

Sail Harbour Foundation Medical Outreach Report Feb-April 2011

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The page features decorative teal lines at the bottom. A solid teal line starts from the left edge and slopes downwards to the right. Below it, a dashed teal line follows a similar downward slope. At the very bottom, a dotted teal line is visible, also sloping downwards from left to right.

Concept

▶ Malaria Prevention Project

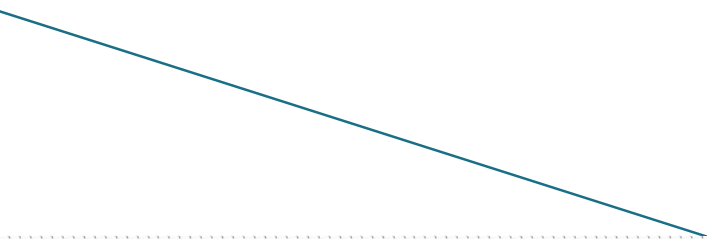
- Educate local mothers about malaria
- Distribute mosquito coils (with a view to distributing nets also)
- Empirically treat any incidental cases of suspected malaria in children



- ## ▶ 150 courses of Coartem Dispersible 20/120mg (paediatric) donated from Novartis pharmaceuticals



Concept

- ▶ Prelude to planning for setting up primary healthcare services for the local communities
 - Review existing medical care infrastructure in Badagry creek area
 - Identify and document prevalent medical conditions in children in the area, and the level of healthcare need
 - Collect other demographic data
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Aims

- ▶ Improve malaria literacy for local mothers
- ▶ Treat children identified with presumed malaria
 - Review all children in at least 4 Badagry creek villages
 - Treat up to 150 children with malaria (Coartem dosage weight dependent)
- ▶ Distribute mosquito coils to each household
- ▶ Collate demographic data



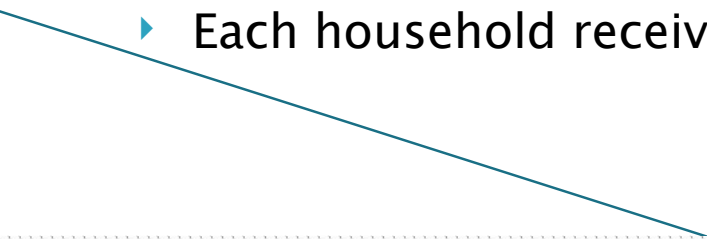
Method

- ▶ 4 visits
 - Ago–Ajo
 - Moba
 - Irewe
 - Taffi

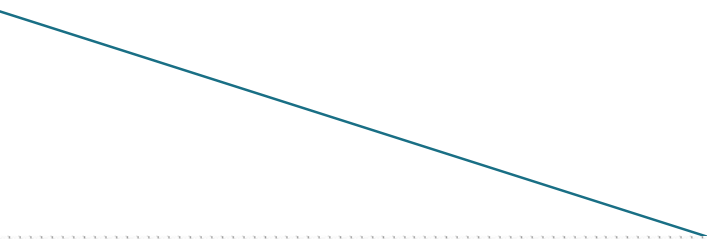


- ▶ Locations for mini clinic set up
 - Door–to–door visits
 - Outdoor stations
 - Existing PHC structure at Irewe
 - Local schools

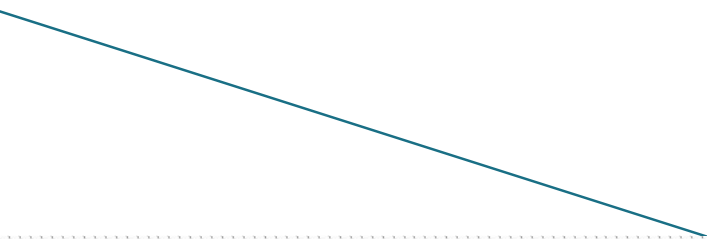
Method

- ▶ Team
 - 1 volunteer doctor
 - 2 translators/pharmacy assistant
 - Liaison community officer
 - 1 record keeper
 - Volunteer assistants from the local community
 - ▶ Mothers and children were sensitised ahead of the visit to encourage attendance
 - ▶ A general malaria prevention talk was given to mothers at each station
 - ▶ Each child was reviewed by the doctor, received treatment, and demographic data collected
 - ▶ Each household received mosquito coils
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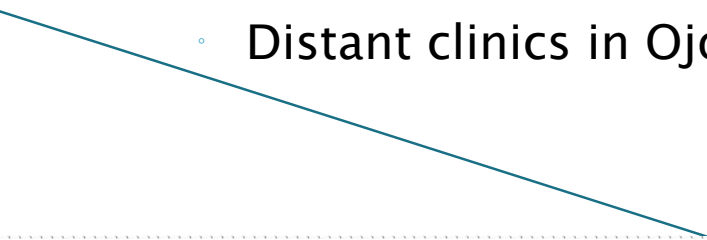
Medication dispensed

- ▶ Antimalarials – Coartem dispersible 20/120mg
 - ▶ Broad spectrum antibiotics
 - ▶ Topical antifungals
 - ▶ Multivitamins
 - ▶ Antiseptic soap and powder
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Findings– Demographics

- ▶ 250 children (+ 120 revisited at Moba)
 - Male: Female 170:200
 - Age range: 5 days to 16 years old
 - ▶ Average 4 children per household
 - ▶ 60 % of schooling age currently attended school
 - ▶ Only few (30%) reported any prior access to medical care before the outreach visit
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Findings– Infrastructure

- ▶ **1 Primary healthcare centre identified in Irewe village**
 - Appeared structurally adequate
 - Manned 9am–5pm weekdays by a single matron
 - Immunisations offered
 - ▶ **Reported main barriers to access**
 - Distance
 - Lack of awareness and general health education
 - Cost
 - ▶ **Alternatives used**
 - Traditional healthcare methods
 - Local trader occasionally supplying drugs (authenticity unknown)
 - Distant clinics in Ojo and Epe, Lagos accessed by boat/road
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Findings – Cases

▶ Malaria

- 47/250 treated –first dose of treatment
- administered under direct observation
- Further 2/120 identified for treatment



▶ Dermatological

- 290/370
 - Fungal
 - Bacterial
 - Miliaria (heat rash)
 - Eczema
 - Scarring alopecia
 - Skin lesions for biopsy
 - Severe nail dystrophy
- 200 treated



▶ Malnutrition and general poor hygiene

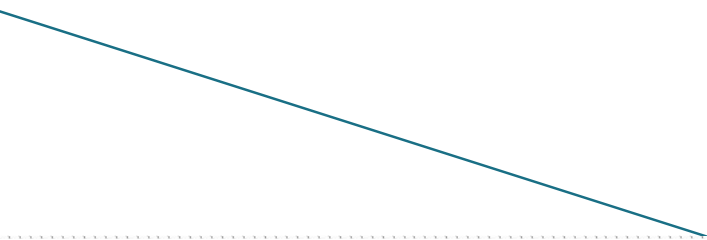
Findings– Cases

Other incidental cases – treated or referred

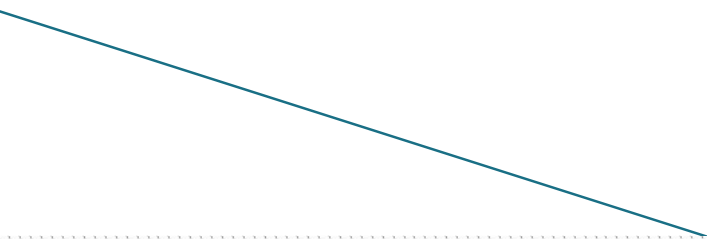
- ▶ Trauma

- Limb trauma requiring urgent first aid, antibiotic treatment and tetanus immunisation

- ▶ Infections

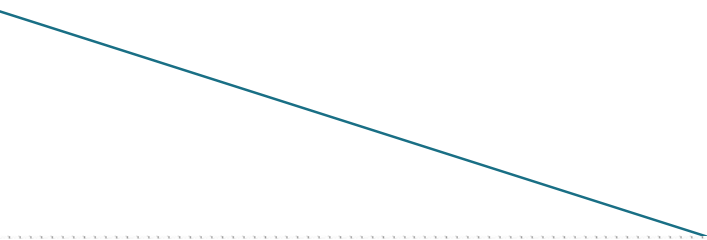
- Identification of 3 children referred for further investigation including HIV screening and Mantoux testing
 - Orbital cellulitis requiring urgent antibiotics
 - Tooth abscess treated with antibiotics
 - Diarrhoeal diseases
 - Conjunctivitis
 - Chest infections– treated
- 

Findings– Cases

- ▶ Obstetric/post natal
 - Mothers reported delivering at home with no antenatal/postnatal care
 - Scarification marking trauma in newborn requiring urgent tetanus immunisation
 - ▶ Surgical
 - Hernia for referral for surgical review
 - ▶ Other
 - Possible sickle cell disease with no prior access to medical care
 - Disabled young adult– for referral to care home in Lagos
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Summary and recommendations

- ▶ Evident need for sustainable, functional and accessible primary healthcare services
 - Renovate and staff primary healthcare centre, good location
 - Develop and implement health education programs to engage local community
- ▶ High prevalence of suspected malaria
 - Provision of mosquito nets
 - Need for ongoing malaria education programs



Summary and recommendations

- ▶ General poor hygiene and sanitation contributing to high rates of skin infections, diarrhoeal illnesses identified
 - General sanitation program needed
 - Deworming program every 6 months e.g. School based program recommended
 - Access to clean water, and education to prevent diarrhoeal diseases
 - ▶ Need for programs for mothers and pregnant women
 - To encourage access to antenatal and postnatal care
 - Engage mothers in immunisation programs
 - Educate about risks associated with traditional practices E.g. Scarification markings
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