Nepal Report Aug 2013

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Introduction

This brief report is to precede a more thorough report, which will contain more data, but this will portray some of the most important features of the clinics which were run throughout August, 2013.

The clinics brought in many people from the surrounding areas of Bupsa and Bumburi, with the total number believed to be 1359 people.
This total was made up of:

787 females

572 males

The number recorded was actually 1385 but 21 'numbers/patients' had no information recorded at all, only a number. 5 had only partial information (name or hometown) and therefore they have not been included in our data analyses. Other than these,

12 lacked specification of sex

1 lacked information regarding age

7 lacked classification to a 'General'(aka 'Physical')/'Dental'/'Gynaecological' category but 'General' was assumed.

These 20 patients have still been included in the analyses.

Categorisation
The patients' concerns were categorised into 'General/Physical', 'Dental' and 'Gynaecological' ('Mental' was added with regard to one patient).

Total General: 1268

General/Physical and Dental: 189

General/Physical and Gynaecological: 103

All 3: 18 (+ 5 males- by mistake? No male gynae facilities available)

Total Dental: 267

Dental only: 77

Total Gynaecological: 122

Gynaecological only: 17

Gynaecological and Dental: 2

Mental: 1

Body

The building of the more permanent clinic in Bupsa/Bumburi is expected to be very beneficial to the local communities but the annual temporary clinics also prove beneficial.

The clinics provide an opportunity for people living in rural Nepal to access healthcare which, to many, would be otherwise inaccessible. The clinic provides medical attention for a number of patient concerns, acute and chronic. However, it is a constant frustration felt amongst the teams visiting each year that the clinics cannot provide help to all for lack of resources/access to resources. For example, more sophisticated surgeries cannot be performed for a lack of sterilised and specialised equipment. Doctor x suggested that a cataracts clinic would be beneficial to perform minor surgery to the many who complain of poor eyesight due to cataracts. Another example of how the clinics cannot provide for all medical needs is regarding treatment of chronic problems (often very prevalent- such as arthralgia) which cannot be effectively treated due to the long-term need for medications, such as analgesia.

Prevalent complaints/complaints data

Complaint	Frequency
Oral and dental problems	320
Headache and dizziness	290
Musculoskeletal problems	230
Gastric problems	185
Intestinal problems	180
Skin problems	65
Eye problems	54
Alcohol related	42
Common cold	27
Traumatic injuries	17
others	105

From the data collected within the 10 working days, we recorded the frequency of complaints as illustrated in the table above.

Oral and dental problems were the most common complaints, followed by headache and dizziness. The reasoning behind such a high prevalence in dental issues was thought to be lack of oral hygiene and the reliance on home remedies instead of seeking a medical help. Musculoskeletal problems were also very common and included arthritis, arthralgia and musculoskeletal pain. This was expected due to the heavy workload carried out by all ages in the difficult terrain. These complaints were closely followed by gastrointestinal problems which encompassed a large range of issues including gastritis, Gastro-Oesophageal Reflux Disease (GORD), diarrhoea, dysentery and worm infestations. Some of these problems could be attributed to the lack of sanitation and safe drinking water. Other frequent complaints included various skin problems, eye problems, alcohol related neuropathy, common colds and traumatic injuries. ‘Others’ has been used to categorise all

those less frequent complaints/diagnoses. A common reasoning behind some of the most easily preventable complaints was down to poor hygiene and lack of awareness.

In addition, four emergency cases were also dealt during the period, two of which needed referral after stabilization. In brief, these included:

1. A middle-aged female who experienced fall with loss of consciousness, and a large cut in the neck exposing underlying muscles and minor vessels
2. A middle-aged male suffering from chronic alcoholic liver disease with alcoholic gastritis with bilateral pneumonia with sepsis and shock.
3. A mother with a retained placenta for 4hours post-delivery.
4. Young male with a large lipoma on the dorsum of right foot.

Treatment/Procedures

Dental-

Extractions: 130
Restorations: 30
Minor surgeries: 5

Other-

Most of the cases were managed medically with drugs being prescribed. In some cases, enough drug could be given to solve the issue. However, for chronic conditions there was obviously a limit on the amount of medication that could be given. The majority of patients left the clinic with something from the pharmacy, even if this was just multivitamins.

The emergency cases encountered were stabilized and referred as necessary.

Recommendations

1. As mentioned by the doctor, a cataract clinic could benefit a large number of patients but, as with any surgery, infection prevention (and therefore sufficient sterilisation and antibiotics) and follow-up care would be crucial.

2. Personally, the lack of requirement for staff/volunteers to wear gloves and masks was worrying. My own worries for this came mainly after seeing how many patients had warts and other infectious skin conditions such as scabies, as well as patients being diagnosed with suspected TB.

3. Gastrointestinal problems such as GORD were very prevalent and often suspected to be due to alcohol use. There were also other problems related to alcohol use such as Liver Disease and sadly, a case of fatal acute pancreatitis. Therefore, it seems evident that advice concerning alcohol use would be very beneficial for the people of Bupsa and Bumburi. Perhaps some posters could be made for information. Or, the volunteers could work with the teachers/ leaders to deliver some talks to waiting patients about the health effects of alcohol.

4. As mentioned above, health awareness in the form of posters and health talks can be effective forms of communication. Posters for gynaecological issues/ promoting condom use in particular could be a good way to address such sensitive issues, as well as more

general personal hygiene issues. Talks regarding hand-washing and tooth-brushing, using pictures and words on a chalk board, seemed to engage the waiting patients when medical school volunteers and a teacher were available. This was also made interactive by encouraging both adults and children to come and wash their hands and brush their teeth (there were a few toothbrushes that were available for demonstrations and handing out) which seemed to gather interest and lightened the mood.

5. Running such talks/demonstrations also distracted the waiting patients from the action inside the medical and dental clinics. The interest (especially upon hearing a screaming child for example) did prove a problem, as did some impatience towards the afternoon. The problems arose when waiting patients gathered around the doorways and windows. This caused lack of access for the medical professionals, volunteers and moving mountains co-ordinators, as well as blocking out light (which was limited as it was) and breaching confidentiality/privacy which each patient should be entitled to. Some volunteers became really rather frustrated with this but this was addressed and a microphone was installed so that patients could hear when they were called, enabling them to stay sat further from the clinic buildings. There were also tarpaulin sheets fit above the waiting area from the start in each village so that the rain would not encourage patients to seek shelter in the clinic rooms.

6. Reading reports, advice seemed to be given to ‘stop drinking alcohol immediately’ to chronic alcohol-drinkers. However, it is known that such action can cause very dangerous side effects such as seizures so, whilst encouraging less alcohol-use and even abstinence is good, advice of completely withdrawing should be given with caution.

Why volunteer for Moving Mountains at medical camps in Nepal?

The building of the permanent clinics in Bupsa and Bumbri is required to achieve sustainable healthcare within in the villages. The progress of these projects is very positive, and if Moving Mountains continues to receive awareness and support, the future is very bright. Despite the fact that the mobile clinics cannot provide the ongoing support that some patients require, their importance and benefit should not be overlooked.

Maybe they cannot cure all ailments, but they give people an option of getting the treatment and further understanding their symptoms. A temporary supply of medication can buy patients time whilst they arrange travel to a hospital or consider it as a possibility. Consultations in general are very effective in alleviating confusion and worry. In addition, the health education provided at the clinics can be a powerful tool for disease prevention and raising awareness.

The camps have very large attendance rates and at the end of them, the villagers are very thankful and the organizers return with a sense of satisfaction. Volunteers leave after giving something so precious to a community but also gaining so much in return. The people of Bupsa and Bumbri are incredibly welcoming and friendly, and it is such a privilege to stay with them. It is important to remember that for some, since health care is so inaccessible in such rural regions, these camps are the only occasions when the villagers see a doctor. It is therefore so essential that teams of healthcare professionals and medical students continue to support this project.