

CARE FOR ZUMBO



Avery Olson
Biomedical Sciences Major, CSU
August 2013
Zumbo District, Mozambique

Newsletter –Second Quarter - 2013

Care for Zumbo is not just a mobile clinic, it is a project I hold so near to my heart I know it will never leave. After spending three and a half weeks (the end of July and beginning of August) in the Zumbo district, traveling from village to village, I saw firsthand how Care for Zumbo is saving lives. In Nkuau, one of the new villages added this past year, the chief stated that less children were falling ill since we started coming to his village. This is due to the same inoculations I was giving in fourteen of the villages in the project area. The memories I have of this trip cannot be warped by tiredness, they are so clear it is as if they are engraved. I can see the elderly woman sitting outside her mud hut on the red dirt, putting little red and yellow fruits in her right hand where she lost her fingers because of untreated leprosy. I can see the concerned parents of a nine-month-old baby boy asking us why their son's head is growing to double its normal size. I can see the love on Felicidade's face when she looks at her four-month-old baby girl.

In Campoko II, one of the villages a few hours away from Zumbo, opposite the Zambezi, there was a noticeable sadness amongst three of the children. These children were dirty, their clothes worn down to rags. One four-year-old boy was sitting in the dirt, coughing, mucus running down his face. In his eyes he was afraid. It was obvious something had happened to these children that had not happened to the others. When I asked Felicidade, she said their



mother passed away about a year ago from AIDS. This left the four children in the care of their father, who left them shortly after. Their father, also stricken with AIDS, moved to Zumbo where he could receive treatment more readily, leaving his children behind. Normally, their grandma would take care of them, but her own child was sick. This meant she was spending all of her time taking care of her own baby and the orphans' nine-month-old sister. The three siblings were left alone, uncared for, possibly infected with HIV if their mother didn't receive treatment during her pregnancies. I talked to Mr. Chapolopolo, who does all of the AIDS counseling throughout the district, and we decided we must test all the children. I took the little boy

in the dirt by the hand and sat him on my lap. I cleaned off the layers of dirt on his finger, and we tested him. Then, we tested all of his siblings. We waited for the results... they were all negative. When I left, Mike told me something that is still difficult to understand. He told me that the men in the village were watching me. They were saying, "Why is she holding those orphans? They are so dirty."

In each of the villages, the people have different values. In Campoko II, women and children are seen only as possible field workers. Men want wives to work in the fields and they have as many children as they can to have them work in the fields as well. This leads to men having many more children than they can support, leaving children uncared for. The little boy in the dirt, he was coughing, and luckily Care for Zumbo was there to notice. We assume he had a lung infection and prescribed co-trimoxol. When the clinic returns to Campoko II next week, if the child is still sick, they will give him azithromycin. This is how they do things. This is Africa.

Most people spend a lifetime trying to figure out what they are meant to do on this Earth. The way I see it, when you are helping others, giving life to those who cannot give it to themselves, there lies the life inside of you. As long as you don't exploit it, cultivating service can give personal happiness to you as well as happiness to the world at large.

"The future depends on what you do today"- Gandhi

DENTISTRY

When my dad, Dr. Jeff Olson, and I arrived at the Chawalo Safari's camp, there was one thing that became clear; there was a lot of dental work to be done. Many Chawalo Safari's employees had been complaining of toothaches, and the dentist in Zumbo was really no dentist, only a technician. We started with about 20 exams and discovered a few reoccurring themes. The decay was mild with the majority of the patients, the periodontal disease was intermediate in severity, and many had a lower left molar extracted in Zumbo. When I say extracted, I don't mean completely. The majority of teeth that were pulled were crushed, leaving behind root tips under the gum line. These root tips were becoming infected and giving pain, this made for some difficult surgeries to remove them without a drill and a compressor. In total, we did dental surgeries two days in Zumbo and exams another two days. We brought patients from Caemba and saw some in Zumbo. The only real treatment available in Zumbo right now... extractions. However, in the future this could change. The technician, whom we taught the proper way to pull teeth, is trained to use a drill and compressor. Once these supplies become available, through Care for Zumbo, dentistry will greatly improve in the Zumbo district.

Number of dental patients- 36

Extractions-12

Temporary fillings-3

Teeth previously broken with only root tip left- 13

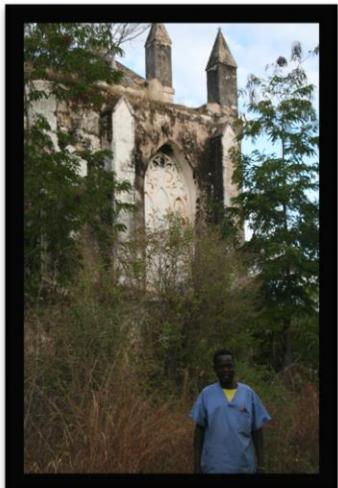




STAFF UPDATES

Felicidade, our midwife and interpreter, works tirelessly for the project. She had her fourth child in April and worked at the Zumbo clinic when she couldn't travel with the mobile clinic. In each village, she provides pre-natal exams. A pre-natal exam includes: mother's weight and blood pressure, baby's heartbeat and size, pre-natal vitamins, and mandatory anti-malarial and anti-infection drugs.

Mike, our project driver, cares an unbelievable amount about the people. He speaks with the chiefs, negotiates with each village and works with Carel to keep the project going. He keeps records of all the villages we go to and the gas we use. He also has a family and is from Zimbabwe, like Felicidade, so he speaks English.



Mr. Chapolopolo is our general medicine guy. He is a nurse who worked for the Mozambican government, retired, and joined the Care for Zumbo team. He does all the HIV/AIDS counseling for the district, not just for Care for Zumbo. For the mobile clinic, he does all the malaria, HIV, and syphilis testing and prescribes all the antibiotics, analgesics, dehydration tablets, and anything else we have available. Mr. Chapolopolo has ten kids, numerous grandkids, and has had a hard life. He is shown to the left in front of the ruins of the Portuguese mission school, his school in the 1960's before the war for independence.

During June and July, the mobile clinic visited the following villages:

In the Chawalo area, 90km north of Zumbo:

Chiponde
Zalu
Mualaza
Chawalo

In the Zumbo area:

Mtunda
Lissico
Chidodo
Caembua
Luangwa
Chintibu
Chankoma

In the Miruru area, 50km north of Zumbo:

Luangwa de Chissavo
Chissavo
Camphoco 1&2
Nhavunduca

In the Mpangula area, 30km east of Zumbo:

Nkucue
Mpangula
Chilovia
Canhamama
Chantanda
Cassonde
Chiionga

Felicidade reported the following stats from Care for Zumbo's activities and the Zumbo clinic's activities throughout the Zumbo district for June and July.

Table 1: Immunization program

VACCINES	REALIZADOS	
	0-11 Months	12-23 Months
BCG	116	2
POLIO PRIMARIO	125	-
POLIO 1	165	1
POLIO 2	227	2
POLIO 3	199	3
DTOP 1	131	1
DTOP 2	181	2
DTOP 3	129	3
PCV1	49	3
PCV2	69	2
PCV3	96	4
VAS	115	6
CCV	106	-

VAT-MG	1 ^a Dose	2 ^a a 5 ^a Dose
	27	47
VAT-MIF	160	123
VAT-MIF Students grade 1	182	
VAT-MIF Students grade 2	106	
VAT-MIF Students other	94	

Table 2: Vitamin A supplements and Mebendazol

AGE	DISTRIBUTION
6-11 months	171
12-59 months	831
Mebenzadol	831
Total	1002

Table 3: Family Planning

CONTRACEPTIVES - TABLET FORM (Microlut or Microgynon)

First consultation	Repeat consultation	Total
136	104	240

CONTRACEPTIVES – INJECTIONS

First consultation	Repeat consultation	Total
48	80	128

Table 5: HIV/AIDS, MALARIA, SYPHILIS

HIV/AIDS	MALARIA	SYPHILIS	POSITIVE TESTS
192 tested	136 tested	0	111 – Malaria 9 - HIV/Aids

MEDICATION	QUANTITIES	FIELD	SUPPLIED BY
Paracetemol (pain/fever)	396	General Medicine	CFZ & Zumbo Clinic
Metronidazole (Antibiotic)	186	General Medicine	CFZ & Zumbo Clinic
Cotrimoxazole (Antibiotic)	644	General Medicine	CFZ & Zumbo Clinic
Diclofenac (pain/fever)	63	General/Antenatal	CFZ
Ibuprofen (pain/fever)	11 packs	General/Antenatal	CFZ
Aminophylline (repertory)	36	General Medicine	Zumbo Clinic
ORS (Rehydration pack)	11	General/Infant/Antenatal	CFZ & Zumbo Clinic
Tetracycline (Antibiotic)	10 tubes	General Medicine	CFZ
Coartem (Malaria)	48	General Medicine	Zumbo Clinic
Buscopan	9	General Medicine	CFZ

June

Pre - Natal

Births at Zumbo Hospital – 49

Births at home – 07

Twin births – 0

Infant mortality – 1

Infant Malaria – 0

Infant testing HIV + - 0

Pregnancies starting ARV for treating HIV – 1

First visit – 121

Second visit – 61

Pregnancies tested for Syphilis – 62 – 5 positive

Pregnancies tested for HIV – 96 – 1 positive

Ante Tetanus vaccine – 179

Treatment with Salferosso for iron-deficiency –

220

Treatment with Mebendazol for internal parasites

– 74

Malaria treatment – 140

Family planning – 72

July

Pre - Natal

Births at Zumbo Hospital – 37

Births at home – 10

Twin births – 0

Infant mortality – 1

Infant Malaria – 0

Infant testing HIV + - 1

Pregnancies starting ARV for treating HIV – 3

First pregnancy - 97

Second pregnancy – 77

Pregnancies tested for Syphilis – 97 – 2 positive

Pregnancies tested for HIV – 93 – 3 positive

Ante Tetanus vaccine – 143

Treatment with Salferosso for iron-deficiency –

174

Treatment with Mebendazol for internal parasites

– 79

Malaria treatment – 145

Family planning – 29



I would like to extend a special thank you to Carel Maartens, of Chawalo Safaris, for everything he does managing Care for Zumbo in Mozambique. Without Carel, there would be no project. Anything that Felicidade, Mr. Chapolopolo, Carel himself, or I propose to improve the quality of care in the district, Carel tries his best to take action. He gets supplies from Zambia for the mobile clinic, manages project employees, and sends information whenever he can. The people in the Zumbo district are forever grateful!

Additionally, I cannot thank all of you enough for your continued support and donations. Due to the project expansion and increasing support in the villages, more and more people are in need of medical care. Currently, we are in need of monetary donations for mealie-meal (maize flour) for the struggling elderly and disabled, for formula and soap for orphaned infants, for clothes for orphaned children, for a battery powered dental drill, and for medicines that the Zumbo clinic (where we receive supplies from the government) frequently runs out of. We would appreciate anything you could give to keep the project going this year.

One way you could help is by sponsoring a village. For \$1,300 you can give medical care to all the men, women, and children in a village. The infants will receive immunizations, the women will receive pre-natal care, and those who are sick or disabled will be cared for. The people of the Zumbo district need your help!

Please feel free to email me at careforzumbo@hotmail.com with any questions, for more information, or to schedule a Care for Zumbo presentation for your next event.

Thank you,

Avery Olson
Student Head of Project
United States Public Relations
Care for Zumbo