

MEDICAL AND SURGICAL OUTREACH REPORT 2026



PROJECT LOCATION

Mohammed Buhari Mother and Child Hospital, BSUTH Annex, Makurdi, Benue State, Nigeria

PROJECT DATE

26th – 27th March 2026

PREPARED BY

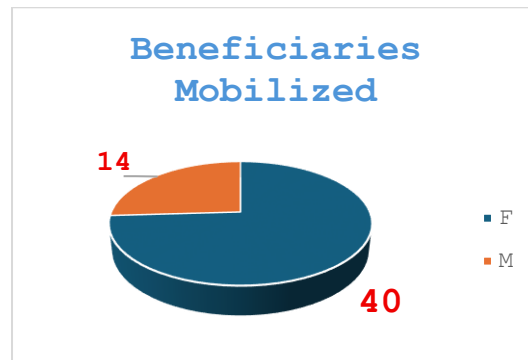
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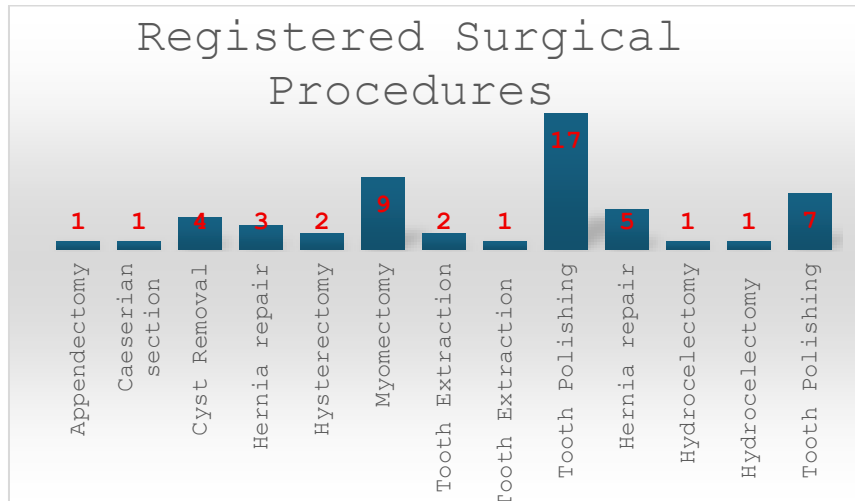
1. EXECUTIVE SUMMARY

HealthMedic Support Initiatives successfully implemented a two-day surgical outreach programme aimed at providing lifesaving and quality surgical care to underserved and vulnerable populations in Benue State. The outreach was conducted at the Mohammed Buhari Mother and Child Hospital, BSUTH Annex Makurdi from 26 – 27 March 2026.

The programme targeted 50 low-income individuals suffering from treatable surgical conditions who are unable to afford medical care due to financial constraints. A total of 10 category of surgical operations and free family planning services were marked for this event. These surgical operations were limited to Hernia repair, Hydrocelectomy, Lipoma/cyst removal, Myomectomy (Fibroid), Hydrocelectomy, Simple tooth extraction, Caesarean section (CS), Tooth scaling/Polishing, Appendectomy, Hysterectomy (Womb removal), Family Planning. Fifty-six (54) beneficiaries were mobilized through community leaders, churches, mosques and social media platforms such Facebook, WhatsApp, and X handles.



The surgical programme was delivered by a team of volunteer surgeons, nurses, anaesthetists, pharmacists, and laboratory technicians. A total of 54 individuals were screened, out of which 50 individuals were selected for both minor and major surgical intervention including tooth extraction/scaling and polishing. A total of 22 surgeries were conducted. Out of the 22 surgeries, 14 successful major surgeries were performed on female beneficiaries, and 6 minor surgeries on both genders including 27 tooth extraction/scaling and polishing. One beneficiary was unqualified due to uncertainty of the diagnostic result following close pre-surgical examination. Two female beneficiaries were referred to the BSUTH main centre due to the tricky nature of their issues for further examination, while two others were absent for their surgery operations.



Number of registered patients across surgical category

The outreach recorded a high success rate and minimal complications, demonstrating strong clinical quality and effective coordination by the medical team. The Chief Medical Director (CMD) of the Benue State University Teaching Hospital Makurdi with his management team honoured the program with their presence during the outreach and took time to assess the output of the surgical team at the Mohammed Buhari Mother and Child Hospital, BSUTH Annex, and assured HMSI of quality service delivery and further partnership.



The CMD assessing surgical patients

Following a successful surgical service delivery, a beneficiary whom his wife gave birth through Caesarean Section (CS) expressed happiness and gratitude to HMSI for bringing such help to him and his wife and to others who have benefitted from the outreach. In his words:



“My name is Alexandra Torkawaya. I am very happy with this outreach because I have never imagined myself benefiting from an NGO and this is my first time. I pray that this should be extended to other families in need. Initially I was supposed to pay up to 190,000 naira, approximately 200,000 naira, but I spent not even up to a hundred thousand, and I am grateful for the NGO”

During the outreach, beneficiaries received subsidized medical consultations, diagnostic screenings, minor and major surgical procedures, medications, and post-operative care monitoring (PCM). The PCM and follow-ups were carried out to get beneficiary feedback and post-surgery status.

The outreach recorded a significant turnout of patients, many of whom had lived with untreated surgical conditions for several years due to poverty and lack of access to healthcare services. The programme contributed significantly to:

- Reducing the burden of untreated surgical conditions
- Improving health outcomes and quality of life
- Reducing catastrophic health expenditures for poor households
- Strengthening community trust in healthcare services

Overall, the programme successfully improved access to essential surgical care, reduced health inequalities, and strengthened community trust in health services.

2. INTRODUCTION

Access to safe, timely, and affordable surgical care remains a major public health challenge in Nigeria, particularly among rural and low-income populations. According to global health evidence, a significant proportion of the population lacks access to basic surgical services, leading to preventable morbidity, disability, and mortality.

In Benue State and similar settings, many individuals live with untreated conditions such as Hernias, Hydroceles, Fibroids, Breast lumps, Appendicitis, Tooth scaling and polishing and other minor and major surgical conditions. These conditions often persist due to:

- High cost of surgery
- Limited availability of specialized healthcare services

- Weak referral systems
- Low health-seeking behavior

HealthMedic Support Initiatives (HMSI), as a non-governmental organization committed to improving healthcare access for vulnerable populations, designed this surgical outreach programme as a targeted intervention to address these systemic gaps.

The outreach aligns with SDG goal 3 (Good Health and Hygiene) and adopted a community-centered and equity-focused approach, ensuring that the most vulnerable populations including women, children, and the elderly benefited from the intervention.

3. OBJECTIVE

3.0 Overall Objective

To improve access to safe and affordable surgical care for vulnerable and low-income populations in Benue State.

3.1. Specific Objective

- Provide 70% subsidized medical and surgical services to underserved populations.
- Reduce the burden of untreated surgical conditions in vulnerable communities.
- Improve health outcomes and quality of life for beneficiaries.
- Strengthen community awareness on early health seeking behaviour.
- Promote partnerships between civil society organizations and health institutions.

4. TARGET BENEFICIARIES

The outreach targeted 50 beneficiaries across low-income individuals, rural and underserved populations, women and children, elderly persons, Persons living with untreated surgical conditions, and Persons Living with Disability (PLWDs).

5. METHODOLOGY

HealthMedic Support Initiatives used a community-based mobilization strategy including:

a) Community Mobilization and Sensitization

Awareness campaigns were conducted prior to the outreach to inform community members through engagement with churches and mosques, distribution of outreach flyers and social media campaigns. This approach ensured that the most vulnerable individuals were reached.

b) Patient Registration and Screening

Beneficiaries were registered and assessed by medical professionals.

c) Surgical Procedures

Qualified patients underwent safe surgical procedures performed by licensed surgeons.

d) Post-Operative Care

Patients received immediate post-surgical care and monitoring.

e) Medical Consultations

General medical services were provided to non-surgical patients.

f) Referral Services

During the surgical operations, two complex cases were identified and referred to higher-level healthcare facilities, while two other persons did not turn-up for their scheduled surgical date.

6. ACTIVITIES IMPLEMENTED

6.1. Patient triage and registration

Upon arrival at the outreach venue, all beneficiaries underwent a structured triage and registration process designed to ensure efficient patient flow and prioritization of care.

Trained health personnel and volunteers recorded key patient information including:

- Demographic details (Name, age, sex, location)
- Medical history and presenting complaints
- Vital signs (blood pressure, temperature, pulse rate)
- Preliminary assessment of surgical conditions



Beneficiary Registration

Patients were categorized based on the urgency and severity of their conditions to ensure that critical cases received immediate attention. Unique identification numbers were assigned to each patient to facilitate tracking throughout the service delivery process, including consultation, surgery, and follow-up. This systematic approach minimized waiting time, improved coordination, and ensured accurate documentation for monitoring and evaluation purposes.

6.2. Medical consultations and diagnostic screening

Following triage, patients proceeded to medical consultation units, where they were attended to by qualified doctors and specialists.

During consultations, patients underwent diagnostic investigations, including:

- Laboratory tests (blood tests, PCV level)
- Imaging and physical diagnostic assessments
- Pre-operative fitness evaluations

The screening process ensured that only patients who were medically fit and eligible for surgery were selected. It also helped identify patients requiring alternative treatments or referrals. This stage was critical in maintaining patient safety, surgical quality, and adherence to clinical protocols.

6.3. Surgical procedures

Eligible patients were scheduled for surgery based on clinical priority and availability of surgical teams. The outreach provided both minor and intermediate surgical procedures, including:

- Hernia repair
- Hydrocelectomy
- Lipoma/cyst removal
- Myomectomy (Fibroid)
- Hydrocelectomy
- Simple tooth extraction
- Caesarean section (CS)
- Tooth scaling/Polishing
- Appendectomy
- Hysterectomy (Womb removal)
- Family Planning

All surgeries were conducted in a controlled clinical environment by qualified surgeons, anesthetists, and theatre nurses, following standard medical and infection prevention protocols.



Clean and Ready to use surgical theatre

Key features of this component included:

- ✓ Pre-operative preparation and consent
- ✓ Safe anesthesia administration
- ✓ Sterile surgical procedures
- ✓ Immediate post-surgical stabilization

The surgical team ensured high standards of care, resulting in a high success rate and minimal complications.

6.4. Post-operative care and recovery monitoring

Post-operative care was a critical component of the outreach, ensuring patient safety and recovery after surgery. Patients were closely monitored in recovery areas for:

- + Vital signs stabilization
- + Pain management
- + Detection of any immediate complications

Medical staff provided wound care and dressing, Post-operative instructions, and Scheduled follow-up guidance

Patients were also educated on:

1. Signs of complications
2. Hygiene practices
3. When to return for medical review

A follow-up mechanism was established to ensure continuity of care, especially for patients requiring additional monitoring.

6.5. Distribution of medications

All beneficiaries received free medications and surgical consumables as part of the outreach.

Medications provided included:

- Antibiotics
- Analgesics (pain relief drugs)
- Anti-inflammatory drugs
- Wound care supplies
- Other supportive medications



Medical and Surgical consumables

Pharmacists and medical personnel ensured that prescriptions were properly explained to patients, dosage and usage instructions were clearly communicated, and patients understood adherence requirements. This component reduced the financial burden on beneficiaries and supported effective recovery and treatment outcomes.

7. KEY RESULTS AND ACHIEVEMENTS

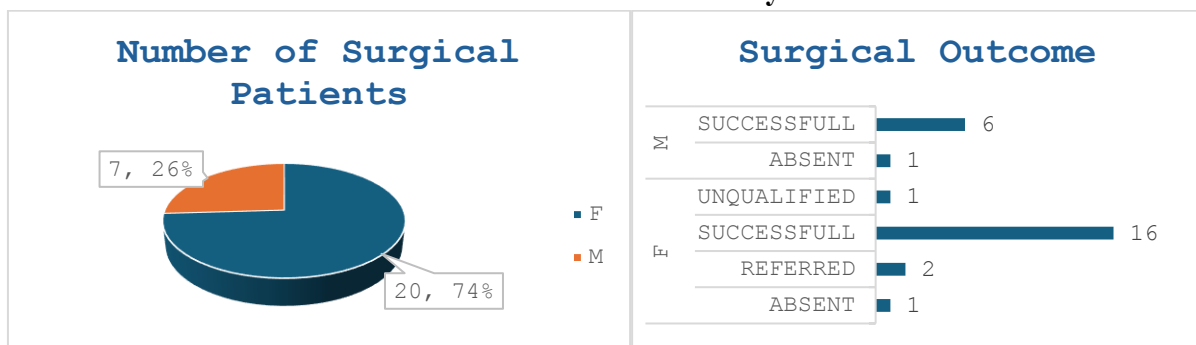
7.0 Service Delivery Output

Indicator	Result
Individuals screened	54 (M-15, F-39)
Patients qualified for surgery	27 (F-20, M-7)
Surgical Category	11
Successful Surgeries	22 (F-16, M-6)
Tooth-Scaling/polishing	27 (F-19, M-8)
Male beneficiaries	15 (28%)
Female beneficiaries	39 (72%)
Referred cases	2
Patients absent for surgery	2
Unqualified Patients	1
Post-Operative complications	Minimal <3%
Patients receiving medication	100%

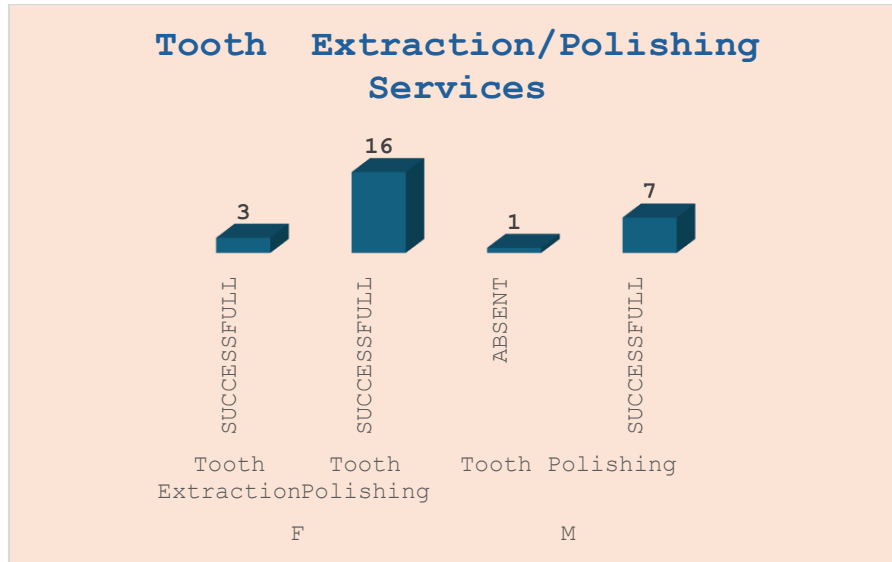
Beneficiary breakdown by age

Age Group	Number of Beneficiaries
0-17	10
18-35	23
36+	23

Gender and Inclusion Analysis



The charts above illustrates that a total of 27(Male = 7 & Female = 20) patients registered for surgical operation and showing a high vulnerability rate for women. The surgical outcome analysis show that 22 (male-6, female-16) out of the 27 patients had successful surgeries, while two (2) beneficiaries were referred, two (2) absent for their surgical operation and one (1) unqualified case.



Tooth Extraction, Scaling/polishing services

The Chart above illustrates the number of beneficiaries who registered for tooth extraction, scaling/polishing services during the outreach. A total of 27 beneficiaries qualified for both tooth extraction and polishing services. Amongst the female beneficiaries qualified, 3 of them had successful tooth extraction, and 16 did tooth polishing. The male category for tooth extraction/polishing had 7 successful polishing service while 1 patient was absent during the medical service.

7.1 Outcome Level-Result

- 1) Reduced untreated surgical conditions among beneficiaries
- 2) Improved mobility, physical health, and well-being of beneficiaries
- 3) Increased awareness of the importance of early medical intervention
- 4) Strengthened linkage between communities and healthcare providers

7.2 Impact Level-Result

- ❖ Improved quality of life for beneficiaries and their families
- ❖ Reduced financial burden associated with surgical care
- ❖ Prevention of long-term disability and complications
- ❖ Increased trust in community-based health interventions

8. CHALLENGES

Despite the success of the outreach, some challenges were experienced:

- High patient turnout exceeded surgical capacity
- There was high complaint of transportation challenges for rural beneficiaries
- Limited funding to support additional surgical cases affected surgical coverage
- There was lack of adequate contingency fund for unforeseen expenses.

9. LESSONS LEARNT

Key lessons from the outreach include:

- ✚ High community engagement increased beneficiary turnout especially amongst women and girls.
- ✚ Early patient screening helped improve surgical planning.
- ✚ Partnerships with more hospitals will enhance quality service delivery.
- ✚ Increased funding would allow expansion to more communities and provide free medical services to low income and vulnerable populations.
- ✚ There was high demand for free surgical services among low-income populations.
- ✚ Late presentation of medical conditions was common among beneficiaries.
- ✚ There is an increased need for continuous outreach programmes.

10. RECOMMENDATION

With the high number of unmet surgical requests from individuals who showed interest, limited funding was a key challenge during the intervention. Therefore, increased funding and extended timeframe will significantly contribute to expanding surgical capacity and beneficiary reach across other LGAs in Benue state.

Also, to ensure long-term impact, there is need to conduct quarterly surgical outreaches, strengthen partnership with hospitals and donors, establish a community referral system and develop a patient follow-up database. This will help reduce surgical backlog among vulnerable populations in the Benue State.

11. CONCLUSION

The 2026 Surgical Outreach Programme successfully delivered life-changing surgical interventions to vulnerable populations in Benue State. The programme demonstrates the importance of collaborative health interventions in improving access to essential healthcare services in underserved communities. HealthMedic Support Initiative acknowledges the support of her partners the Benue State University Teaching Hospital Makurdi (BSUTH), the African Independent Television (AIT) that covered and aired the event, The Newnation, Marie Stopes International (MSI) that handles Family planning aspect of the intervention, The Leadership and Medical team of Mohammed Buhari Mother and Child Hospital BSUTH Annex in ensuring the success the success of the 2026 first phase of HMSI surgical outreach. HealthMedic Support Initiatives remains committed to expanding access to equitable and affordable healthcare services across Nigeria.

PICTURE STORIES

