

"Giving Hope, Restoring Hope to Widows and Orphans"



**ROCK OF AGES
EMPOWERMENT FOUNDATION**

Free Medical Outreach

Held In

PYAKSA COMMUNITY, FCT ABUJA

11th MAY, 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 Pyakasa community, Abuja using a multi disease approach on the 11th of May, 2019.

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

A letter of consent was written to the Madaki of the community, notifying him 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, pulse, weight. Clients were tested for malaria parasite, blood glucose. There was free consultation and free prescribed drugs. The children were de wormed. There were free eye check and reading glasses were given to various people with eye defect. There were also dental checks. Children were given Vitamin A and B respectively. Oral polio vaccines were also given to children. There were referrals to appropriate health facility when needed.

About 5,000 persons were reached with flyer messages. One location was used for the outreach which was set up at Pyakasa town hall. A total of 675 clients were diagnosed during the multi disease and polio vaccines campaign. The 638 clients were treated, whereas 37 clients were referred to nearby comprehensive hospital for further medical evaluation, care and proper management.

83 clients were tested for malaria parasite using RDT, 83 were positive, 21 persons had blood pressure measure over 140/90mmHg and 7 persons had blood sugar level above

200mg/dl. 8 children were given Vitamin A, whereas 304 children were given Vitamin B. It is recommended that malaria and diabetes services be scaled up to reach more people throughout the country than is currently the case. This can best be achieved through a multi disease approach and expansion of malaria and diabetes services through existing health facilities, the NGO/CBO sector and other innovative approach, and engagement of corporate and private service providers. In conclusion Pyakasa need urgent intervention.

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 Pyakasa in FCT on the 21th May,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 PYAKASA 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.

Pyakasa community 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 Pyakasa 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, Polio oral vaccine and vitamin A were administered, and presence of Malaria parasite in their blood. It was an opportunity for

medical consultation and De worming of children. 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 Pyakasa communities.

Objective 2. To pay school fees and give scholarship to over 4,000 orphans/less privilege in communities.

Objective 3. To empower at least 5,000 widows with start-up grants and also identify girls/women with special needs for assistance.

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 coordinating preparations for the Free Medical Outreach in Pyakasa 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.



Doctors attending to clients



Children receiving immunization, free glucose/tooth brush & clients at eye section



Drugs dispensary sections, clients receiving free drugs



Nurses checking vital signs for clients

2.4 Mobilization/ Advocacy.

2.4 A. 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.

2.4 B. More Advocacies: 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 Pyakasa communities.

2.5 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

2.5 b. However, 5,000 Fliers were shared with the aid of the Pyakasa community youths to all the communities, districts, wards within their jurisdiction, and banners were strategically placed.

2.6 Multi disease approach

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

2.7. 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.

3.0 The health outreach:

The medical outreach was held on Saturday 11th of May 2019. It was a very successful free medical outreach as the site was used in order to ensure effective utilization of services by all the residents of Pyakasa Communities. Below is the action plan of the 1 day event;

| Day | LGA | Venue | Time |
|----------------------------|----------------|----------------------|-------------|
| Saturday 11th May, 2019 | 1. Pyakasa LGA | 1. Pyakasa Town Hall | 8am – 5pm |

4.0 RESULTS

Below is the result of the multi disease free medical outreach

| S/N | SDA | Diagnosis | Treated | Referred |
|------------|-----------------------------------|------------------|----------------|-----------------|
| 1 | Malaria cases | 83 | 83 | 0 |
| 2 | GIT infection cases | 27 | 27 | 0 |
| 3 | Respiratory Tract Infection cases | 13 | 13 | 0 |
| 4 | Diarrheal diseases cases | 3 | 3 | 0 |
| 5 | Several malnutrition cases | 1 | 1 | 0 |
| 6 | Hypertension cases | 21 | 21 | 0 |
| 7 | Diabetes Mellitus cases | 7 | 6 | 1 |
| 8 | Skin conditions | 6 | 6 | 0 |
| 9 | Arthritis symptom cases | 14 | 14 | 0 |
| 10 | HIV cases | - | - | - |
| 11 | Family planning cases | - | - | - |
| 12 | Eye problem cases | 167 | 131 | 36 |
| 13 | Surgical condition cases | - | - | - |
| 14 | Worm cases | 17 | 17 | 0 |
| 15 | Toothache | 1 | 1 | 0 |
| | TOTAL | 360 | 323 | 37 |

Vitamin A & Oral Polio Vaccine

| S/N | SDA | Age | Male | Female | TOTAL |
|------------|--------------------|-------------|-------------|---------------|--------------|
| 1 | Vitamin A (Blue) | 6mth - 1 yr | 3 | 5 | 8 |
| 2 | Vitamin A (Red) | 1-5yrs | 115 | 189 | 304 |
| 3 | Oral Polio Vaccine | 6mths - 1yr | 1 | 2 | 3 |

5.0 Analysis and Discussion

A total of 675 clients diagnosed during the multi disease and polio vaccines campaign. The 638 clients were treated, whereas 37 clients were referred to nearby comprehensive hospital for further medical evaluation, care and proper management.

Table 1; Showing individuals diagnosed, treated and referred

| Outcome | Number (n) |
|-----------|------------|
| Diagnosed | 675 |
| Treated | 638 |
| Referred | 37 |

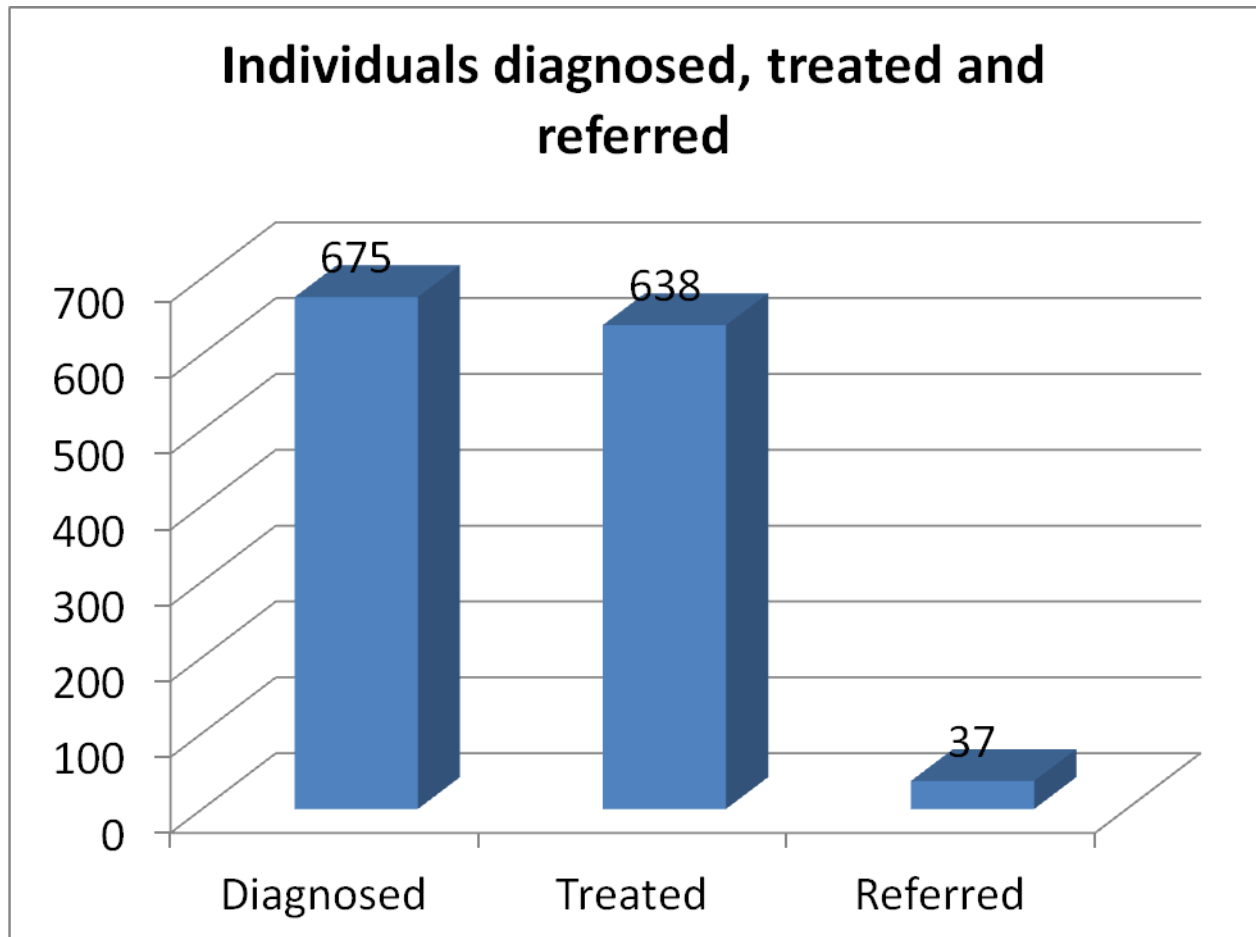


Figure 1: Total individual diagnosed, treated and referred during free medical care in Pyakasa community

Table 2; Showing individuals treated and referred

| Outcome | Number (n) | Number in percentage (%) |
|----------|------------|--------------------------|
| Treated | 638 | 95% |
| Referred | 37 | 5% |
| Total | 675 | 100% |

Individuals treated and referred expressed in percentages

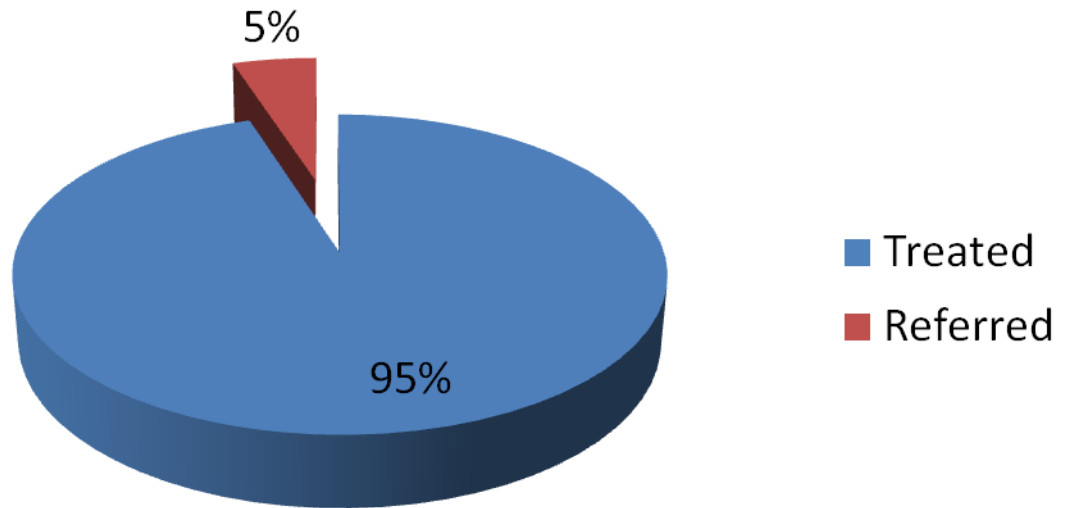


Figure 2 : Total individual treated and referred during free medical care in Pyakasa community

Table3; Showing Malaria cases

| Community | Individuals screened for malaria | Malaria diagnosed | Malaria treated |
|------------------|---|--------------------------|------------------------|
| Pyakasa | 88 | 83 | 83 |

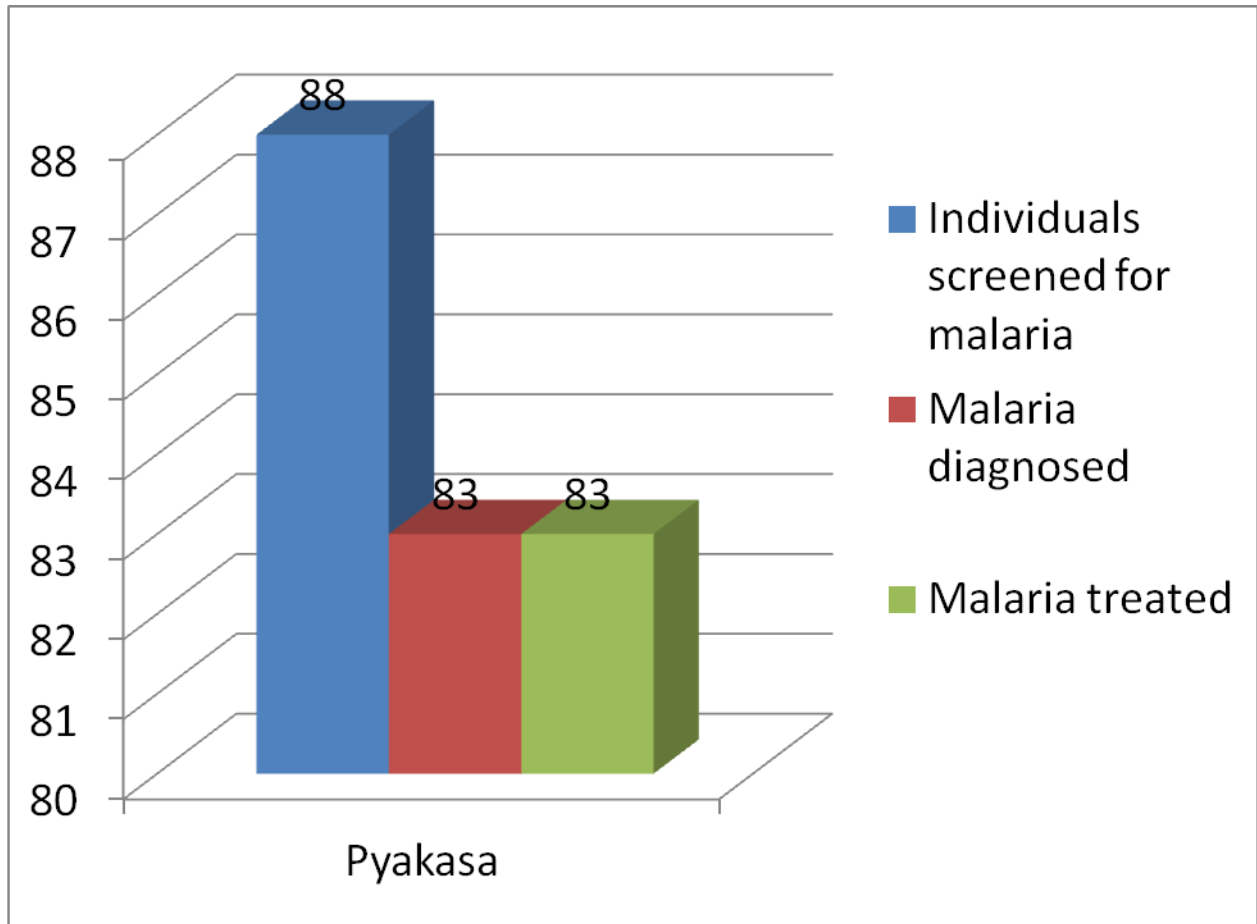


Figure 3: A graph showing the result of individuals diagnosed with malaria in Pyakasa community

From the figure above out of 88 individuals whose blood were tested for malaria parasite, 83 of them were diagnosed with malaria, and the same number diagnosed were treated. The malaria result shows that female Anopheles mosquitoes that transmit malaria are prevalence in Pyakasa. More people are susceptible to malaria infection, however, pregnant women and children under five bear the greatest burden of malaria. Young children under the age of five are vulnerable because they 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* persons who are unaware of their malaria contribute to nearly one third of ongoing transmission. The data from Pyakasa demonstrates the need for interventions and public health strategies to reduce the prevalence of malaria infection in the area.

Table4; Showing Diabetes Mellitus cases

| Community | Individuals tested for | Diabetes mellitus | Diabetes referred |
|-----------|------------------------|-------------------|-------------------|
| | | | |

| | diabetes mellitus | diagnosed and treated | |
|----------------|--------------------------|------------------------------|----------|
| Pyakasa | 7 | 6 | 1 |

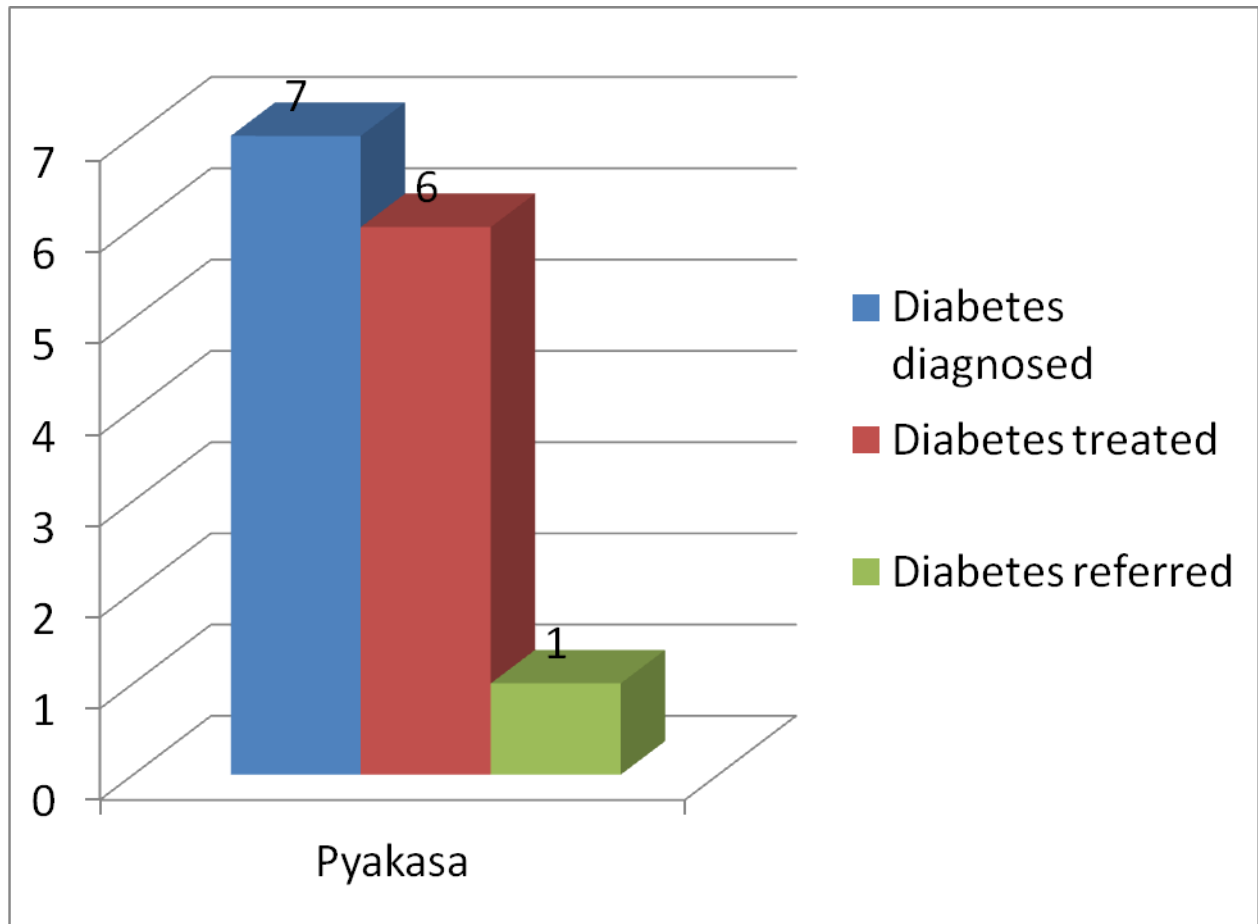


figure 4: A graph showing the result of those diagnosed with diabetes mellitus in Pyakasa community

From the figure above, out of 7 persons screened for diabetes mellitus, 6 persons were diagnosed with diabetes mellitus and were treated accordingly. However, 1 person whose blood sugar level was far above abnormal range (500 mg/dl) was referred out to Wuse General hospital for proper management. From the figure, it can be deduced that diabetes mellitus was significant in the area under consideration, hence the need for intervention.

Table 5; Showing hypertension cases

| Community | Individuals screened for Hypertension | Hypertension diagnosed | Hypertension treated |
|------------------|--|-------------------------------|-----------------------------|
| Pyakasa | 360 | 21 | 21 |

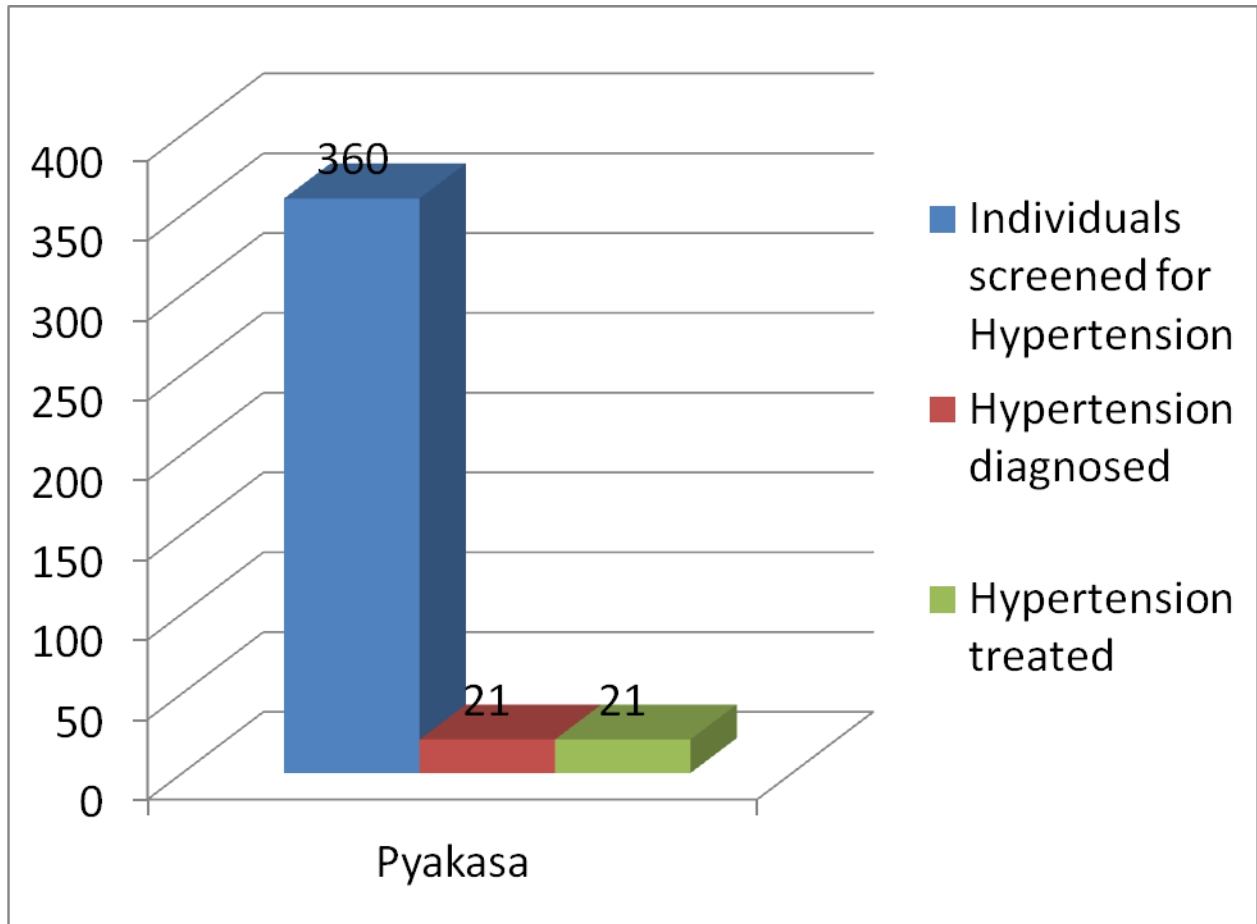


Figure 5: A graph showing the result of those diagnosed with hypertension in Pyakasa community

From the figure above, hypertension cases were not significant in the area under consideration. This could be due to their life style. It can also be attributed to the fact that most of the inhabitants were predominantly farmers. Those diagnosed with hypertension were treated, and none referred.

Table 6; Showing Optometry services

| Community | Individuals screened for eye defect | Eye defect diagnosed & treated | Eye defect referred |
|-----------|-------------------------------------|--------------------------------|---------------------|
| Pyakasa | 167 | 131 | 36 |

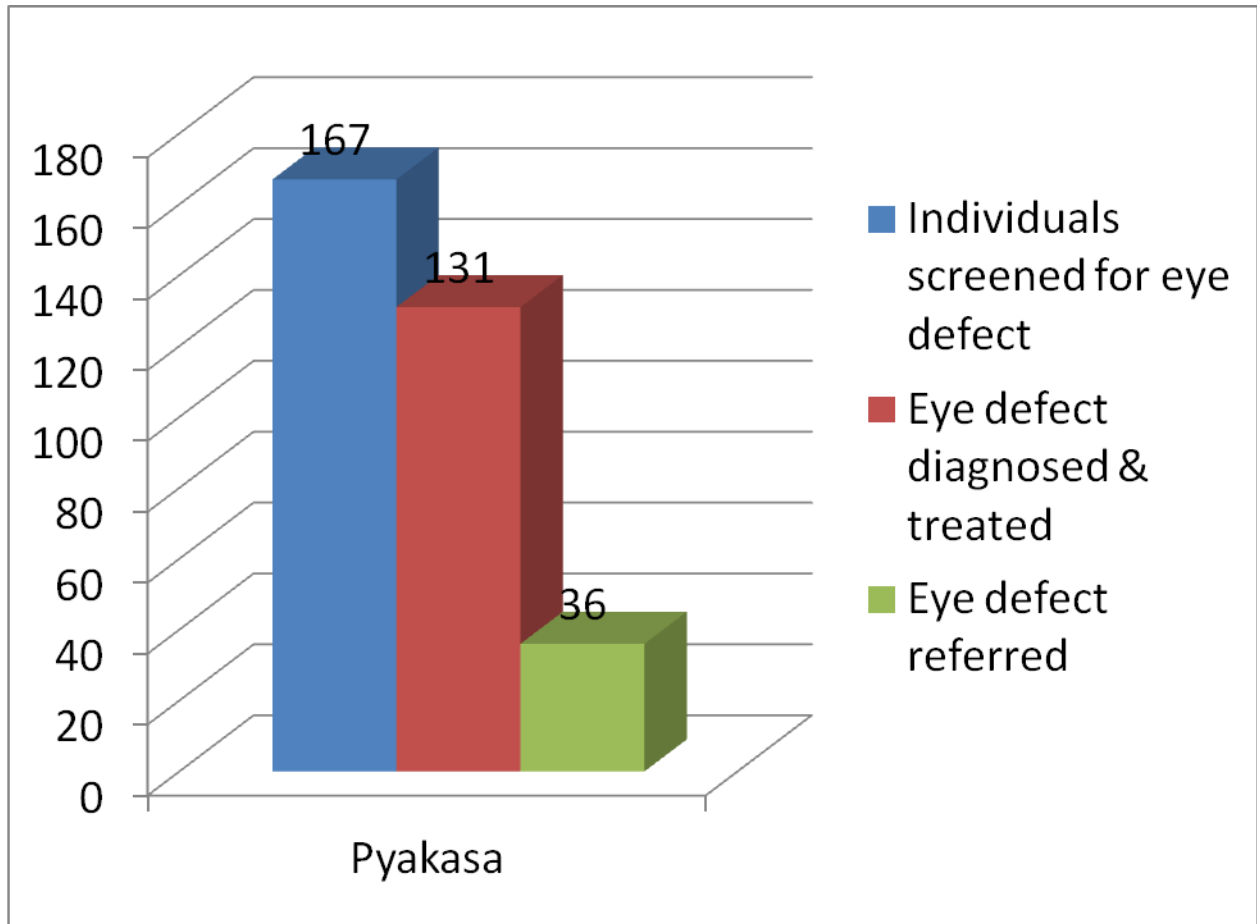


Figure 6: A graph showing the result of those diagnosed with eye defect Pyakasa community

From the figure above, significant number of persons screened for eye defect were diagnosed with one eye defect or the other, and they were properly treated. The result revealed that 36 individuals whose eye defect could not be treated due to several complication were referred out to Vision Edge Eye Clinic and Optical Services Limited Area 3 Garki Abuja for further evaluation and management, hence the need for intensive optometry services intervention in Pyakasa.

Table 7; Showing Dental services

| Community | Individuals screened for toothache | Toothache diagnosed | Toothache treated |
|-----------|------------------------------------|---------------------|-------------------|
| Pyakasa | 3 | 1 | 1 |

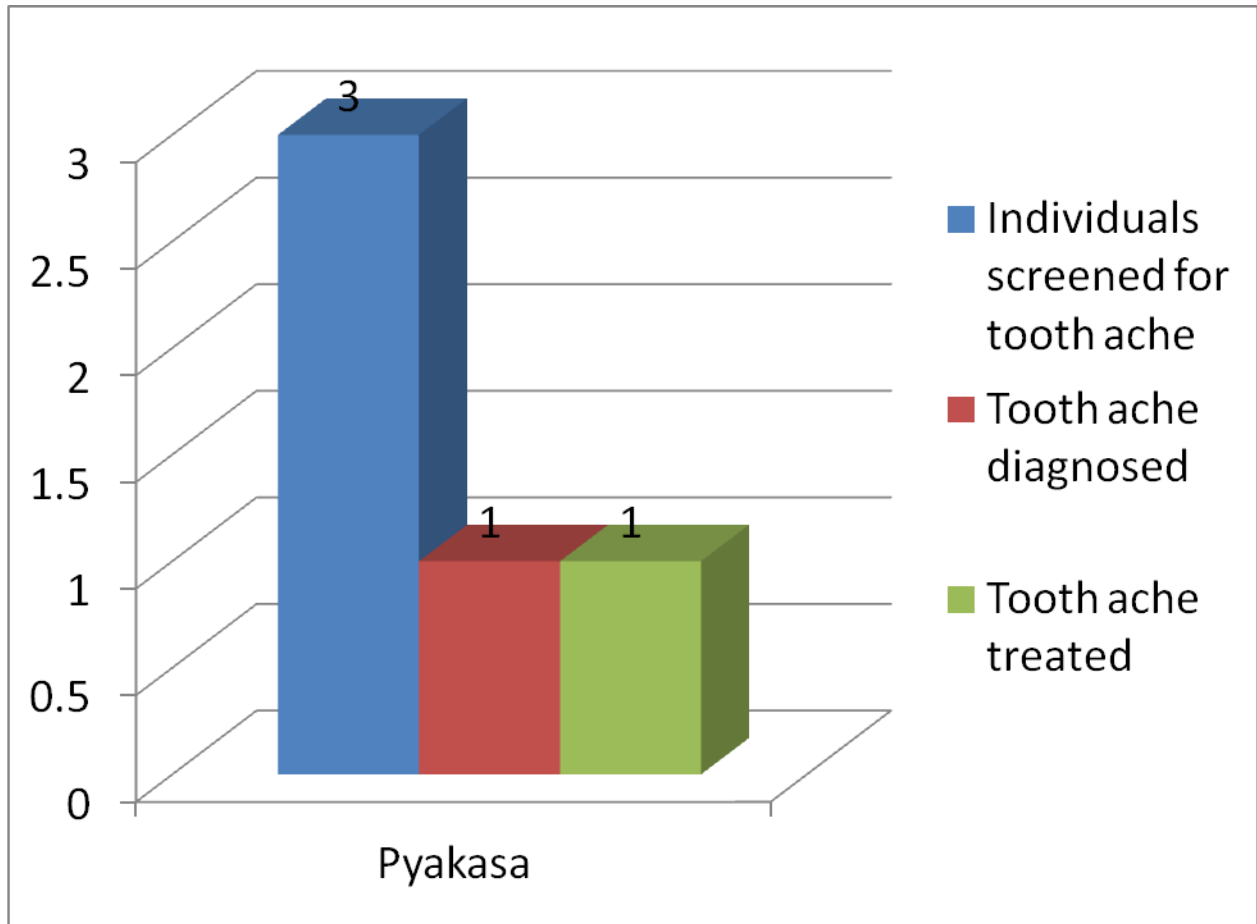


Figure 7: A graph showing the result of those diagnosed with tooth ache in Pyakasa community

From the figure above, out of 3 persons given dental services, only 1 person were diagnosed with tooth ache, and was treated accordingly. The result revealed that tooth aches cases were not significant in Pyakasa

Table 8; Showing de worm programme

| Community | Individuals examined for worm | Individuals wormed | de | Individuals not de wormed |
|-----------|-------------------------------|--------------------|----|---------------------------|
| Pyakasa | 304 | 17 | | 284 |

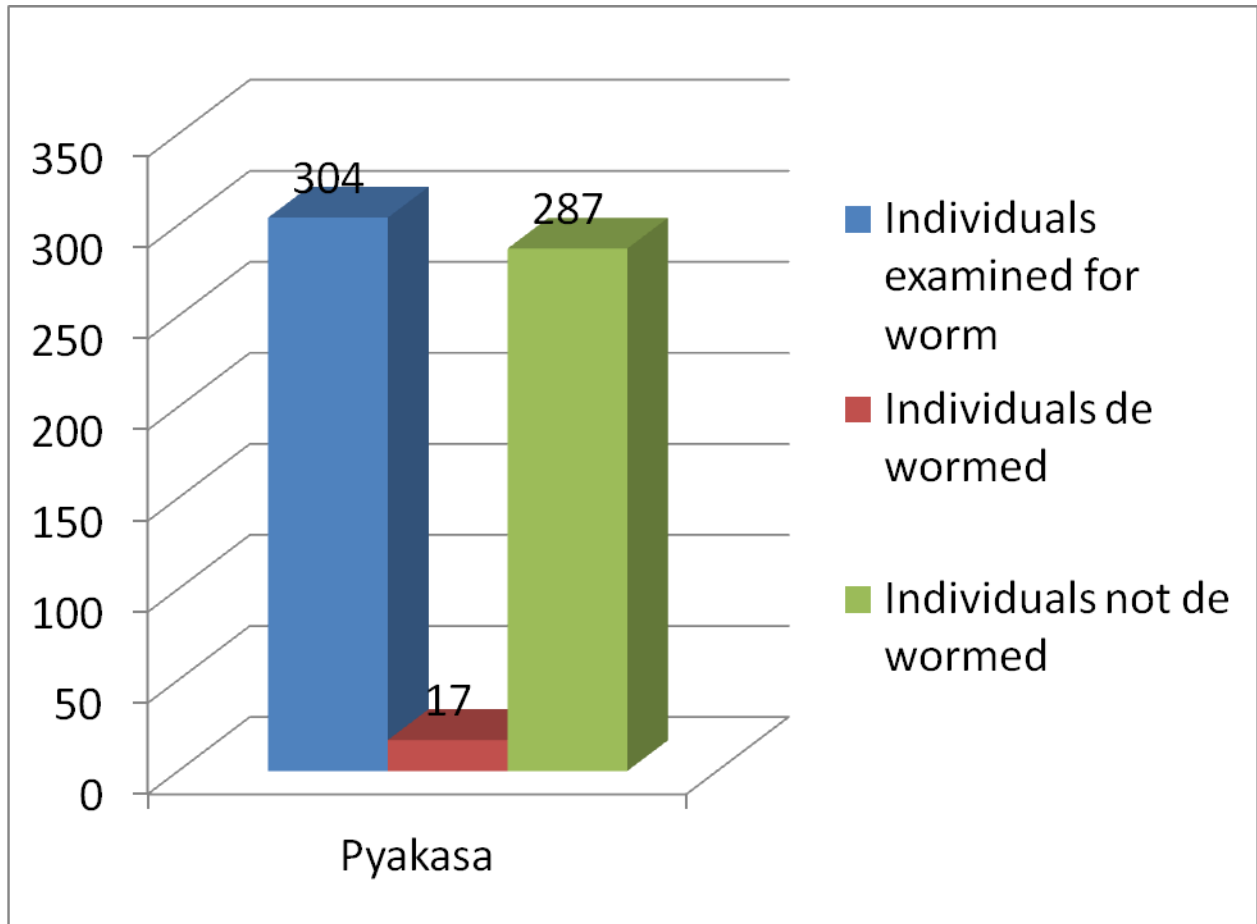


Figure 8: A graph showing the result of those de wormed in Pyakasa community

From the figure above, insignificant number of individuals were de wormed, whereas significant number of individuals were not given worm medication. The reason could be that more people were de wormed in Pyakasa Primary healthcare centre in the last three months.

Table 9; Showing Vitamin A administered

| Community | Total number given Vitamin A | Male (6mths -1yr) | Female (6mths -1yr) |
|-----------|------------------------------|-------------------|---------------------|
| Pyakasa | 8 | 3 | 5 |

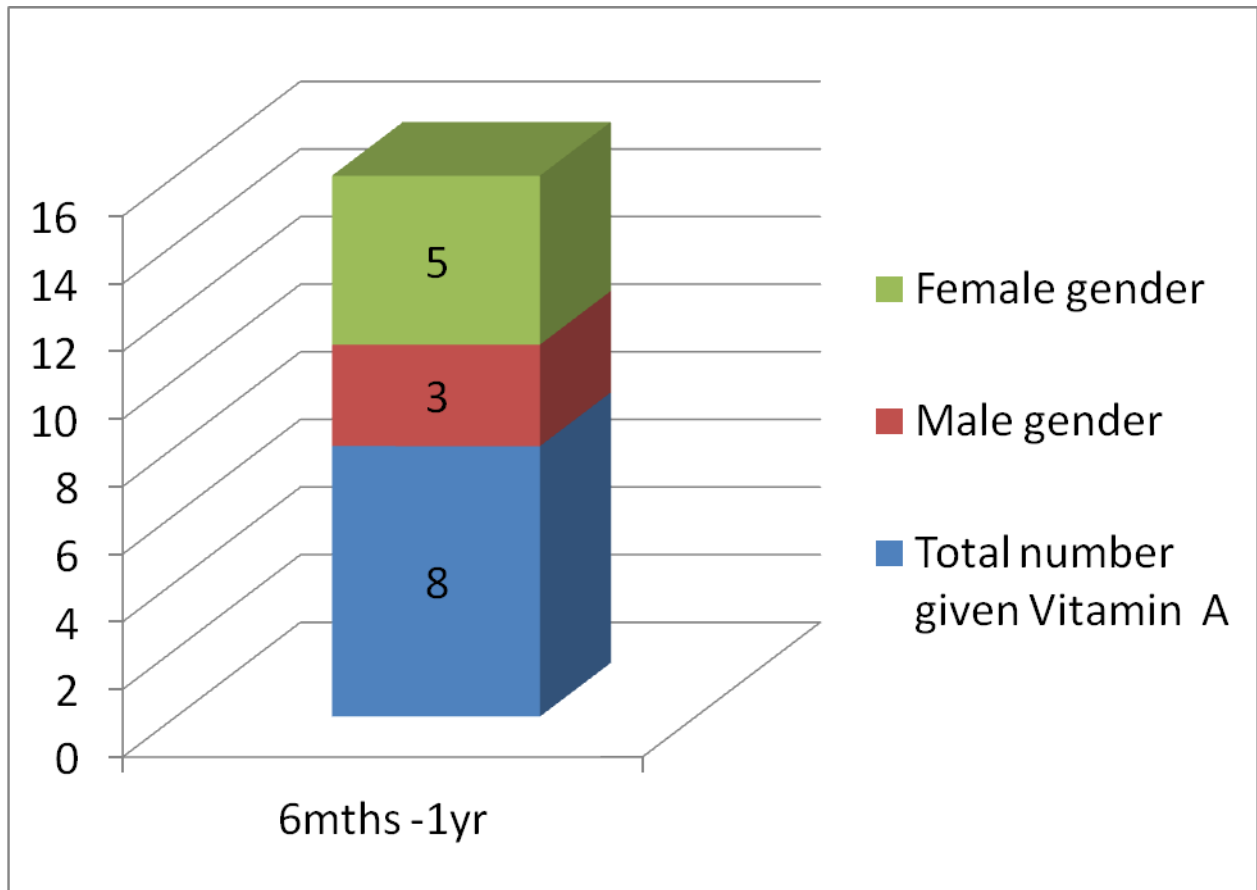


Figure 9: A graph showing the result of those given Vitamin A in Pyakasa community

From the figure above, out of 8 children that attended the outreach with their mothers, 3 males, and 5 females within the age range of 6months - 1year were given Vitamin A (Blue) for good eye sight.

Table 10; Showing Vitamin B administered

| Community | Total number given Vitamin B | Male (1yr -5yrs) | Female (1yrs - 5yrs) |
|-----------|------------------------------|------------------|----------------------|
| Pyakasa | 304 | 115 | 189 |

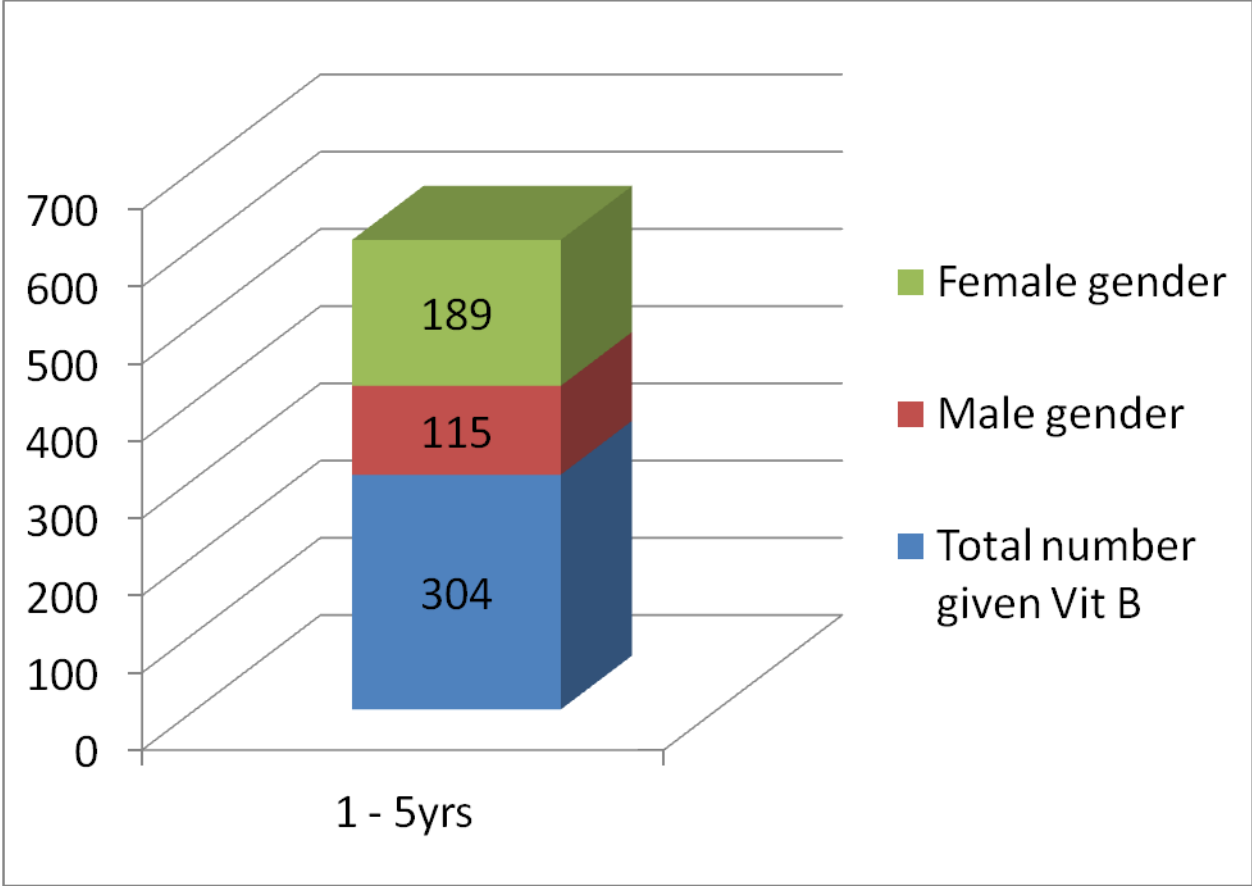


Figure 10: A graph showing the result of those given Viatmin B in Pyakasa community

From the figure above, out of 304 children that attended the outreach with their mothers, 115 males, and 189 females within the age range of 1 - 5years were given Vitamin B (Red) for good eye sight. The data were highly significant, hence the need to scale up the intervention in the area under consideration.

Table 11; Showing Oral Polio Vaccine

| Community | Total number given OPV | Male (6mths -1yr) | Female (6mths -1yr) |
|-----------|------------------------|-------------------|---------------------|
| Pyakasa | 3 | 1 | 2 |

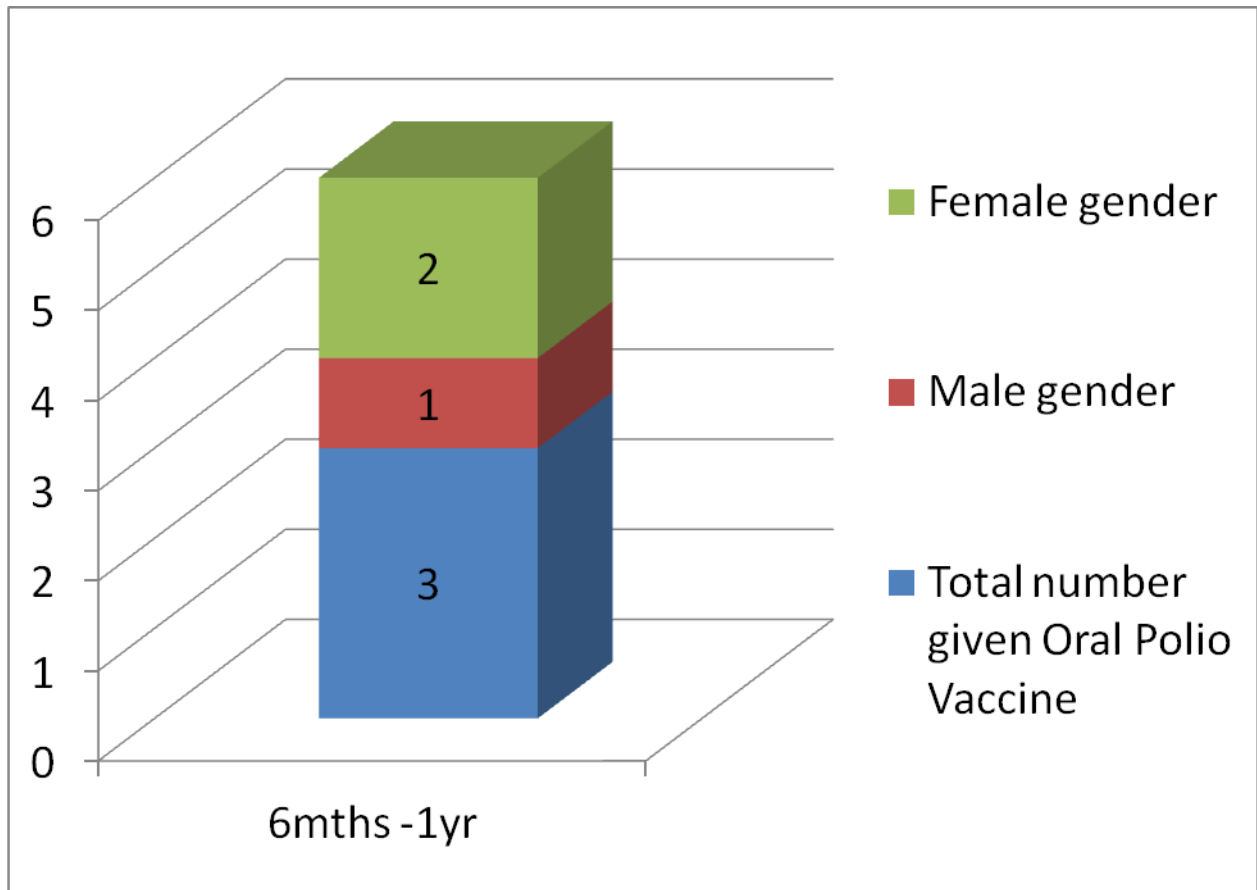


Figure 11: A graph showing the result of those given Oral Polio Vaccine in Pyakasa community

From the figure above, out of 3 children that attended the outreach with their mothers, 1 male gender (6months - 1 year), and 2 females gender (6months -1year) respectively were given oral polio vaccines as a preventive measure for viral infection called poliomyelitis which is prevalent among children.

Table 12; Showing GIT infection cases, Respiratory tract infection cases, and Diarrheal disease cases

| Community | GIT infection | Respiratory tract infection | Diarrheal disease |
|-----------|---------------|-----------------------------|-------------------|
| Pyakasa | 27 | 13 | 3 |

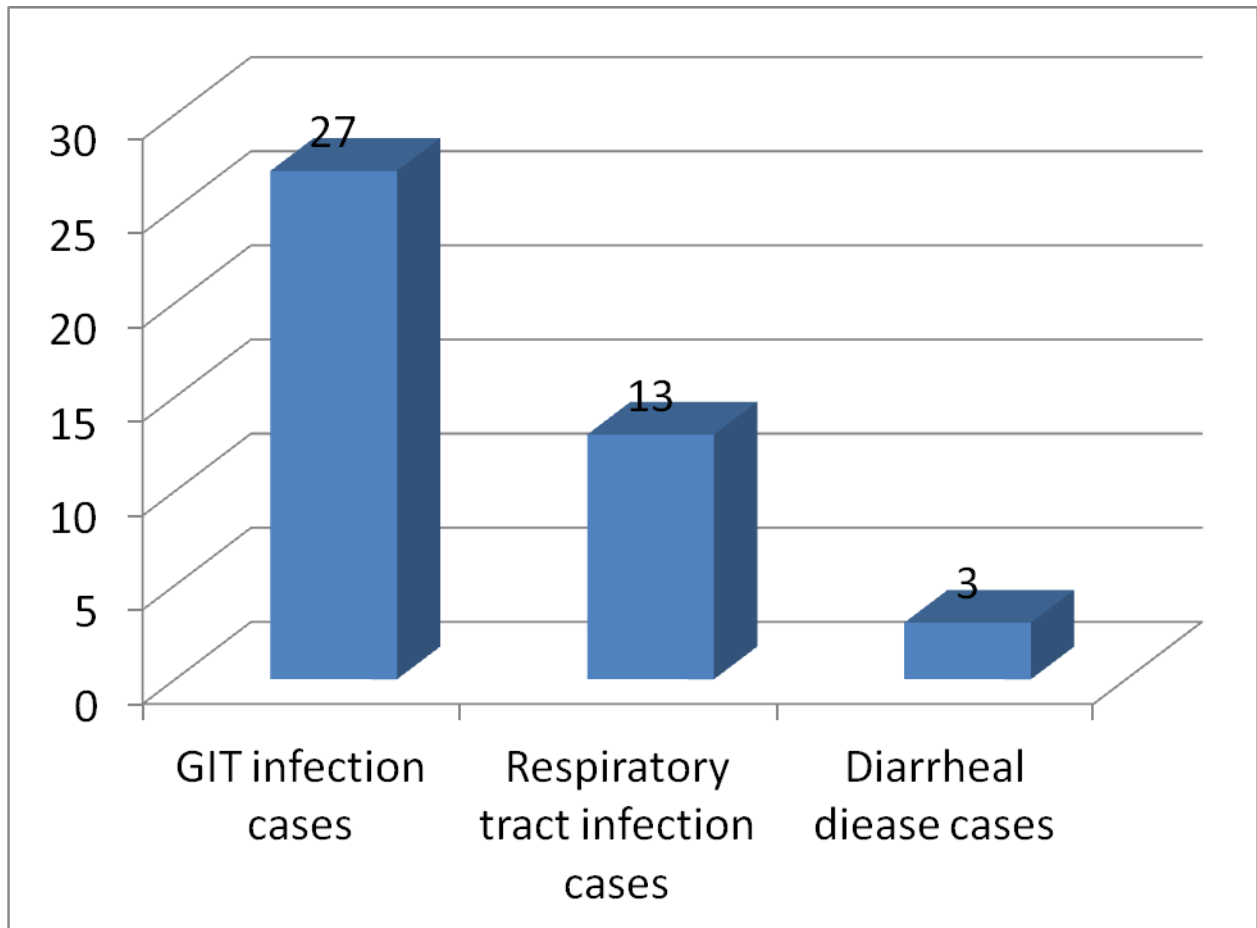


Figure 12: A graph showing the result of other infection cases in Pyakasa community

From the figure above, 27 individuals were diagnosed with GIT infection. The respiratory tract infection cases diagnosed were 13, whereas 3 persons have diarrheal cases. The good news was that all these diseases cases were properly treated.

Table 13; Showing Malnutrition cases, Skin condition cases and Arthritis symptom cases

| Community | Malnutrition cases | Skin condition cases | Arthritis cases | symptom cases |
|-----------|--------------------|----------------------|-----------------|---------------|
| Pyakasa | 1 | 6 | 14 | |

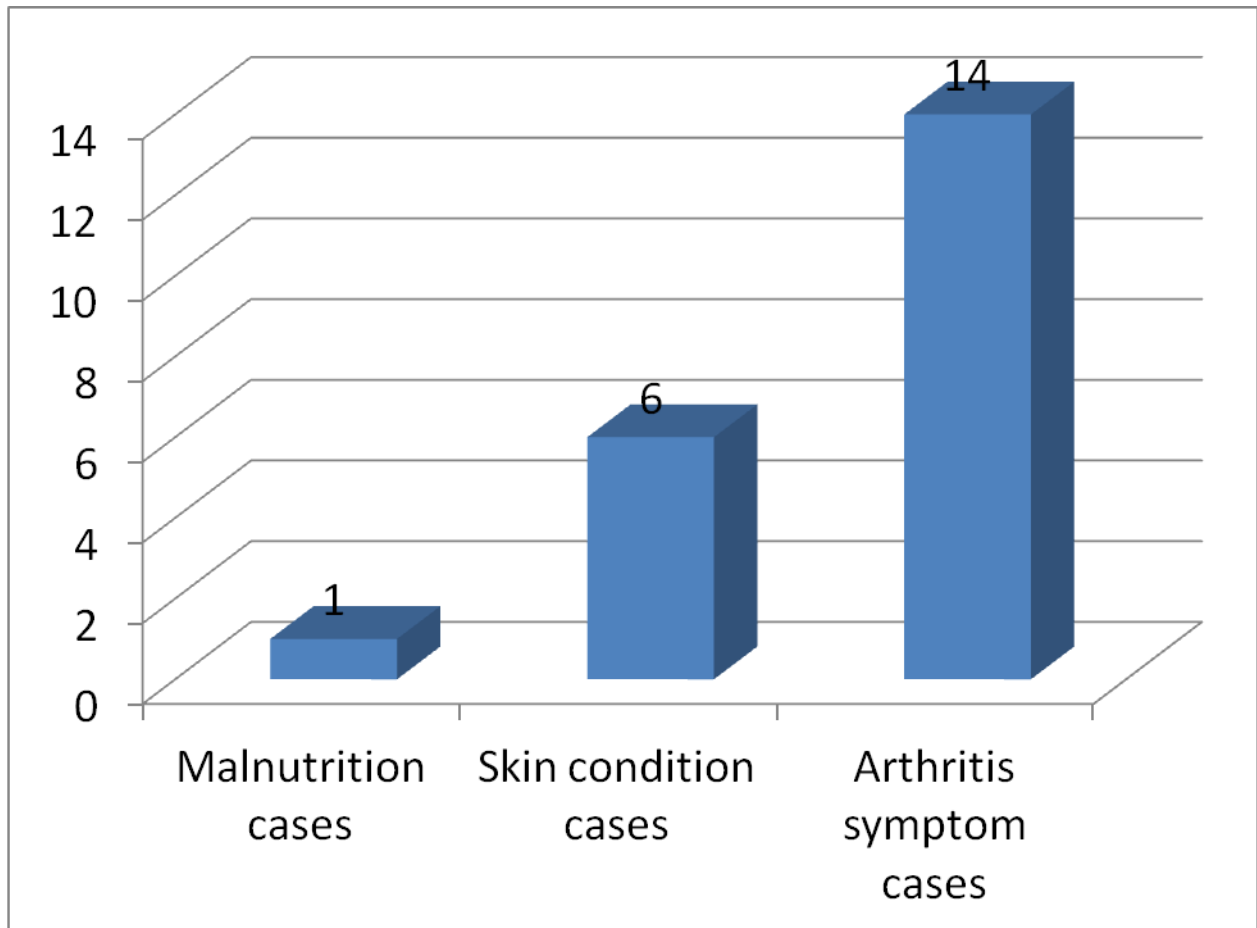


Figure 13: A graph showing the result of other infection cases in Pyakasa community

From the figure above, 1 individual have malnutrition cases and was counseled on the adequate nutrition by our nutrition expert. 6 persons were diagnosed with skin condition cases, and were treated. Moreover, 14 individuals diagnosed with arthritis symptoms were also given medications.

6.0 ACHIEVEMENTS

6.1. Ability to set 1 day site successfully. Coordinating the one day's site successfully was a landmark achievement.

6.2 Timely arrival and delivery of the test kits, data collection tools and other materials.

6.3. 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.

6.4. Traditional methods of publicizing the event, which included, town criers, churches and prayer houses, worked successfully.

6.5. A total number of 675 clients was diagnosed, and 638 treated in Pyakasa community.

6.6. Proper referrals of all major cases to nearest comprehensive sites for further evaluation and management.

7.0 CHALLENGES

7.1. The site had very low turnout in the early hours of the day, 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.

7.2. The distance to the project site was a major challenge due to the large land mass.

8.0 LESSONS LEARNT

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

8.2. There is overwhelming support for the free health outreach by the rulers of the towns, and churches.

8.3. Early involvement of the Town rulers and church leaders at community level is critical to the success of Health outreach planning and implementation.

9.0. RECOMMENDATIONS

9.1. Free outreach should be done more frequently. This will help to identify towns and LGAs that have high unmet needs.

9.2. Mechanisms to follow up clients that require re-testing especially during outreach should be established.

9.3. HTC services should be incorporated in the free medical outreach so as to scale up the intervention aimed at reducing the HIV prevalence in the country to reach people in their own environments or mobile populations.

9.4. Information on community mobilization should be positive and not negative so that communities are encouraged to go for HIV testing. Future publicity campaigns should focus on HTC as an entry point to behavioral change as well as care, treatment and support.

9.5. 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.



ROCK OF AGES EMPOWERMENT FOUNDATION

FREE MEDICAL OUTREACH PROGRAM IN PYAKASA COMMUNITY

Activities:

- * Free Eye Test & Treatment
- * Free Dental Care
- * Free Child Care
- * Free General Medical Checkup & Treatment



Date: Saturday 11th May, 2019

Time: 9:00am Prompt

Venue: Pyakasa Town Hall

"Giving Hope, Restoring Hope to Widows and Orphans"