RURAL HEALTH MISSION NIGERIA (RHEMN)

(MEDICAL OUTREACH TEAM)

YAMALTU BEBA MEDICAL OUTREACH

PROJECT REPORT

By

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12th – 13th Dec, 2015

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1. The Coordinator's Report

1.1. Project Overview

The Rural Health Mission Nigeria Medical outreach team was launched in 2014. A pilot project was carried out successfully at Gembu, Taraba State in 24 July 2015.

We were consulted by Honorable Abubakar Ahmad Yunusa through his personal aide for a need to reach out to the people of Yamaltu Deba constituency due to the health condition of the people living in that area.

Yamaltu Deba is a local government area in Gombe state, Nigeria. It is located southeast of the state capital Gombe. According to population census of 2006, the population projection of Yamaltu Deba LGA is 255,248 with the land mass of 1,981km2. Deba town is the LG head quarter and a principal town of various ethnic groups. The major tribes include: Tera and Fulani and other diverse tribes are; Kanuri, Hausa, Jara and Waja. It is a rural settlement whose major occupation is farming. Deba is also blessed with natural resources such as gypsum, kaolin, limestone, uramine, and salt. Al these are mined locally through very hard labour.

Deba has only 2 general hospitals, one located in Zambuk and the other is located in Deba town. Both hospitals are not well equipped with the required equipments and personnel to manage the problems of the people of Deba and its environments. There is usually only 1 medical officer that covers the whole hospital without covering call duty and emergencies. Patients are most at times left stranded in times of emergency. This particular scenario have risked the life of various age groups ranging from pregnant women, children and aged ones. It has led to several health conditions and complications such as anemia, sepsis, typhoid and it has also caused deterioration of chronic conditions such as cancer, hypertension, diabetes, sickle cell diseases and Tuberculosis.

Considering the influx of refugees from the crises stricken neighboring states i.e. Yobe and Borno, The people of Deba stands the risk of high competition in terms of healthcare, spread of communicable disease, water contamination due to population increase etc.

RHEMN outreach project is a community health project geared toward improving and promoting basic health needs and awareness of health issues in rural communities. Deba medical outreach project was aimed at promoting health, encouraging good health behaviors and offering treatment options and advice for minor ailments to pregnant/breast feeding mothers, elderly, and children well as encouraging early patronage of health centers when sick. It will also advocate for environmental sanitation and hygiene.

1.2. Objectives

The major goals of this project to use use local structures and collaborations to:

1. Conduct a health advocacy to encourage people to visit hospitals for treatment of various illnesses.
2. Provide free outpatient treat for minor illnesses (major illnesses will be referred to relevant health institutions).
3. Dispense free prescribed drugs to patients.
4. Offer free voluntary screening for HIV, hepatitis, Diabetes and other laboratory services.

1.3. Resources

1.3.1. Hospital Facility

General hospital Deba was used as the venue for this project.

1.3.1.1. Utilities: Water and electricity

There was running water in parts of the hospital but in others, reservoirs were used such as in the emergency room. There were two standby generators one of which was dedicated to the laboratory and operating theatre.

1.3.1.2. Outpatients:

Six (6) consulting rooms with basic facilities such as desk and chair were provided. There was limited hand washing facility. The team had to improvise by using water stored in basins. There was only one examination couch between all the rooms. Two tables were provided in each consulting room for two Doctors.

1.3.1.3. Laboratory:

Equipment available included centrifuge for PCV analysis, urine analysis, retroviral and Hepatitis B testing. We also supplied the lab with materials for blood sugar testing, Widal tests, Malaria parasite test.

1.3.1.4. Pharmacy:

The hospital has its main pharmacy which serves the outpatient complex and the emergency. We maintained a separate pharmacy using the TBL unit and a store room as pediatric pharmacy.

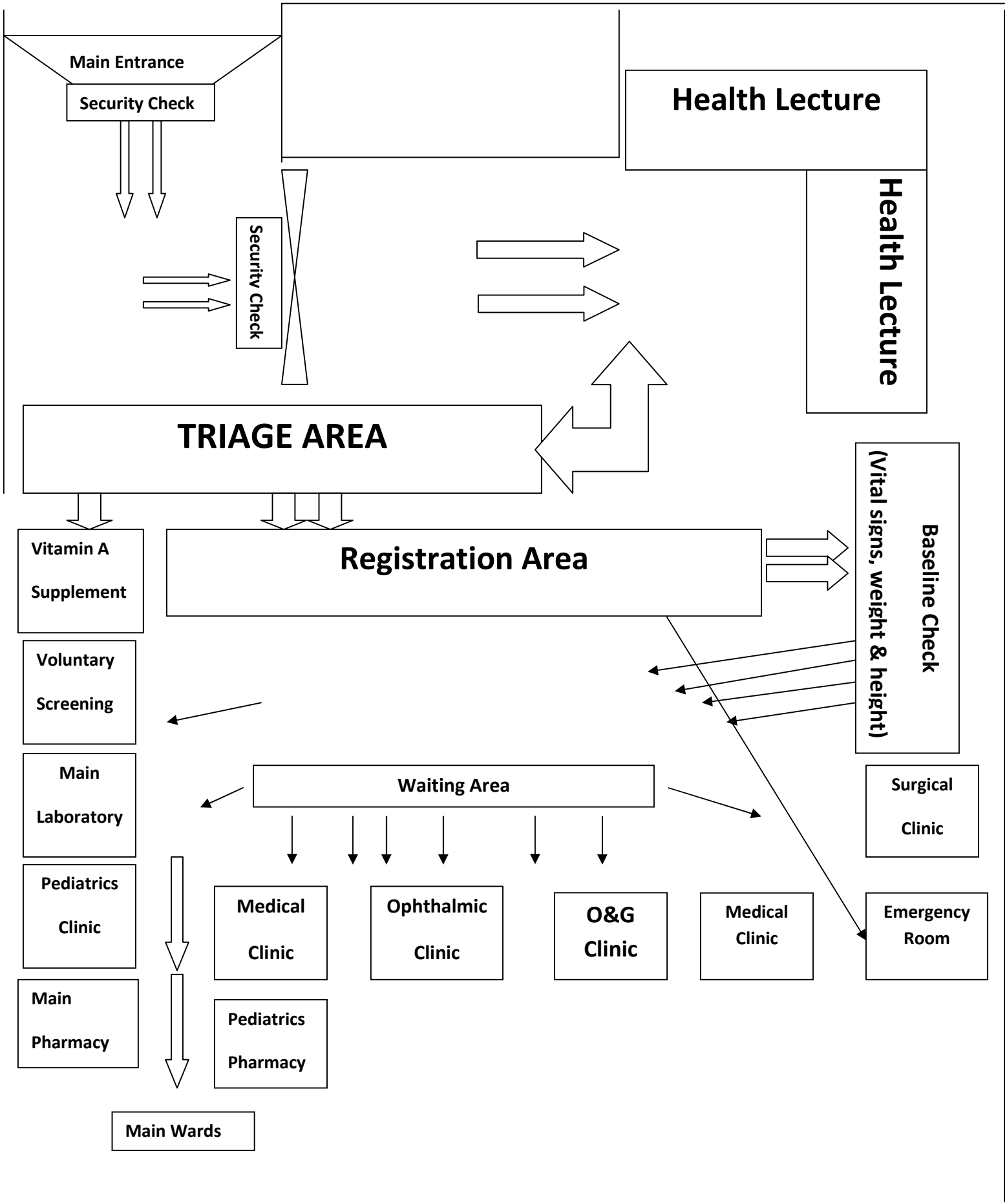
1.3.1.5. Wards:

The wards lack basic facilities such as electricity, resuscitative equipments and other accessories. The level of hygiene was deplorable with many stains obviously from body fluids. There was no sufficient bed linen or mattresses in some cases. We used few beds in the emergency room to admit for observation.

1.3.1.6. Emergency room:

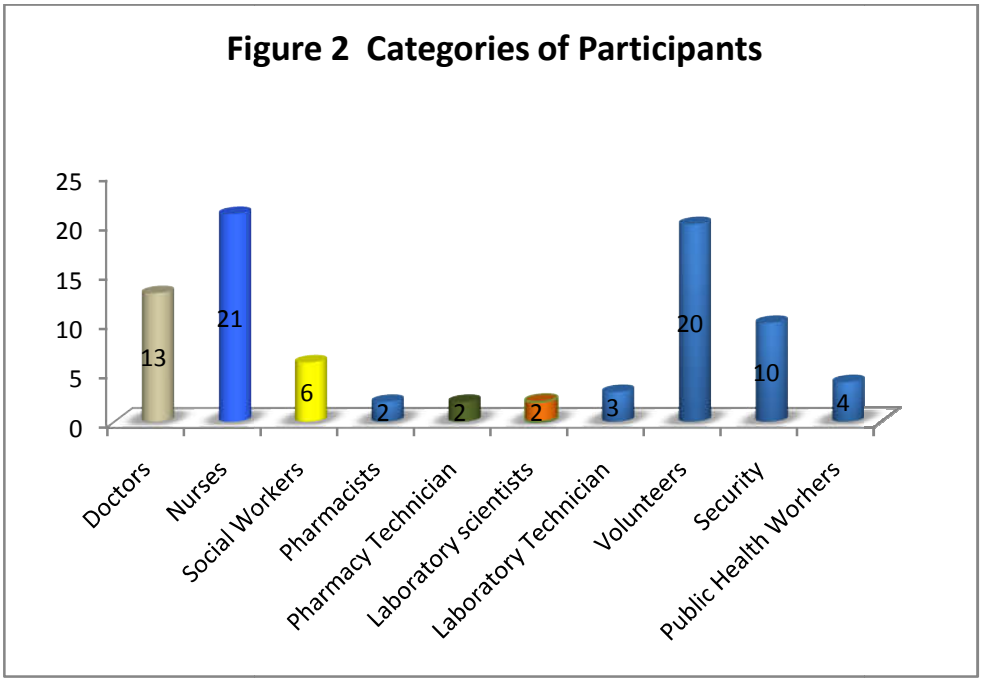
The emergency room is attached to the outpatient complex with a small room attached (used for consultation). It has 2 beds with 2 examination couches. The emergency drug cupboard was virtually empty. We maintained a separate drug cupboard. There were two minor sterile packs secured from the theatre room.

Figure 1. Structural Layout of our setting



1.3.2. Human Recourses

There was a local organizing committee headed by mallam Ibrahim Aliyu. Traditional rulers were involved in the community mobilization process. The bulk of our volunteers were derived from Federal Teaching hospital Gombe and few from General Hospital Deba. Several others from Taraba, Jos, Zamfara and Kano as well.



1.3.3. Material resources

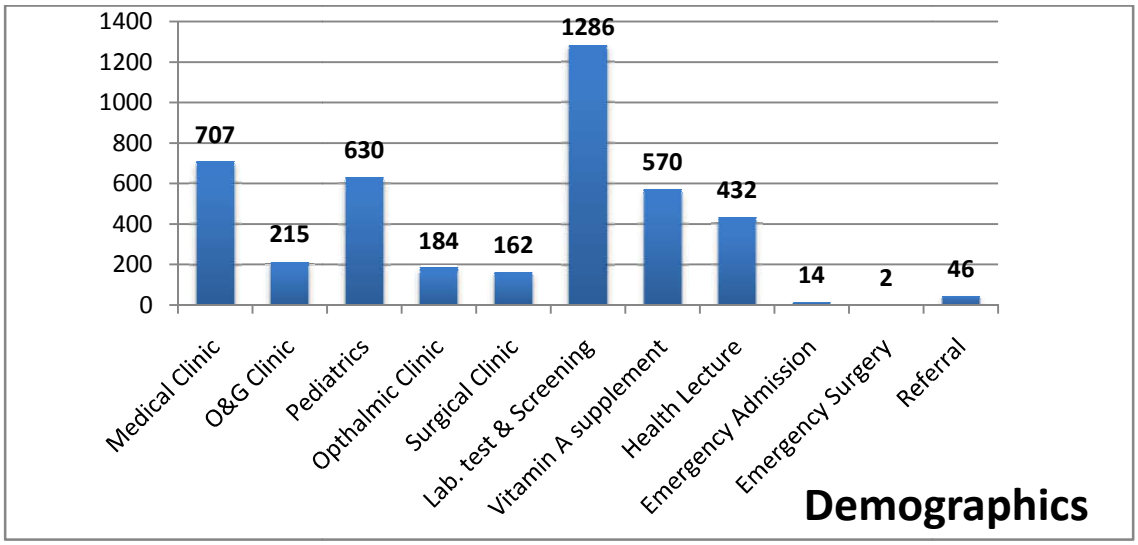
Consumables for the project were obtained in the following ways:

1. Equipments such as BP apparatus, stethoscope, thermometers and glucometers were picked from RHEMN office.
2. More sphygmomanometer, thermometer, stethoscopes, and weighing scale were secured from the hospital.
3. Sterile instruments were also provided by the hospital for any emergency. Hand sanitizers were also provided by the head of nursing the hospital.
4. A foreign drug that was reserved for Jos outreach was used in this outreach because there was limited time to order a fresh drug supply. Costing about ₦148000.00 (£320)
5. More local drug was purchased above the budgeted amount due to a perceived overwhelming turnout. Drug worth of ₦204500.00 was procured instead of ₦50000 as budgeted. Even with that, drug worth of ₦58000.00 was additionally procured after the first day on the request of the Doctors prescribing medications

6. About 10000 doses of Vitamin A and 10000 doses of anti worms were secured from green vitamin company through Lawanti Development community.

1.4. Interventions

1.4.1. Outpatient Clinics



1.4.1.1. Medical Outpatient

The overall total of 707 patients was seen in the medical clinic in both Day 1 and 2. The medical clinic was staffed with 4 Doctors including a consultant and resident doctors. 2 in each of the two consulting rooms provided. Due to more influx of medical conditions more Doctors was added to meet up with the overwhelming population. Significant number referrals we had came from this clinic

1.4.1.2. Surgical Outpatient

Two doctors were allocated to see all the patients with surgical problems. There was no plan for surgery but 2 emergency minor surgical procedures was confronted and handled (i.e wound debridement and eye injury repair). Only 162 patients were seen with surgical problems. Probably the poor outcome is because information was passed round that there was no plan for any surgical procedures.

1.4.1.3. Obstetrics/Gynecology Outpatient

This clinic was managed by a consultant gynecologist and one other Doctor (General Practitioner). About 215 patients were seen in 2days.

1.4.1.4. Ophthalmic Outpatient

This clinic was staffed with 1 ophthalmologist and 1 ophthalmic Nurse. Many cases requiring surgical intervention were encountered but there was no plan for surgeries. The total number of patients seen is 184.

1.4.1.5. Pediatrics outpatient

This clinic was staffed with three Doctors including 1 consultant pediatrician, 1 resident doctor and 1 general practitioner. About 630 patients were seen in this clinic most of which were medical conditions such as malnutrition, malaria, and acute abdominal infections.

1.4.2. Emergency Admission

Four Nurses were stationed in the emergency room with 2 other nurses met in the emergency room. Few patients were admitted for observation and resuscitation at the emergency room. 4 pediatric cases of acute abdominal infection/malaria, 6 women from medical clinic, and 5 men from medical clinic

1.4.3. Emergency Surgery

There was no plan for any surgical procedure, but we were confronted with two surgical procedures; debridement of a septic wound and repairs of an injured eye. It was done under a sterile condition in the main theater.

1.4.4. Referral to secondary and tertiary institutions

About 29 patients were referred from the medical clinic, 10 referred from the pediatric clinic, and 14 referred from ophthalmic clinic to FTH Gombe. The cases referred are mostly major cases that cannot be handled in an outreach setting due to limited resources and time frame. Some are chronic cases that needs continues management by a professional.

1.4.5. Health lecture session

More than 400 people received the health lecture from experts of public health. The topics covered in the lecture include; prevention of domestic accidents, maintaining personal and environmental hygiene, tips on avoiding diseases and prevention of spread of diseases in any outbreak.

1.4.6. Triage Area

About 6 people were assigned for triaging including triage expert who is a Nurse. 4 observation tables were provided, 2 weighing scales were also provided.

2 tables were provided for registration of patients.

1.5. Mobilization and Training

Mobilization was through distribution of invitation letters among medical personnel and following strictly to ascertain their readiness for the outreach. Most of our team members who are medical personnel were just tipped off and they all responded. We had to send transportation money to each of them and make available an accommodation. Some came in from Zamfara, Kano, Jos, Taraba and Adamawa as well.

Publications were made through local organizing committee. Announcements were made in the mosques and churches and town criers were also used to make local

announcement within Deba and across the villages. Banners were placed in strategic locations.

There was a briefing before the outreach and after each day.

1.6. Challenges

- ✓ Lack of basic health infrastructures
- ✓ Lack of basic utilities such as water supply and electricity
- ✓ Lack of familiarity with the foreign drugs by prescribers and dispensers, we had to substitute most of the foreign drugs with the qualitative local drugs from our domestic pharmacies.
- ✓ Concept of volunteering not well developed in Nigeria particularly in the context of a charity/NGO. Expectation of local doctors and other healthcare professionals to be paid for 'volunteering'.
- ✓ Triaging patients to identify those with significant illnesses
- ✓ A perceived sabotage from some of the hospital staff who locked up a junk of drugs and left with the keys denying several patients from benefiting from the free. The head of Nursing was called and he forcefully opened the door and returned the remaining drugs to us. (see appendix III)
- ✓ The mapping was too wide to meet two days coverage. Most of the people from far yamaltu, Zambuk and kuri arrived lately and it was very difficult for them to secure cards, we had to make a special provision for them to be seen. Even with that some of them were not seen due to time limit.
- ✓ There was limited time and we had to extend our working hours to 6:00pm instead of 5:00pm.
- ✓ Readjusting down the funding proposal seriously affected the procurement of drugs. We had to double the budgeted amount by cutting down personnel stipends and reduce the accommodation budget to meet the drug challenges
- ✓ Random participation of volunteers without proper coordination.
- ✓ Lack of adequate contingency fund for unforeseen expenses.
- ✓ Lack of fund for referrals such as transportation and investigations fees
- ✓ Lack of surgical services hindered a lot of patients with surgical problems from benefiting e.g. minor eye surgeries, herniorrhapy, appendicitis etc.
- ✓ Lack of vaccines to immunize children as planned on the schedule perhaps due to a short notice given to the primary healthcare unit of the local Government.

1.7. Recommendations

- ✓ Consult with domestic pharmacists and Doctors on the quality drug procurement that will be more beneficial to patients.

- ✓ Focus more on qualitative local drugs than foreign drugs as foreign drugs seem to be in less use in Nigeria and the protocols involved in securing the drugs is time consuming.
- ✓ There is need to review the funding proposals upward so that everything should be captured and unforeseen expenses should be minimized.
- ✓ Disbursement of fund should be done once instead of installments so that the needed supplies will be procured before time.
- ✓ There is need to carry out another outreach in a different location closer to those in Yamaltu and Zambuk to meet the objective of RHEMN to reach out to the unreachable instead of allowing beneficiaries to travel long distance to access our service.
- ✓ Ensure that our services are drawn more closely to the people so that patients do not travel long distance to access our care.
- ✓ Sustain this project by making it annually which will cover six days in three different locations within the span of three consecutive months.
- ✓ Partner with more local NGOs for coordinated and effective participation.
- ✓ Reserve adequate fund for contingency to stall any unforeseen challenge.
- ✓ Reserve fund for referral logistics.
- ✓ Include minor surgeries such as cataract extractions, glaucoma repairs, appendicitis, hernia etc for maximum benefit to the beneficiaries.
- ✓ Pass earlier information to the primary healthcare unit to cover routine immunization in our next outreach.
- ✓ If possible, include other basic equipments for free such as soap, detergents etc

1.8. Conclusions

Deba medical outreach is rated among one of the most successful excellent outreach base on the coverage, supplies, personnel, drug supply, and the number of patients covered. We were able to consult more than 1500 patients, screened more than 1000 patients for hepatitis, HIV, and diabetes. We were able to give vitamin A supplement to more than 500 children; we delivered advice/lecture to more 500 people. We referred more than 40 patients FTH Gombe, about 15 patients were admitted at A&E for observation, 12 out of it was discharged home on drugs and 3 were admitted into the ward and successfully handed over their care to the hospital staff with their drugs supplied.

2.1. APPENDICES

2.1.1. Appendix I Provisional expenses report

PROGRAM EXPENSES

S/N	NAME	AMOUNT

1	Clinical notes	12000
2	Referral notes	10000
3	Lab request	8000
5	Prescriptions	14000
6	Banners	20000
7	Drugs (foreign)	148000
8	Messaging, calls, data	7500
9	Community Mobilization	31000
10	Hepatitis packs	7000
11	Drugs (local)	204500
12	HIV Pack	7000
13	Malaria RBT pack	7500
14	RBS Strips	26000
15	T-shirt, Jackets, tags	58500
16	HBV STRIPS	7500
17	Participant's Transport	75000
18	Deposit for accommodation	95000
19	Deposit for feeding	140000
20	PT Strips	2000
21	Vehicle repair	10000
22	Fuel for errands	15000
23	Deposit for coverage	8000
24	Deposit for hiring bus for 2days	45000
25	Registries	3500
26	Printing, photocopies, letters	7500
27	Additional drugs	58000
28	coverage balance	7500
29	Additional prints, photocopies	4000
30	Accommodation balance	45000
31	Dinner Balance	15000
32	Hiring bus for 2days balance	45000
33	Participants stipends	308000
34	Water	17000
35	Feeding Balance	45000
36	Fuel for generator	8500
37	Refreshment for meeting	10000
38	**TOTAL**	**1532500**

SUMMARY

Total Received	**1539000**
Total Used	**1532500**
Total Balance	**6500**

2.1.2. Appendix II Summary of volunteers

S/N	Participant	Number
1	Doctors	13
2	Nurses	20
3	Pharmacist	1
4	Pharmacy technicians	2
5	Laboratory Scientist	1
6	Laboratory technicians	2
7	Social workers	5
8	Onsite volunteers	20
9	Security volunteers	5
10	Public Health workers	4
	Total	73

2.1.3. Appendix III Equipment/ drugs remaining after project

S/N	Names of drugs/Equipments	Quantity
1	Mist potassium citrate	37 bottles
2	Analgesic cream	25 tubes
3	Antifungal cream	5 tubes
4	Spirits	2 bottles
5	ORS	9 sachets
6	Frusemide tabs	1pack
7	Nifidipine tabs	5packets
8	Metronidazole Syrup	14 bottles
9	Hyoscin bromide tabs	4cards
10	Doxycylline caps	3cards
11	Vasoprin tabs	5packets
12	Immodiun caps	2 packets
13	CQ Syrup	24 bottles
14	Coff off syrup	10 bottles
15	Emzolyn syrup	32bottles
16	Hyoscin syrup	12 bottles
17	Ampiclox caps	4 packlets
18	Atenolol tabs	7packets
19	Glucophage tabs	4packets
20	BDF Tabs	4packets
21	Aldomet tabs	1packet
22	Loratydine tabs	6cards
23	Daonil tabs	9cards

24	Omeprazole caps	5cards
26	Arthemeter inj.	3 packets
27	Vitamin C tabs	2 tins
28	Promethazine inj.	1 packet
29	PCM Inj.	8packets
30	Diclofenac inj.	1 packet
31	Dexamethazone inj.	1 pack
32	Metronidazole IV	4 bottles
33	Ciprofloxacin IV	3 bottles
34	Septrin Syr	2 bottles
35	Dexamethazone tabs	4bottles
36	Drip giving set	1bag
37	Furosemide tabs	13cards
38	Naseptrin nasal cream	6tubes
39	Piriton tabs	1tin
40	Timomed eye drops	2
41	IV Fluids	4liters
42	Miconazole cream	1tube
43	Face Mask	1packet
44	Cannulars	40
45	Syringe 2mls	33
46	Ferrous tabs	1tin

Laboratory Equipments

47	RBS strips	5 bottles
48	HBsAg	3 packets
49	PT strips	2 packets
50	Combi 9	1 bottle
51	Combi 2	1 bottle
52	RVD strips	50 pcs
53	Surgical gloves	2pcs
54	Disposable gloves	2
55	Spirit swabs	1 packet

2.1.4. Appendix IV Common Health Conditions Encountered

- **Non-communicable disease**
  - Hypertension
  - Diabetes Mellitus
  - Osteoarthritis
  - BPH
  - Nutritional anaemia
- **Infectious disease**
  - Malaria
  - Typhoid
  - Respiratory tract infections
  - UTI
- **Peptic Ulcer Disease**
- **Gynaecological problems**

- Prolapse
- Menstrual irregularities
- Infections

- **Paediatrics**
  - Malnutrition
  - Infections
  - Parasitic infestations
- **Surgical problems**
  - Herniae
  - Hydrocoeles
  - Lipomas

2.1.5. Appendix V Event Schedules

OUR DAILY SCHEDULES

DAY ONE ACTIVITIES						
TIME	**7:00am – 8:00am**	**8:00am – 9:00am**	**9:00am – 1:30pm**	**1:30pm – 2:30pm**	**2:30pm – 5:30pm**	**6:00pm**
EVENT	**MORNING Briefing and Breakfast**	**Health Lecture and TARIAGE**	**Consultation, Voluntary, Screening, Vit A supplement and measles immunization**	**LUNCH TIME**	**Consultation, Voluntary, Screening, Vit A supplement and measles immunization**	**CLOSING**
DAY TWO ACTIVITIES						
TIME	**7:00am – 8:00am**	**8:00am – 8:30am**	**8:30am – 1:00pm**	**1:00pm – 2:00pm**	**2:00pm – 5:00pm**	**5:00pm – 6:00pm**
EVENT	**Morning Briefing and Breakfast**	**Health Lecture and TARIAGE**	**Consultation, Voluntary, Screening, Vit A supplement and measles immunization**	**LUNCH TIME**	**Consultation, Voluntary, Screening, Vit A supplement and measles immunization**	**Courtesy Visit to the Emir and Closing**

2.1.6. Appendix VI Event Pictures

The Banner

Community mobilization

Packaging supplies

Triage area

Patients at the waiting area

Emergency treatment

After emergency eye surgery

Dispensing unit

Group photo

Consultation ongoing

Examining patient