



REPORT OF COMMUNITY MEDICAL OUTREACH HELD IN OGUN STATE

ACTIVITY LOCATION	Ayerose Village, Oba CDA, Ogun State		
ACTIVITY DATE	4 th May, 2019		
DATE SUBMITTED	28 th May, 2019	SUBMITTED BY	Wellness Africa Foundation
SUBMITTED TO	Ogun State Primary Healthcare Development Board		

Activity Summary	<p>Wellness Africa Foundation facilitated a free Community Medical Outreach on May 4th, 2019 at Ayerose Village, Oba CDA in Ogun State under its rural healthcare initiative. The programme, which was held at the community's town hall, commenced at 10am with opening remarks from the Executive Director.</p> <p>Thereafter, the audience listened to presentations on Immunization, Malaria, and Nutrition and Hygiene. These health talks were each presented by Doctors in Yoruba language. Following this, the audience was briefed on the flow of activities for the medical check-up and the different units to be visited. These units were: registration, vital signs check, laboratory, consultation and drug dispensing unit.</p> <p>Information obtained from the participants include: name, age, sex, weight, height, occupation. Each registered participant had their vitals checked. In all, the following were carried out: fitness check, assessment of nutritional status, blood pressure measurement, rapid diagnostic test for malaria, random blood sugar test, wound dressing, medical counselling. Medical consultation was carried out, drugs were prescribed and administered. Not everyone who consulted with the Doctor had to visit the laboratory unit, but virtually everyone visited the dispensing unit for drugs. All children were given deworming tablets</p>
Justification	<p>Before the execution of the community medical outreach at Ayerose Community, these series of steps were taken:</p> <ol style="list-style-type: none"> I. <u>Community Introduction:</u> We got informed about a community close to Abeokuta that is largely rural and we decided to verify. II. <u>Community Visit:</u> We visited the community and asked questions from our community health survey questionnaire. III. <u>Stakeholders' Engagement:</u> We met with the leadership and residents of the community to get their buy-in for the programme.
Objective(s)	<p>The broad objective of carrying out community medical outreaches is to support government's effort at addressing the challenges in primary healthcare, especially in rural Nigeria. With support from existing structures and collaborations, the objectives are specifically to:</p> <ol style="list-style-type: none"> 1) Embark on public health awareness and sensitization (health) talks on malaria, hypertension, diabetes, malnutrition, hygiene, immunization, HIV/AIDS, tuberculosis etc and other ailments of public health concern. 2) Conduct health fitness checks for rural residents; carry out medical consultations, treat minor illnesses as outpatients, administer drugs, or health counselling as deemed necessary.



3) Refer cases beyond primary healthcare to state government-owned or government approved secondary health facilities.

1.0 COMMUNITY CHARACTERISTICS

Ayerosé community is approximately 15 minutes' drive off Abeokuta-Sagamu expressway (turning off at Buckswood School). The agrarian community with few inhabitants as traders can be accessed via a poorly maintained earthen road. The community boasts of a primary school and a market. The only healthcare facility, which also serves as the drug store, is located at Daleko, a community close to the expressway. Our respondents informed us that most of the inhabitants depend on health facilities located in Abeokuta such as General Hospital in Ijaiye, Sacred Heart Hospital in Lantoro, Michael and Alice Hospital etc. In the near future, Ayerosé may attract some economic gains as the housing estate newly developed and owned by the Association of Senior Civil Servants of Nigeria, Ogun State chapter, is located there.

Wellness Africa's Foundation community medical outreach is the first of its kind in the community.

2.0 DEMOGRAPHICS AND SOCIO-ECONOMICS OF PARTICIPANTS

Table 1: Age of Participants

S/N	Age	Male	Female	Frequency	Percentage
1	< 1	3	0	3	3%
2	2 – 16	33	14	47	47%
3	20 – 59	16	19	35	35%
4	60 – 80	6	8	14	14%
		58	41	99	100%

From the table 1 above, 47% of the participants are children, while 35% are in the productive age. This implies that Ayerosé is a growing community.

Table 2: Occupation of Participants

S/N	Occupation	Frequency	Percentage
1	Beautician	1	1%
2	Blacksmith	1	1%
3	Civil servant	1	1%
4	Driver	1	1%
5	Farmer	32	32%
6	Fashion designer	2	2%
7	Food vendor	1	1%
8	Garri processor	1	1%
9	Hair dresser	1	1%
10	Baby	3	3%
11	Pre-school	5	5%
12	Student	43	43%
13	Timber machine operator	1	1%
14	Trader	5	5%

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15	Blank	2	2%
	Total	100	100%

From table 2 above, majority of the participants are students (43%) and next to this category are the farmers (32%). Pre-school age children (5%) and traders (5%) are the third highest. This means that Ayerose is typically an agrarian community with school-age children.

3.0 CLINICAL FINDINGS

Table 3: Clinical Diagnosis of Participants

S/N	Diagnosis	Frequency	Percentage
1	Acute URTI	11	9.0%
2	Amenorrhea	1	0.8%
3	Angina	1	0.8%
4	Arthralgia	7	5.7%
5	Conjunctivitis	1	0.8%
6	Cyesis. No antenatal care	1	0.8%
7	BP Related Issues	11	9.0%
8	Bruises/Injuries	4	3.3%
9	Furunculosis	1	0.8%
10	Headache	1	0.8%
11	Helminthiasis	1	0.8%
12	Intermittent claudication	1	0.8%
13	Low back pain	1	0.8%
14	Menopause	1	0.8%
15	Infant Issues	2	1.6%
16	Ophthalmalgia	1	0.8%
17	Otalgia	2	1.6%
18	Otitis media	2	1.6%
19	Plasmodiasis	13	10.7%
20	PUD	2	1.6%
21	Pyrexia	3	2.5%
22	Rhinorrhea	1	0.8%
23	Seizure disorder	1	0.8%
24	Soft tissue injury	1	0.8%
25	Stable	40	32.8%
26	Tinea Capitis	10	8.2%
27	UTI	1	0.8%
			100.0%

Although 40 participants (32.8%) were otherwise stable, some participants presented with more than one clinical diagnosis. From table 3 above, 13 participants (10.7%) were diagnosed of Plasmodiasis after carrying out the Rapid Malaria Parasite test. 11 participants (9%) were each diagnosed of Acute URTI and Blood Pressure related issues. 10 participants (8.2%) were diagnosed of Tinea Capitis. Other diagnosis included Arthralgia (5.7%), bruises/injuries (3.3%).



Table 4: Body Mass Index (BMI) of Adults

S/N	Interpretation	Frequency	Percentage
	Normal	31	72%
	Overweight	8	19%
	Class 1 Obesity	4	9%
	Total	43	

Table 4 shows the body mass index of participants. Of the 43 adults whose weight and height were obtained, 31 (71%) had normal BMI, while 8 (19%) were overweight, and 4 (9%) had class 1 obesity.

Table 5: Interpretation of Weight of Children

S/N	Weight Interpretation	Frequency	Percentage
	Normal	32	70%
	Underweight	14	30%
	Total	46	

Table 5 shows the weight interpretation of the 46 children who participated at the medical outreach. Although 32 (70%) children had normal weights, 14 (30%) were underweight. This underscores the need for health education on nutrition and fortified foods.

Table 6: Blood Pressure Readings and Interpretation

S/N	Age	Blood Pressure Readings	Blood Pressure Interpretation
1	40	130/90	Elevated DBP
2	45	140/90	Elevated BP
3	50	140/80	Elevated SBP
4	60	140/80	Elevated SBP
5	60	160/80	Elevated SBP
6	60	160/90	Elevated BP
7	65	200/100	Elevated BP
8	65	150/70	Elevated SBP
9	68	160/80	Elevated SBP
10	70	160/80	Elevated SBP
11	70	180/90	Elevated BP
12	74	140/70	Elevated SBP
13	80	140/60	Elevated SBP



Table 7: Blood Pressure Interpretation (Summary)

S/N	Blood Pressure Interpretation	Frequency
1	Elevated DBP	1
2	Elevated BP	4
3	Elevated SBP	8
	Total	13

Tables 6 and 7 show the elevated blood pressure of adults at the medical outreach. 13 adults altogether have varying blood pressure related issues. One of the participants had elevated diastolic blood pressure, while 8 adults had elevated systolic blood pressure and 4 adults were confirmed to have high blood pressure.

Key Medical Findings

1. Poor understanding on the need for immunization.
2. Poor infection control measures.
3. Ignorance on antenatal care.
4. Significant malnutrition status of children.
5. Non-clinic attendance for chronic diseases.

Key Learnings and Challenges

Key Learnings:

- 1) There is the need to sensitize community leaders and influencers within the community as well as neighbouring communities to ensure a more inclusive participation.
- 2) Socio-economics data like educational level, marital status etc need to be captured.

Challenges:

1. Need for more technical manpower.
2. Need for collaboration with government agencies for wider coverage on different basic healthcare conditions/ matters. Eg: Family planning, Nutrition, Sexual and reproductive health, Genotype, birth certificate issuance etc.
3. Need for financial support.

Next Steps

1. Follow up with community leadership and the residents about the feedback of the programme.
2. Submission of report to Ogun State Primary Healthcare Development Board.
3. Facilitate the establishment of a health post to support the healthcare needs of the residents and adjoining villages.

Requests

We humbly request that Ogun State Primary Healthcare Development Board:

- 1) Officially registers Wellness Africa Foundation.
- 2) Supports Wellness Africa Foundation in the establishment of a health post at Ayerose Community.
- 3) Collaborates with Wellness Africa Foundation in her healthcare initiatives.



Opening remarks.



Health talk on Immunization.



Health talk on Malaria.



Health talk on Hygiene and Nutrition.



Briefing of volunteers on roles.



Registration Unit.



Vital Signs Unit (weight checking).



Vital Signs Unit (height checking).



Vital Signs Unit (BP Checking).



Laboratory Unit.



Consultation Unit.



Drug Dispensing Unit.



Dressing of a farmer's wound.



WAF team with Mr. Sunday Olubanjo, Auditor-General, Ogun State.



Ayerose Community CDA Chairman, Baale and other leaders meet WAF.

Photos Speak

Background information

Wellness Africa Foundation:

Wellness Africa Foundation is a youth-led non-governmental organisation duly registered with the Corporate Affairs Commission (CAC) of Nigeria. WAF is focused on providing strategic interventions in both the agriculture and health sectors of the economy. Our mandate is to facilitate support for the indigent population living in rural and peri-urban



	communities with our healthcare initiatives and livelihood programmes (especially in agriculture) in order to promote healthy communities; thus, enhancing their wellbeing, reducing poverty and increasing household food security.																				
Quality Control & Assurance	WAF will work under the guidance of Ogun State Primary Healthcare Development Board. Procedures would conform to acceptable public health standards.																				
Board	<table border="1"><thead><tr><th>S/N</th><th>NAME</th><th>PROFESSION</th><th>ROLE</th></tr></thead><tbody><tr><td>1.</td><td>Akintunde Akinmolayan</td><td>Agricultural Economist</td><td>Executive Director</td></tr><tr><td>2.</td><td>Omotola Akinmolayan</td><td>Medical Doctor</td><td>Programme Director, Healthcare Initiative</td></tr><tr><td>3.</td><td>Ariyo Obasa</td><td>Nurse</td><td>Non-Executive Director</td></tr><tr><td>4.</td><td>Adeola Akinwande</td><td>Pharmacist</td><td>Non-Executive Director</td></tr></tbody></table>	S/N	NAME	PROFESSION	ROLE	1.	Akintunde Akinmolayan	Agricultural Economist	Executive Director	2.	Omotola Akinmolayan	Medical Doctor	Programme Director, Healthcare Initiative	3.	Ariyo Obasa	Nurse	Non-Executive Director	4.	Adeola Akinwande	Pharmacist	Non-Executive Director
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Appendix

Figure 1: Age of Participants

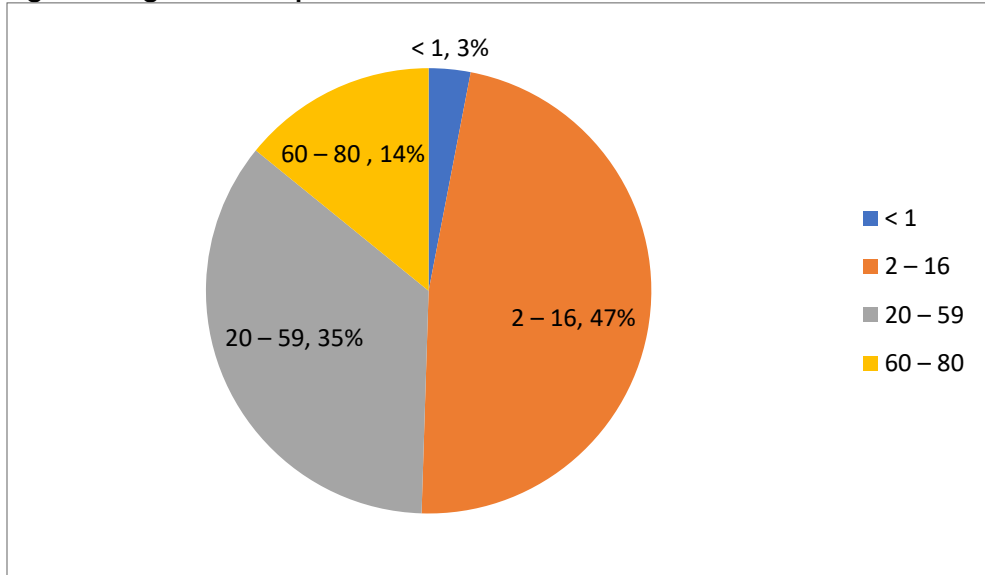


Figure 2: Occupation of Participants

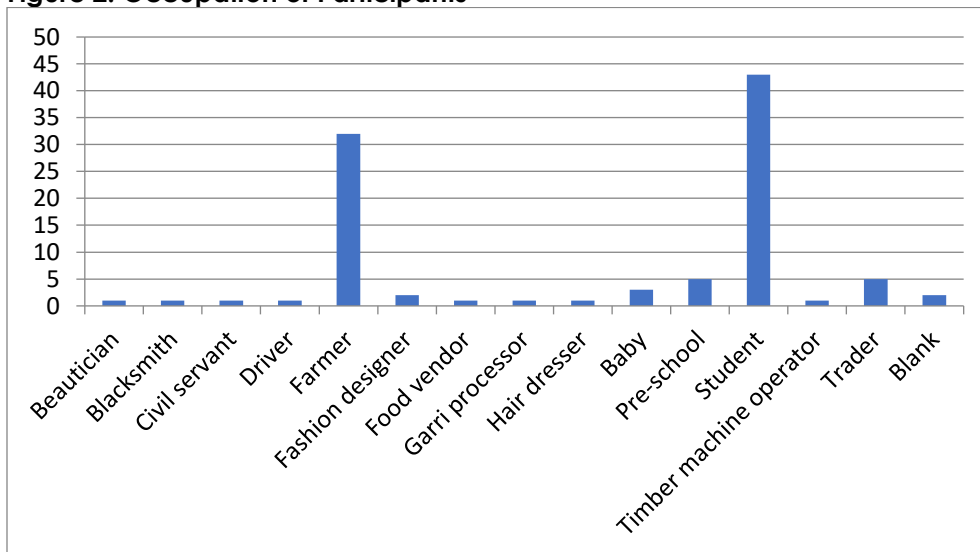




Figure 3: Clinical Diagnosis of Participants

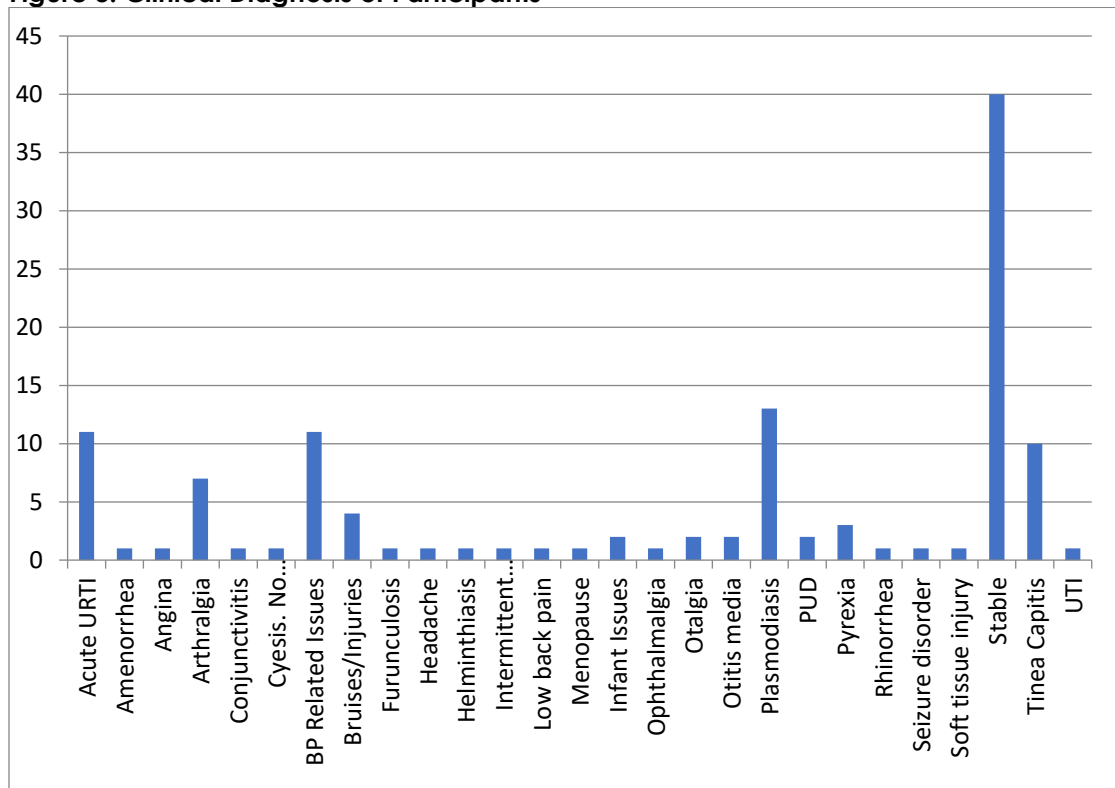


Figure 4: Body Mass Index of Adult Participant

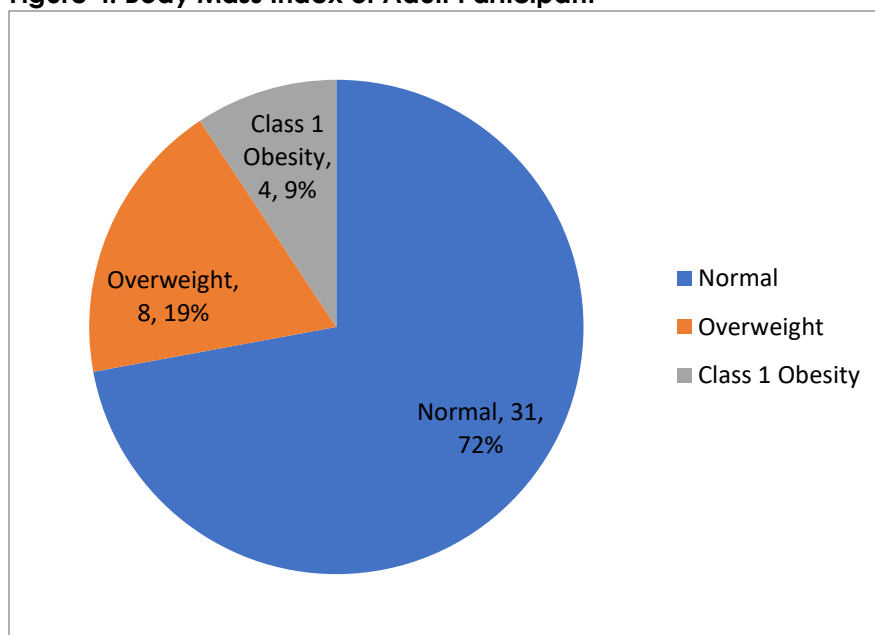




Figure 5: Interpretation of Weight of Children

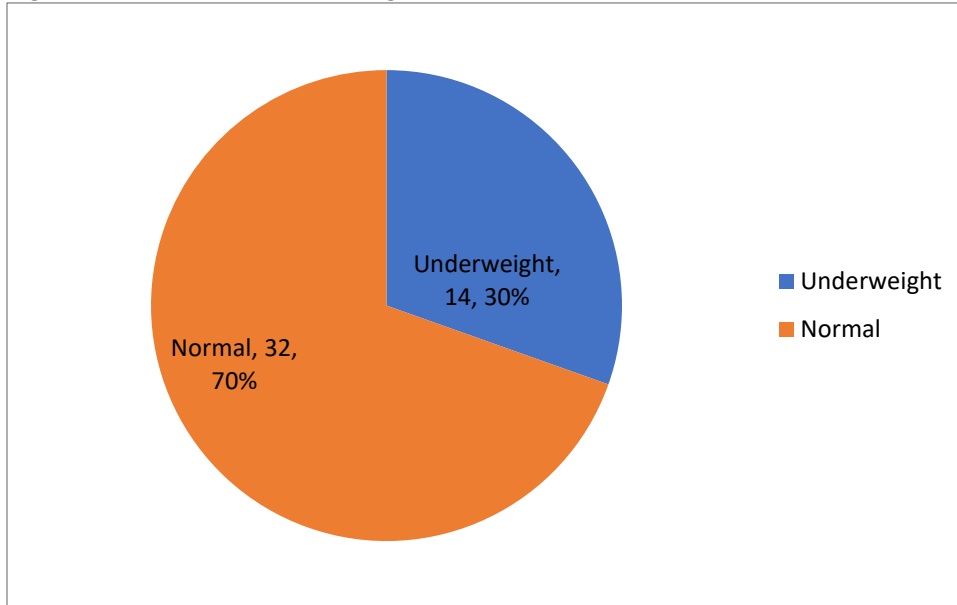


Figure 6: Blood Pressure Interpretation (Summary)

