



HEALTHCARE PROFESSIONALS in GLOBAL TRANSFORMATION

HPGT

DATE: 20th February, 2024

Reference n^o:

HPGT CYERU SCREENING REPORT



I. INTRODUCTION

Healthcare Professionals in Global Transformation (HPGT), is an International Ministry headquartered in Rwanda which is comprised by Christian healthcare Providers dedicated to volunteer in promoting community health and well-being through the provision of holistic care. As our motto states ***“Your holistic care; Our engine to move forward”***, we are motivated by the improvement of the community’s standards of healthcare and well-being.

We do this through various projects, as the forefront of positive global changes; such as community engagement activities like community outreach with full of package of prevention and detection of Non-Communicable and Communicable diseases, Counselling and Healing services, and social support on trending global health issues such as teenage pregnancies.

In this context, and in line with the National Strategy and Costed Action Plan; on 17th February 2024 we conducted a community outreach & mass screening campaign in Cyeru Village, Kanazi Cell, Nyamata Sector, Bugesera District in the Eastern Province. In partnership with Bugesera District, Nyamata Level II Teaching Hospital, African Evangelistic Enterprise (AEE), IZERE Clinic, Rwanda Diabetic Association, Rwanda Biomedical Laboratory Students’ Association (ARMELS) and BraveTech, we were able to screen for Body Mass Index (BMI), Blood tension, Glycaemia, HIV, and Hepatitis B. There was also breast cancer examination and blood group identification. The theme of the event was ***“Healthy Practices; a way towards better life”***. Overall, almost 410 people from various age groups, were screened, by 60 healthcare providers.



II. RESULTS AND DISCUSSIONS

II.1. Results

II.1.A. Demographic Data

The Total number of participants was **410**. The age of the participants ranged between **9 months - 99 years**, the mode age being **38 years**. The number of female participants (71.46%) was slightly higher compared to that of male participants (28.54%).

II.1.A. BMI

The data collected, regarding Body Mass Index (BMI), is presented in relation to the age groups.

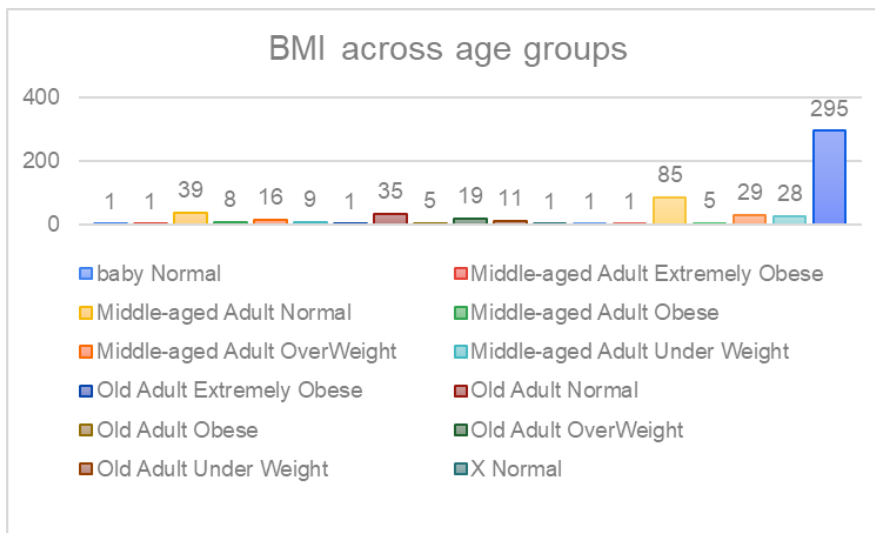


Figure 1. BMI distribution across age-groups

II.1.B. Blood Pressure

The results obtained from the screening of blood pressure are presented below;

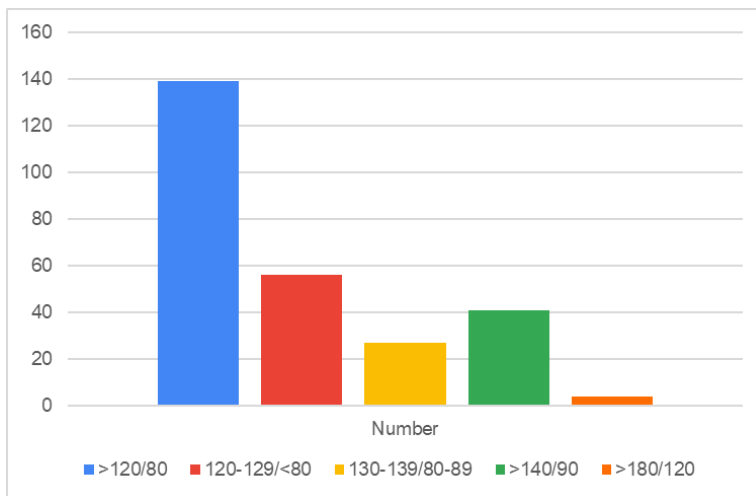


Figure 2. Blood Pressure distribution

II.1.D. Glycaemia

As an indicator of the risk of getting diabetes, glycaemia was screened for. The results are displayed below;

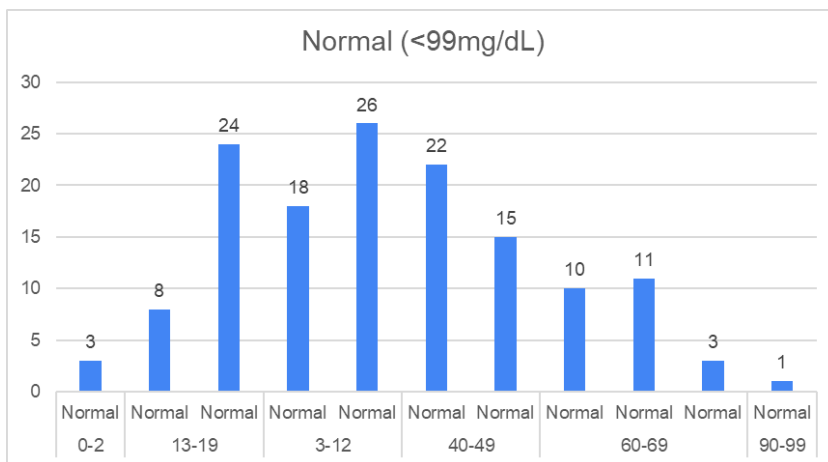


Figure 3. Normal Glycaemia measurements with age groups

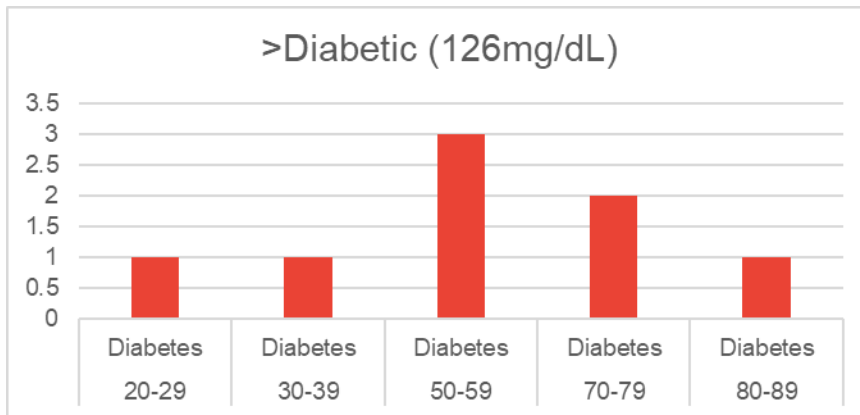


Figure 4. People at high risk of diabetes with age groups

Additionally, 52 people were found to be in the pre-diabetic stage.

II.1.E. HIV

The situation of HIV prevalence in CYERU Village, and the neighboring communities is displayed in the following chart.

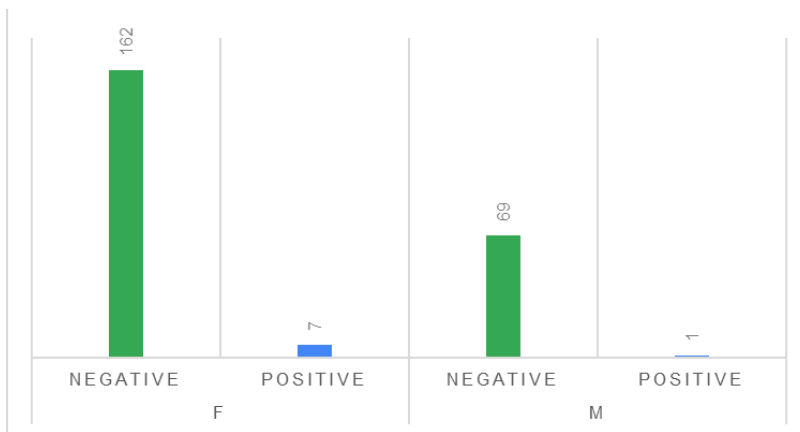


Figure 5. HIV Prevalence per gender

II.1.F. Breast Cancer

9 consultations were performed by a gynecologist, **Dr Sandrine Gbia** from King Faisal Hospital Rwanda. One woman was transferred to NYAMATA Level II Teaching Hospital due to bloody discharge from the breast.

II.1.G. Hepatitis B

■ F Negative ■ M Negative ■ M Positive ■ Grand Total

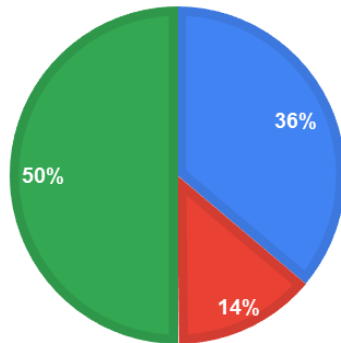


Figure 6. Hepatitis B prevalence with gender

II.1.H. Blood Group

As shown below, the blood group testing showed the following results;

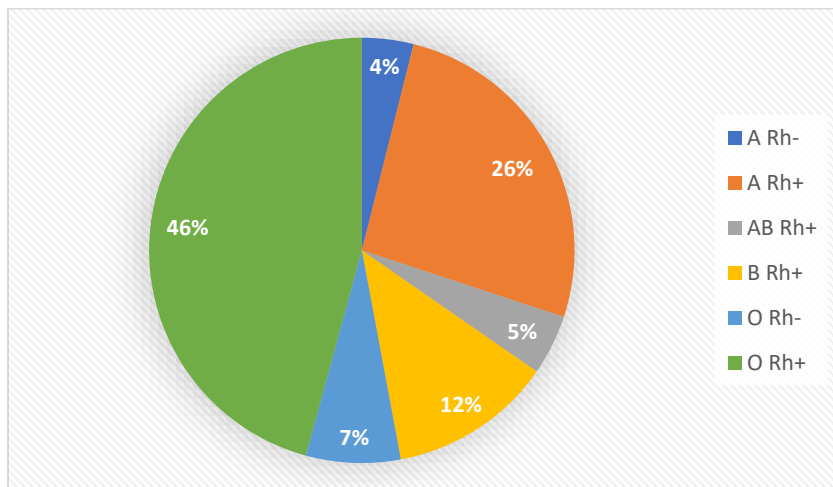


Figure 7. Blood Groups distribution



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II.2. Discussions

In rural areas, where most people practice agriculture as primary source of income, diseases due to obesity are rare. Normal BMI was the major result, especially in young children. However, some adults showed underweight conditions. Factors to this ranged from social problems to poor nutrition habits. Considering blood groups, O Rh+ is the most predominant blood group. The urge to know one's blood group is emphasized by emergency cases where blood group identification may delay emergency interventions such as blood transfusion. HIV test showed 8 positive cases, with 1 being a new case. The community showed a great awareness on the need to get tested for HIV. However, living standards and family issues such as extramarital affairs; hinder protective measures.

Glycaemia measures were normally distributed in general. However, some cases of suspected diabetic stages were observed, and some in the prediabetic stage. This was mainly observed in adults (30years+). The conclusion from this is that everyone is at risk of non-communicable diseases and awareness should be emphasized. Except one case of elevated blood pressure, where the patient was transferred to the Hospital; other blood pressure measurements were around normal ranges for all ages.

Only one case of Hepatitis B was identified. More education and awareness are needed in regards to Hepatitis B, and preventive measures. Breast cancer was examined, and one critical case was highlighted, with the patient being transferred to the health Centre for further treatment. Follow up for all positive patients, and those with critical measurements, shall be done by NYAMATA Health Centre. Besides lack of understanding the impact of early detection of diseases to maintain good health; the CYERU community also showed the problem of teenage pregnancies.



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III. FINANCIAL STATUS AND EXPENDITURES

III.1. Summary of the Expenses.

NO	ITEM	QUANTITY	UNIT PRICE (Rwf)	TOTAL (Rwf)
1	Transport for materials & people	-	-	179,500
2	Gloves	10 boxes	5,000	50,000
3	Bandelettes	50pcs x 10	15,000	150,000
4	Alcohol 90%	2L	5,000	10,000
5	Cotton Wool	500g x 4	5,000	20,000
6	Papers	2 reams	5,000	10,000
7	Educational posters	10	10,000	100,000
8	HIV Rapid Test Kit	500	3,000	1,500,000
9	Tents +chairs	-	-	105,000
10	Sound System	1	250,000	250,000
11	Event Promotion	-	-	70,000
12	HepB Rapid Test Kits	500	5,000	2,500,000
13	Drinking water& foods	1	204,700	204,700
14	Internet Connection	Daily Unlimited	50,000	50,000
15	T-Shirts & Jackets	10	-	210,000
16	Schools' fees of teen mother	5	100,000	500,000
17	Badges	60	500	30,000
18	Bags, pens & notebooks	1	30,500	30,500
19	MOMO charges	1	5000	5,000
TOTAL				5,974,700 RWF

Table 1. Financial expenses.

III.2. Financial valuation of the event

No.	Service	Number of beneficiaries	Individual Cost (Rwf)	Total (Rwf)
1	Hepatitis B Surface Antigen Test	278	5,500	1,529,000
2	HIV 1&2 Rapid Test	239	6,500	1,553,500
3	Consultation & Patient Education	410	18,000	7,380,000
4	Breast Examination by a Gynaecologist	9	15,000	135,000
5	Blood Group Test	198	6,000	1,188,000
TOTAL				11,785,500

Table 2. Financial Valuation of Services Provided, as per MoH Pricing list of District Hospitals.

The Grand Total of the event is fixed at 17,760,200Rwf, counted in terms of services provided and materials used.



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IV. CHALLENGES AND LIMITATIONS

With the total number of beneficiaries being 410, and the number of healthcare providers 60; one healthcare provider was assigned to at least 6 people, for all the screenings. This is still a shortage of healthcare professionals in all fields, and was a challenge which prolonged the campaign to 8 hours.

Some tests were not performed to all people due to financial limitation which led to scarcity of some materials. More investment is also needed in early detection of diseases to alleviate the burden of the cost of treatment.

The community awareness of non-communicable diseases is still a vital contribution to healthcare. Some concepts such as Hepatitis B, were not commonly known among the community. This increased hesitancy and selectivity of which examination to take.

V. RECOMMENDATIONS

Screening for NCDs leads to the reduction of cases in the country, and is vital in regulating the cost of treatment, and improving the lives of Rwandans. Also, early detection of NCDs is the main strategy to their management. People in rural areas still face different challenges that negatively affect their attitudes and perceptions towards regular medical check-ups, including low affordability, and traditional practices and beliefs.

To different healthcare stakeholders, more health campaigns are vital to help the community access essential healthcare. Government policies should also be targeted at awareness of diseases and health promotion.

Local healthcare facilities should not only focus on providing health services, but should also extend their reach to community education and improving awareness to the community as a major step towards reducing NCDs prevalence.

VI. ACKNOWLEDGEMENTS

Healthcare Professionals in Global Transformation is delighted to thank almighty God for giving us life and all means to be successful in this community outreach.

Our sincere appreciation goes to all partners; BUGESERA District, AEE, Rwanda Diabetic Association, NYAMATA Level II Teaching Hospital, ARMELS, ADEPR NYAMATA Parish, NIBAKURE Center, Bravetech, and many more.

Additionally, we are also thankful to our team members who have intensively contributed by all means. Your commitment is commendable and significant to the vision of HPGT Ministry.

We are looking forward to partnering for upcoming events. Stay tuned!



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