



REPORT ON MOBILE CINICS CONDUCTED IN MANGOCHI SOUTH WEST CONSTITUENCY

INTRODUCTION

Member of parliament for Mangochi south west constituency Honorable Justin Majawa (hosted by Save Orphans Ministries) organized medical mobile clinics in the four zones of the constituency. The mobile clinics were conducted in Mangochi Southwest areas from 15th October to 18th October 2015. The medical mobile clinics were conducted with an aim to help those people who were affected by floods in the last rain season that caused a lot of damage to many households and left many people suffering from different illness. The medical mobile clinics were also organized to help those people in the constituency who live so far away from the medical facilities that they typically fail to access medical help and medical provisions. There was a medical team that was tasked to assess those people who came to the mobile clinic, to provide treatment to those who were ill, and to advise patients on lifestyle or to refer the patients to Mangochi district hospital for further management if necessary. The team was comprised of a clinical officer, nurse, pharmacist, health surveillance assist and some support staff.

This report will analyze the strengths and challenges of the mobile medical clinics and will make recommendations regarding the program.



STRENGTHS

- The mobile medical clinics reach many people. Almost 1,200 including men, women and children who were suffering from different illnesses received medical help.
- Had a strong supporting team that helped organize the crowd of people for efficient processing.
- The exercise had enough medical drugs and supplies to treat most of the illness from which the people were suffering.
- There was a good transportation system and accommodation facilities for the medical team and the supporting staff.
- The people were well-informed in advance and were readily organized for the exercise.
- Many more people came than we expected.



CHALLENGES

- Painkillers were in short supply since most of the people were elderly and suffering from muscle-skeletal pains.

- There was one anti-malarial formulation, Lumefantrine/Artemether, for adults only and not for children or other middle-aged patients.



- The patients were not checked for high blood pressure and weight due to unavailability of BP machine and medical weight scale.
- The patients with hypertension were not treated due to lack of medication.
- The reagents for malaria were in short supply.
- Some conditions were not treated due to lack of medication e.g. asthma, sexually transmitted diseases, skin ailments and diabetes.
- The clinics had no emergency box for resuscitation in case of emergency.
- There were many patients who tested positive for malaria that the mobile clinic registered.
- Insufficient medical personnel due to high number of clients seen.
- There was short supply of medications formulated for children e.g. painkillers, antibiotics and anti-malaria.
- There were insufficient tablet bags for prepackaging tablets.

RECOMMENDATIONS

- There is need for more human medical personnel. The team was overwhelmed by the number of people who came to the medical clinics.
- There is need to have an emergency box for emergency cases.
- There was need to have a transport facility for those patients with emergency conditions for referral to Mangochi district hospital or nearest health facility.
- The program can also include distribution of treated mosquito nets because almost 80% of the patients were suffering from malaria.
- The mobile medical clinics should be conducted in more areas in the constituency and on a regular basis because the constituency medical facilities are located many kilometers apart so many people fail to access medical help.
- There was need to have medical equipment e.g. medical weight scale, blood pressure machine, and thermometers.

There is a need to have the following medical drugs and supplies in enough quantities and add some on the available list.

- Painkillers e.g. paracetamol, ibuprofen, diclofenac and indomethacin.
- Anti-hypertensive drugs e.g. hydrochlorothiazide, propranol and enalapril.
- More anti-malaria drugs for different age groups.
- More reagents for malaria testing.
- More tablet bags.
- Have more children's formulation of all medical drugs.
- Eye treatment drugs e.g. tetracycline eye ointment, gentamicin and dexamethasone.
- Sexually transmitted infections drugs e.g. gentamicin injection and benzathine injection.
- Creams for skin conditions e.g. calamine lotion, g.v. paint, hydrocortisone and betamethasone creams.
- Asthma treatment drugs e.g. salbutamol and aminophylline.
- Epileptic treatment for patients with epileptic conditions e.g. phenobarbitone, chropromazine, carbamazepine.
- Diabetic drugs e.g. metformin and glibenclamide tablets.
- Magnesium trisilicate, albendazole and ORS.



CONCLUSION

The mobile medical clinics were organized to provide access to medical help for those people who are far away from the health facilities and others who were affected by the floods in the last rain season. It was a nice idea and the exercise achieved its purpose because it helped a lot of people who have difficulty accessing quality health care in the constituency. With the recommendations that have been outlined, if taken up, this exercise will help a lot in providing quality health care to the people of the area. The chiefs, District Health Officer and the patients appreciated having medical help brought to their door post, reducing the 45 kms distance they would need to walk to get to the nearest medical center.