

Nigeria 2010 report for healthcare team

Hopefully I can keep this succinct but specific and my aim in this report is to encourage you to see what can be done even in just 2 weeks when God is in the driving seat.

My prayer points before hand were

- wisdom when planning and packing resources to bring
- safety in travel
- full health for all the team for all the time
- opportunities to share our skills; that the right patients will come at just the right time.
- opportunities to share our faith

Answers

Resources brought were certainly useful but I also have a list of things I'd like now to send out.

No problems with any travel. The roads were, apparently, improved but remained with many large potholes requiring wrong side of the road driving etc. We were in quite a rural area so it wasn't too busy.

None of us had any sickness although one of the GPs stubbed her toe badly and needed expert splinting with a tongue depressor!

With regards opportunities to share our skills I'll list some of the typical patients I saw and what I suggested physio could do in these cases.

- 2 stroke patients on the ward. Had not been up until I came to see them. Physio will hasten and maximise functional return, early discharge and minimise complications by preventing, for example, contractures, muscle wasting, chest infections. I spent time working with these patients and even got them on a large gym ball which caused great amusement.
- post-op orthopaedic children - physio will enable early mobilisation, maintenance exercises, management of POP, early discharge
- Chest patients - I did not get to treat any chest patients but spent time training John and Godwin on the basic principles and techniques. Many AIDS patients will have chest complications.

- Old lady with severe bedsores- simply needed advise on positioning - this is basic nursing care which wasn't being given but often physios will give manual handling and positioning advise. Once repositioned carefully sores improved.

Non-ward patients

- CP children - one staff child and several outpatients. Significant amount of advise, treatment and support can be given to this group eg one child was badly malnourished because of poor swallowing ability. I taught the mother how to help her baby swallow and hopefully this will have a dramatic effect. A clinic could be set up one day a week for these cases.

- Various musculoskeletal problems eg neck pain and low back pain.

- Gynae advise - Talked to one patient about her gynae problems and gave advise regarding pelvic floor exercises and bladder retraining. Trained 2 other staff in this. (this patient came to me regarding neck pain - only a physio could end up talking about prolapses and bladder control!!)

- Ponsetti management of clubfeet - 2 babies seen whilst there and I got the chance to assess them with the technician who was recently trained in this and apply the POP. I was able to offer some slight changes in application to POPs which I had used in Uganda.

I believe our role in these situations is to treat patients alongside the locals and teach as we go along. We are not going to make huge differences to patients then and there without having the locals trained up so it was great to work alongside them. I had a chance to do a morning teaching session with the two technicians on chest physio and the assessment and management of low back pain which they really enjoyed.

As there was no physio department in the hospital it was useful for me to be there to see the potential for one and I have been able to communicate this with the manager of the hospital and Mission Africa. I fully intend to do all I can back here to ensure that this is realised eventually and may at some point need to do fund raising for equipment.

Regards **opportunities to share my faith** I had to laugh at God. On the plane on the way out I got chatting to the couple beside me. They were English and he had got a new job in a hotel so they were heading out to Nigeria for their very first time having never been to Africa before. Whao!! I was amazed at their courage or naivety. Then he asked me what I was going to do. He simply could not get over the fact that I was doing all this under my own resources and for no personal gain. He kept bringing it up and we ended up having a big discussion on Christianity. He said he wished he could have the peace people like me have and I ended up giving him my Gideons Bible and reading the first part of John's gospel with him. His partner seemed to have grown up through Sunday school and said a seed had now been planted in him. I really pray they find God through their African adventure.

We also did kids club which went well when we had an interpreter. The kids heard the gospel faithfully each night and an older kid from years before came back to say how he still was going on with his faith years after kidsclub.

We also were able to encourage various people through day to day conversations and I could really see how God would use people like us simply to be encouragers to people already do a decent job.

What I learnt from the trip

Even before I'd left I was starting to realise how hugely resourced we are. Whether it be in our academic training, our spiritual training or material wealth. We have so much more than most but do we see the opportunities to share what we have? Even just by teaching someone how to read or interpret the Bible more effectively. All of us who go to Glenabbey have that - we sit under great teaching week by week and have great books available etc.

Sharing our skills is easy. Encouraging others is easy. Why is getting up and doing it so hard? You don't have to go long term to make a difference.