

Real Medicine Foundation Community Health Outreach Program



Progress Report on
Four (4) Days
RMF Flood Relief Health Camps
for
The Flood Victims
of
Peshawar and Charsadda Areas, NWFP-Pakistan

Prepared By: Dr Rubina Mumtaz

Real Medicine Foundation USA (www.realmedincinefoundation.org)

In collaboration with
Relief Foundation, Pakistan



Tent Village for the flood victims of Charsadda and Peshawar
Schedule of Four (4) Days Medical Camps

First two days camp Feb 15-16, 2009 (10:00am – 5:00pm)	Tent Village Palusy, Distt. Charsadda
Second two days camps March 07-08 , 2009 (10:00am – 5:00pm)	Tent Village Palusy, Distt. Charsadda

Introduction to the Organizations

Real Medicine Foundation

The Real Medicine Foundation is a US based non-profit public charity 501(c)(3) that is operating Basic Healthcare Centers in the earthquake affected areas of Pakistan. . It is located in Los Angeles with offices and partners all over the world.

Mission Statement

The Real Medicine Foundation provides humanitarian support to people living in disaster, post-war, and poverty stricken areas. Real Medicine Foundation is focused on the person as a whole by providing medical/physical, economic, and social support. It was founded in May 2005 inspired by lessons learned after working for months in the Tsunami relief efforts in Sri Lanka. The Real Medicine Foundation was created to provide longer term, sustained support in disaster, war-torn and poverty ravaged areas in addition to immediate physical aid. This long-term support addresses physical, emotional, economic and social needs, helping heal the 'whole person' and the 'whole community'.

Real Medicine Foundation believes in creative approaches in addressing the health needs of the communities; rather than going with preconceived answers, it approaches each situation by asking, "How can we help?" In this way, we can respond effectively and appropriately with customized services designed to best meet the immediate and long-term needs of the specific individuals and communities we serve. RMF global network of "Friends Helping Friends" enables us to directly connect with those in needs, carefully access how to make the greatest impact, and cooperatively deliver the highest-quality support. Whether we are providing physical, emotional, social, or economic support, our goal is to empower with real solutions that heal, give hope, and rebuild lives, both now and in the future.

Currently, the organization includes Real Medicine USA, Real Medicine Asia (with branches in Sri Lanka, India, Pakistan and Indonesia), Real Medicine Africa (with projects in Mozambique and Nigeria), and Real Medicine Europe (so far in Germany). This long journey of success has been achieved in a very short period of twelve months.

The Real Medicine Foundation is designed to capitalize on the passion of its members and supporters, always avoiding the crippling effects of bureaucracy. With a simple, lean coordinating management team in the US, operational teams are located in America, Asia, and Europe. All these teams are composed of people wanting to contribute their skills, time, knowledge, and their passion to support people in need.

Specifically, the work of the Real Medicine Foundation is to: provide medical support to disaster, post-war, and poverty stricken areas: to connect people to people: to re-build communities: to care for the future by caring for the children: to devise strategies for global solutions: to provide training for local people to extend the mission.

RMF Primary Health Care Project Pakistan

RMF operates a Primary Health Care Unit in Balakot in partnership with Hashoo Foundation (an international NGO) since 2006. This health unit is staffed by a medical doctor, a medical technician, two LHVs and a qualified Dispenser. In addition to the RMF Health Unit, the RMF Community Outreach Program also targets the remote and rural areas of the country to provide health screening, health awareness camps, and to distribute essential and life saving drugs. The team comprised of volunteer doctors, pharmacists, and pathologists travel to these free medical camps to provide much needed service to the underserved communities.

Relief Foundation Islamabad

Relief Foundation is a national organization formed in 1998. It is a non profit organization, set up under section 1961 of Social Welfare Ordinance. As a private, non for profit organization, Relief Foundation is at the fore front of Health Care Program with the provision of free medications.

It works for poverty reduction and improving the quality of life of the ultra poor. It also provides medical aid to the needy patients. Relief Foundation is trying to provide medical relief to vulnerable groups through Free Medical Camps in far flung areas of Pakistan with its limited resources. It started a Special Health Initiative Program by organizing Free Medical camps and awareness sessions. So far more than 30 free medical camps have been arranged and more than 30,000 patients have been treated however much more work needs to be done. Besides the provision of basic health, Relief Foundation has rich experience to empower communities through health awareness and health promotional activities including health walks, celebration of health events, organizing health seminar and promotional materials. The aim and objective of the foundation is to prevent and control the spread of common diseases by providing standard and sustainable PHC services which are accessible and affordable.

Relief Foundation has a large number of registered volunteers, who are already active in community development; they played a very vital in arranging the free medical camps and blood donations drives to quick response for natural disasters and basic rescue.

Description of the RMF Flood Project

Background

Monsoon rains and flooding wreaked havoc throughout Pakistan, killing more than 200 people overnight and causing widespread destruction. The majority of the casualties were reported from the North-West Frontier Province (NWFP) and its adjoining tribal areas, where flash floods swept away hundreds of mud houses and killing more than 50 people, mostly in roof collapses in Peshawar and the Khyber tribal districts. Several hundred houses were destroyed by raging floodwaters. Scores of people were marooned by floods and had to be rescued by military helicopters, but the number of flights were kept low because of the limited availability of aircraft. Authorities declared that the scale of the damage was high because there was no effective warning mechanism and encroachments had been made along waterways. Provincial emergency services distributed relief items, including food, tents and blankets, to dozens of victims left homeless due to floods while asking the National Disaster Management Authority to send in more relief supplies.

The people trapped in flooded areas are being evacuated with the help of local police. The National Disaster Management Committee adds that 76 villages and more than 700 mud houses have been destroyed in district Rajanpur due to recent heavy rainfall across Southern Punjab. The committee further informed that more than 5 people were reported died in the floods and 40,000 acres of cultivated areas has been badly affected.

Water level at Rivers, Dams and Barrages of NWFP

The affected districts of NWFP (Peshawar, Charsadda, Nowshera, and Khyber) have suffered great losses where 19 persons died due to flood related incidents. 114 villages, 6550 families and around 66,572 persons were affected. A total of 11,110 kacha and 180 pacca houses have been demolished.

National Response

The Emergency Relief Cell (ERC) dispatched 6 trucks (200 ration packets of 32 kg, 300 blankets, 150 tents) of relief goods to the flood affected areas of Rajanpur, DG Khan. ERC has also planned to dispatch more relief goods to other areas of Punjab province.

In Punjab, over 4,000 affected have been provided medical care so far while more than 2,500,000 were untreated. The Food Department has also supplied 2,278 bags of wheat flour of 10kg each to the authorities in the affected districts for distribution to the flood affected. Mobile teams of Health and Livestock Departments have been working in flood-affected districts in their limited capacity and resources. The Cabinet Division has provided 300 bags of edible items, 100 tents, 500 blankets and 6 cartons of medicines (which is insufficient) to the affected population.

International Response

As part of its emergency relief efforts for the flood victims in NWFP and Punjab, OXFAM has earmarked Rs. 25 million for providing victims with food, public hygiene facility, immediate shelter and fodder for livestock. OXFAM distributed cooked and dry food among 28,600 persons in NWFP and Punjab. Hygiene kits comprising toilet and washing soap, petroleum jelly, nail cutter as well as traditional sanitary napkins are being distributed by OXFAM to 2,000 families in NWFP and 3,500 in Punjab.

Preparatory activities for the RMF Health Camps:

Following logistics as well as technical inputs were decided prior to the camps:

- Fixing the location, dates, frequency for organizing the health camps;
- Estimating the number of patients that would attend the health camp;
- Procurement of medicines, screens, banners, refreshments, meals for RMF team, transport etc.;
- Publicity by announcements, media, and distribution of hand bills about the camp;
- Selection of personnel manning the various posts at the health camp;
- Delegation of responsibilities for various tasks like BCC and publicity, reception and registration/documentation, screening, examination and diagnosis, treatment and referral, and management of untoward incidents.
- As part of good liaison tactics, an important and influential person who could add to the sustainability of the project could be invited to do the inaugural honors.
- The documentation team would make a brief report that would contain at a minimum the data as required for the various indicators of health services as well as suggestions and recommendations if any.

Over 2,800 flood victims treated during the Two Days Free Medical Camp at Peshawar and Charsadda

In response to the recent floods in Charsadda and Peshawar, Real Medicine Foundation (RMF) organized a two days "Free Medical Camp" for these flood victims. The 'Camps' were organized in collaboration with the local implementing partner "Relief Foundation."



During the first two day Medical Camp more than 2,800 patients were treated, and provided with free medicines. More than 15 doctors from various leading hospitals and medical centers in Peshawar participated in these free 'Camps'. The patients were treated for Gastroenteritis, Respiratory Tract Infection and other common diseases.



The medical teams included highly qualified medical practitioners, Orthopedic surgeons, Ophthalmologists, Dentists and Pediatricians from Peshawar.

Modus Operandi

Meetings

The RMF team visited the site three times prior to the event and coordinated with the Officer-in-Charge of the Flood Project in Charsadda Flood Tent village for arranging the "free camps" He was asked to fix a suitable date and identify a proper location for these medical camps. Latter on a detailed survey was carried out to select the appropriate venue, obtain demographic information and also identify the common prevailing diseases.

RMF team initially met with the local representative and residents of the area to understand to what extent morbidity had become a burden on the community and to communicate them about the proposed Free Camps. The local community assured the RMF team of their full cooperation.

It was announced in the tent village and the surrounding areas of Charsadda that a two day medical camp will be arranged during Feb 15- 16, 2009.

Getting Started

A big hall and two rooms were transformed and turned into a complete medical unit, where patients were being checked up.



A registration counter and Pharmacy room were setup to register patients and to store the medicines, Furniture/fixture and necessary items were arranged to ensure the uninterrupted supply of essentials. Norms were established for the smooth functioning of the camp.

Following were the procedures at the Camp for consultancy and the treatments:

- Patients would be required to get registration including name, age, sex, address and symptoms. It was the first screening point and a filter clinic enabling the registration staff to send the patient to the relevant medical practitioner.
- After registration, OPD slip was issued to the patient for consultation and medication.
- List of the available medicines was provided to all doctors.
- After consultation, patient will move to the Pharmacy to receive the medicines. To avoid the repetition of chit, we used to mark big cross (X) on the front side of the medical chit.

Volunteers were placed at entrance of the clinic, pharmacy room and other strategic locations to ensure smooth flow of patients.



The health camp officially started from 10: 30 am in the morning and the flow of patients kept on increasing as the day wore on. The doctors remained very busy and worked very hard to deal with the huge crowd of patients. Majority of the patients coming for medical examination, were from the tent villages and surrounding areas affected by flood. Around 1583 patients were examined on the first day while 1226 patients were examined on the 2nd day. Majority of the patients including children, men and women were found malnourished and depressed.

Role of RMF in Free Medical Camps:

- ❖ Management of common and non-complicated cases such as upper & lower ARI, pneumonia, diarrhoea, dysentery, dyspepsia, scabies, general body aches, UTIs, hypertension, minor surgical and medical emergencies.
- ❖ Health Education and health promotion.
- ❖ Nutrition promotion and education through counseling: including exclusive breastfeeding and weaning practices.
- ❖ Early detection, treatment and/or referral of high risk and chronic cases
- ❖ Provision of essential/life saving drugs.
- ❖ Recording and reporting health statistics
- ❖ Identification, management and referral of complicated cases.



Observations:

- ❖ The overall local community participation was very much encouraging.
- ❖ Female vs male participation was comparatively good.
- ❖ The young and older aged people equally participated in the camp.
- ❖ The camp location was easily accessible.
- ❖ Based on the available variety of medical providers, patients with chronic illnesses and minor diseases attended the camps.
- ❖ 160 patients were referred to secondary and tertiary care hospitals for follow-up and necessary medication.



Characteristics of RMF Free Medical Camps

- ❖ Better quality of services
- ❖ Adopting Masses/Public Health approach
- ❖ More effective and efficient treated more patients in less time
- ❖ Can serve distant or remote areas
- ❖ More accessible
- ❖ Community participation more important
- ❖ More Clinical, Individual approach
- ❖ Adequate privacy for patients



1. Secrets of RMF's Success Medical camps were organized on holidays or a weekend allowing more patients to attend and helped us to increase the availability of qualified doctors.
2. The medical camps were more focused on general health issues/diseases allowing variety of patients to attend.
3. The camps were organized in collaboration with local implementing partners like Relief Foundation.
4. Essential medicines were provided free of cost.
5. The informations were properly communicated four weeks before the event which helped the masses to propagate among target communities.
 - . The camps were unique as:
 - a) Pamphlets were distributed and informed the community about the availability of specialist doctors.
 - b) A loud speaker was mounted on the top of a vehicle to announce the event's date and other particulars.
 - c) RMF banners were put at key locations.
 - d) Announcements were made through the local mosques.
 - e) A pre-camp press note was given to the local newspapers of the area.
 - f) A small opening ceremony for the camp was held and medical examination procedures were announced
7. The RMF volunteers managed the crowd in a systematic way and remained available to make sure that the patients do not have to wait for long hours.
8. The 'Camps' activities were followed by a press release in local press and cable TV.
9. The complicated cases were referred to secondary and tertiary care hospitals with proper follow-up.
10. Certificates will be awarded by Real Medicine Foundation and Relief Foundation to the volunteer doctors and para-medical staff.

2nd Two Days (Follow-up) Free Medical Camp for the Flood Victims of Peshawar and Charsadda during March 7-8, 2009



Real medicine Foundation also organized a second (follow-up) two days camp from 7-8 March 2009 in the same areas where we organized our previous camp. Free medical camp was initially launched on Feb 15, 2009 under RMF Flood Relief Project.

The second follow up camp was an initiative of RMF Community Health Outreach Program, free medical consultation was provided and free medicines were distributed among the patients at the camp which was inaugurated by Mr Khanimullah Ex Member of the Provincial Assembly of NWFP. He visited each section of the medical camp and highly appreciated the efforts and contribution of medical doctors and paramedic staff. He specifically thanked to RMF for arranging such camp to meet the health needs of the affected families. He also stressed the local health authorities to arrange such camps and help the local NGOs in providing first level health care services to the victims of the flood.



More than 3100 patients visited the RMF camps for consultation. All patients were given routine examinations and prescribed essential medicines. 175 patients were referred to secondary and tertiary care hospitals for follow-up and necessary procedures

The ailments ranged from minor diseases like sore throat to chronic diseases like carcinoma stomach. All the patients were below the poverty-line, hence this free camp served an important community need.

Patients visited the clinic from morning till evening. 3100 patients were treated through various specialists during this two days camp.

The doctors were very sympathetic to the needs of the patients as they treated each case depending on its uniqueness and severity. Most of the patients were given medicines on the spot, whereas some of them were given dates for the relevant surgeries.



The medical team was consisted of thirty-one members including twenty one doctors, four paramedical staff and six volunteers for admin and support works. RMF team played a very pivotal role by providing invaluable voluntary help in diagnosis, patient care and in dispensing medicine.

Since this camp was focused on specialist care therefore, doctors were selected according to their speciality and areas of interest.

The detail of team members is as follow:

Sr.#	Specialty	No. of Doctors/paramedics
01	General Practioners	06
02	General Surgeons	03
03	Dentists	04
04	Pediatrician	01
05	Ophthalmologists	02
06	ENT Surgeon	01
07	Dermatologists	02
08	Pharmacists	02
09	Physiotherapist	01
10	Health Volunteers	06



Each department was divided into different sub-stations like registration desk, filter clinic, nursing station, general clinic (including general medicines, pediatrician and physiotherapy), surgical clinic, derma clinic, dental clinic, eye & ENT clinic, women’s health clinic and pharmacy.

Medical Services offered during the camps included a complete physical examination, vital signs (measuring blood pressure, pulse and temperature recording) and referral of complex cases to the secondary and tertiary care facilities. Free medications were also dispensed through pharmacy which had a comprehensive range of drugs.

The volunteers registered patients by giving them sequential numbers enabling the doctors to diagnose every patient in an orderly manner. Registration information includes all relevant information regarding the socio-economic and demographic profile of the patients for maintenance of MIS and research & development work.

The filter clinic was very helpful in assisting the actual screening procedure. It made sure that all the patients were seen and taken care of by the relevant doctors.

General Medical Section

General physician examined 807 Patients and reported cases of Dyspepsia, Bloody and non-bloody diarrhea, Gastroenteritis, Respiratory Tract Infection and common infectious diseases. General body aches and weakness were the most common problems among patients.

Dental Section Dentists examined 763 Patients and found cases of periodontal diseases, carries and poor dental hygiene.

The dental services included examination, preventive advice on oral hygiene and referral for extractions, fillings, palliative, and repairs.



General Surgery Section

General surgeons examined 150 Patients and found cases of hernia, hydrocele, piles, gall bladder stones, infected wounds and non Healing ulcers. A few wound dressings were also attended including ulcer, boils, open infected wounds, osteomyelitis and others. 7 patients were referred to local hospitals for a follow up with wound dressings/ wound management.

Orthopedic Section Team of doctors examined 270 patients and found cases as follows; 60 osteoarthritis, 145 lower back pain, 28 sciatica, 23 osteoporosis, 3 congenital bone deformity, 9 rickets & 2 Bone T.B. cases.



Gynecological and Obstetrics Section

Lady doctors examined 246 patients of menstrual irregularities, leucorrhoea, anemia and gynecological problems. Patients with serious gynecological pathology such as serious urinary incontinence and genital prolapsed were referred to District Hospital Charsadda and Peshawar.

Child Section

Doctors examined 467 patients and detected cases of anemia, R.T.I., worm infection, G.E., bronchitis asthma cases.



Eye and ENT Section

Doctors examined 63 patients of eye diseases and advised cataract operation to 9 patients. Eye services provided a comprehensive check up, free prescription glasses and eye drops.

ENT the doctors examined 232 patients with ENT diseases such as pharyngitis, sinusitis, otitis media, DNS, chronic nasal obstruction and referred 67 patients for surgeries

Dermatology Section 180 Patients were examined in the dermatology department and found cases of acne, dermatitis (rashes), eczema, erythroderma, genito-urological dermatology, melanoma, moles & pigmented lesions, mycosis psoriasis, scleroderma, skin cancer, allergic reactions, cysts, fungus infections, herpes, itching, nail problems, shingles and scabies are common. Besides, free medical consultation was given regarding skin problems varied from simple cosmological problem to crippling diseases such as leprosy and Psoriasis.



Pharmacy Free medicines for 5-7 days were given to the needy patients based on prescription. The total number of prescriptions dispensed was 3034. Purchase of medication from private suppliers was totally funded by RMF.

Nurses Station: The following activities were conducted at the nursing station:

- Measuring blood pressure, pulse, temperature checks; and
- Wound dressings

The provision of above services helped the medical officers to more focus on patients problem based on the available information on vital signs.

Patients Statistics 2nd Medical Camp (March 07-8, 2009):

- Day 1: No. of patients visited = 1705
- Day 2: No. of patients visited = 1473



Health education RMF has always been emphasizing on creating health awareness among masses through health promotional activities. Besides medical check- up, health awareness was also given to both male and female patients. Health education was disseminated at various stations where patients were examined including prevention and management of some common conditions.

Health education material was also distributed amongst the masses containing information about basic healthcare, health & hygiene awareness. The handouts contain the information on prevention from various common diseases like water borne diseases, acute respiratory infections, diarrheal diseases, scabies and hepatitis. The physicians also taught the patients how to keep their bodies clean and healthy. Since most of the patients were suffering from common ailments therefore, they were equipped with basic health education.

Views of Local Leadership

Mr. Khanimullah, Ex-Member of Provincial Assembly of NWFP

Speaking on the occasion, Mr. Khanimullah Ex-MPA expressed his gratitudes and highly applauded the efforts of RMF for organizing these much needed “camps” for the flood victims of the area..He further said that this is the prime responsibility of health department to provide first level care to the affectees but they are not taking care of their own duties, hence the NGOs like RMF realized the needs of the communities and took initiative to provide emergency medical care at their door step. He stressed that local NGOs and provincial health department should learn lessons to ensure the continuity of care to the vulnerable communities.



Mr. Mohammad Alamgir, Incharge Tent Village also praised the invaluable contribution of RMF in providing medical care to the poor and most deserving communities hit by the flood. He admired the services of volunteer doctors, paramedical staff and NGO

Mr. Mohammad Naeem Assistant Commissioner, expressed his views and stressed that the major challenges faced by our government in providing health care is the "lack of resources." He strongly recommended that government should increase the health budget so that unmet needs of the communities could be met properly.

The Local Nazim of the Union Council also acknowledged the role of Real Medicine Foundation in delivering health care in particular the community areas and stressed to develop partnerships with local partners such as Relief Foundation so that joint efforts could be materialized for the common goals.

Asad Riaz, President Relief Foundation expressed his views and said that this health camp was a true example of community efforts which proved to be a great success. He added that the communities learnt valuable lessons from such health camps. He hoped that such collaborations with RMF would also be continued in the future to achieve the millennium development goals as set by Government of Pakistan.

Dr Haroon, one of the volunteer doctors shared his views and said, "Being a part of the camp, it has been a wonderful learning experience for me. Working at such grass-root levels, teaches us more about the real health issues among marginalized and deserving communities. Indeed, we look forward to help more people but we also look forward to more volunteer doctors who can make a small difference to the world we all are living in."

Dr. Zahoor RMF Supervising Physician and very active health volunteer of HF shared his golden views based on his long term experience and said that "We have received an overwhelming response of these camps where thousands of affectees mainly women, children and old aged persons had their complete medical screening which ultimately helped them in early detection of secondary illnesses and improve the health. He explicitly highly appreciated the contribution of RMF in terms of organizing such camps, provision of free medicines and admin & support services. He also applauded the volunteer and dedicated services of medical team and hoped that their support will continue in future too. Dr. Zahoor also thanked and gratitude to the Mr. Khanemullah Khan EX-MPA , local Nazim and dignities for their continuous support to make this event a success.'



Mr. Gulbahader Khan one of the affectees saluted the RMF services for organizing such free medical camps and requested that such health camps should be organized on regular basis.

Mr. Anwar one of the patients, 57 years old said, "I have had ENT problem for last 6 months but I could not manage to visit the ENT doctor, because I don't have enough money to pay his fee. Now I am happy that RMF made this possible that I got ENT checkup free of cost at my door step. I thanked and Prayed for RMF team".

Recommendation

- RMF should continue to organize such medical camps in future too
- RMF needs to build the capacity of local communities so that they could ensure the provision of first level health care to the victims
- RMF should build the capacity and extend support to local NGO/partners so that they could address the local health problems and could refer the chronic patients to the appropriate facilities.
- RMF should initiate an Outreach Community Health Program with the help of local partners and health agencies.

Conclusion

(A). Total 5987 patients were diagnosed and treated through RMF Flood camps. The OPD consists of 55 % male, 45 % female including 18 % children. The second two days camp was more focused on specialty based medical services. It was planed keeping in view the emerging health needs of the flood victims, hence it addresses the health problems of the masses. One of its characteristics that seven female doctors (gynea, dentistry etc) provided their voluntary services; therefore ratio of female patients was increased in 2nd medical camp.

(B). More than 300 cases were subsequently referred to secondary and tertiary care hospitals for further treatment.

(C). Group health education and health promotional messages were disseminated among the communities

(D). Local communities and health care providers were very much satisfied with the medical camps

(E) Political leadership and health agencies coordination and support reflect that such camps are much needed in other areas too with the help of RMF and local NGOs.

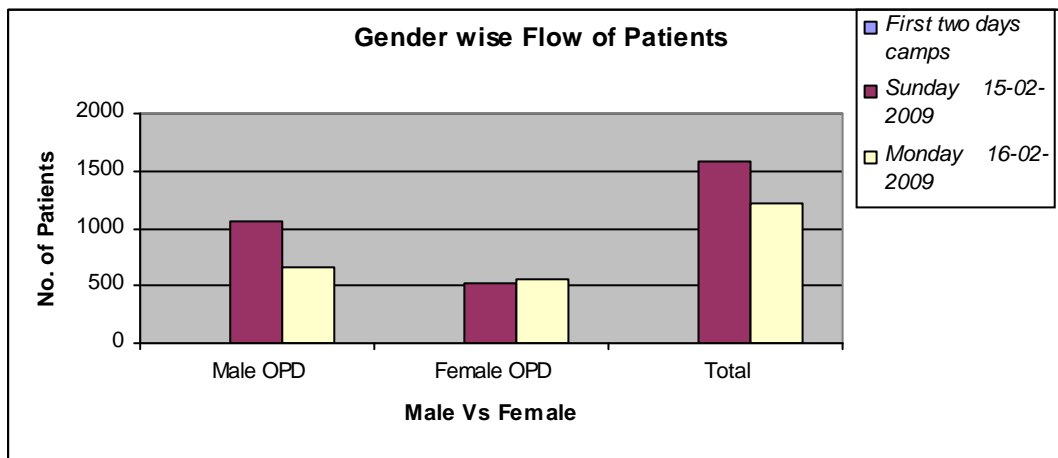
(F). Arrangements of such health interventions can reduce the disease burden and lessen the economic burden leading towards the poverty alleviation and improvement of health status of the communities at a larger end.

At the end of the camp, the volunteers, doctors and other staff took a group picture to reflect the team harmony. All the team members thoroughly enjoyed the opportunity provided to them in the collaboration of Relief Foundation.

Summary of Patient Flow in Four Days Medical Camps

Camp Dates	Male OPD	Female OPD	Total
February 15, 2009	1061	522	1583
February 16, 2009	667	559	1226
March 07, 2009	887	818	1705
March 08, 2009	692	781	1473
Total	3307	2680	5987

Gender wise Flow of Patients



Patient Flow and Morbidity Patterns (Second Two Days Camps)

Sr. #	Morbidity	OPD	% age
1	General Medicine	807	25 %
2	Dental Section	763	24 %
3	General Surgery	150	4.7 %
4	Orthopedic Section	270	8.5 %
5	Gynecology and Obstetrics	246	8 %
6	Child Section	467	15 %
7	Ophthalmology	63	2 %
8	ENT	232	7 %
9	Dermatology	180	6 %
	<u>Total</u>	<u>3178</u>	100 %

