

**CLINICAL REPORT FROM THE MEDICAL CAMP ORGANISED BY WORD IN DEED MINISTRIES IN FOUR PARISHES OF MUKONO DISTRICT, CENTRAL UGANDA.**

Annually, Word in Deed ministries a nonprofit Non-Government Organization holds free medical and surgical camps in different villages of Mukono district to provide health care to the unprivileged people in form of medical care, dental care, family planning, reproductive health for women and psychosocial support to the communities.

From 22<sup>nd</sup> – 26<sup>th</sup> may 2023, in partnership with Wings for Women and Population Services International (PSI), Word in Deed ministries held the annual camps in the villages of Bunakijja, Mpunge, Terere and Ntanzi taking a full day in each village. A big number of patients were seen and treated for various conditions and below is a summary of conditions managed per village.

village	malaria	typhoid	Respiratory tract infections	sepsis	Skin infections	Other sti's	Urinary tract infections	hypertension	Diabetes mellitus	Peptic ulcer disease	Other GIT conditions	Mental illnesses	Musculo Skeletal conditions	others	total
Bunakijja 22 <sup>nd</sup> MAY	20	01	56	09	39	13	29	24	03	17	32	02	25	07	<b>277</b>
Mpunge 23 <sup>rd</sup> MAY	10	10	68	15	35	06	45	22	06	12	50	00	11	10	<b>300</b>
Terere 24 <sup>th</sup> MAY	31	08	39	08	20	09	40	17	10	28	22	01	22	08	<b>263</b>
Ntanzi 25 <sup>th</sup> MAY	23	01	49	17	28	07	58	18	02	13	32	00	09	10	<b>267</b>

Above were the different conditions managed in the medical/ clinical department in the four days from the different villages, making a total of **1107** diseases. This excludes the people who attended HIV/AIDS clinic, cervical cancer screening, family planning and counselling sessions.

#### **PATIENTS DISTRIBUTION BY SEX**

<b>VILLAGE</b>	<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
<b>BUNAKIJJA</b>	63	159	<b>222</b>
<b>MPUNGE</b>	83	173	<b>256</b>
<b>TERERE</b>	79	137	<b>216</b>
<b>NTANZI</b>	86	152	<b>238</b>

Above was the distribution of patients by sex in the four villages in the four days of the medical camps. This gave the total number of people who got medical service after patient- doctor consultation and interaction and these were **932** patients.

There was a significant difference between attendance of male and female patients as female were almost double the number of male clients, this is so in all health care centers as women have more behavior of seeking health care compared to men in Uganda.

#### **PATIENTS DISTRIBUTION BY AGE**

<b>VILLAGE</b>	<b>0-5 years</b>	<b>6-12 years</b>	<b>13-59 years</b>	<b>60 and above</b>	<b>total</b>
<b>BUNAKIJJA</b>	30	47	119	26	<b>222</b>
<b>MPUNGE</b>	32	49	144	31	<b>256</b>
<b>TERERE</b>	15	26	141	34	<b>216</b>
<b>NTANZI</b>	26	29	144	39	<b>238</b>

Above is the distribution of patients by age having grouped them into 4 brackets of 0-5 years (neonates, infants and toddlers), 6-12 years (school going children) 13-59 years (teenagers and adults) and 60 and above years (elderly). Adult patients of 13-59 years represented the biggest percentage of the clients attending. This was followed by the school going children of 6-12 years then to the elderly patients of 60 years and above with the 0-5 years age group representing the least percentage of patients.

The difference is largely due to the big range in the 13-59 age group but also due to the fact that this is the working and most active age group therefore more susceptible and prone to diseases and other work related injuries both physically and mentally.

## **DISCUSSION OF CONDITIONS /DISEASES**

### **1. MALARIA**

Being the leading cause of death in Uganda today( MoH, 2023) and according to a 2022 study by the malaria consortium, malaria caused by the plasmodium falciparum was given number one priority in all the villages and total of **84** confirmed cases was noted, 20 from Bunakijja, 10 from Mpunge, 31 from Terere and 23 from Ntanzi. These were all tested and confirmed by malaria rapid diagnostic tests and given prompt treatment according to the national guidelines of treating uncomplicated malaria using artemether/lumefantrine. Terere being in close proximity to the lake and rainforests had the most positive cases of malaria since forests and water bodies are known breeding places for the malaria spreading vectors.

#### **What was observed**

- Self-medication against malaria was on high increase and this was done without testing, use of coartem (artemether/lumefantrine and paracetamol was generally reported
- Very few people reported sleeping under treated mosquito nets yet many are living in areas that are mosquito stricken
- Complicated malaria was misperceived by the communities and very few people seek health care

#### **What was done**

- Providing adequate doses of artemether/ lumefantrine to all the positive confirmed cases of malaria in all villages
- Screening contacts and family members of the positive cases( those who had attended the camps)
- Providing treated mosquito nets to families of all the positive confirmed cases. Due to limited nets, not all attendees were able to get the nets
- Educating the people on the possible ways of preventing malaria and its dangers in the community

#### **Recommendations**

- Extension of health care to the villages especially diagnostics and medications to limit the fatalities due to malaria
- Organizing more free medical camps in these villages on monthly or quarterly basis so as to easily track the trends, response to treatment and prognosis of malaria
- Providing free mosquito nets to all members of the communities in all villages.

## **2. TYPHOID FEVER**

Typhoid or enteric fever was not a common case in these four villages as Bunakijja had 1 positive case, Mpunge 10, Terere 8 and 1 from Ntanzi.

### **What was observed**

- Bunakijja had good and constant safe water supply from many wells hence the few cases
- Mpunge had boreholes some of which were mechanically down or stolen, this forced people to resort to dam unsafe water hence the increased cases of infection with salmonella species
- Terere being close to the lake most people use unsafe lake water even for drinking hence the rise in cases of typhoid
- Ntanzi being close to the urban setting has piped tap water and therefore people access clean water
- Most people are unaware of typhoid fever symptoms, how its spread or its prevention
- A larger percentage of people reported having pit latrines hence proper disposal of waste

### **What was done**

- All positive confirmed cases were treated with ciprofloxacin as per national guidelines and pregnant women received stat doses of intravenous ceftriaxone and amoxicillin for continuation treatment.
- All patients were educated about the causes, signs and symptoms and prevention of typhoid fever and how it mimics malaria

### **Recommendations**

- mass sensitization of communities about the different febrile illness and cautioning them against self-medication with coartem

## **3. RESPIRATORY TRACT INFECTIONS**

These were the most common conditions with more of the cases presenting as upper respiratory tract infections (cough, rhinitis and the common cold), a few cases of pneumonia, bronchiolitis and bronchitis were identified. There were no life threatening conditions.

Here self-medication with the botanical herbs was very common and proved effective in some cases  
Histamines, vitamins and antibiotics were prescribed for all the patients and a few received syrups (children)

#### **4. SEPTICEMIA/BACTEREMIA**

This was an average diagnosis and its confirmation was limited to the inadequate diagnostic equipment so it was always diagnosed clinically upon ruling out other conditions like malaria and typhoid  
Broad spectrum antibiotics were prescribed to the patients together with analgesics and all patients were dewormed with albendazole apart from the pregnant women and very young children

#### **5. SKIN INFECTIONS/CONDITIONS**

A large number of patients presented with skin conditions most of them fungal (tinea capitis, corporis, pedis, vesicolor and ringworm) being the most common. Other infections included chicken pox, molluscum contagiosum, warts, burns and boils.  
It was observed that the high spread of these infections is largely due to sharing of beddings, clothings and shaving material for children hence the high numbers of fungal infections among children.

Antifungal, antiviral and antibiotics were prescribed for the different conditions together with topical antifungal and steroid creams

Bunakijja had the highest number of cases for skin infections (39), followed by Mpunge (35), then Ntanzi (28) and Terere had the least number (20). There seemed not to be any relation of the infections to the environment and it largely depends on family behaviors and practices

All treated patients were health educated on the different causes, ways of spread and preventive measures of the different skin infections.

#### **6. OTHER SEXUALLY TRANSMITTED INFECTIONS**

- These were the conditions spread through sexual intercourse apart from HIV/AIDS and the commonest was syphilis predominantly in female patients. It was confirmed upon testing using the rapid RPR test for all the patients that presented with symptoms of syphilis. Other diagnosed diseases were genital herpes, trichomoniasis and one suspected case of gonorrhea that was just referred for further management at Mpunge health center III.

- Due to limited resources, all cases were managed with enteral medications were doxycycline was used for syphilis and then added to metronidazole to manage trichomoniasis. The viral infections were treated with viral medication and acyclovir tablets were the only available medication and prescribed
- Education and counseling were given to all clients on how best to prevent the spread of these diseases in the communities with reassurance that the conditions are curable

## **7. URINARY TRACT INFECTIONS**

- These were the second most common conditions among the patients who attended the medical camps for healthcare just after respiratory tract infections. They varied from urethritis, cystitis to complicated pyelonephritis. Most patients were aware of these infections and their spread but could not afford medical care in the hospitals while others could not travel to the health centers to seek medical attention. Only a handful of the patients reported to have treated the infections at least once in their lives.
- Bunakijja had the least number of cases at 29, Mpunge at 45, Terere at 40 and Ntanzi had 58 cases which were all confirmed after testing. Ntanzi being a semi urban setting, patients reported common sharing of public urinals, shower rooms and latrines and this seemed to be the reason for the high prevalence of the infections in the community.
- Uncomplicated cases were managed with enteral antibiotics like ciprofloxacin, metronidazole, doxycycline, erythromycin, cephalexin among others while complicated cases were managed with stat doses of intravenous ceftriaxone and stronger antibiotics like levofloxacin and clindamycin.
- Patients were strongly urged to adhere to the preventive measures of the infections since very few could afford the medical treatment.

## **8. HYPERTENSION AND CARDIOVASCULAR DISEASE**

- A big number of people reported being unaware of hypertension and other cardiovascular diseases, this was due to lack of screening and information on the conditions, secondly most elderly cannot walk long distances to the health facilities for routine checkups. A few of those who knew about the conditions especially hypertension could not afford buying monthly or weekly antihypertensive drugs as told from the health center whereas others were not well educated about hypertension and its complications, some perceived that taking a monthly course of antihypertensive upon confirming the disease would completely eradicate the problem. Newly diagnosed patients proved hard to convince that they had to take medications for the longer part of their lives

### **What was done**

- A special health talk was organized on each camp day for the hypertension and diabetes patients where they were given thorough education concerning the etiology, signs and symptoms management and prevention of the conditions, they were further educated on the lifestyle modifications and dietary changes to do in proper management of the conditions
- Confirmed cases were initiated on treatment (nifedipine, captopril, furosemide and atorvastatin) were the chosen and available medications and at least 70% of patients received monthly treatment
- Non adherent patients were strongly advised to adhere to medication so as to prevent the complications of the conditions
- All patients were advised to link up with the nearest health facilities for further management and routine check ups

### **Recommendations**

- Government and all concerned parties to extend free services especially medication for the chronic conditions to the village levels in form of medical camps, village health teams, setting up more health facilities
- Mass education of communities to make them aware of the cardiovascular diseases, complications and the risk they pose to the people
- Monthly tracking and follow up of patients with chronic diseases such as heart failure, hypertension, angina, etc.

## **9. DIABETES MELLITUS**

- Type I and type II diabetes were an uncommon condition among the residents of the four villages as Terere had the highest number of cases(10), Mpunge(6), Bunakijja(3) and Ntanzi(2). Most of these were known cases however not adherent to medication and each had at least one complication of diabetes (retinopathy, neuropathy, periodontal disease).
- The low number of cases seemed to be attributed to the lifestyles of the people e.g. maintaining proper weight through active work and diet, proper balanced diet since most village people don't eat junk food and being nonsmokers due the financial limitation
- The newly confirmed cases were educated on how to manage the condition with diet, exercise and a few were initiated on low dose metformin
- Non adherent patients were educated on the advantages of taking diabetic medications and re-initiated on treatment.
- Here government is still strongly advised to extend free services and medication to the unprivileged people in villages

## **10. PEPTIC ULCER DISEASE**

- A total of 70 people tested positive for *Helicobacter pylori* from the four villages Bunakijja (17), Mpunge (12), Terere (28) and Ntanzi (13). Those who had signs of PUD but tested negative were treated as other gastrointestinal disorders. Excess alcohol consumption, long term use of nsaids during self-medication were noted as the major risk factors in most of the patients.
- Majority of the patients reported that they self-medicate with omeprazole which gives them some relief but all reported reoccurrence of symptoms upon completion of the omeprazole capsules. This was because they do not get triple therapy regimens for the total eradication of the bacteria causing the condition.
- All the patients were educated on diet and the lifestyle changes that help in the eradication of the condition and were all given triple therapy regimen of (omeprazole, amoxicillin and metronidazole) for 14 to 28 days depending on the severity of symptoms
- Patient education and awareness is the most recommended measure to mitigate the high numbers of peptic ulcer disease prevalence among the rural communities.

## **11. OTHER GASTROINTESTINAL CONDITIONS**

- As a common case in rural setting, many people suffered from various GIT complications ranging from mild to the extreme cases especially among the children. In these four villages, the commonest conditions identified included gastritis, gastro esophageal reflux disease, gastroenteritis, worm infestation constipation, and diarrhea. There was one case gallstones from Terere and one case hiatal hernia which were referred for further management and booked for hernia repair respectively.
- Different treatments were prescribed for the different conditions using the known medications like metronidazole, omeprazole, loperamide, bisacodyl and vitamin supplements. All patients who attended the clinics in different villages and met the criteria of deworming received albendazole for deworming.
- Patients were also advised on proper hygiene of their environments, food and waste disposal as these would prevent the occurrence of most of these infections

## **12. MENTAL ILLNESSES**

- This was one rare diagnosis throughout the villages and only three cases were identified in two of the four villages, 2 from bunakijja (epilepsy and bipolar disorder), 1 case of delirium in an elderly patient who was hospitalized for 5 weeks due to



covid 19 in 2021. The absence of antipsychotics and anticonvulsants made it difficult to manage these conditions and hence all were referred to the nearest health facilities promptly.

### **13. MUSCULOSKELETAL CONDITIONS.**

- These conditions were relatively many especially among elderly women due to overworking in fields and domestic work at home. A big percentage of the patients aged 60 and above reported back pain, numbness, immobility of limbs and cracking in bones. Mostly diagnosed conditions included arthritis, osteoarthritis, tendinitis, fibromyalgia, back pain and sciatica. Some of these conditions were diagnosed by an ultrasound scan done on site while others were clinically diagnosed according to the symptoms and history
- Pain relief medications, mineral supplements and nerve pain medication were prescribed for most of the patients for example, naproxen, ibuprofen, calcium lactate, vitamin b complex.
- All patients were advised to lower their work rate especially those doing heavy manual work for longer hours and those who are very old and having comorbidities.

### **14. OTHER MEDICAL CONDITIONS**

- Other unclassified medical conditions that were noted rarely included, post-menopausal syndrome(4), parkinsonism(1), fibro adenoma(2), epistaxis(2), ascites of unknown cause(1), suspected cancers(7), leg ulcers(3), cataracts(5), cleft lip(1), nasal polyps(1), suspected mycobacterium tuberculosis cases(5), schistosomiasis(1) and down syndrome(2) cases. Majority of these patients were just given health education and referrals to concerned and designated centers for further assessments.

### **HIV/AIDS**

HIV testing and counselling, family planning services were spearheaded by Population Services International (PSI) and a total of **199** people were tested from the four villages as below

<b>Village</b>	<b>Number of people tested</b>	<b>positive</b>	<b>Negative</b>
Bunakijja	71	0	71
Mpunge	40	1	39
Terere	48	1	47
Ntanzi	40	0	40

The 2 positive cases one from Mpunge and one from Terere were all linked to ART clinics of Mpunge health center IV and Kojja health center IV. The rest of the known cases were counselled and advised to adhere more to medication so as to live off better and productive lives.

## **FAMILY PLANNING**

The family planning services provided included implants, combined oral contraceptives and injectables and their uptake in the four villages was as below;

### **BUNAKIJA**

Sayana press – 11 people

Depo provera – 8 people

Jadelle insertion- 9 people and removal 3 people

Intra uterine device insertion- 00 and removal 2 people

Combined oral contraceptive pills – 11 people

Cervical cancer screening – 4 people

**Total – 48 people**

### **MPUNGE**

Sayana press – 10 people

Depo provera – 3 people

Jadelle insertion – 5 people and removal 1 person

Combined oral contraceptive pills – 6 people

Cervical cancer screening – 5 people

**Total – 30 people**

### **TERERE**

Sayana press – 20 people

Depo provera – 5 people

Jadelle insertion – 6 people and removal – 1 person

Combined oral contraceptive pills – 5 people

Cervical cancer screening – 7 people

**Total – 44 people**

### **NTANZI**

Sayana press – 12 people

Depo provera – 5 people

Jadelle insertion – 7 people

Combined oral contraceptives – 5 people

Cervical cancer screening- 8 people

**Total – 37 people**

Most patients in the villages were given free condoms after health educating them and this was part of the family planning initiative.

**SURGERIES**

Friday 26<sup>th</sup> of May was the climax of the medical camps in the villages of Mukono district, 34 people with minor to moderate surgical conditions were booked from the villages during the four camp days and first priority was given to those who had comorbidities, these were phone called and given appointments at KOJJA health center IV in Ntanzi where surgeries would be conducted. Special thanks to the management and staff on the facility who every year give us full access to their operating theatre and the staff (theatre staff) who save their time and join the team in this initiative.

Of the 34 patients booked, 16 were contacted and only 11 received surgical care that day, 3 patients did not show up while 2 children were unattended due to failure to come with parents who were to consent for them

Below are the 11 patients who underwent surgery on 26<sup>th</sup> May having consented and allowed their names to be used in the generation of this report.

<b>NAME</b>	<b>SEX</b>	<b>AGE(yrs)</b>	<b>DIAGNOSIS</b>	<b>PROCEDURE</b>
Nakibuule Majoreen	F	51	Right inguinal hernia	herniorrhaphy
Ssemwogerere David	M	47	Infected leg ulcer	debridement
Nyanzi john	M	52	Epigastric hernia	Herniorrhaphy
Kaggwa James	M	62	Right inguinal hernia	Herniorrhaphy
Edward Muteesa	M	63	Right inguinal hernia	Herniorrhaphy
Nakijoba betty	F	40	Umbilical hernia	Mayo's repair
Nabwami Joyce	F	35	Umbilical hernia	Mayo's repair
Oweesi Mariam	F	29	Umbilical hernia	Mayo's repair
Ssimbwa Godfrey	M	45	Inguinal hernia	Herniorrhaphy

Wado ken	M	25	Right inguinal scrotal hernia	Herniorrhaphy
Nabudawa robinah	F	31	Left inguinal hernia	herniorrhaphy

The other 18 patients were all given appointments on later dates in Mulago National Referral hospital and KOJJA health center IV and will be worked on over the coming months with 3 of them booked for June 23<sup>rd</sup>, 27<sup>th</sup> and 28<sup>th</sup> surgeries to be performed at Mulago by the lead surgeon Dr. Kansime Erhardt.

This clinical report was compiled by the medical team as below;

Dr. KANSIME ERHARDT,

Dr. AKANKWASA GLORIA,

Dr. ALEC DAMICO,

Dr. GGITA STEPHEN,

Dr. BUKENYA JONATHAN.