

The right to essential services



As part of the ICRAM+ project, community health agent Ngozi Richard goes house to house providing lifesaving advice on malaria and monitoring effective net use. She is pictured with Mary Grace Achuka and her son Victor. Mary, who previously lost a child to malaria, says: 'I only learned about malaria from Ngozi. Every time we get sick, now we go straight to the clinic.'

Introduction

At 5.1% of total GDP in 2010,¹ health expenditure in Nigeria is still significantly less than the 15% commitment made by the Federal Government when it signed the Abuja Declaration in 2001. Inadequate investment, a lack of coordination across different tiers of government and mismanagement of resources have led to serious weaknesses in the healthcare system, such as insufficient and under-trained staff, poor infrastructure and a lack of drugs and consumables.

Our community health and HIV work in Nigeria

Christian Aid works in Nigeria to improve the health of poor and marginalised people, particularly women, children and people with compromised immunity. With our partners, we seek to strengthen community-based health systems to increase the accessibility, affordability and quality of public and private healthcare.

We enable community members to understand and adopt ways to prevent illness and mobilise them to demand their rights to health. We work to increase the accountability of duty bearers and the involvement of rights holders in health policy formulation, budget allocation and oversight of primary healthcare facilities in line with national policy. We put pressure on the government to increase its spending on healthcare and regulate the private health sector. We also promote formalised community health insurance cover for all.

Christian Aid strives to improve the health of poor people by:

- **increasing their knowledge** of preventable illnesses, so they can adopt behaviours that improve their health
- **increasing the voice and capacity** of vulnerable groups and poor communities to engage actively with healthcare professionals
- **strengthening systems and structures** for healthcare planning and management, including community-based oversight such as ward and village health committees
- **bringing together representatives** of poor communities and civil society to engage with government on healthcare planning.

Our approach is rights-based and gender sensitive – with women and adolescent girls participating and represented at every level – and includes power analysis and participatory needs assessment. We work with partners at state and national levels who are engaged in community-based health promotion, advocacy and policy influencing. Community-based agents, chosen by their peers, have been trained to deliver basic health education in HIV, malaria, environmental sanitation and other preventable illnesses.

Our recent community health programmes

Strengthening Community Health and HIV Response in Nigeria (SCHH): 2011–2016

This was an initial three-year project funded under Christian Aid's Programme Partnership Agreement (PPA) with the UK Government's Department for International Development. It has been extended until 2016, incorporating a strong health governance component using Christian Aid's community health framework. The project has reached more than 1.7 million people in three states and the Federal Capital Territory (FCT) by increasing access to health services and encouraging the adoption of preventative health practices.

The programme uses a 'fruit bowl' disease-integrated approach, with a menu of health interventions that respond to the needs of each member of the household. These needs include malaria and HIV treatment and prevention, maternal and child health, nutrition, family planning and environmental sanitation and hygiene. Our partners also seek to influence state governments on health planning and investment in primary healthcare services.

People Living Positively – South to South Learning (PLP-S2SL): 2011–2015

Funded by Comic Relief UK, the PLP project in Nigeria and Sierra Leone aimed to bring meaningful and practical change to the lives of more than 44,000 people living with HIV and their families, while also addressing structural and rights issues. In Plateau State, the Centre for Gospel Health and Development provides home-based care, access to treatment, strengthened referral systems, community health support and economic empowerment to people living with HIV. At the national level, the Association of Women Living with HIV/AIDS in Nigeria tackled stigma, discrimination and denial through radio programmes and advocacy, and was instrumental in bringing into law the Anti-Discrimination Act.

Nets for Life: 2007–2014

Delivered in partnership with Episcopal Relief and Development and funded by Standard Chartered Bank, Coca-Cola and Exxon Mobil, Nets for Life was a comprehensive malaria programme that successfully distributed and monitored the use of more than 930,000 long-lasting insecticide-treated nets in the FCT, Edo, Benue, Anambra and Plateau States. In 2013, Christian Aid and Nets for Life co-funded a pilot project in Anambra State to apply Rapid Diagnostic Testing and ACT (artemisinin-based combination therapy), and ways to retreat or resupply the nets when the current insecticide expires (including options for community members to pay for new nets).

Increasing Community Response Against Malaria (ICRAM+) 2014–2016

ICRAM+ builds on our malaria projects using learning from Nets for Life and the ICRAM pilot project in Anambra. We have ICRAM+ projects in three priority states: Anambra (supported by ERD), Kaduna (supported by JC Flowers Foundation and Christian Aid) and Plateau (supported by Christian Aid Ireland Bishops' Appeal). ICRAM+ draws on the lessons of Nets for Life, using community structures (leaders, development committees and health agents) to create sustainable strategies in educating households on malaria prevention, diagnosis and treatment with recommended medication, and maintaining good primary healthcare services while advocating for more responsive health service delivery.

Building Faith Leaders' Response to HIV-Related Stigma and Discrimination: 2007–2013

NINERELA+, a national network of religious leaders living with or affected by HIV/AIDS, mobilised 1,400 members across the FCT and six states to speak out against shame, stigma, denial, inaction and misaction related to HIV. NINERELA+ is part of the larger INERELA network that champions the SAVE (Safer practices, Access to treatment, Voluntary counselling and testing, and Empowerment) approach around the world. NINERELA+ trained faith leaders on SAVE and theological schools now include it in their curricula. With other networks, NINERELA+ is pushing for SAVE as the preferred, holistic HIV/AIDS prevention strategy, promoting ABC+ (Abstinence, Be faithful and Condom use), providing information about other HIV transmission routes, supporting and caring for those already living with HIV, and challenging stigma and discrimination.

The way forward

Christian Aid's community health programme works to make the right to essential health services a reality by:

- developing health programmes that are technically sound, meet standards of good practice and meet the expressed needs and priorities of the people
- developing programmes that expose and address harmful social and cultural norms, inequality and exclusion, which cause and exacerbate poor health and also prevent groups, such as women or minorities, from accessing health services
- building equitable health institutions where government and service providers uphold people's rights to healthcare and ensure they have a voice in the organisation and accountability of health systems.

Our programme will continue to be built on these pillars.

- **Disease integration** – sharing information on how to prevent and treat preventable illnesses.
- **Engagement with government** – ensuring our programmes are aligned with government planning, build capacity and promote greater accountability, quality and investment by government in primary healthcare services.
- **Smart collaboration** – working through faith-based organisations, we will capitalise on their reach, credibility and commitment. We will also collaborate with other providers to expand the breadth of and accessibility to services for our target communities.
- **Investment in community-based structures such as agents and community development committees** – ensuring these linchpins of our programme are well-trained, motivated and supported, and that our partners monitor the quality of their work.

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Endnotes 1 data.worldbank.org



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