

"Giving Hope, Restoring Hope to Widows and Orphans"



**ROCK OF AGES
EMPOWERMENT FOUNDATION**

Free Medical Outreach

Held In

KABUSA PRIMARY HEALTH CENTER, FCT ABUJA

31st September, 2019

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ACRONYMS

AIDS

Acquired Immunodeficiency Syndrome

CDC

Centre for Disease Control

HIV

Human Immunodeficiency Virus

RDT

Rapid Diagnostic test

HTC

HIV testing and counseling

BMI

Body mass index

EXECUTIVE SUMMARY

Rock of Ages Empowerment Foundation was founded in 2007 and registered as a corporate body on the 23rd June, 2009 under the Companies and Allied Matter Act, (Part 'C') 1990 of the federal Republic of Nigeria. We owe and carry out free medical treatment; free education support programs, youth and widows empowerment.

The Rock of Ages Empowerment Foundation believes in restoring hope, giving hope to the widows and orphans and in so doing, the foundation uses her yearly international widow's day celebration to empower widows who were trained on different skills and also provide scholarship to the orphans.

The foundation carries out research, training, outreaches and public educational campaigns about the needs for widow's empowerment, orphans and other vulnerable groups in the society. It is committed to its mission of transforming the lives of the underprivileged individuals through quality education, good medical treatments, and financial support, regardless of age, gender, race, religion or financial status.

Rock of Ages with funding from sales of spiritual books, ministry offerings, and free will donations from ministry members provided a free medical outreach campaign for Kabusa community, Abuja using a multi disease approach on the 31st September, 2019.

The free medical outreach program was well attended started with mobilization and advocacy visits. The process of mobilization included the use of mass media such as radio, town criers, flyers, announcements in churches and various social gatherings.

A letter of consent was written to the Head of the community as well as the Primary health center Kabusa, notifying them of our intention to carry out one day free medical outreach in the community.

The free medical outreach program which started with a health talk on various topics e.g hand wash, ebola control, HIV prevention messages by a trained nurse, involved the check of blood pressure, blood glucose, and hepatitis. Clients were also tested for malaria parasite. HIV testing and counseling was also carried out. There was free consultation and free prescribed drugs. Clients were de wormed. There were free eye check and reading glasses were given to various people with eye defect. There were also dental check. There were referrals to appropriate health facility when needed.

About 5,000 persons were reached with flyer messages. Primary health center Kabusa was used for the outreach. A total of 665 clients were diagnosed with several diseases, and treated as well. 107 individuals were tested for HIV which consist of 27 male, and 80 female. However, none was reactive. Previously known HIV status this year are 18 male and 70 female, whereas, 9 male. and 10 female did not know their status before the test

was carried out. out of 88 persons tested for hepatitis virus 13 (15%) tested positive, while 75 (85%) tested negative. Out of 665 persons showed up in the multi diseases section, 225 (34%) were treated for malaria, 7 (1%) were treated for diarrheal, 82 (12%) were treated for hypertension, 38 (6%) were treated for intestinal parasites -worm, 59 (9%) were treated for dental problems, 36 (5%) were treated for enteric fever -typhoid, 7 (1%) were treated for diabetes mellitus, 20 (3%) were treated for skin condition cases, 24 (4%) were treated for cough, 14 (2%) were treated for Ulcer, and 38 (6%) were treated for urinary tract infection.

1. INTRODUCTION

The Rock of Ages Empowerment Foundation with funding from sales of spiritual books, church offerings, and free will donations from church members organized 1 day Free Medical Outreach for the residents of Kabusa in FCT on the 31st September, 2019. The free outreach is an integrated approach to scale up medical uptake across the country that proposes to test 5 million persons annually.

1.1 NIGERIA HEALTH SITUATIONAL ANALYSIS

With a population of 162, 265, 0002, As an important element of national security, public health not only functions to provide adequate and timely medical care but also track, monitor, and control disease outbreak. The Nigerian health care had suffered several infectious disease outbreaks year after year. Hence, there is need to tackle the problem. Malaria is a major public health problem in Nigeria and has the highest out of fifteen countries who accounted for 80% of global **malaria** deaths in 2016. ... Malaria is a risk for 97% of **Nigeria's** population, of which under-5 children and pregnant women are the most vulnerable. The **major public health challenges Nigeria** faces are infectious diseases, control of vector some diseases, maternal mortality, infant mortality, poor sanitation and hygiene, disease surveillance, HIV/AIDS, non-communicable diseases and road traffic injuries etcetera

1.2 PROFILE OF ABUJA AND Kabusa COMMUNITY

Abuja is one of the fastest growing cities in the world, with a population that already is climbing to 2.5 million since its development in the 1980s. During the early 2000s, the city's population grew by almost 140%. Today, most areas of the city still see annual growth of 35%, making it one of the fastest-growing cities in the world. Because of the city's reputation for being welcoming to all groups, no matter their ethnicity or religion, the population is only expected to continue to grow for Nigeria's capital city.

Kabusa is a dual settlement having both the features of urbanized and undeveloped area in Kabusa. It is under Abuja Muncipal Area Council. Are predominately Gbagyi or Gwari (also

spelled Gbari), though there are other non Gbagyi dwellers. They are peaceful, agriculturalist, artistic and Nupoid-speaking people living in North-Central geo-political zone of Nigeria. The Gbagyi is the most populated ethnic Group and indigenous in the Federal Capital Territory of Nigeria, where their major occupation is farming.

The 1 day Free Health Outreach therefore, accorded the residents of Kabusa an opportunity to know their health status by providing them access to various multi disease testing and counseling services, it was also a good opportunity for the residents to check their blood pressure, blood glucose level, know their HIV, and hepatitis status and presence of Malaria parasite in their blood. It was an opportunity for medical consultation and De worming of clients. Eyes and teeth were checked. Several other ailments were diagnosed and treated by the doctors. Referrals were made where necessary.

1.3 SPECIFIC OBJECTIVE was:

Objective 1. To undertake effective mass mobilization campaigns to inform and educate at least 10,000 citizens on disease prevention, treatment, care and support in Kabusa communities.

Objective 2. To improve access to health care to the general population in remote and rural areas.

The response to the 1 day outreach was overwhelming with the elderly, men, women, and young people of various age groups accessing all available services in large numbers. This report gives a detailed breakdown of the process towards conducting the 1 day free medical outreach, the results and statistical analysis of the people tested, achievements, lessons learnt, challenges and recommendations. Additional information on the inputs is attached in the annexes.

2. METHODOLOGY

Rock of Ages Empowerment Foundation took a technical lead in organizing and implementing the Free Medical Outreach in Kabusa Community. To ensure success, the following activities were implemented.

2.1 The set up of the Free Health Outreach Team.

A team of 64 personnel was set up. This comprised the Project Coordinator, the Technical Lead, the M&E lead, doctors, nurses, counselor testers, data entry clerks, volunteers, pharmacists, pharmacy technician, registrars and crowd control unit. The Project

Coordinator, Technical Lead, M&E lead were responsible for developing a work plan and implementing the activities to achieve all the set objectives.

2.2 Pictures: The pictures of the Kabusa medical mission are displayed below;



General population at Kabusa community free medical outreach program



Doctors attending to clients at Kabusa community free medical outreach program



Nurses attending to clients at Kabusa community free medical outreach program



Pharmacist dispensing drugs to clients at Kabusa community free medical outreach program



Data clerks documenting clients at Kabusa community free medical outreach program

2.3 Mobilization/ Advocacy.

The heads of communities were visited and they pledged their support for the project. They promised to use their network to inform their subject. They also promised to get their town criers to make special announcement for the outreach in addition to the radio announcement by Wazobia FM already in the air. More advocacy involving the stakeholders, and community structures remain vital component of any successful project. As a result of this, an advocacy was carried out to the various relevant agencies in Kabusa communities.

2.4 Publicity and Communications.

Publicity and communications activities were key to the success of the program. Publicity and communication activities were conducted. Wazobia FM was on ground to interview people of the community and other media personnel were represented. However, 5,000 Fliers were shared with the aid of the Kabusa community youths to all the communities, districts, wards within their jurisdiction, and banners were strategically placed.

2.5 Multi disease approach

Multi disease approach was crucial to the success of the free medical outreach to ensure testing, and treatment.

2.6 Training

A retraining and briefing of all the staff was done before the outreach commenced. A demonstration of the testing procedure was done. The resource person re-emphasized the

need for safety measures during and after all testing. The importance of the correct data collection was clearly explained to the volunteers and data clerks.

The training and the overview, rules and regulations of the project was facilitated by Monitoring and Evaluation Consultant.

2.7 The health outreach

The medical outreach was held on Saturday 31st September, 2019. There was huge turnout of clients to the outreach site which is traceable to the fact that the site is directly behind Kabusa market. It was a successful free medical outreach and the site was used in order to ensure effective utilization of services by all the residents of Kabusa Communities including market men, women and customers. Below is the action plan of the 1 day event;

| Day | Community | Venue | Time |
|-------------------------------|-----------|-------------------------------|-----------|
| Saturday 31st September, 2019 | Kabusa | Primary Health Center, Kabusa | 8am – 5pm |

3.0 HIV Testing and Counseling result, data analysis and discussion

Table 1: HTC Results disaggregated by data element, age and sex

| ID | Indicators | Number |
|---------|---|-----------|
| HCT1i | No. of ind. tested HIV negative: Female - 0 -14 | 2 |
| HCT1ii | No. of ind. tested HIV negative: Female - 15-19 | 2 |
| HCT1iii | No. of ind. tested HIV negative: Female - 20-24 | 16 |
| HCT1iv | No. of ind. tested HIV negative: Female - 25-49 | 24 |
| HCT1v | No. of ind. tested HIV negative: Female - 50+ | 36 |
| HCT1vi | No. of ind. tested HIV negative: Female (TOTAL) | 80 |
| HCT2i | No. of ind. tested HIV negative: Male - 0-14 | 3 |
| HCT2ii | No. of ind. tested HIV negative: Male - 15-19 | 1 |
| HCT2iii | No. of ind. tested HIV negative: Male - 20-24 | 1 |
| HCT2iv | No. of ind. tested HIV negative: Male - 25-49 | 4 |

| | | |
|---------------|---|---|
| HCT2v | No. of ind. tested HIV negative: Male -50+ | 18 |
| HCT2vi | No. of ind. tested HIV negative: Male (TOTAL) | 27 |
| HCT3 | Subtotal A: No. of ind. tested HIV negative | 107 |
| HCT4i | No. of ind. tested HIV positive: Female - 0-14 | 0 |
| HCT4ii | No. of ind. tested HIV positive: Female - 15-19 | 0 |
| HCT4iii | No. of ind. tested HIV positive: Female - 20-24 | 0 |
| HCT4iv | No. of ind. tested HIV positive: Female -25-49 | 0 |
| HCT4v | No. of ind. tested HIV positive: Female - 50+ | 0 |
| HCT4vi | No. of ind. tested HIV positive: Female (TOTAL) | 0 |
| HCT5i | No. of ind. tested HIV positive: Male - 0-14 | 0 |
| HCT5ii | No. of ind. tested HIV positive: Male - 15-19 | 0 |
| HCT5iii | No. of ind. tested HIV positive: Male - 20-24 | 0 |
| HCT5iv | No. of ind. tested HIV positive: Male - 25-49 | 0 |
| HCT5v | No. of ind. tested HIV positive: Male - 50+ | 0 |
| HCT vi | No. of ind. tested HIV positive: Male (TOTAL) | 0 |
| HCT6 | Subtotal B: No. of Ind. tested HIV positive | 0 |
| HCT7 | Total no. of Ind. HIV tested (subtotal A + B) | 107 |
| HCT 10 | Total no. Of Ind. HIV counseled, tested and given result | 107 |
| HCT11 | Facility Linked to | AIDS HEALTHCARE FOUNDATION CLINIC , ABUJA None was linked; no reactive cases |

3.1 Sex Distribution and data analysis

| Sex | Number (n) | Number in percentage (%) |
|------|------------|--------------------------|
| Male | 27 | 25% |

| | | |
|---------------|------------|-------------|
| Female | 80 | 75% |
| Total | 107 | 100% |

A total of 107 individuals were counseled, tested for HIV and received results. The majority of the attendee were female with 80 (75%) than male 27 (25%).

Table 1 above, shows that no positive cases were recorded among male and female genders, which depict a sound and healthy sexual practices in Kabusa community under review. The large discrepancy in attendee may be due to the fact that the outreach was situated at the Primary health centre just behind the busy market of Kabusa dominated by market women.

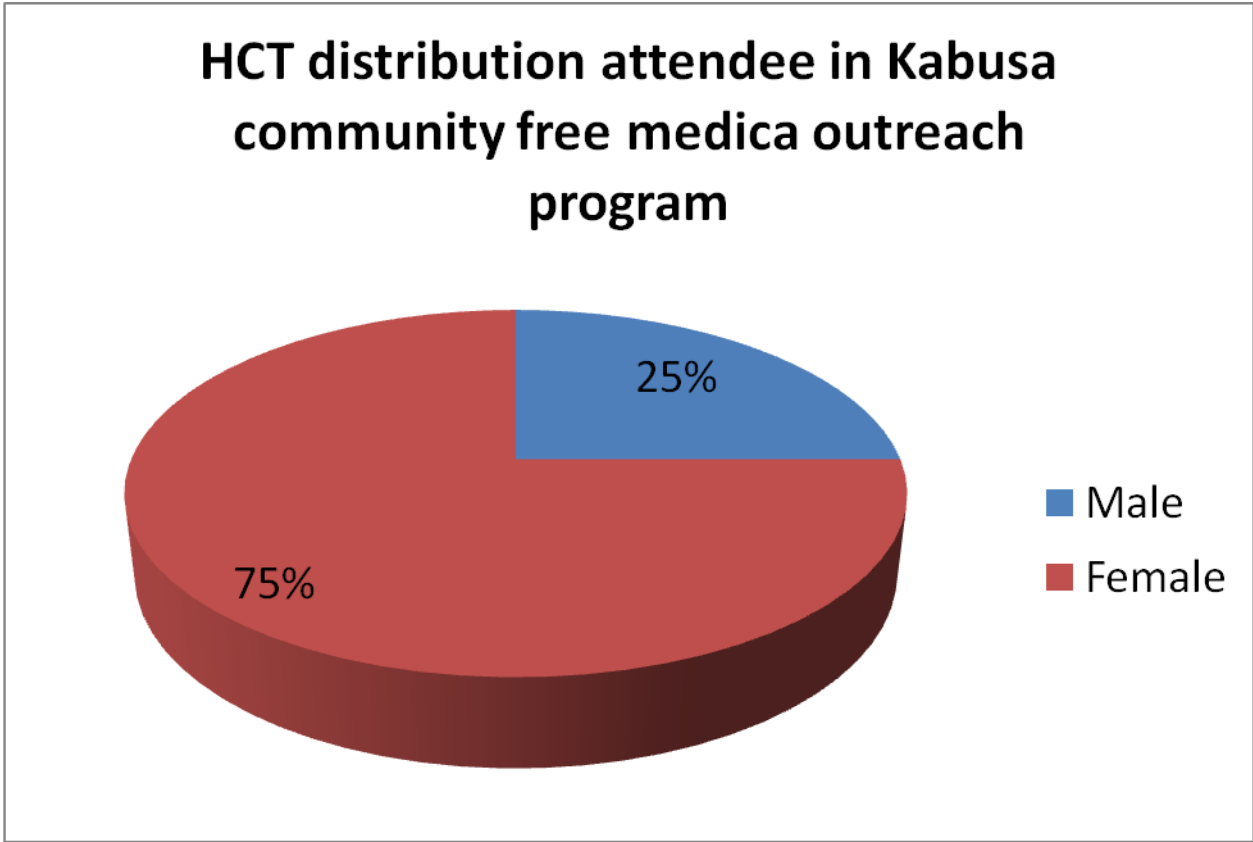


Figure 1: Sex distribution of the total number of individual HIV counseled, tested and know their status

The sex distribution shows that female (75%) participated more than male (25%) in HCT services in kabusa community , and this could be attributed to the fact that the outreach was situated at the Primary health centre just behind the busy market of kabusa dominated by market women.

3.2 Age Distribution and data analysis

| Age groups (Years) | Number (N) | Number in Percentage (%) |
|--------------------|------------|--------------------------|
| 0 - 14 | 5 | 5% |
| 15 - 19 | 3 | 3% |
| 20 - 24 | 17 | 16% |
| 25 - 49 | 28 | 26% |
| 50+ | 54 | 50% |
| Total | 107 | 100% |

Most number of attendances were witnessed within the age group 50 years plus with 54 attendee while the least attendance was seen within the age group of 15 -19 years and 0 - 14 years with 3 and 5 attendees respectively. The next highest proportion were 25 - 49 years, and 20 - 24 years with 28, and 17 attendees respectively. The high proportion recorded among 50 years plus and 25 - 49 years may be attributed to the fact that these are parents with children to cater for, hence they dominated the market arena that shared common boundary with the Primary health centre, Kabusa.

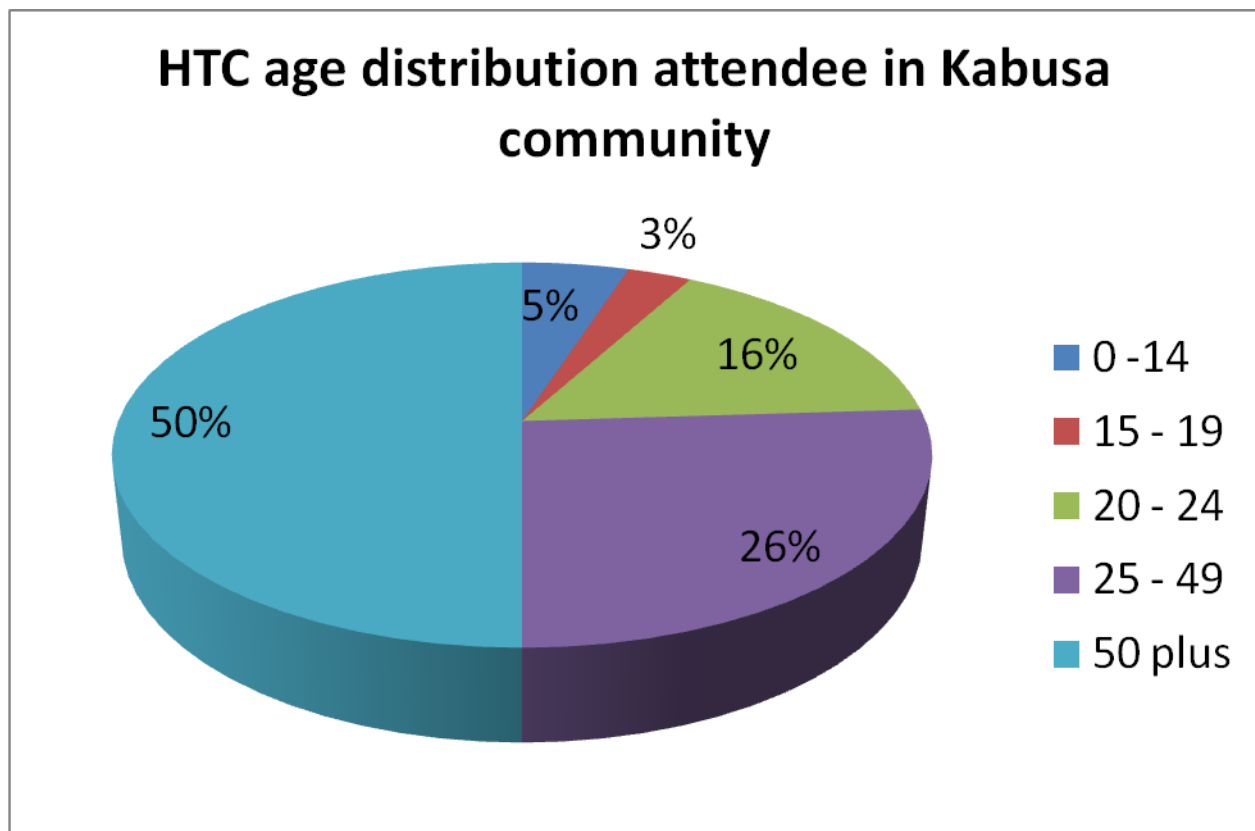


Figure 2: Age distribution of individuals counseled and tested for HIV in Kabusa community.

Individuals of age group 50 years plus (50%) were the highest. The next highest attendee were of the age group 25 - 49 years (26%). The highest attendee recorded within the age group 50 years, and 25 -49 years, could be as a result of age groups being parents with children to cater for hence, their dominance in

the Kabusa market that shared common boundary with the Primary health centre where the outreach was carried out.

4.0 Hepatitis results and data analysis

| <i>S/N</i> | <i>SDA</i> | <i>Hepatitis positive</i> | <i>Percentage</i> |
|------------|--------------------|---------------------------|-------------------|
| 1 | Hepatitis positive | 13 | 15% |
| 2 | Hepatitis negative | 75 | 85% |
| 3 | Total | 88 | 100% |

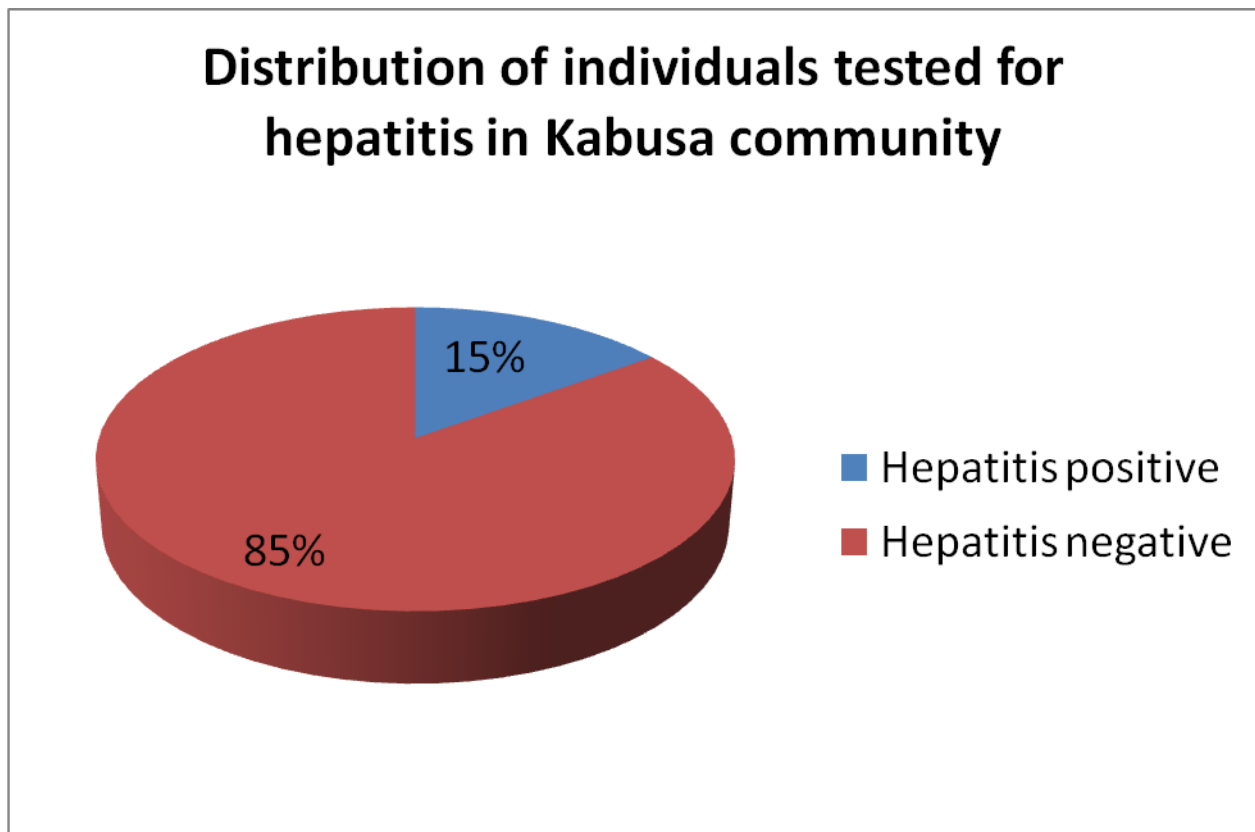


Figure 3: Distribution of individuals tested for hepatitis in Kabusa community.

From the figure 3 above, out of 88 individuals tested for hepatitis, 78 (85%) tested negative for hepatitis virus, whereas, 13(15%) tested positive for hepatitis virus. The hepatitis result is not significant in the Kabusa community under review.

5.0 Multi diseases result, data analysis and discussion

| S/N | SDA | Diagnosis | Treated | % Treated |
|------------|--------------------------------|------------------|----------------|------------------|
| 1 | Malaria cases | 225 | 225 | 34% |
| 4 | Diarrheal diseases cases | 7 | 7 | 1% |
| 6 | Hypertension cases | 82 | 82 | 12% |
| 7 | Diabetes Mellitus cases | 7 | 7 | 1% |
| 8 | Skin conditions | 20 | 20 | 3% |
| 10 | Eye problem cases | 111 | 111 | 17% |
| 11 | Worm cases | 38 | 38 | 6% |
| 12 | Dental cases | 59 | 59 | 9% |
| 13 | <i>Enteric fever</i> | 36 | 36 | 5% |
| 14 | <i>Cough</i> | 24 | 24 | 4% |
| 15 | <i>Ulcer</i> | 14 | 14 | 2% |
| 16 | <i>Urinary tract infection</i> | 38 | 38 | 6% |
| | Total | 665 | 665 | 100% |

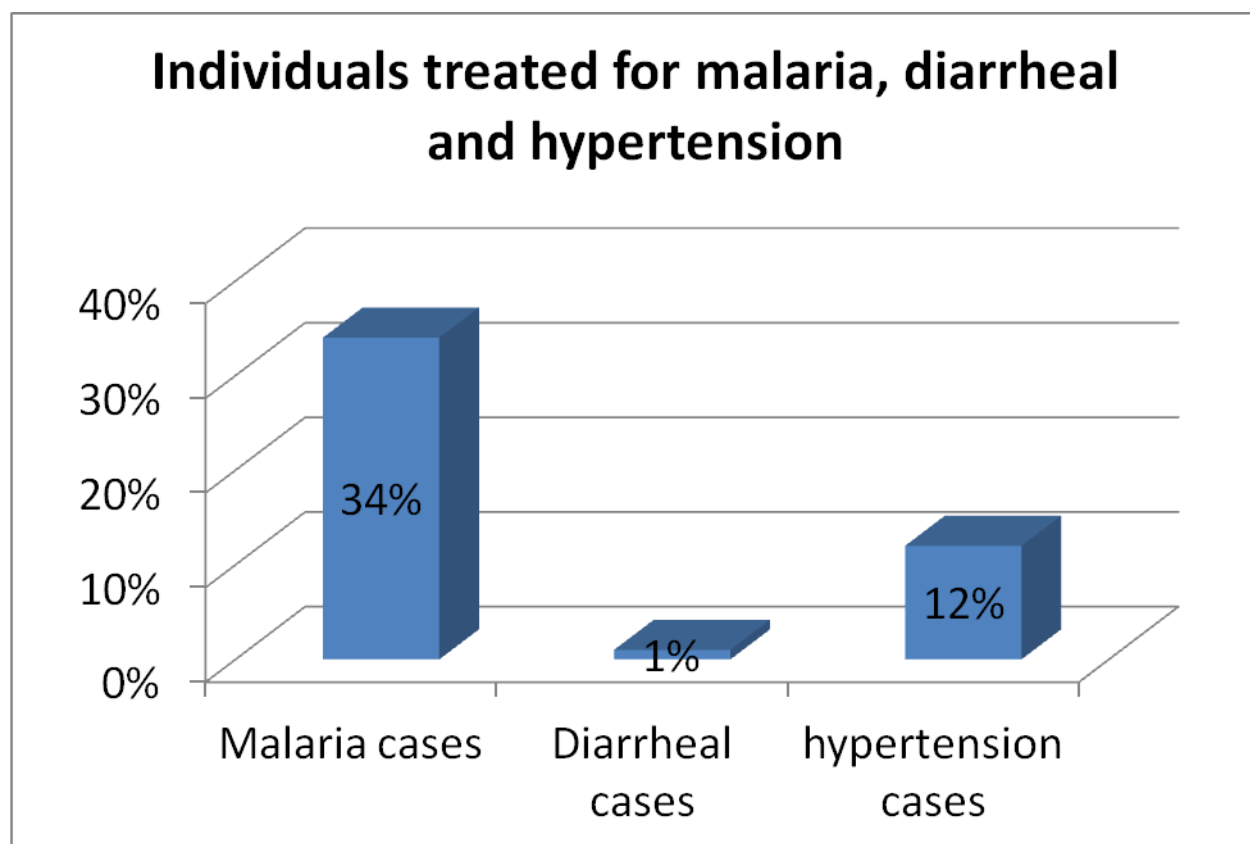


Figure 4: Individuals treated during free medical care in Kabusa community expressed in percentage

From the figure 4 above, out of 665 individuals diagnosed, 34 % were treated for malaria, 1% treated for diarrheal cases, whereas 12% were treated for hypertension in Kabusa free medical outreach program.

Further research from the data collected and analyzed shows that malaria is significant, and it is prevalent among children in Kabusa community under review. However, children under 5 years are susceptible and vulnerable to malaria infection in Kabusa. The finding could be attributed to the fact that children under the age of five have not yet developed protective immunity against the most severe forms of the disease. Pregnant women and their newborns also are vulnerable, as malaria infection can increase the risk of miscarriage and low birth weight, as well as maternal and newborn death. According to the recently released CDC Morbidity and Mortality Weekly report revealed that persons who are unaware of their malaria contribute to nearly one third of ongoing transmission. The data from Kabusa demonstrates the need for interventions and public health strategies to reduce the prevalence of malaria infection in the area.

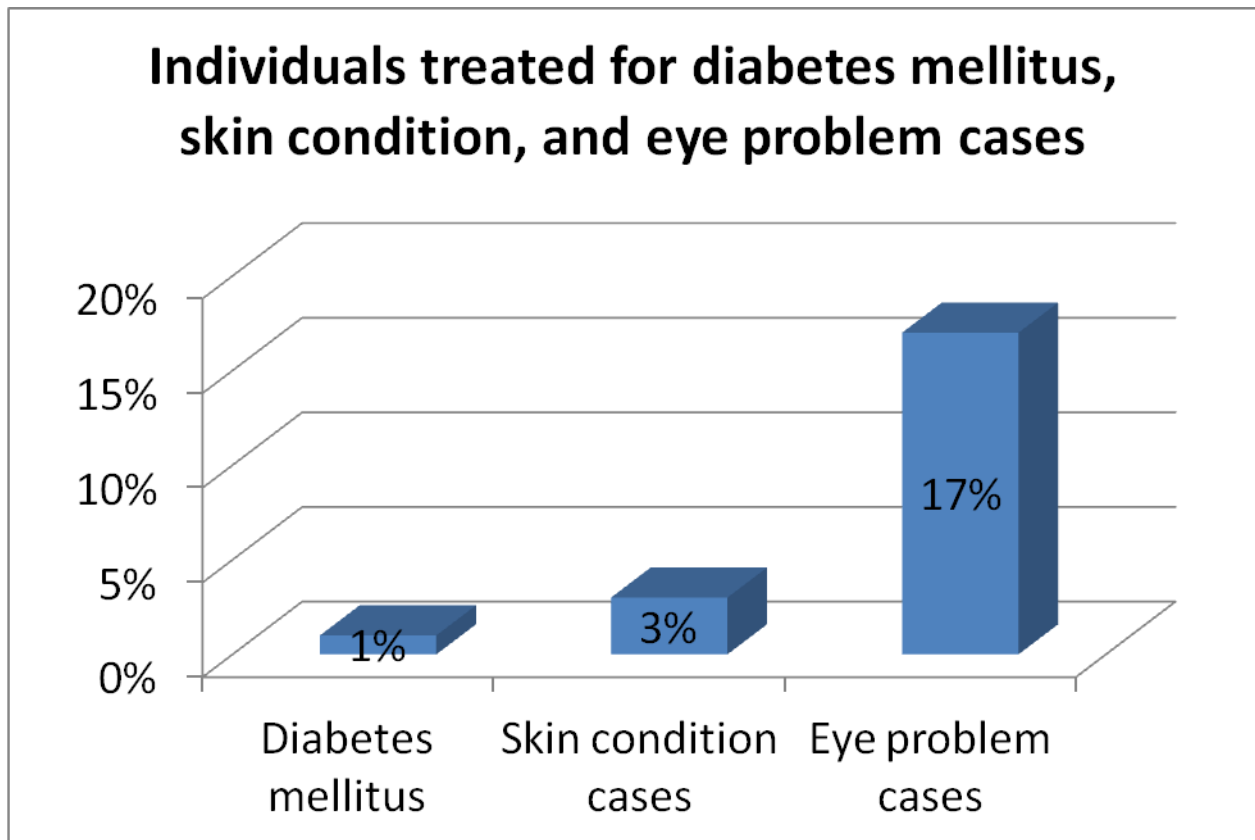


Figure 5: Individuals treated during free medical care in Kabusa community expressed in percentage

From the figure 5 above, out of 665 individuals diagnosed, 1 % were treated for diabetes mellitus, 3% treated for skin condition cases, whereas 17% treated for eye problem cases were given reading glasses, and eye drops respectively in Kabusa free medical outreach program.

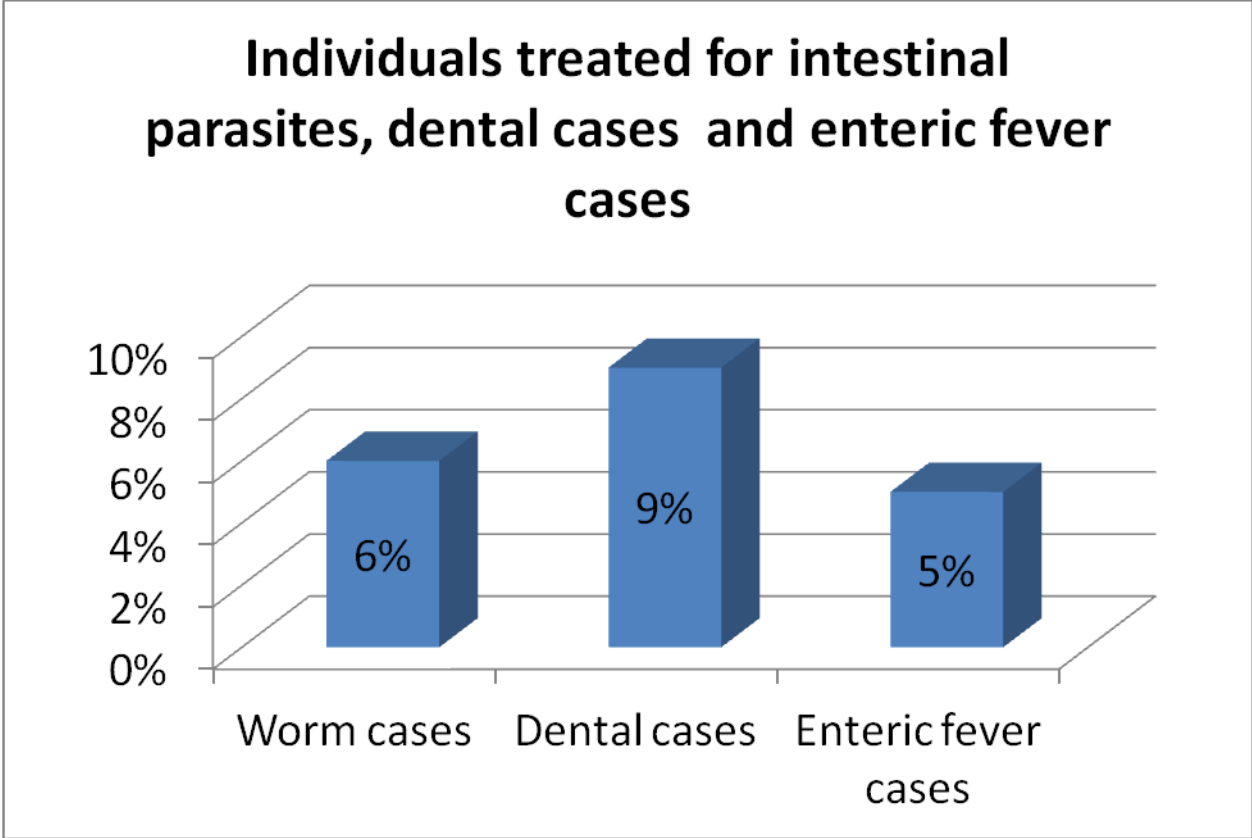


Figure 6: Individuals treated during free medical care in Kabusa community expressed in percentage

From the figure 6 above, out of 665 individuals diagnosed, 6 % were treated for intestinal parasites (worm), 9% treated for dental cases were given toothbrush and paste, whereas 5% were treated for enteric fever (typhoid) in Kabusa free medical outreach program.

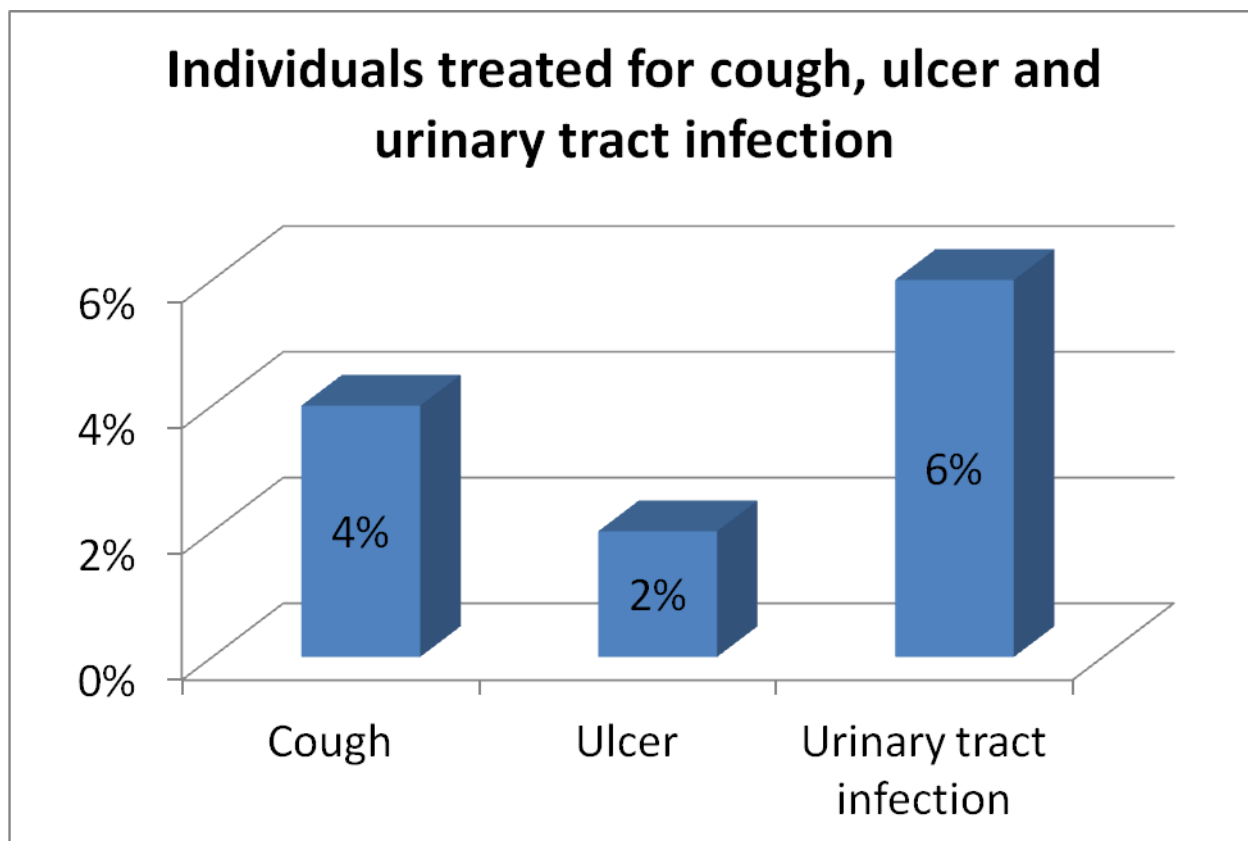


Figure 7: Individuals treated during free medical care in Kabusa community expressed in percentage

From the figure 7 above, out of 665 individuals diagnosed, 4% were treated for cough, 2% treated for ulcer cases, whereas 6% were treated for urinary tract infection in Kabusa free medical outreach program.

6.0 ACHIEVEMENTS

- Ability to set 1 day site successfully. Coordinating the one day's site successfully was a landmark achievement.
- Timely arrival and delivery of the test kits, data collection tools and other materials.
- Overwhelming response from the general public, this was displayed by large numbers turning up to the outreach site that had been established during the 1 day project.
- Method of publicizing the event, which includes, mass media (Wazobia FM), town criers, churches and prayer houses was very effective.
- Primary health centre, Kabusa situated behind the popular Kabusa market, used for the outreach site attracted general population.

7.0 CHALLENGES

The site had very low turnout in the early hours of the day due to the rain fall, but the residents came out late in the afternoon. This was difficult to coordinate because such a massive turn out at such a time in the afternoon was not anticipated. It was then difficult to test all the people because there was no provision to work late at night.

The distance to the project site was a major challenge due to the large land mass and bad road.

8.0 LESSONS LEARNT

Taking the health outreach closer to the communities significantly increased the uptake of free medical services.

There is overwhelming support for the free health outreach by Primary health centre Kabusa, the rulers of the towns etc

Early involvement of the Wazobia FM, Town rulers and leaders at community level is critical to the success of health outreach planning and implementation.

9.0 RECOMMENDATIONS

- Free outreach should be done more frequently. This will help to identify towns and LGAs that have high unmet needs.
- Mechanisms to follow up clients that require re-testing especially during outreach should be established.
- Body Mass Index (BMI) of clients should be determined during the free medical outreach. BMI is a screening tool that can indicate whether a person is underweight or if they have a healthy weight, excess weight, or obesity. If a person's BMI is outside of the healthy range, their health risks may increase significantly.
- Doctor notes recommended should be used for client clerking, diagnoses, and treatment, and it is expected of the volunteers, and nurses to populate the doctors note appropriately so as to show standard for the work done. (especially; malaria section, weight/height/BMI section, Blood sugar section, Blood pressure section).
- Doctors should be informed that malaria drugs are not for everybody, expect those tested positive for malaria.