



Health For All

2017 Year In Review

Health For All, Naija continued to grow in 2017. Participant rates at our monthly clinics grew steadily to an average of 85 for the last six months of 2017. The average cost per participant per month was \$12. In 2017, we had about 1000 participant visits during which we provided medications for Hypertension and Diabetes.

HFA did not have a general screening clinic this year. Instead, we focused on the people we had already diagnosed with Hypertension, and or Diabetes, whom we have been treating through our monthly clinics. I traveled to Nigeria in September and provided one on one treatment, which included Hemoglobin A1c testing for 55 participants. We also provided the patients with Acetaminophen, Ferrous Sulfate (Iron), and Vitamin C among other medications.

Funding Sources in 2017:

- HFA received donations through Benevity
- Application to receive donations through GlobalGiving is in review
- 1st Annual Fundraising Luncheon on November 11, 2017
- Donation from St Paul of the Shipwreck, SF, FRANCIS center
- Personal funding

Needs:

- Financial support to maintain our monthly clinics, at average of \$750-\$1000/month.
- Funding to cover cost of Canopy to protect monthly clinic participants from the weather
- Dedicated power supply via Generator for screening clinics
- Access to manufacturers and suppliers of Diabetic products
- Access to manufacturers and suppliers of Hypertension drugs

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Challenges:

As our participant rates increase, so do our costs. For a part of the year, we had to switch our patients off Zestril to Amlodipine due to cost. Zestril costs 4 times as much as Amlodipine. This was a very difficult decision, but it was necessary to ensure all the patients with Hypertension received medication to control their blood pressure. The decision was difficult because Zestril is preferred for its benefit of Renal protection in Diabetics. In the population we serve, Renal protection, to prevent Kidney failure, is extremely important because there are no adequate care facilities for Diabetic Renal failure. In this population, prevention essentially is curative treatment. We were able to resume use of Zestril with support/donation from St Paul of the Shipwreck FRANCIS center. To manage costs,

we currently limit use of Zestril to people already diagnosed with Diabetes.

HFA continues to hold its clinics outdoors, which proves to be very difficult in an area where it rains heavily for about four months of the year.

Other challenges include:

- Limited access to Educational tools
- Movement and shipping of medications and supplies

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Testimonials

Chief Nathaniel Duru from Umukabia:

"I am a regular for about three years every month. We have good results since taking the meds. Thanks to this person who brings medications for us without charging us. If not for the medications, a lot of us will not be alive. If told that I will be alive today, I will not agree, but thanks to the clinic."

James Onwanaku:

"The medication is very effective, much better than the ones we get locally. We also benefit economically because receiving the medication free of charge frees up the money we would have otherwise used to buy the medicines, and for other expenditures, like food, etc."

Primary care in Nigeria

The concept of Primary care in the population served by HFA, and I might Nigeria in general is nonexistent. There is no chronic disease management. People self-treat their symptoms for the period it interferes or interrupts their daily activities. Once the symptoms appear to abate, the problem is presumed cured. Even the health and medical practitioners use this approach to manage chronic diseases. Case in point, a young man saw a 'doctor' and was diagnosed with Diabetes, gave him medications, and shortly after that, when the man felt better, he was advised to stop the medication. This doctor's practice as reported by this young man goes against everything known about the treatment of Diabetes. When this young man came to HFA, his hemoglobin A1c was 11.5, much higher than the desired level in Diabetes. With this hemoglobin A1c level, for unknown duration, he likely already has early stages of Diabetes complications. Sadly, these complications have physical manifestations when the complications are far advanced, and as such suffers may not seek care to limit the damage. The population served by HFA cannot afford this scenario because it is death for them once the complications starts showing up. They lack access to any ongoing care, the medications are unaffordable for most, and definitely there are no facilities or resources to manage complications of Heart disease, Renal disease and Peripheral vascular diseases, all stemming Diabetes.

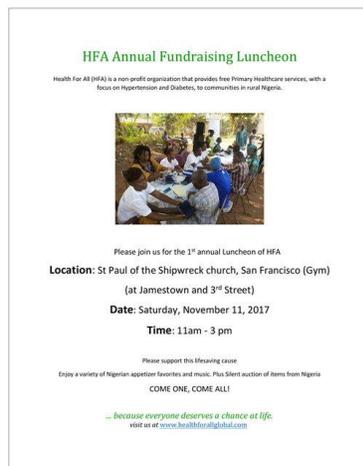
Hemoglobin A1c is a test to glean into how the body is managing Diabetes over a period of time, about three months. This is different from the spot checks of finger stick blood sugar that provides information about how the body manages the daily nutritional glucose. The Hemoglobin A1c kits cost about \$15 each to get it to Nigeria, and they have to be maintained in cool environment. The kits are transported on ice, and have to be kept cool until they can be used. So much so that during the clinic, that the tests can only be done early in the day because the kits would read error once a certain temperature is reached. HFA had a special screening clinic for monthly participants in September during which we performed between 55 and 60 hemoglobin A1c tests on our Diabetic patients.

The results were very promising as we saw improvement in most of the people we have been medicating for Diabetes.



First Annual Fundraiser Luncheon

One of the ways we raised funds in 2017 was through a Fundraiser Luncheon on November 11, 2017. The event was publicized through direct appeal via text, word of mouth, and distribution of flyers. We sold Nigerian handmade jewelry, fabrics, and clothing in a silent auction. We also received donations from some people who were not able to attend. The Luncheon featured a presentation about HFA, including videos from the September screening event. This video is uploaded on our website, and the testimonials in this newsletter are from the event.



Testimonials

Engr Adolphus Ogbonna:

"I've been a participant since the inception three to four years ago. I am very happy with what I'm seeing and what I've been receiving. It is an act of God I can describe from this our sister who intentionally gives us this treatment in spite of economic crunch. She has been defying it (economic crunch) and assisting the public in the most honest, sincere way that God has provided her, the knowledge, and finances to enable her help the poor and the needy. Her drugs are very good to all. The average number of participants are increasing. Per expenditure incurred through drugs is enormous. All these things are free."

"The peculiar things she does are BP and blood sugar checks, in fact whatever you can think of, but the main purposes are BP and blood sugar. She provides Vitamins, and numerous other medicines. She also provides counseling, telling us what to do and what we shouldn't do."

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*Health For All ... because everyone
deserves a chance at Life*

Find us on the Web:
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Join Us

HFA aims to host two screening events annually, and monthly follow up clinics to ensure participants continue to take their medications consistently. Please join us to improve health outcomes for persons with Hypertension, and Diabetes in these rural communities. Join us by helping make it possible for us to continue this work.

Support us

\$12 will provide a one-month supply of blood pressure and Diabetes medications to a participant. Our participant rate improved over the course of the year, but still far short of the number of people diagnosed with Hypertension and Diabetes. We can improve the response rate with better funding for our outreach efforts. Your support will help us achieve our goal to maintain and possibly increase the number of screening events per year, and allow for the addition of screening locations. Screening events cost about \$7500 each.

