NAS MEDICAL MISSION

TO CARE . TO INFORM . TO TREAT

CONDUCTED BY SAHARA DECK

Community Outreach Initiative: Dakibiyu, Jabi, Abuja

March 29, 2025

Contents

1. EXECUTIVE SUMMARY

The Sahara Deck of the National Association of Seadogs (NAS) conducted a one-day medical outreach in Dakibiyu, a semi-urban community in Jabi, Abuja, on March 29, 2025. By providing medical consultations, laboratory and pharmaceutical services, free medications, and health education, to this underserved populations, especially women, children, and people with disabilities. The initiative sought to identify and bring to the fore important healthcare gaps while also providing community members with healthcare services.

Women and children made up over 70% of the 143 beneficiaries reached through the medical mission. The most common diagnosis was malaria (27.3%), followed by upper respiratory tract infections (11.5%), and digestive disorders (10.8%). Comorbidities were observed in 16.5% of the patients reached, suggesting a high prevalence of unidentified and untreated illnesses.

The results show a concerning consistency in health outcomes, similar to those noted during the 2019 medical mission. This recurring pattern draws attention to long-standing environmental health hazards that continue to endanger lives, such as improper waste disposal, standing water, poor drainage, and limited and inadequate access to medical facilities and quality services. The continued high incidence of avoidable diseases underscores how urgently Dakibiyu needs coordinated, long-term interventions to address these systemic issues.

This report provides compelling, data-driven evidence that should inform future program planning and serve as a catalyst for engagement with stakeholders and health authorities at all levels. It is a call to action for coordinated, policy-backed responses that prioritize the health and dignity of underserved communities like Dakibiyu." "Long-term health interventions, sustained environmental improvements, and strategic investment in primary healthcare infrastructure are urgently needed to effectively tackle the acute and chronic health challenges facing the Dakibiyu community.

2. BACKGROUND CONTEXT: DAKIBIYU COMMUNITY

Dakibiyu is a semi-urban settlement located in the Jabi district of Abuja Municipal Area Council (AMAC) in Nigeria's Federal Capital Territory. With an estimated population of 20,000 inhabitants, the community represents a microcosm of Nigeria's rapidly urbanizing areas, facing both traditional and emerging health challenges.

2.1. Community Profile:

Population: Approximately 20,000 residents
Location: Jabi district, northwestern part of Abuja
Settlement Type: Semi-urban/peri-urban
Economic Activities: Small-scale trading, civil service, artisanship, and subsistence farming Infrastructure: Limited access to clean water, intermittent electricity supply, and inadequate healthcare facilities
Nearest Major Healthcare Facility: Approximately 7km away at Jabi District Hospital

Most residents and families live below the poverty line. The community faces significant healthcare challenges, including limited access to quality healthcare services, high cost of medications, and inadequate health education. Before this medical mission, many residents had not received proper medical attention for extended periods due to financial constraints and geographic barriers to healthcare access.

3. METHODOLOGY

Health Service Delivery Approach
The medical mission employed a comprehensive approach to data management and patient care and treatment: This included;

Registration and Triage: Every patient was registered, and pertinent demographic data was recorded. To facilitate efficient tracking across the continuum of care offered during the outreach, each individual was given a unique identification number. In order to prioritize medical consultations and guarantee prompt, needs-based care delivery, an initial health assessment was carried out during triage.

Medical Consultation: Clinical evaluations, on-the-spot diagnoses, and patient-centered consultations were all performed by qualified and licensed healthcare professionals.

Laboratory Services: Post consultation, patients that require further evaluation had their samples analyzed at the laboratory unit.

Pharmaceutical Services and Medication Distribution: Trained pharmaceutical staff provided free dispensing of prescribed medications, ensuring on-the-spot access to prescribed treatments without any associated financial burden.

Data Collection and Management: Data was collected across the continuum of care provided during the Dakibiyu community NAS medical outreach. Demographics, diagnoses, treatment information, laboratory investigations and related results, and pharmaceutical data were all gathered. This rich dataset has been analyzed and used to document insightful information about the disease burden in the community derived from the outreach. It also has the potential to provide baseline data for upcoming health initiatives where it can aid in the planning of upcoming medical initiatives, targeted care, and resource allocation.

Health Education: Basic health education was provided to patients and caregivers.

4. INTERPRETATION OF RESULTS AND FINDINGS

4.1. Findings from Clinical Data

4.1.1. Demographics of Patients Served

Total number of patients: The medical mission recorded 143 medical consultations.

Distribution of patients reached by age category
Figure 1 below gives a breakdown of medical consultations by age category. As depicted in figure 1 below, 45% of the patients reached by the medical mission were adults (aged 18 years and above), 41% of the patients were children (within the ages of 1 and 17 years), while 1% were reported to be infants (under 1 year old).

Distribution of patients reached by gender
Female: 101 (70.6%)
Male: 42 (29.4%)

Distribution of patients reached by age:
Adults (18+ years): 58 patients (40.6%
Children (1-17 years): 84 patients (58.7%)
Infants (<1 year): 1 patient (0.7%)

Age category of patients reached by gender:
Female Adults: 50 (35%)
Female Children: 67 (46.9%)
Male Adults: 8 (5.6%)
Male Children: 18 (12.6%)

4.1.3. Most Common Specific Diagnoses:

Malaria was the single most prevalent condition within the community, affecting 38 patients (26.6%). This high prevalence underscores the persistent challenge of malaria control in the region despite national efforts to combat the disease.

Upper Respiratory Tract Infections (URTI) was the second most common diagnosis with 16 cases (11.2%). This maybe associated with poor health promotion, enviromental polutiion, and crowded living conditions that facilitate transmission of respiratory pathogens. Enteric Fever: 16 cases (11.2%) were also seen, which was attributed to environmental factors, poor hygiene, source of water and inability to access health services for multiple reasons

Gastroenteritis: A total of 15 cases (10.5%) presented with symptoms associated with mild to to moderate dehydration Dyspepsia was identified in 14 patients (9.8%), suggesting dietary challenges, possible Helicobacter pylori infections, or stress-related gastrointestinal manifestations common in low resource settings.

Hypertension or raised blood pressure was diagnosed in 12 patients (8.4%), raising concerns about cardiovascular health awareness and management within the community, particularly given limited access to regular health monitoring services.

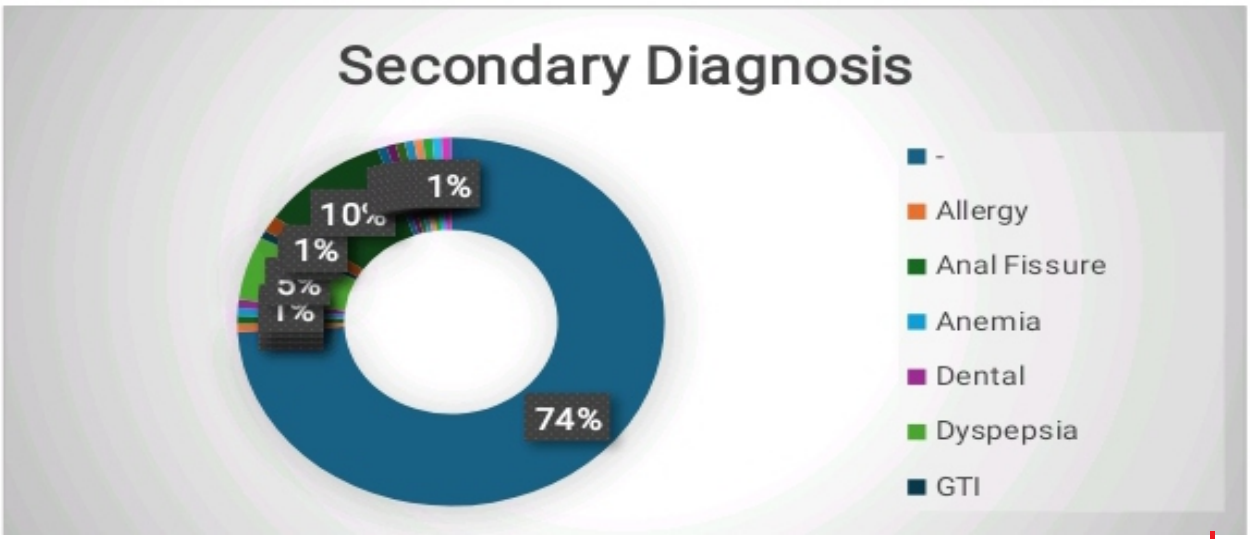
Pelvic Inflammatory Disease (PID) affected 10 patients (7%), Additionally, restricted access to reproductive and sexual healthcare and delayed treatment of sexually transmitted infections further heighten the risk Helminthiasis (worm infections) was present in 10 cases (7%), primarily affecting children and indicating issues with sanitation and hygiene.

Skin sepsis : Eight children (5.6%) presented with different presented of skin infections Their hygiene statues were poor and five were not fully immunized for age according to the national schedule Genitourinary Tract Infections (GTI) were diagnosed in 4 patients (2.8%), further highlighting challenges in reproductive and sexual health within the community.

This insight provided above highlights urgent public needs and should provide a strong foundation for focused government and prompt resource mobilization

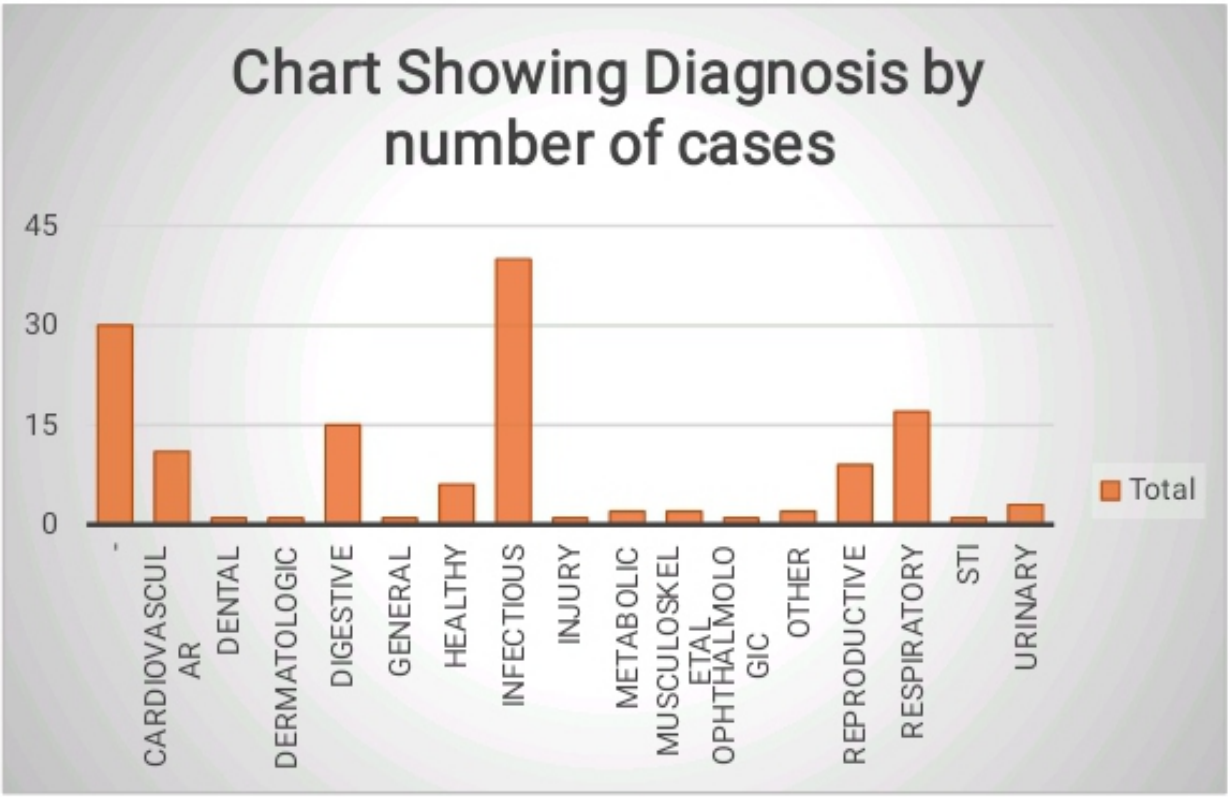
4.1.4. Co-morbidities and Secondary Diagnoses:

Figure 4: Chart of Secondary Diagnosis



4.1.2. Disease Burden

Figure 2: Chart of Number of consultations by diagnosis



Primary Diagnosis Categories:

As depicted in Figures 2 above, the records indicate that infectious diseases are the predominant health challenge in the Dakibiyu community. Of the 143 patients examined, 91 cases (63.7%) were diagnosed with various infectious diseases, highlighting the significant burden these preventable conditions place on the community's health system.

Respiratory conditions and digestive system disorders are seen to be the second most prevalent health conditions, each accounting for 20 cases (13.7%) of the total diagnoses. Respiratory challenges were recorded to primarily manifest as upper respiratory tract infections, while digestive disorders presented were diagnosed as dyspepsia and related gastrointestinal disturbances.

Cardiovascular conditions were identified in 12 patients (8.6%), predominantly presenting as hypertension. This indicates a significant non-communicable disease burden within this semi urban setting.

Reproductive health issues affected 9 patients (6.5%), mainly women suffering from conditions such as pelvic inflammatory disease and genitourinary tract infections, pointing to gaps in reproductive healthcare access.

Less prevalent but still noteworthy were urinary tract infections, with 3 cases (2.2%), and musculoskeletal disorders, with 2 cases (1.4%).
Interestingly, 6 patients (4.3%) were found to be in good health during their check-ups, suggesting one or more of the following factors; proactive health-seeking behavior, lower exposure to environmental risks or earlier access to healthcare services, allowing for early prevention or management of health conditions; stronger immunity, healthier lifestyles, regular hygiene practices, and possibly better nutrition.

The medical mission data revealed significant patterns of co-morbidity, with 23 patients (16.5%) presenting with multiple diagnoses. This high prevalence of co-existing conditions suggests complex health challenges that require comprehensive management approaches rather than singledisease interventions. The most frequently observed co-morbidity combination was malaria with dyspepsia, occurring in 9 patients. This pairing may indicate potential relationships between malaria infection and gastrointestinal disturbances, possibly due to medication effects, stress responses to illness, or shared risk factors.

The second most common co-morbidity combination was malaria with Upper Respiratory Tract Infections (URTI), identified in 5 patients. This pattern suggests possible immune system compromise from malaria infection leading to increased susceptibility to respiratory pathogens, or seasonal overlap of these conditions. Additionally, 3 patients presented with hypertension co-occurring with malaria, highlighting an important intersection between communicable and non communicable diseases in this community.

These co-morbidity patterns emphasize the need for integrated healthcare approaches that address multiple conditions simultaneously and consider potential disease interactions. Future health interventions in Dakibiyu should be designed with awareness of these common co-morbidity patterns to ensure comprehensive care and improve overall health outcomes for community members with complex health needs.

4.1.5. Age-Specific Health Patterns

Children's Health Issues (1-17 years)

Data from the medical mission revealed distinct patterns of morbidity in the health profile of children in the Dakibiyu community, warranting special attention.

Infectious diseases emerged as the dominant health challenge among children, accounting for 23 cases, or 35.4% of all pediatric consultations. Within this category, malaria was particularly prevalent with 17 diagnosed cases (26.2% of all children), reflecting the high endemicity of the disease in this region and potentially inadequate preventive measures such as bed net use or environmental management.

Respiratory conditions represented the second most common category of illness among children, with 15 cases (23.1%). The majority of these were Upper Respiratory Tract Infections (URTI) diagnosed in 13 children (20.0%), while tonsilitis was identified in 2 cases (3.1%). This high prevalence of respiratory conditions may indicate crowded living conditions, seasonal viral circulation, or exposure to environmental irritants such as dust or indoor air pollution from cooking fuels.

Helminthiasis or worm infections affected 5 children (7.7%), suggesting issues with sanitation, hygiene practices, and possible contamination of food or water sources.

Digestive disorders affected 6 children (9.2%), manifesting primarily as dyspepsia and related gastrointestinal complaints.

Encouragingly, 4 children (6.2%) were found to be in good health during their check-ups, having attended the outreach for routine examination or accompanying ill family members. This range of health conditions among children highlights the need for pediatric-focused interventions, including preventive measures against infectious diseases, improved environmental conditions, and regular health monitoring.

Adult Health Issues (18+ years):

The adult population reached through the outreach programme reflected a disease profile marked by both communicable and non-communicable diseases, reflecting a community in epidemiological transition. Infectious diseases remained prominent among adults, affecting 20 individuals (34.5% of adult patients). Similar to the pediatric population, malaria dominated this category with 18 cases (31.0%), indicating that vector-borne disease control remains a priority across all age groups in the community.

Digestive system disorders were the second most common health issue among adults, with 13 cases (22.4%). Dyspepsia was particularly prevalent, diagnosed in 11 adults (19.0%), which may reflect dietary factors, stress, or possible Helicobacter pylori infections that are common in similar settings. This high prevalence of digestive complaints suggests a need for nutritional counseling and access to appropriate medications for symptomatic relief.

Cardiovascular conditions emerged as a significant concern among adults, with 10 cases (17.2%) of hypertension identified during the outreach. This finding aligns with the growing burden of noncommunicable diseases in transitioning communities and highlights the need for regular blood pressure monitoring, lifestyle modifications, and consistent medication access.

Reproductive health issues affected 9 adult patients (15.5%), with Pelvic Inflammatory Disease (PID) diagnosed in 6 cases (10.3%) and Genitourinary Tract Infections (GTI) in 3 cases (5.2%).

The predominance of these conditions among female patients underscores gender-specific health vulnerabilities and the need for targeted reproductive health services within the community. This adult health profile demonstrates the need for a comprehensive approach that addresses both infectious disease control and the management of emerging chronic conditions.

4.2. Findings from pictures

The pictures below highlight critical deficiencies in essential health and environmental services in the Dakibiyu community. The images reveal persistent gaps in infrastructure, including poor waste management, inadequate drainage, bad roads, lack of portable water for consumption and personal hygiene, and limited access to quality healthcare.

Dakibiyu in Pictures – A documentation of the Dakibiyu community with pictures








4.2.1. Interpretation/discussion of the pictures

Pictorial documentation from Dakibiyu gathered during the scoping phase of the medical outreach and presented above highlights the unsanitary environmental conditions that present significant health hazards. These findings are consistent with the health issues recorded during the NAS medical mission, pointing to a strong link between environmental exposure and disease incidence.

Malaria (27.3% of Diagnoses)

As can be seen in the pictures, stagnant water makes the ideal habitat for mosquitoes, particularly the malaria-transmitting Anopheles species. Rainwater and domestic waste water can build up due to inadequate drainage systems, which raises mosquito densities and the community's risk of malaria transmission.

Upper Respiratory Tract Infections (11.5%)

Uncollected waste and decomposing organic matter release airborne particles and microorganisms that can cause respiratory problems, particularly in young people and the elderly. Among the most common illnesses diagnosed were URTIs, which are probably caused by dust and debris from exposed earth and decomposing waste.

Digestive Disorders – Including Dyspepsia (10.8%)

Food and drinking water become contaminated when waste is improperly disposed of close to food vending outlets (bukkas) or water sources. This raises the risk of gastrointestinal problems, like diarrhoea and dyspepsia, brought on by ingesting pathogens like Salmonella, E. Coli, or other fecal-oral transmitted organisms.

Helminth Infections (3.6%)

Two of the main risk factors for soil-transmitted helminths are open defecation and contaminated soil or water. Worms spread more easily when there is poor sanitation, especially when kids play barefoot or eat or drink contaminated food or water.

Urinary and Reproductive Tract Infections

Genitourinary infections are particularly prevalent in women who are exposed to unsanitary and unhealthy public places or who do not have access to clean water for personal hygiene. The issue is aggravated by the unhygienic environment, which also discourages adequate menstrual hygiene practices.

Effect of Unsanitary Conditions on Health of the Population

Though not evaluated in this NAS medical outreach, the environmental pollution within this community seem to have contributed to some of the morbidity noticed during both mission carried out within the dakibiyu community. This environment as shown in the pictures posted above give better breeding areas for vectors like anopheles malaria, organisms associated with water borne disease and even worsen respiratory infections like covid-19. Repeated episode of these health issues can affects the finances and mental status of the citizens.

It will be a great relative if there is continuous education on the need for improved hygeine and provision of a health facility that can take care of most acute presentation.. This has become necessary since there is has been no change since our last intervention.

4.3. Summary of Key Findings

- High Prevalence of Infectious Diseases: Malaria remains the most prevalent health challenge in the community, affecting over a quarter of all patients. This suggests inadequate preventive measures and possible environmental

factors contributing to mosquito breeding.

- Significant Burden of Respiratory Conditions: Upper respiratory tract infections were the second most common diagnosis, particularly among children, indicating possible issues with air quality, crowded living conditions, or inadequate access to early treatment.
- Notable Digestive Health Issues: Dyspepsia and other digestive disorders were common, particularly among adults, which may indicate dietary challenges, stress factors, or possible H. pylori infections.
- Cardiovascular Disease Burden: Hypertension was present in 7.2% of all patients, predominantly among adults, suggesting the need for better screening and management of non-communicable diseases.
- Women's Health Concerns: Female patients constituted nearly 70% of all attendees, with significant reproductive health issues including PID and GTI, pointing to possible gaps in reproductive healthcare services.
- Child Health Vulnerabilities: Children represented almost half of all patients, with infectious diseases and respiratory conditions being the primary health challenges, highlighting the need for focused pediatric interventions.
- Multiple Diagnoses: 16.5% of patients presented with more than one diagnosis, indicating complex health needs and possible interrelated health conditions.

5. RECOMMENDATIONS

Following the medical outreach conducted by the National Association of Seadogs (NAS) on May 3, 2019, data revealed a high prevalence of malaria, helminthiasis, pelvic inflammatory disease/urinary tract infections, and hypertension among residents of Dakibiyu. Recent findings indicate that the health status of the community remains largely unchanged, with the health indices remaining the same. This underscores the urgent need for coordinated action from relevant authorities and public health stakeholders. Given this, the following underlisted short-term, medium-term, and long-term recommendations are proposed:

5.1. Short-term Interventions:

- Malaria Prevention Campaign: Distribute insecticide-treated bed nets and conduct community education on environmental management to reduce mosquito breeding sites.
- Follow-up Care Program: Establish a mechanism to ensure patients with chronic conditions (hypertension, diabetes) receive continued care and medication.
- Respiratory Health Initiative: Provide education on preventing respiratory infections and improving indoor air quality.
- Women's Health Clinic: Carry out a dedicated follow-up clinic focusing on reproductive and sexual health using indices generated by the mission as a basis for planning.
- Advocacy Strategies: Engage relevant government agencies to address infrastructure deficits, including healthcare facilities, waste management, potable water, drainage, and schools, with an aim at enhancing the living conditions in the people of Dakibiyu community.

5.2. Medium-term Interventions:

- Community Health Workers Program: Train community health workers to provide basic health education, monitor chronic conditions, and facilitate referrals.
- Regular Health Screening: Implement quarterly health screening for non-communicable diseases, particularly hypertension and diabetes.
- School Health Program: Develop a comprehensive health program for schools in the community focusing on deworming, nutrition, and respiratory health.
- Clean Water Initiative: Collaborate with relevant agencies and partners to improve access to clean water, reducing the risk of waterborne diseases.

5.3. Long-term Strategies:

- Community Health Center: Advocate for the establishment of a permanent primary healthcare center within the community.
- Health Insurance Scheme: Work with stakeholders to develop a community-based health insurance scheme to improve financial access to healthcare.
- Environmental Health Projects: Partner with environmental agencies to address underlying environmental factors contributing to disease burden.
- Health Information System: Establish a community health information system to track health trends and evaluate interventions over time.

6. CONCLUSION

The NAS MEDICAL MISSION conducted by Sahara Deck to Dakibiyu community revealed significant healthcare needs, with a high burden of health and enviromental challenges facing this vulnerable population. The high proportion of women and children seeking care highlights their vulnerability and the need for targeted health and environmental interventions.

The mission data collected at all phases of implementation provided valuable insights into the community's health status and has established a baseline for future health interventions. By implementing the recommended short-term, medium-term, and long-term strategies, the mission postulates that significant improvements in community health outcomes can be achieved.

The findings underscore the importance of regular community health programs and the need for sustainable healthcare solutions that address both immediate health needs and underlying social determinants of health in Dakibiyu community.

7. ACKNOWLEDGMENTS

The SAHARA DECK, on behalf of the NAS MEDICAL MISSION, extends sincere gratitude to all healthcare professionals, volunteers, community leaders, and partners who contributed to the success of this outreach. We also extend our special thanks to the Dakibiyu community members for their acceptance of the outreach, cooperation, and active participation.

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Diagnosis, Treatment & Referrals

DO YOU CARE ENOUGH?

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