

Striving to improve child health

Providing life-saving support to children in Nigeria



When Christian Aid started working in Benue State, Nigeria, under-five mortality was above the national average. Parents like Monica and Oga Eje can now access free healthcare for their children from Christian Aid trained healthcare volunteers.

Project overview

Partnership for Improved Child Health (PICH) is Christian Aid Nigeria's flagship UKAID funded health project, to provide front-line, life-saving treatment to children under five in remote communities in Benue State Nigeria.

Nigeria is the second largest contributor to under-five mortality globally, and Benue State is one of the states where under-five mortality is above the national average.

In practice

Since September 2016, Christian Aid Nigeria has been working in four Local Government Areas, Kwande, Konshisha, Obi and Opokwu, in Benue State, Nigeria, to reduce child mortality and morbidity rates.

Through our local partners Jireh Doo Foundation and Ohonyeta Care Givers, we have reached more than 300,000 children with lifesaving support from malaria, pneumonia and diarrhoea through Christian Aid trained community health volunteers.

The UK Aid match funded project has trained 996 community health volunteers to provide lifesaving treatment in the community, rather than relying on health centres that can be hard to reach, and care givers may not have the necessary funds to afford treatment.

The programme also works through supporting and training Community Development Committee members to work with their communities to identify challenges and opportunities, and to create and deliver action plans to overcome obstacles to accessing healthcare.

Programme impact: case study

When Monica and Oga Eje's son Sunday (pictured above) was just six months old, he contracted malaria.

Tested by a Christian Aid trained community health volunteer, he was provided with free healthcare and Monica was supported to look after him. Sunday soon recovered and has subsequently received further support for severe malnutrition.

Now nearly one and a half, Sunday is a huge comfort for Monica and her husband. Their first daughter tragically died of malaria just before she was three, because Monica and Oga did not have the money to treat her.

As Monica explains, 'Whenever I think of the free services and medicines provided by Christian Aid, I always remember my daughter, she would have been here now'.

Communities taking charge of their health

Anwase is a remote community located deep in the mountains of Kwande Local Government, Benue State.

Like many locations in the PICH project, it is more than two hours away from the closest health facility.

The local Community Development Committee (CDC), set up and supported by Christian Aid, is working hard to support the community health volunteers, and provide other health resources to their community.

In June 2018, this group alongside other CDC members received advocacy training and were supported to identify, prioritise and enlist local resources within their communities to improve local health outcomes.

As a direct response, the Anwase community, led by their CDC group, decided to build a new health facility in their area, which is now nearly complete.

Chairman Mr. Benjamin Akase Gumnor believes that the training and inspiration motivated the community to build the new health facility.

He reflects, 'We didn't know it was possible, but we gave it a try and we were amazed by the response from our community members... all thanks to Christian Aid'.

Investing in local ownership

To reduce infant mortality, Christian Aid is investing in a long term approach. As well as training community health volunteers to provide free treatment to under-fives in their communities, faith and community leaders are also included in the programme, to help address harmful practices that increase the likelihood of ill health.

Community Development Committee (CDC) groups are established to initiate self-help projects to prevent disease and increase access and advocate for improved health outcomes for their communities.

CDC groups have developed community action plans to engage with community members and policy makers to address specific challenges to accessing services. For example, CDC groups are taking responsibility for clearing land to prevent stagnant pools in their communities to prevent malaria, and are lobbying local government to provide affordable healthcare.

Christian Aid is also advocating at a national and state level to establish a legal framework for health insurance coverage, and is calling on the government to sustain and finance the health programme beyond the current funding. To date, this has resulted in the signing of the national and Benue State health insurance bills.

Early evidence from Christian Aid's holistic approach to project intervention is showing a decrease in cases of under-five deaths in communities and a drastic reduction in childhood illness cases registered at local health facilities.

Felicia Iorliam, Community Health Extension Worker, and officer in charge of the Agera Health Facility in Konshisha LGA corroborates this evidence.

'The rate of malaria, diarrhoea and pneumonia has reduced in under-fives, so much that we hardly get children coming to the health facility as it used to be... in a whole month, you won't even get up to 10 children.'

Fighting malaria in Nigeria - one child at a time

Paul Onah is a hero. Paul is a volunteer who provides basic healthcare for children under five in his community. He lives in the Anyioye community in Benue State. The state has one of the highest rates of malaria for children under five in the country.

Before the health volunteers, like Paul, children who were sick in his community, had to travel with their parents for hours to get to the nearest healthcentre.



Giving hope in times of despair

Rainy season in Mbakwan, Konshisha Local Government, comes with mixed blessings. It marks the beginning of the planting season, but with it comes floods that destroy farmland, crops and the local bridge that links the community to the market and healthcentre.

Ntom Emmanuel (pictured above), is a farmer in this community. Tragically, Ntom lost his three year old daughter Laadi to malaria. He faced a situation that no father should have to experience - with no funds, and the healthcare centre cut off because of flooding, Ntom resorted to herbal medicines to treat Laadi.

Ntom explains, 'I watched my daughter dying before my very eyes, I was in great trauma and despair, not knowing what to do.'

By the time he raised the necessary funds, and the river subsided so he could carry her to the healthcentre, Laadi was too weak to respond to treatment.

To make sure that this does not happen again, Ntom now volunteers as part of a Community Development Committee to support people to access healthcare for their children. They help construct local bridges, renovate health facilities, and encourage caregivers to access free healthcare services.

Ntom, like other care givers can access health treatment for their children from the locally trained health volunteers, who are part of the Christian Aid project.

As Ntom explains, 'Now, my children are healthy. Each time they fall sick, I go to Myamkume Torkuma [the health volunteer] for treatment. He tests my children and treats them free of charge. Before now, when children are sick in the community, there is so much despair, because the child may not survive. But thanks to the Christian Aid intervention, our children are healthy and living well'.

During the rainy season, roads flood and many communities like Paul's become cut off. Parents have to carry their children through the water to reach these facilities.

Christian Aid, with our partner Ohonyeta Caregivers (OCAG) trained Paul and just over 900 volunteers like him across 130 communities as part of the Partnership for Improved Child Health project, known locally as PICH.

Paul now treats children in his own home. Equipped with a box with basic medical items and drugs, he was trained to detect, test and treat children for malaria, pneumonia and diarrhoea.

The project is in its third year of implementation, and so far, volunteers like Paul have given over 270,000 malaria tests and 176,000 children have been treated with the artemisinin-based combination therapies (ACTs), a drug that is readily available to treat children who test positive for malaria.

Rolling out the drums

In May 2019, Adiga Community in Konshisha Local Government Area rolled out the drums to celebrate Christian Aid Nigeria. The community organised the event to show their appreciation to Christian Aid Nigeria and the impact of the PICH project in their community.

The Elders Council showered praises on Christian Aid for putting an ending to frequent deaths among children under-five in their communities. They highlighted the importance of the health volunteers and their services in treating malaria, diarrhoea, pneumonia, and screening for malnutrition, and the provision of supplementary meals to malnourished children under-five.

Community members, district heads and adjoining communities joined the event and a community troop performed dances to mark the celebrations.

As a sign of appreciation, the leadership of Adiga Community donated two plots of land to Christian Aid and decorated Dr. Anne Ada-Ogoh, a Christian Aid staff member, with the traditional title of Iroko One (Chief Supporter) of the Adiga Community. Dr. Anne was also decorated with the

traditional community attire.

Christian Aid representatives thanked the community, and encouraged them to work together to build a new health facility on these plots of land to meet the communities needs.

Addressing the effects of malnutrition

Okpe Esther is just seven months old. She lives with her family in Ijege, Okpokwu Local Government Area. Esther was born two weeks early, and quickly started having symptoms of diarrhoea and weight loss. Her mother tried treating her with traditional local herbs, but the symptoms continued.

Esther was measured by a Christian Aid trained community health volunteer for malnutrition. The volunteer measured Esther's mid arm with a tape that showed red on the scale, which is a sign of malnutrition. The health volunteer also discovered that Esther was only able to take on a little breast milk, but nothing more.

The volunteer provided Esther's mother with supplementary feeding immediately. Esther's mother who had initially assumed the symptoms were caused by 'Uli', a traditional name for children with low weight, quickly realised that her child was malnourished, as she immediately gained weight with the new food supplement. She was also given advice on how to feed Esther moving forward.

Supplementary feeding through Action Meals is essential for under-five children in hard to reach communities. In many cases severe malnutrition exacerbates medical complications among children under five. To date, the health volunteers have treated more than 40,000 children in Benue State with diarrhoea.

Challenging superstition

Nyiewase Tyovenda is a father of five, and a farmer in Adiga Konshisha Local Government Area. Like many in remote communities in this state, superstitions and deeply rooted cultural norms are part of everyday life. Due to the poor state of health facilities, poverty and distances to healthcentres, many community members seek help from oracles for their health and wellbeing.



Our daughter died because of poverty

Tyokuku and Erdoos are farmers, like many who live in Mbamende village. When their only daughter Kumasuun developed a cough, they took her to a herbalist for treatment. Over the following days, they sought local treatments, but Kumasuun's health worsened.

Despite not having the funds to treat their daughter, they decided to take her to hospital, approximately 10 kilometres from their home. They hoped one of the health workers would show compassion, or they could find someone to help them pay for the healthcare.

A kindly neighbour took Tyokuku and her daughter to the healthcentre on the back of his motor bike. Unfortunately the bike fuel ran out before reaching the healthcare centre. As the neighbour went in search of further fuel, Kumasuun passed away by the side of the road.

Tyokuku was distraught.

'I wanted to die. My husband tried to console me, I could not stop crying. Our daughter died because of poverty'. She explains.

Tyokuku is just one out of thousands of mothers in poor remote communities in Benue State facing extreme barriers to accessing health services. These barriers include distance to health centres, extreme poverty, harmful socio-cultural practices, poor infrastructure, and inadequately equipped and trained healthcare staff.

Tyokuku now has other children. She reflects,

'Now we have trained healthcare volunteers around us. Each time any of my children fall sick now, they test them and administer drugs, the sickness is gone'.

Two years ago, Nyiewase's daughter sadly became ill. Nyiewase sought advice from the oracle and was shocked to discover that the oracle declared that his daughter would die and his uncle was responsible. After battling sickness for two weeks, sadly Nyiewase lost his daughter.

Earlier this year, again Nyiewase's youngest child, Bobo, a three year old boy, also took sick. Unimaginably, the oracle declared the same fate for Bobo.

Overcome with grief, Nyiewase decided to kill his uncle, and then take his own life. But fortunately community members stepped in to prevent this from happening.

An emergency meeting was held between the District Head and Elders Council with Nyiewase and his uncle to resolve the issue. The Village Council also referred Bobo to Lubem Luka, the Christian Aid trained health volunteer in their community. Lubem examined Bobo and he also tested him for malaria. Bobo tested positive. Lubem treated him and after two days Bobo recovered and started playing again.

Realising the calamity that could have struck the Elders Council showed huge appreciation to the volunteer and Christian Aid by providing land to build a local health centre, and they also continue to encourage others to seek health advice from Lubem.

Programme impact

To date:

More than 360,000 children have been reached by Christian Aid trained healthcare volunteers

More than 200,000 children have been treated for malaria

More than 50,000 children have been treated for diarrhoea

Contact us

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