



## Nigeria – Gure Model Healthcare Clinic

Date: April 30, 2015	Prepared by: Rotimi Salau and Casey Mixer
<b>I. Demographic Information</b>	
1. City & Province, Country: Gure, Baruteen, Local Government Area (LGA), Kwara State, Nigeria	
2. Organization: Model Health Care Clinic, Gure and Real Medicine Foundation Nigeria ( <a href="http://www.realmedicinefoundation.org">www.realmedicinefoundation.org</a> ) World Children’s Fund ( <a href="http://www.worldchildrensfund.net">www.worldchildrensfund.net</a> )	
3. Project Title: Real Medicine Nigeria projects – Model Health Care Clinic, Gure	
4. Reporting Period: January 1 – March 31, 2015	
5. Project Location (region & city/town/village): Town: Gure, Region: Baruteen, LGA State: Kwara	
6. Target Population: Baruteen Local Government Area and surrounding Towns: 154,376 persons	
<b>II. Project Information</b>	
7. Project Goal: Upgrade of the existing clinic and managing of the clinic according to RMF/WCF’s global standards, improving hygiene, function and safety as well as standard of medical operations; restore community faith in clinic’s operations.	
8. Project Objectives:	
<ul style="list-style-type: none"> <li>➤ Human capacity building and upgrade of the clinic for better health care delivery</li> <li>➤ Provide regular Medicines and Medical supplies to the clinic</li> <li>➤ Provide support to existing Medical Personnel</li> <li>➤ Investigate solar electrical supply</li> <li>➤ Borehole for drinking water and water clinic</li> <li>➤ Review urgent needs to increase the quantity of patients treated and quality of treatment</li> <li>➤ Prepare larger project quotes for capacity improvement (solar power/borehole drilling)</li> </ul>	
9. Summary of RMF/WCF-sponsored activities carried out during the reporting period under each project objective (note any changes from original plans):	
<ul style="list-style-type: none"> <li>➤ Treatment of patients at the clinic, focusing on Malaria, Maternal Child Healthcare, and prenatal care and observation</li> <li>➤ Maternal and Child Health trainings and outreach being conducted for new mothers</li> <li>➤ Immunization of Newborns</li> <li>➤ Treatment of Malnutrition cases in village outreach</li> <li>➤ Provision of Medical Laboratory services</li> <li>➤ Continued purchase and delivery of medicines and medical supplies</li> <li>➤ Provision of Dental care services for patients in the community</li> </ul>	
10. Results and/or accomplishments achieved during this reporting period:	
<ul style="list-style-type: none"> <li>➤ Patient numbers keep going up with the regular supply of medicine, supplies and lab reagents resulting currently in an average of more than <b>832</b> per week.</li> <li>➤ A total of <b>9,993</b> patients were treated at our clinic during the First Quarter 2015</li> <li>➤ Weekly immunizations are being conducted.</li> </ul>	

- Basic Laboratory Reagents/Facilities: Basic laboratory tests are being conducted in the clinic to facilitate better health care delivery

11. Impact this Project has on the community (who is benefiting and how):

RMF/WCF's presence has strengthened the faith in the Gure Clinic. Healthcare provision is being continuously improved; a continued focus on the improvement of relationships between the community and all involved parties is being kept. Weekly immunizations are maintained and regular maternal and child health as well as hygiene clinics are being held for new mothers. Word of the regular restocking of medicine and medical supplies has spread through the entire surrounding community and the clinic is now seeing more than **832** patients per week.

The new interior of the clinic provides a hygienic setting for health care and has set an example to the community to maintain better hygiene at home. Hygiene education outreach is being conducted regularly.

Because of our presence and the provision of more comprehensive medical services, the Gure Model Health Care Clinic is experiencing a continued increase in patient numbers, and improved activities are catalyzing further improvement in the relationship between the community and all involved parties, including Government stakeholders.

This is the only access to healthcare for a population of 154,376 in the Baruteen Local Government area and surrounding towns. Patients continue to cross the border from the Benin Republic to seek treatment at the clinic.

12. Number served/number of direct project beneficiaries (for example, average number treated per day or month and if possible, per health condition).

Disease Type	January 2015	February 2015	March 2015	Total
Malaria	442	448	455	1345
Diarrhea	347	353	360	1060
Dysentery	338	350	355	1043
RTI/Pneumonia	201	211	219	631
Road Traffic Accidents	59	65	72	196
Dermatitis	99	105	100	304
Peptic Ulcer Disease	160	171	180	511
Burns	47	52	54	153
Chicken Pox	217	224	235	676
Diabetes	312	322	330	964
Hypertension	264	240	250	754
Antenatal Care & Delivery	263	282	270	815
Dental Treatment	202	207	215	624
Typhoid	305	295	317	917
<b>Total</b>	<b>3,256</b>	<b>3,325</b>	<b>3,412</b>	<b>9,993</b>

Age	January 2015	February 2015	March 2015	Total
0-5 years	1110	1075	1150	3335
6- 18 years	1145	1130	1012	3287
19 and above including Typhoid	1001	1120	1250	3371
<b>Total</b>	<b>3,256</b>	<b>3,325</b>	<b>3,412</b>	<b>9,993</b>

13. Number of Indirect project beneficiaries (geographic coverage):

Patients from The Republic of Benin continue to cross the border to Nigeria for treatment at the Gure Clinic. The Gure Model Health Care Clinic is the only access to healthcare for a population estimated at 154,376 in the Baruteen Local Government area and surrounding towns.

14. If applicable, please list the medical services provided:

- Primary Healthcare, Family Healthcare

- Maternal and Child Healthcare, including Perinatal and Delivery services
- Community Outreach and Training
- Immunizations for Newborns and Infants
- Dispensary for Medicines
- Malaria treatment
- HIV/AIDS support
- Management of systemic diseases such as Hypertension and Diabetes
- Dental care

15. Please list the most common health problems treated through this project.

1. Hypertension and Diabetes
2. Acute uncomplicated Malaria
3. Acute watery Diarrhea
4. Dysentery
5. Dental problems i.e. tooth decay, inflammation of gums etc.
6. Upper/Lower Respiratory Tract Infections
7. Gastrointestinal Disturbances, Ulcers
8. Musculoskeletal pain
9. Typhoid Fever

16. Notable project challenges and obstacles:

- Communication challenges continue to exist between the village and the town as well as to communicate internationally with the RMF staff as there is no cell phone reception and internet access in the area where the Gure Clinic is located.
- Need for internet facilities for Mr. Salau's and Dr. Adeniran's offices; they use internet cafes that are far away.
- Provision of potable water: borehole quotes have thus far proven to be too expensive; provision of potable water remains a challenge.

17. Plans for next reporting period

- Continued operations of the Gure Model Health Care Clinic
- Continued supply of medicines and medical supplies
- Continued staff support and training
- Incentives to ten clinic staff at Gure Model Health Care Clinic
- Painting exterior wall of the clinic with RMF color (white & blue paint)
- Provision of Laptop Computer and internet Modem for Mr. Salau & Dr. Adeniran

18. Summary of RMF/WCF-sponsored medical supply distribution and use:

RMF is providing medicines and medical supplies to the clinic in 3-month cycles, more often when needed. A comprehensive list of medications is updated according to the needs at the clinic.

Success Stories and Project Photos

**By Salau Rotimi**

**Patient 1**



**Benasol Model** is a 9-month-old girl from Basa village, a distance of 28km from our Gure Clinic; she was brought by her parents because she was passing stool with mucus and stains of blood. ABD not clear, not pale, chest clear

Diagnosis: Dysentery, Food poisoning

RX: Flagyl sus 2 bottles /1tds/5days, Amocil sus 1qd/5days, Paracetamol syr 1ts/3days, 2sachets given

**Patient 2**



**Sandra Memunat** is 2½ years old and came from Gberu village via Iya Sikira, a distance of 8½ km from our Gure Clinic, weak and with very high fever. Very pale, Pulse 126/min, RR 18/min, Temp 39C.

Diagnosis: Severe Malaria with Anemia

RX: Blood transfusion, Furosemide ¼ ml ST, Pcm inj 1amp ST, IV Artesunate 600mg stat, then 12 inly x 3/7

**Patient 3**



**Amadu Umah** is 30 years old and from the Adamu Kore Compound in Gure; he presented with painful urination. Not pale, lower abdomen painful, Temp 36C, Pulse 98/min, RR 16/min

Diagnosis: Gonorrhea

RX: Tabs Ciprofloxacin 500gm bd, Tabs Diclofenac 50mg bd, counsel on safe sexual practice.

**Patient 4**



**Lokotoro Beery** is 69 years old and from Tunka, a village 3km from Gure; she presented with epigastric pain and frequent stooling. O/E: Temp 38C, Pulse 98/min, RR 18/min,

Diagnosis: Gastroenteritis, Peptic Ulcer Disease

RX: Caps Tramadol 50mg bd x 3/7, Tabs Omeprazole 20mg bd, Tabs fFagyl 400mg NS x 5/7, counsel to avoid spicy food.

**Patient 5**



**Memunat Saidu** is 35 years old and from Kotokpegaru, Gure; she presented with f dizziness, amenorrhea, and bleeding. O/E: BP 110/70, Temp 38C, Pulse 76/min, RR 18/min, chest clear, abdomen clear.

Diagnosis: Threat of Miscarriage

RX: Counsel on strict bed rest, daily feto-material monitoring, Tabs Folic acid 50mg daily x 1/12, Tabs Fersolate 200mg Ns x 1/12

**Patient 6**





**Balikis Bio** is 23 years old and from Yourudaku village, a distance of 6km from our Gure Clinic. She came in for antenatal care. O/E: Gravida 3, BP 110/70, weight 54kg, FH 36 weeks, FHS heard, not pale, no edema, TP, cephalic presentation- ROA, normal routine AMC drugs given