'SaddleAid' inflatable horse saddle which will be used for emergencies/to transport pregnant women to other clinics

Schedule of the Health camp

Bupsa:

From: 11th August 2017 to 15th August 2017

Venue: Bupsa Monastery

Bumburi:

From: 16th August 2017 to 20th August 2017

Venue: Bumburi Health Clinic

Programme structure:

Our entire team was divided in 5 groups:

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

Health camp time:

Started at 9 a.m. and ended at 5 p.m. every day for 10 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.

SaddleAid Saddle delivered to Kharikhola



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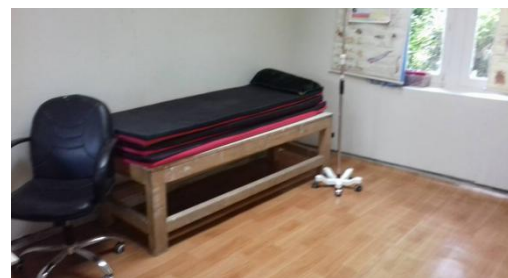
Glimpses of camp at Bupsa



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Glimpses of camp at Bumburi



Statistics

A total of 966 patients were treated- 760 medical and 206 dental. There were 292 patients treated in Bupsa and 674 in Bumburi. In terms of the gender distribution, 51% of the total patients were female, 49% were male which is a more even distribution than last year.

Gender Distribution

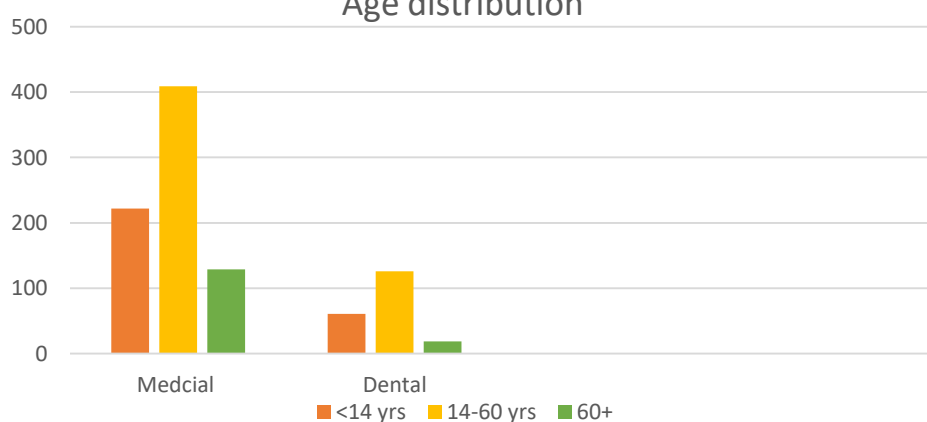


Age distribution of patients:

The majority of the medical patients were between the ages of 15-60 (n=409), followed by <14 years (n=222) and finally the fewest patents were aged 60+ years (n=129)

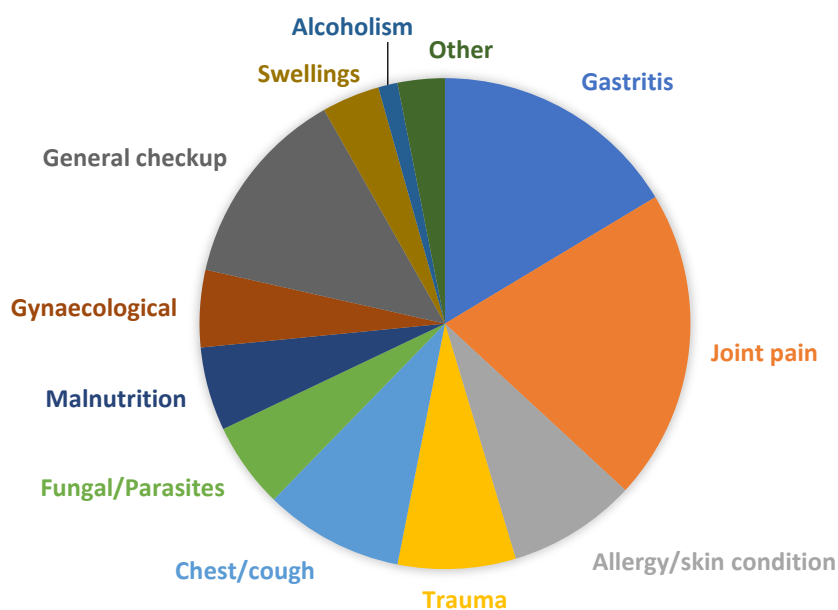
The same pattern was seen with dental patients: 15-60 years (n=126), <14 years (n=61) and 60+ years (n=19)

Age distribution



Distribution of patients according to medical problem:

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, surgeries for small papillomas, excision of cyst, debridement of infective diabetic ulcer, excision of corn and foreign body exploration LA.
- Immobilization and posterior slab placement for probable fracture of both bone fracture of forearm and possible ligament injury of ankle joint.
- Placement of ring pessaries in cases uteri-vaginal prolapse and cystocele.

Case No. 1

65 years female presented with the complaints of occipital headache. She is a known case of HTN under Amlodipine 5mg OD since 5 years- no other complaints like vomiting, nausea, BOV (blurring of vision), or chest pain or decreased urinary output.

On examination, she was quite fair, orientated to time, place and person her vitals were: Pulse Rate 82bpm, Respiratory Rate 18 cycles per minute, Temperature: 97.4 F but her BP was 190/110 (left arm) and 180/110 (right arm). There was no pallor, no icterus, no lymphadenopathy. On systemic examination: her chest was BIL equal air entry with no added sound, CVS was S1S2mo, per abdominal examination intact.

Impression: Hypertensive urgency

Management: Inj. Furosemide 40mg IV stat was given, Tab Amlodipine 10mg PO stat was given. Patient was kept for 2 hrs for observation. Later on, BP dropped down to 160/85 mmhg (right arm) 160/90 mmhg (left arm).

Prescription: Tab Amlodipine 10mg PLO BD continue

Tab Losartan 50mg PLO OD continue

Patient was advised for other investigations in higher centre

Case No. 2

42 years male presented with fall injury from about 15 meters height since ½ hrs before. There was slight active bleeding. But no history of vomiting, LOC or ENT bleeding or discharge.

On Examination: Patient was under the influence of alcohol. But he was oriented to time, place and person.

There was a clean cut injury size about 6 cmx0.5cmx2cm over the scalp over the left frontal region of head. Active bleeding was present his vitals were, PR: 88bpm. RR: 16cycles/min, BP: 110/80 mmhg.

Secondary Survey:

- There was no cervical tenderness.
- Chest compression test Negative.
- Pelvic compression test Negative.
- 4 limbs and their range of movements normal, slight abrasions present over the left side of cheek.

Management:

- Immediately wound was compressed for 5 minutes with the clean, sterile gauze piece
- Thorough cleaning of wound was done with 2 litres of normal saline.
- Then primary suturing was done in 2 parts- one is with the Catgut 2-0 and the skin (scalp) was sutured with prolene 2-0.

Advice: Tab Megapen 500mg PO QIDx7 days

Tab Pantoprazole 40mg PO ODx5 days.

Tab Flexon 500mg PLO TDSx3 days.

Alternate day dressing and suture removal after 7 days.



Case No. 3

42 years parous female presented with the something coming out from the vagina since 2 years. The swelling is increased while coughing and straining. No other complaints regarding the bowel and bladder habit. She is a chronic smoker, smoking since 25 years.

On examination: her general condition was fair and there was no pallor, icterus, oedema, dehydration, cyanosis and lymphadenopathy.

On systemic examination:

Respiratory system : Bilateral vesicular sound present over the chest, no added sound.

CVS: s1s2mo

Per abdomen: soft, non-tender, no organomegaly.

Per vaginal examination: protruding mass from the vagina at the vaginal outlet

No other clinching present.

Impression: Second degree uterovaginal prolapsed (UV-Prolapse)

Advice: kegal exercise

Ring pessary was inserted

Avoid smoking

Refer to higher centre for surgical management.

Case No. 4

Abscess over the upper lid

18 month male presented with swelling over left upper eye lid gradually increasing in size, redness in colour, associated with fever since 5 days tax not recorded.

On examination: General condition was fair with fever 100 F, with PR 110 beats per min, RR : 26 breath per minute.

On local examination: round approx. 3x2.5 cm case erythematic mass with increased temp and tenderness was noticed.

Impression: Abscess

Management: Under aseptic technique incision and drainage was done after giving LA 21xglocaine. Around 3-5ml of pus was drained, dressing was done. Alternate day dressing was advised with an analgesic. On 2nd day of follow up the wound was dry and there was no sign of infection or inflaming.



Case No. 5

54 years male presented with swelling and pain over the left lower leg following leach bite since 15 days but no history of fever and no restriction of movements. Patient is known case of Diabetes Mellitus Type II. Medication of Metformin 500mg since 5 years.

On Examination: patients general condition was fair, no pallor, dehydration as lymphadenopathy.

Were absent oedema (+) at lower legs

Chest: bilateral vesicular, normal air entry.

CVS: S1S2mo



P/A: soft, non-tender, no organomegaly.

Local examination of left limb: Gross oedematous swelling was present, tender on palpation and erythematous. Serosanguinous and pus discharge was present. There were two discrete ulcers at the lateral lower aspect of the leg, foot was with yellowish sludge, unhealthy.

Management: Debridement of the ulcer was done and the wound was loosely dressed.

Advice: Antibiotics and analgesics were given.

Daily dressing was done for 5 days.

Discussion

- Integrated free health camp conducted in Solukhumbu was a great success this year which attended 966 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 such 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 coordinated. 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.

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) and by bus to Phaplu (8-9 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.

Our Team Members:

Dr. Nepolian Timilsina (MBBS)

Dr. Ajit Pathak (BDS)

Mr. Mohan B.K (MBBS)

Medical students from Bristol University:

Ms. Francesca Adams

Ms. Hettie Stevens

Ms. Anna Ogier

Ms. Isabella Burdess

Ms. Naomi Smart

Ms. Lucy Hodge

Ms. Lily Dogmetchi

Ms. Asha Pandya-Sharpe

A level Students

Ms. Kate Slater

Ms Hannah Slater

Local Paramedics team:

Ms. Mingma Sherpa (HA)



Our team's experiences



The Moving Mountains Medical Camp was a great introduction to clinical work in a country less developed than the UK, where the caste system plays a significant role in society and damage from the earthquake in 2015 is still so evident. This trip opened my eyes to the tough reality that so many people live in. In these rural Himalayan villages, medical treatment is not easily accessible due to limited resources this far up the mountains, not to mention the cost of treatment being far too expensive for most of the locals. It was a privilege to be part of the 2 week free medical clinic that serves the communities of Bumburi and Bupsa, and I would highly recommend this trip to other medical and dental students.

- Naomi Smart, Medical Student Bristol University



I had an incredible experience during my time at the medical camps in Bupsa and Bumburi in Nepal. Having only had limited clinical training in our first 2 years of medical school, it was an amazing learning experience to be thrown in at the deep end taking over 100 blood pressures a day and learning how to give injections, drain abscesses and dress wounds. We learnt so much in such a short space of time and it was inspiring to watch the consultations between the patients and the doctors, despite our limited understanding of Nepali! It certainly reconfirmed my decision to do medicine and made me appreciate that the skills we are learning back home in the UK can be used to help people all over the world. What struck me most about our time in Nepal was the generosity and hospitality of the Nepalese people, making us feel at home wherever we went and I can't wait to visit Nepal again soon.

- Francesca Adams, Medical Student Bristol University



The clinic was a very humbling and fascinating experience. What particularly stood out to me, was how so many healthcare issues stemmed from lack of or false information. From rashes on small children through washing in stagnant water, to a young girl with a snake bite who had accidentally caused compartment syndrome from incorrect use of a tourniquet, it was clear that health education had a great role to play in these areas. This inspired us to teach within the community about practices such as sanitation and nutrition. However, given our ignorance of the general understanding of such practices within the villages, it became apparent it would be more beneficial to interview people about their daily lives. This was a personal highlight, as we had a small snapshot into people's worlds, from what they grew, how they shopped, and the local prices of meat and soap. Generally, there was an understanding of healthy living practices, such as washing with soap, however this was not carried out consistently, as demonstrated through many of the cases at the clinic. This highlighted to me a role for the clinic to focus on incentives for these important preventative measures that could massively influence the region. Thank you to all the people of Bupsa and Bumburi for so warmly looking after us in your home.

- Anna Ogier, Medical Student Bristol University



With just a backpack and three weeks ahead of me, I initially set out on my Nepal journey nervous, yet full of excitement. In such a friendly atmosphere the weeks just flew by, in which time I made long lasting friends, gained invaluable dental knowledge and experienced first-hand the culture and vibrancy that the Nepalese offered.

As a second year dental student, the program enabled me to practice and develop my dental skills and confidence under expert supervision whilst gaining an insight into the levels of oral health and dental care abroad. I will forever be grateful for the experience the Moving Mountains Medical Camp has provided me with

- Asha Pandya-Sharpe, Dental Student Bristol University



I thoroughly enjoyed my time at the Moving Mountains clinic this summer. I felt that the camp made such a massive difference to the community there and provided some much needed medical relief to so many people, but also gave us as students an opportunity to develop our own skills. We saw a range of conditions that would never have presented so late in the UK, and many of the things I saw will stay with me forever. An awesome experience in an incredibly beautiful country

- Hettie Stevens, Medical Student Bristol University



It was a memorable stay at Bupsa and Bumburi; pleasant people and a charming team all with the common cause of serving the people in need of health facilities in such a rural area of Nepal. A wonderful experience, fascinating as always.

- Dr. Ajit Pathak , BDS



It was an honour to be a part of the Solukhumbu camp. Even though it was a short stay of just 15 days, I take it as fruitful one because I came to know about the real problems that people are facing there. Being a part of that camp and helping to solve the problem of people gave me a good chance to utilise my knowledge and skills. It will be my great pleasure to be a part of such a camp in the future. Importantly I would like to thank all the people for good team work- without them it would not have been possible.

- Dr Nepolian Timilsina, MBBS



This Solukhumbu camp was an invaluable experience and a great opportunity to serve needful ones. I feel so good to know the real problems around Himalayan regions.

- Dr Mohan BK, MBBS



I am so happy to work with Moving Mountains Trust. I had a lot of opportunity to explore my knowledge and serve the people of my community. It has been a great honour to be part of this camp for 3 years and I would love to continue to be a part of the camp in the future.

- Mingma Sherpa, HA



Mother nature has given us many things; a place to live, foods to eat, an environment to breathe... Our community has nurtured these things and grown into a social being- why not contribute something back to the givers we owe, even if it is just gratitude...

- Geljun Sherpa, Treasurer Moving Mountain Trust Nepal

