



MONTHLY REPORT ON OUTREACH HEALTH EDUCATION AND CLINICAL SERVICES FROM 1ST MAY - 31ST MAY 2015

The outreach program continues with lots of community experiences and observations in the field of work.

This section lacks many social amenities as it was assessed but yet we have adapted to it as community workers and as well maintained our professional practices to work with them to achieve our target or goal (providing quality, accessible, and affordable health services to the hard to reach remote community).

Since this area has poor socio-economic strength, the people are not able to pay for their major health problems like chronic medical conditions and also surgical conditions which makes them refuse referral to hospital.

However, one of the AU Nigeria contingents by the name of CHEBUEZE ANWUSONYE paid a surgery bill of six hundred thousand Leones (Le 600,000) for a 54-year-old man at Mange village and also ABDULLAH A. ADAMU donated a sum of five hundred thousand Leone (500,000) for the ongoing construction of the school at Mange village respectively. These people are ever remembered to be remembered for their good work in this community.

PICTORIAL PRESENTATIONS OF SOME OF OUR ACTIVITIES ONGOING



Waiting for health talks and immunization
At Mamassah village.



Giving health education to patients at the
Main hospital gate before triaging



Mothers and children waiting for the Assessment of malnutrition using MUAC and physical appearance.



Two malnourish children and their Father



Giving BCG vaccine to a child

MONTHLY CLINIC ATTENDANCE AND REFERRAL REPORTS

The outreach clinic services has got 14 clinical sittings with a total patient's turnout of 156 people including all ages.

AGE RANGE	TOTAL PATIENTS
0-5	68
6-15	3
16-35	52
36-49	18
50 & ABOVE	15
TOTAL	156 PATIENTS

ATTENDANCE BY SEX

Male	Female	Total
48	108	156

THE DISEASE CONDITIONS REPORTED BY THE DIFFERENT AGE CATEGORIES
FROM 30TH MARCH-30TH APRIL 2015

Conditions	0-5yrs	6-15yrs	16-35yrs	36-49yrs	50 and above	Total
Malaria (susp)	40	2	6	6	2	56
Malnutrition	7	-	-	-	-	7
ARI	-	-	-	1		1
PUD	-	-	2	6	-	8
STI	-	-	18	2	-	20
Hernia	-	-	-	1	-	1
Enteric fever (susp)	2	1	-	-	-	3
Anemia	6	-	-	-	-	6
measles	2	-	-	-	-	2
gastroenteritis	25	1				26
All others	13		18	10	11	52

ANTENATAL CARE VISIT

First visit	22
Second visit	12
Follow up	-
Total	34

REFERRAL CASES

SEX	CONDITIONS	TOTAL
Male	Severe anemia	1
Female	Severe anemia	1
Total		2

EXPANDED PROGRAMME ON IMMUNIZATION

EPI Programme Mission Statement

Provide equitable access for all target groups, especially children and women of childbearing age (WCBA) to existing and new vaccines, and other interventions that lead to reduction of morbidity and mortality in munge acre section.

EPI Programme Goal

To achieve at least 95% coverage for fully immunized child and 90% coverage for TT2+ in pregnant women in order to reduce maternal and child ill-health, disability and deaths attributable to vaccine preventable diseases.

EPI Programme Objectives:

To reduce measles mortality by 95% and morbidity by 90%.

To stop the transmission of wild poliovirus.

To attain and maintain a level of immunization coverage of at least 90% for children under one year for all vaccines given.

To immunize 75% of pregnant women with Tetanus Toxoid, as an effort towards reaching elimination of Maternal and Neonatal Tetanus.

VACCINATION ANALYSIS

Pregnant women vaccinated with tetanus toxoids = 19

Under one vaccinated with the routine vaccines= 46

Break down of the vaccine are as follows

CHILDREN VACCINATED BY SEX

Male	19
Female	27
Total	46

CHILDREN VACCINATED WITH THE DIFFERENT ROUTINE VACCINES.

TYPES OF VACCINES	NO. OF CHILDREN VACCINATED
BCG	30
OPV 0	30
OPV 1	17
OPV 2	5
OPV 3	3
DPT 1	17
DPT 2	5
DPT 3	3
PCV 1	17
PCV 2	5
PCV 3	3
MEASLES	13
YELLOW FEVER	13
ROUTA 1	16
ROUTA 2	2

CHALLENGES

- ❖ Rainy season leading to poor road network
- ❖ Reduction of the patients flow due to the season (farming and the rainy season)
- ❖ Lack of understanding about the routine vaccine to that of the Ebola trial vaccine
- ❖ Community believes in their TBA'S
- ❖ Traditional believes attributable to pregnancy
- ❖ Ignorance in relation to their health
- ❖ Inferiority complex (people feel low upon themselves)
- ❖ Poor Maternal and child education to take responsibility of their own health
- ❖ Mothers or caregivers feel ashamed to come to clinic with their malnourish children
- ❖ Child spacing poses problems for both the mother and the children which may be one of the causes of malnutrition

RECOMMENDATIONS

- ❖ Provision of tarpaulins to cover the car and the out station for patients
- ❖ To reduce one clinic day from mange acre because of the low flow of patients and the rainy season
- ❖ Thorough community sensitization about the vaccines.
- ❖ Sensitization of the community on the dangers attach to home delivery
- ❖ Further training of the community TBA'S in identifying danger signs of pregnancy.
- ❖ Community mobilization and sensitization to feel part of the health education program.
- ❖ Introduction of feeding and clothing (package) program for malnourish children.
- ❖ Introduction of family planning program.

Report prepared by

PHC Team.