



# HEARTS FOR THE NATIONS MINISTRIES

## MEDICAL OUTREACH 2019

### NSAGGU-UGANDA



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BY

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## INTRODUCTION

for long I had not thought of how reckless, love can be, how someone can take thousands of miles to come to Uganda and pour love to people they are meeting at first sight like they knew them long time ago. How someone can have little sleep in a foreign country and still wake up to serve people they didn't know, how someone can get the sweat of their work and give it away on a mission to help others even when they don't have a lot, to many sane adults all the above are not earthly doings. There has got to be something/someone supernatural. It all comes to me as I start off this report that you all are hidden angels that God has used to bless the people of Uganda. I am proud to learn from you the strength of love God has for us.

This document shows how God's love was demonstrated practically on earth through a medical outreach to Uganda by Hearts for the nations ministries. All those who were on ground must agree with me that all our expectations were so little compared to what took place from 20<sup>th</sup> to 23<sup>rd</sup> of February 2019. The medical outreach took place in a village called Nsaggu, in wakiso district , Central Uganda, the village is relatively remote, with the main activity taking place being farming, the village has little access to health centers despite the increased need as will later demonstrated in report, even the little available are always out of basic medical supplies including drugs that you would consider generally accessible. The camp was housed by AMEN and AMEN church, a local church in the region

## BODY AN DISCUSSION

The camp started off on Wednesday 20<sup>th</sup> February with buying drugs from the city Centre Kampala from pharmaceutical stores, and mobilization of the necessary people to run the camp. The Ugandan team of doctors had a meeting on the same day on strategizing for the outreach with information from the Uganda health demographics services which gave us a lot of background information to the area. Despite the long journey and travel unforeseen delays, the Canada team was super ready, the Ugandan medical team consisted of 5 competent young and energetic doctors with an attitude of service above self-headed by Dr. Ibrahim Mutyaba. These doctors work in different regional referral hospitals in the Uganda and spared their jobs to come volunteer in the camp. Two of these doctors belonged to a volunteer-ship medical student based organization which engages in similar medical service called Destiny Doctors. Together with the team from Canada and all the people from Canada who contributed to this cause started off the medical camp on Thursday morning

## TOTAL NUMBER AND SEX DISTRIBUTION

A total of 772 patients were seen by doctors, diagnosed and given the necessary medical attention. Most of the patients were females; 536 patients (61%) as compared to males; 236 patients (31%) [see image below] which puts the health of the community in the hands of females. Certain medical conditions such as Urinary tract infections that have a sex predisposition in females were therefore notably high

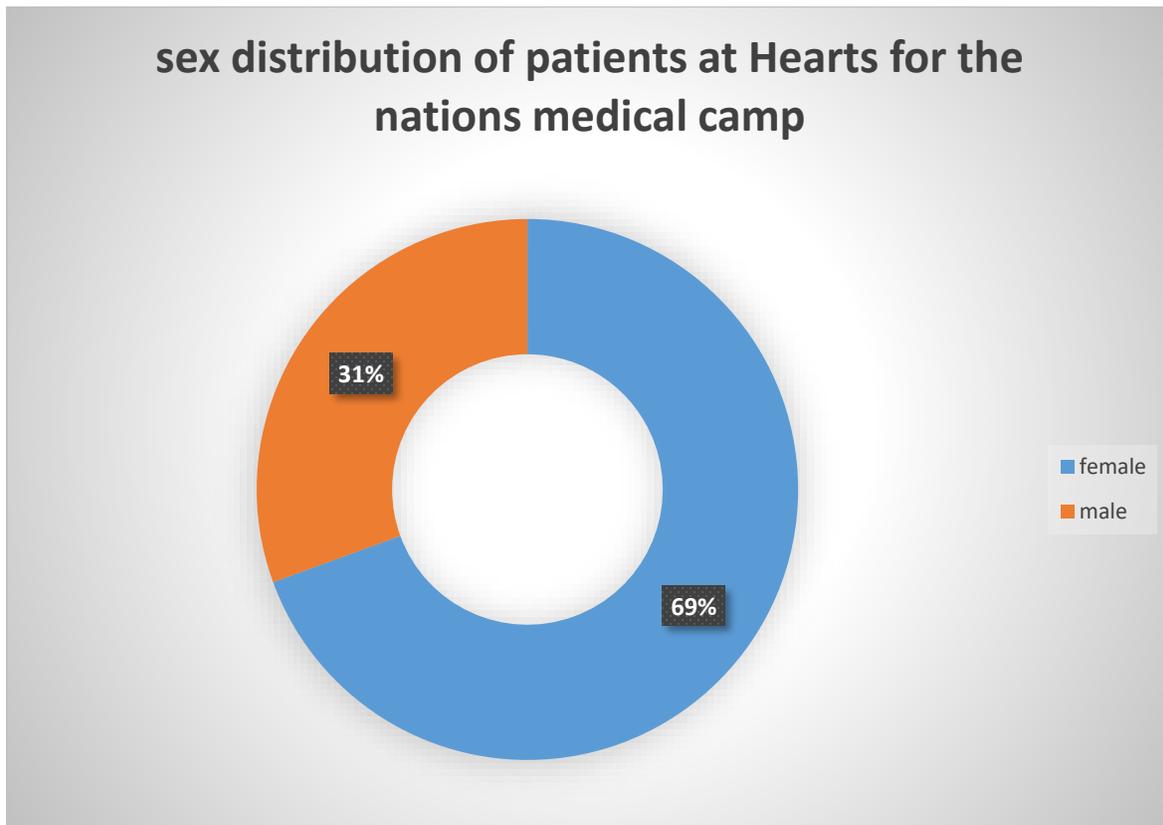
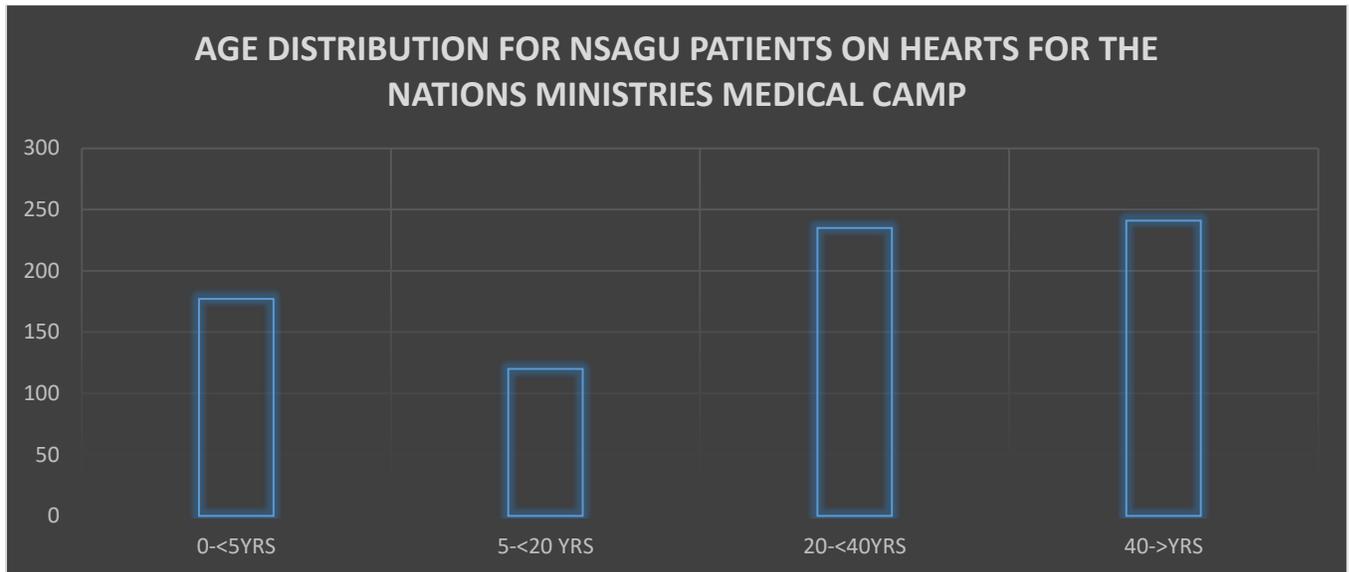


Figure 1.1 shows the percentage distribution of sex in the patients seen on Hearts for the nations medical outreach

## AGE DISTRIBUTION

For a quick analysis of patients' ages, their ages were grouped into 0-<5 years, 5-<20 years, 20- <40 years, 40-> years. The age groups are chosen on the basis of commonality in the conditions affecting the group of ages. We note that there is skewing to the right, that is the number of patients was high in the >40 years followed by 20- <40 years then the 0-<5 years and finally the 5- < 20years. This implies that the community is mostly comprised of the elderly which gives a reason as to why there were many

communicable diseases in total unlike on the first day where we registered a lot of systemic diseases such as hypertension all of which are known to attack the elderly often. The increase in communicable diseases in this age group is basically because they don't have current information on health, about disease prevention because many of these communicable diseases can be avoided with the right health practices such as putting on treated mosquito nets to prevent malaria, slashing bushes around the living house among others.



*Figure 1.2 shows the distribution of age in the patients who attended the hearts for the nations medical camp-nsagu Uganda*

In the age group of 20-<40 years, the most prevalent diagnosis was a sexually transmitted infection with the highest percentage 95% being females. Many of which claimed to be ignorant about most of these sexually transmitted diseases

in the age group of 5-<20 years, the most prevalent diagnosis was an upper respiratory tract infection, followed by malaria, however we could not totally rule out the possibility of most fevers being malaria because we used rapid diagnostic tests whose basis is antibodies and not actual parasites

in the age group <5 years, the most prevalent condition was malaria and an upper respiratory tract infection most commonly pneumonia, these were followed by asthma and other allergies

## OCCUPATION STATUS ANALYSIS

So unbelievable but true, the largest percentage of this population 35% are unemployed, which correlates or affects their health status (employment is directly proportional to health status). However, many reported to be unemployed because they had no permanent jobs, which puts their health at risk with them failing to even buy a simple pain killer for themselves

## occupation status for patients of Nsagu in Hearts For The Nation

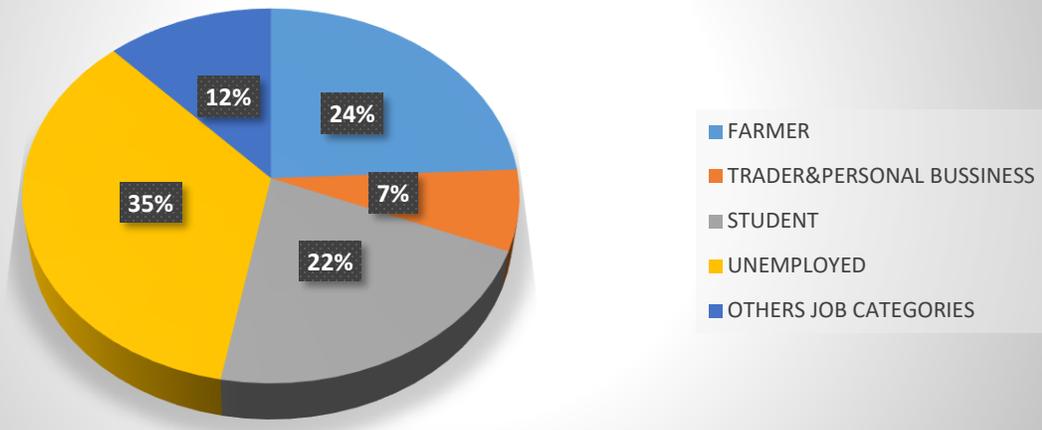


Figure 1.3; shows the occupation status distribution in the patients that visited the clinics of Hearts for the nations medical camp

The second largest category being farmers carrying a total percentage of 24% . most of the patients in the category of farmers are also patients in the age group of 40> years and also most likely to be females.

School going children and those carried a percentage of 22% of the whole patient load seen in the clinics most of which were children in the age bracket of 5-<20 years attending primary school .

Other job categories which included, brick layer, builder, teachers, drivers, among others accounted for 12%. These are most likely patients in the age groups of 20-<40 years

Traders and personal business constituted of people owning their own shops, selling vegetables and fresh food in market places, welding engineers among others and this accounted for 7%

### DIAGNOSIS CATGORY ANALYSIS

On the first day we received much of systemic disease that is cardiovascular diseases such as hypertension, heart failure, endocrine such as diabetes mellitus, hyperthyroidism among others and we felt we had wrongly strategized because we were basically strategizing for communicable diseases, therefore 76 cardiovascular and 17 endocrine diagnoses were mainly made on the first day. However, we changed the strategy from prescribing a lot of drugs to prescribing with health education

Surprisingly in the next 2 days, communicable diseases caught up with the pace and actually super exceeded any other diagnosis. This is mainly because these people being in remote areas had little access to current systems and information on disease prevention. Luckily enough we gave a lot of health

education and we had a bunch of anti-microbial drugs stocked, ready to kick out these diseases, drugs to take care of the current illness and health education to prevent future re infection

Gastro intestinal tract conditions is also another diagnosis category worth our discussion with the most prevalent ones being peptic ulcer disease and diarrhea, to many adults a GIT condition was always a secondary diagnosis most probably to a primary communicable diagnosis

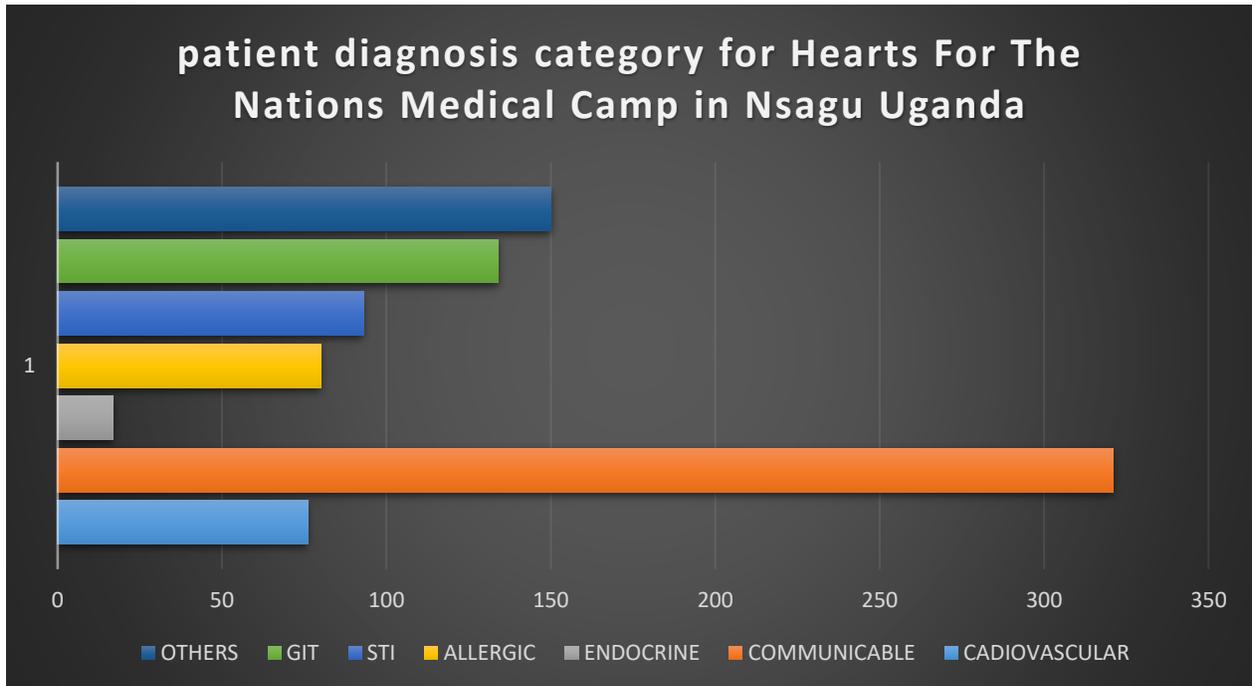


Figure 1.4 shows the diagnosis distribution category in patients who attended nsagu –hearts for the nations medical camp

The most prevalent STI was vaginal candidiasis in women and was always a secondary diagnosis. Treatment was instituted and encouraged them to send their partners for treatment too.

Other medical diagnoses were also handled appropriately with the available resources, conditions that needed long term care or specialized medicine were referred to the nearby health centers. A few people tested positive for HIV, were counselled and put in the right hands for continuity of care

## SPIRITUAL HEALING

We did not only treat, the body, we did treat the souls too, we had Dr. (spiritual medicine) Ricky, dr. martin among many other pastors that planted a seed of the good news of God and how he so loved the world to these patients before they saw the physical doctors. We are very privileged and happy that we won some souls for our father, I couldn't be proud of anything more than this. There couldn't be a better way of preaching the gospel better than this, now that we have tried it. We want to do it always.

We also held daily meetings after the camp and prayed and discussed strategies and of course there was carol relieving all of us from the day's stress with funny moments

## RECORDS

Our data was adapted by the government through the District Health Officers office, to aid in future research, and policy making. The original copies of data sheets were retained by the lead doctor to analyze data and plan for future camps. All details of patients from the camp are treated with at most privacy and confidentiality

## RECOMMENDATIONS

1. There is a strong need for a health education based program to supplement this camp to adequately kick out the burden of communicable diseases
2. There is a strong need for the health system to package modern health skills in accessible and readily acceptable formats by the community given that the largest percentage of age groups is >40years
3. Strengthening already in place systems that promote health to be more active
4. There is need for community based projects that provide employment skills to the population especially 20-<40 years. This is chosen for its indirect role in promoting health
5. There is need to make this camp annual, having looked at the health needs of this community and the big gap in achieving good health, this camp has helped bridge a big gap and therefore the need to be made annual until the community is selfsustaining in terms of health

## LEAD DOCTOR



*Ibrahim Mutyaba is my name and am a 23 year old, born again Christian, passionate lover of Christ, I am amazed, honored to work with you guys and challenged by your way of love. I am a clinician licensed and going after my second degree, I direct projects to a medical student based volunteer-ship organization called DESTINY DOCTORS lead and managed by a board of five medical students me inclusive. This started as a group of medical students who shared some life in an orphanage called destiny villages of hope. Where we came to acknowledge that we deserved nothing, growing out of an orphanage to being doctors was God's mighty hand and therefore we devoted to service above self. Today many people are joining our cause including our own lecturers. We are currently working on the following projects;*

- ***The Most High Mobile Clinic***, a system of truck designed in a hospital setting going to remote areas providing high quality health care made accessible and packaged in a more acceptable manner in this communities. this is our current maiden project. And we are on the grass roots making a foundation pharmacy that will make it self-sustaining, God willingly the pharmacy will start off this 15<sup>th</sup> march
- ***Destiny Doctor's clinic*** at the boarder of Congo and Uganda, a place that has been affected by many wars, has a high influx of refugees from Congo and usually an origin for hemorrhagic fevers such as Ebola, Marburg among others. This started January 2019 and now is running, it uses highly creative systems to handle health of and mitigate these hemorrhagics.
- ***Community Health Empowerment project***, a preventive medicine approach based project that puts native people at the fore front in fighting off diseases by creating a community health team and empowering it with health skills and information.it also acts as an information system for health

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