



# AMURT FOUNDATION 2016



EBONYI STATE, NIGERIA - PRIMARY HEALTH CARE,  
MATERNAL HEALTH & WATER PROJECTS

# AMURT OVERVIEW

**AMURT's mission** is to help improve the quality of life for the poor and disadvantaged people of the world, and those affected by calamity and conflict. We encourage and enable individuals and communities to harness their own resources for securing the basic necessities of life and for gaining greater economic, social and spiritual fulfilment, while honouring their customs, language, and religious beliefs.

AMURT (Ananda Marga Universal Relief Team) is one of the few private international voluntary organizations founded in India. Since its inception in 1970 its original objective was to help meet the needs of the affected population after disasters. Over the years AMURT has established teams in thirty-four countries, to create a network that can meet disaster and development needs almost anywhere in the world.



AMURT Nigeria team, November 2016

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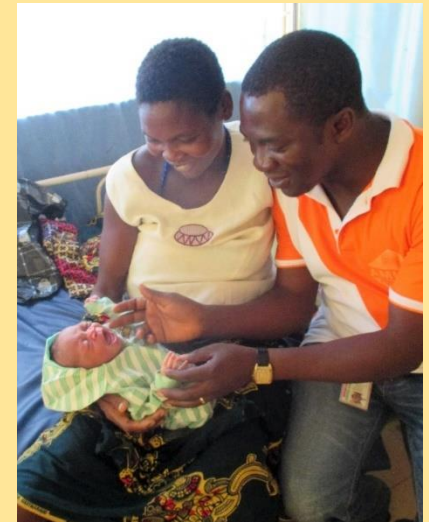
# MAKING PRIMARY HEALTHCARE WORK

AMURT is building a sustainable and replicable model for meeting the primary healthcare needs of rural communities through a partnership involving the communities, grassroots organizations, private sector and government.



# AMURT EBONYI TIMELINE

2010	AMURT starts work in Nigeria and choses Ebonyi State as first project area. Three health centers opened in Abakaliki Local Government Area.
2011	AMURT Water & Sanitation Program starts in Abakaliki LGA. First staff quarters and clinic borehole constructed. First doctor employed by AMURT.
2012	AMURT signs Memorandum of Understanding with Ebonyi State Government and opens 2 health centers in Ikwo. First ambulance deployed in Offia Oji Health Center.
2013	Partnership strengthened by increase in government employment of health workers. New staff quarters and boreholes for health centers.
2014	Free Delivery Program starts. AMURT starts work in Ohaukwu LGA with boreholes. Maternal Health Promoters created.
2015	Akparata Health Center opens in Effium, Ohaukwu. AMURT responds to cholera outbreaks. Economic Empowerment for women started. Expansion of Offia Oji Health Center.
2016	Inikiri Health Center opens in Effium, Ohaukwu. AMURT starts family planning campaign. Upgrading of side-labs in each health center. AMURT expands water project to Ezza North LGA.



# PROJECT AREAS and HEALTH CENTERS



LOCAL GOVT. AREA	HEALTH CENTER	YEAR OPENED
Abakaliki	Gmelina	Sep 2010
	Offia Oji	Nov 2010
	Ephuenyim	Nov 2010
Ikwo	Elugwu Ettam	Feb 2012
	Odeligbo	Jun 2012
	(Ettam)	Doctor visits only Since 2012
Ohaukwu	Akparata	Apr 2015
	Inikiri	October 2016

*For each health center AMURT defines a 'project area' of about 20 surrounding villages for outreach, monitoring and health education activities*



# ANTE-NATAL CARE (ANC)



*Offia Oji Health Center ante-natal day*

AMURT's priority is to make comprehensive ante-natal services available in the rural areas. All the women are examined by doctors. Ultrasound scanning is free. High risk cases are identified for follow up. The number of new ANC attendance rose by 14 % in 2016. All are tested for Hepatitis B, Hepatitis C, venereal diseases and HIV. Other lab tests are done on indication. AMURT acquired a third ultrasound machine in 2016. During ANC days, AMURT also provided family planning counseling, routine drugs, incl. tetanus vaccine, preventive treatment for malaria and mosquito nets.

Health Center	From Project Area	Outside Project Area	2016 ANC
Odeligbo	441	619	1060
Elugwu Ettam	184	102	286
Offia Oji	668	217	885
Ephuenyim	555	568	1123
Gmelina	193	134	327
Akparata	277	196	473
Inikiri	129	55	184
<b>TOTAL 2016</b>	<b>2447</b>	<b>1891</b>	<b>4338</b>



*Ephuenyim Health Center ante-natal day*

# MONITORING HIGH RISK PREGNANCIES

During health center ante-natal days, the doctor collects the obstetric history of the mother, listens to her concerns and examines her carefully. Ultrasound scan and lab tests are conducted on the spot. When a woman is found to be at risk, she will be regularly monitored by health workers. AMURT maintains a database of all the women who attend ante-natal check-ups, and give birth in the health centers, including those who attend pregnant women support group meetings in the villages. Fifty-three of the 204 high risk pregnancies monitored ended in referral. One woman and six babies were lost.

HEALTH CENTER	NUMBER HIGH RISK	HIGH RISK CATEGORY MONITORED	NUMBER OF CASES
Odeligbo	68	Twin gestation	69
Elugwu Ettam	27	Previous C.S.	45
Offia Oji	39	Placenta Previa	25
Ephuenyim	23	Breech	15
Gmelina	16	Short stature	15
Akparata	33	Pre-eclampsia	9
		Under 16 years	8
		Other causes	20
TOTAL 2016	206	TOTAL	206



Anayo doing home visit at Elugwu Ettam



Chinedu from was monitored due to her obstetric history. This time she had ruptured uterus. She and baby were saved at St. Vincent.



# DELIVERIES



*Mother with newborn twins at Ephuenyim Health Center*

In 2016, in order to improve the quality of delivery care, AMURT employed four midwives to be resident in the health centers. 1456 mothers from within the project areas qualified for free delivery. 1160 women received refund of their ante-natal fees after giving birth in the health center by meeting the criteria of regular attendance during ante-natal days and pregnant women support group meetings. 102 deliveries, or 5.2 % of total births, were referred to tertiary hospital due to complications. A total of 77 deliveries, or 3.9 % of all births, were by caesarean section, doubling the rate from 2015.

HEALTH CENTER	FROM PROJECT AREA	FROM OUTSIDE PROJECT AREA	TOTAL DELIVERIES	FREE DELIVERIES
Odeligbo	271	209	480	292
Elugwu Ettam	120	19	139	116
Offia Oji	496	78	574	510
Ephuenyim	360	37	397	346
Gmelina	88	20	108	83
Akparata	117	28	145	99
Inikiri (Nov/Dec)	12	8	20	10
After referral	61	41	102	
<b>TOTAL 2016</b>	<b>1525</b>	<b>440</b>	<b>1965</b>	<b>1456</b>

HEALTH CENTER vs. HOME DELIVERIES – PROJECT AREAS ONLY					
Name of Health center	Health Center + referrals	Other Health Centers	Home TBA	Total deliveries	Health center deliveries %
Odeligbo	278	10	76	364	79.2 %
Elugwu Ettam	132	2	25	159	84.3 %
Offia-oji	520	17	79	616	87.2 %
Ephuenyim	365	18	79	462	82.9 %
Gmelina	95	7	113	215	47.4 %
Akparata	123	18	64	205	68.8 %
Inikiri	12	6	8	26	69.3 %
<b>Total</b>	<b>1525</b>	<b>78</b>	<b>444</b>	<b>2047</b>	<b>79.3 %</b>



# MATERNAL NEAR MISSES and COMPLICATIONS

## MATERNAL NEAR MISSES

	Ante-partum Hemorrhage		Post Partum Hemorrhage			Other emergencies				
	Placenta Abruptio	Placenta Previa	Uterine Atony	Retained placenta	Laceration	Ruptured Uterus	Eclampsia Pre-Eclampsia	Sepsis	Severe malaria & anemia	Total
Managed in Health Center	3	2	13	11	5	0	6	5	3	48
Managed by referral	4	10	2	2	1	3	10	0	0	32
TOTAL	7	12	15	13	6	3	16	5	3	80

## OTHER OBSTETRIC COMPLICATIONS

	Obstructed Prolonged Labour & Breech	Multiple Gestation	Previous Caesarean Section	Complicated IUFD	Cord Presentation	Complicated Miscarriages	Other complications	Total
Managed in Health Center	10	0	4	0	0	0	28	42
Managed by referral	44	5	18	3	4	2	20	96
TOTAL	54	5	22	3	4	2	48	138

Note: A Maternal Near Miss (MNM) is an event in which a woman comes close to maternal death but does not die. Under Maternal Complications, the 'Other' column includes Maternal Fetal Macrosomia, Post-term, Cervical incompetence, Molar Pregnancy, epilepsy in pregnancy, inadequate pelvis, etc. Normal twin births and miscarriages not included here.

# AMBULANCE SERVICE



*Ikwo ambulance*



*Gmelina ambulance*

HEALTH CENTER	Obstetric	Non-obstetric	Emergency referrals
Odeligbo	32	19	51
Elugwu Ettam	17	16	33
Ettam	0	1	2
Offia Oji	43	40	83
Ephuenyim	11	19	30
Gmelina	12	4	16
Akparata	13	10	23
<b>TOTAL 2016</b>	<b>128</b>	<b>109</b>	<b>237</b>

In the rural areas, when medical emergencies occur, transport is hard to come by. AMURT has four ambulances serving seven rural health centers, with drivers standing by around the clock every day. The ambulances are used exclusively for the transport of patients. FETHA (Federal Teaching Hospital Abakaliki), along with St. Vincent, Ndubia and Mile Four Hospital, are used as referral centers. In 2016, emergency referrals increased by 32 %. Of all the referrals, 54 % were related to childbirth or pregnancy.



# MATERNAL & NEONATAL MORTALITY

MATERNAL MORTALITIES 2016				
	Health Center	Referral Center	Chemist TBA	TOTAL
Post Partum Hemorrhage	0	1	1	2
Ruptured Uterus	0	0	1	1
Eclampsia	0	2	0	2
Placenta abruptio	0	2	0	2
Infection	0	1	0	1
TOTAL	0	6	2	8

NEONATAL MORTALITIES 2016			
	Health Center	Referral Center	TOTAL
Asphyxia	1	1	2
Pre-term	2	0	2
Sepsis	1	1	2
Abnormalities	1	1	2
Jaundice	1	3	4
TOTAL	6	6	12

NEONATAL DEATHS AT BIRTH 2016			
	Health Center	Referral Center	TOTAL
IUFD (baby died before labour)	26	0	26
Still birth (baby died during labour)	5	4	9
After Caesarean Section	0	20	20
TOTAL	31	24	55

Notes: Two maternal mortalities followed C.S. with baby alive. In IUFD (Intrauterine Fetal Death), the use of local herbs were identified as cause of most IUFDs. Perinatal mortality (still birth + death within 1 week) was 3.4 %.

# EMERGENCY ASSISTANCE



Premature triplets born at Ephuenyim Health Center referred to FETHA. All three are alive.

AMURT project areas are in the remote regions of Ebonyi State. The population is mostly comprised of farmers with few financial resources. AMURT administers an emergency fund to help ensure that no lives are lost due to lack of financial means. Obstetric and newborn cases provide most of the emergencies. In 2016, seven children had life saving surgeries sponsored by AMURT. Thirty severely malnourished children recovered with the help of AMURT support.

CATEGORY	AMOUNT
Obstetric emergencies	N 3,452,635
Babies and Children	N 1,875,395
Child surgery	N 1,691,213
Other emergencies	N 249,150
<b>TOTAL 2016</b>	<b>N 7,348,393</b>



Offia Oji – Maxwell, 2 and half years old, had surgery for cystic hygroma.



# NEONATAL NEAR MISSES & MALARIA

## NEONATAL NEAR MISSES

	SEPSIS	JAUNDICE	ASPHYXIA	PRE-TERM	PNEUMONIA	TOTAL
Managed in Health Center	14	3	0	6	0	23
Managed by referral	6	5	7	6	3	27
TOTAL	20	8	7	12	3	50

## COMPLICATED MALARIA CHILDREN UNDER 5

Managed in Health Center	62
Managed by referral	18
TOTAL	80

## BLOOD TRANSFUSIONS

Children	60
Adults	19
TOTAL	79



*Dr. Clifford treating a newborn with asphyxia at Elugwu Ettam*



*A child receives life saving blood transfusion due to malaria at Odeligbo Health Center*

# NEW CONSTRUCTION



*Inikiri Health Center opened on 20<sup>th</sup> October 2016*



*The new wing at Ephuenyim Health Center*



*Inikiri Staff Quarter – under construction*



*Odeligbo new wing – under construction*

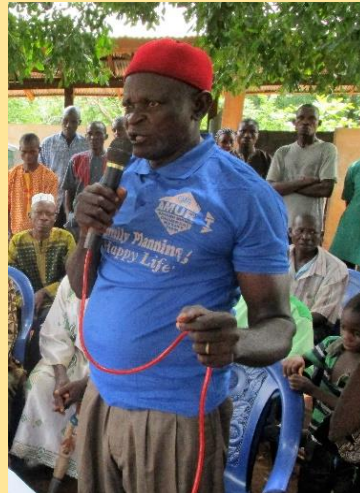
The communities takes responsibility for all unskilled labour, masonry and carpentry in the construction of new health centers, staff quarters and expansion projects. When the community invests in its own health center, the result is a strong feeling of ownership. Accordingly, they assume greater responsibility.



# COMMUNITIES IN PRIMARY HEALTH



*Inikiri management committee with AMURT trainers*



*Eze Nwangele Okpuitumo Ndeagu*



*Community takes charge of construction at Ephuenyim*

The key to effective primary healthcare in rural areas lies in community participation. In accordance with the national policy in Nigeria, AMURT strives to establish strong community management in all the health facilities it assists. With good management of the Drug Revolving Fund the management committee can avoid wastage and ensure that essential drugs and supplies are always available in the health center. With a modest mark up on drugs, the health centers can cover operating expenses like cleaning supplies, cleaners, fuel, maintenance and repairs. All the AMURT assisted health centers have been able to save funds for expansion and upgrades. AMURT encourages the recruitment of local health workers and inclusion of Community Resource Persons in the health center personnel. This approach helps in communication and enables easier patient follow up and more outreach programs. The result is stronger bonds between patients and the health center leading to increased patronage. With an empowered community as the leading partner, we have taken a big step towards sustainability.

# MATERNAL HEALTH PROMOTERS

As part of AMURT's criteria for the free delivery program, the women in each village elect a maternal health promoter from amongst themselves. They conduct monthly pregnant women support group meetings and work closely with health workers from the health center. Their responsibilities include identifying pregnant women, educating and guiding expectant mothers, and monitoring pregnancies and deliveries. As community based volunteers, they ensure that the program is well anchored at the grassroots, and play a key role in promoting safe motherhood in communities. In 2016, the maternal health promoters took the lead in AMURT's campaign to create awareness, acceptance and access for family planning in the rural villages.



*Maternal health promoter in drama*



*Odeligbo Maternal Health Promoters*



*Ephuenyim Maternal Health Promoters  
With Eze's Nwangele's cabinet Ephugbu*

HEALTH CENTER	MATERNAL HEALTH PROMOTERS
Odeligbo	22
Elugwu Ettam	16
Offia Oji	22
Ephuenyim	20
Gmelina	15
Akparata	22
Inikiri	20
TOTAL 2016	137



# HEALTH RALLIES & FAMILY PLANNING



Health Rallies are full day events organized by the maternal health promoters and village youth leaders. They combine health talks and educational dramas with cultural displays like dance, drumming and masquerades to create a festival atmosphere. In 2016 AMURT mobilized 18 health rallies. The health rallies provide opportunities for questions, answers and a dialog between the community and the health center. An additional 64 village outreach meetings were held. Family planning was the focus for AMURT health education in 2016.



# BOREHOLES FOR SAFE WATER



*Everyone is eager to taste water once it starts flowing.*

In 2016, AMURT drilled 17 boreholes. All the beneficiary villages paid 5 % as a local counterpart. Priority was given to remote villages without any source of safe water. Two boreholes in Ngbo and five in Ezza North LGA were given to communities affected by cholera outbreaks. The AMURT WASH team repaired eleven broken boreholes and made follow up visits to all the villages where boreholes had been drilled and WASHCOMs trained since 2011.

## BOREHOLES DRILLED 2011 - 2016

Local Govt Area	Village Boreholes	Clinic Boreholes	Total
Abakaliki	39	3	42
Ohaukwu	35	2	37
Ikwo		2	2
Ezza North	5		5
Total	79	7	86



*Ifiga, Ezza North new borehole*

# WASHCOM TRAINING



*Asuaba installation of new borehole*



*Otoebu WASHCOM training*

After the assessment and identification of villages for the WASH program, AMURT conducts a one day sensitization program for the whole community. On this day the villagers elect 12 men and women to be their WASHCOM (Water, Sanitation & Hygiene Committee). They also identify the exact preferred location for the drilling of the borehole. The WASHCOM training covers maintenance and repair of boreholes, and each village gets a toolbox with all tools necessary to repair their borehole. The training also covers protection of water sources, hygiene and sanitation, and critical health issues like family planning, female genital mutilation and Lassa fever.

LGA	WASHCOMs trained 2011-2016
Abakaliki	42
Ohaukwu	34
Ezza North	5
Total	81



# TRAINEES & SCHOLARSHIPS



*Trainee Jamato at Akparata*



*Trainees with other staff at Elugwu Ettam*



*Ogechi & Sara at Ephuenyim*



*Amarachi at Odeligbo Health Center*



*Blessing at Matriculation School of Health*

In coordination with local leadership, AMURT recruits Community Resource Persons from the local project areas to help ensure 24 hour service in the health centers. The presence of locals on the staff has been crucial in strengthening the bond between the health centers and the communities. It has contributed to increased community confidence and higher patronage. The local staff easily organize outreach programs and when needed follow up on pregnant women with home visits. The local staff has been reliable in being at their post and doing their best for their own people. AMURT offers a scholarship program to give the most talented and committed of these community volunteers the opportunity to become qualified health workers. In 2016, the first scholarship recipient graduated. At the start of 2017, seven candidates were in school on AMURT scholarships. Through employment and support for further education, AMURT has given dozens of young Nigerians an opportunity for a brighter future. Capacity building is a key factor for increased self reliance of primary health care in the rural areas.



# HEALTH CENTER STAFF

Health Centre Staff Category	Offia Oji	Ephuenyim	Gmelina	Odeligbo	Elugwu Ettam	Akparata	Inikiri	Total
Government – permanent workers	2	3	3	3	2	1	0	14
MIDWIVES	1	1	1	1	1	1	0	6
CHEWS/JCHEWS/EHO	4	2	3	3	4	4	7	27
HEALTH ATTENDANTS	7	9	3	7	4	4	2	36
TRAINEES	6	2	1	5	4	2		20
CLEANERS	3	1	1	3	3	3	1	15
SECURITY	1		2					3
AMBULANCE DRIVERS	1		1		1	1		4
TOTAL	25	18	15	22	19	16	10	125



Akparata health workers



Elugwu Ettam health workers



Ephuenyim health workers



Odeligbo care for child

# ECONOMIC EMPOWERMENT



*Odeligbo women's enterprise group*

Through the health centers, AMURT encounters women who are the sole breadwinners in their families. Most are widows; others have husbands who are disabled. Local traditions continue to place widows at a big disadvantage. In the economic empowerment program, indigent women come together to cooperatively manage a revolving credit scheme. Interest free loans are made available to the women to start their own businesses. After two months, they start paying back 10 % monthly. After one year the loan is fully paid back while a new woman is empowered by the group every month. AMURT provides basic training in business planning and book keeping.

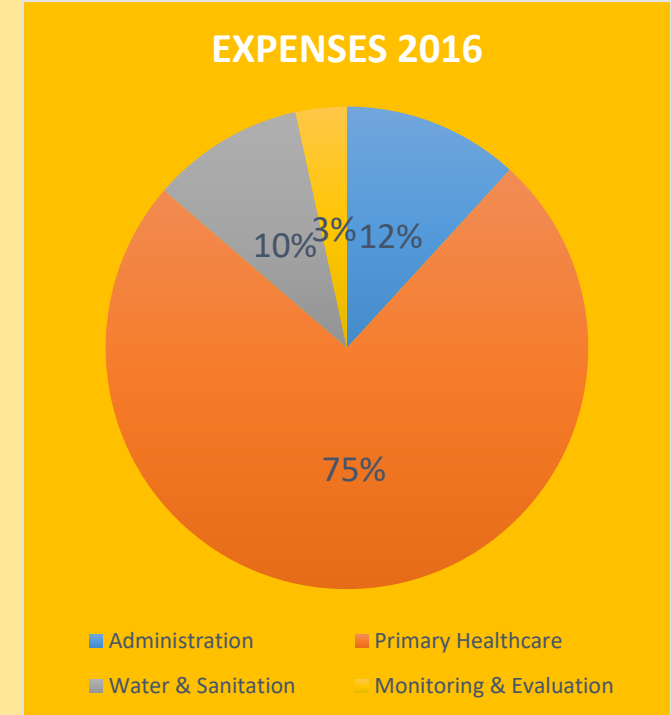


*This woman started a business to sell chickens at the Nweda market.*

HEALTH CENTER	Members	Empowered
Odeligbo	27	27
Ephuenyim	24	19
Offia Oji	26	12
Elugwu Ettam	12	11
Total	89	69

# OUR SPONSORS and PARTNERS

	COUNTRY	PROGRAM
GMT-NIGERIA, LTD.	Lagos Nigeria	Main sponsor
Hearts2Africa	Gothenburg Sweden	Economic empowerment Medical equipment
Dangote Foundation	Lagos Nigeria	Cement
Voice of a Child	California USA	Medical equipment
Igbo Cultural Support Network	London UK	Emergency assistance
AMURT Italy	Parma Italy	Emergency assistance Medical equipment
AMURT UK	London UK	Water & Sanitation Medical equipment
AMURT USA	Maryland USA	Technical support Emergency assistance
AMURT Spain	Madrid Spain	Emergency Assistance
+ PRIVATE DONORS		



## APPRECIATION TO PARTNERS WITH SIGNIFICANT CONTRIBUTIONS IN THE HEALTH CENTERS

**Ebonyi State Ministry of Health**

**Mother and Child Survival Program**

**Centre for Clinical Care & Research  
Nigeria**

**Malaria Action Program for the States**



# CONTACT INFORMATION

## Corporate Office:

34 C Awolowo Road, Ikoyi, Lagos, Nigeria

## Field Office:

Akpoha Street, Abakaliki, Ebonyi State, Nigeria

## Postal address:

PO BOX 1382, Abakaliki, Ebonyi State, Nigeria

Email: [nigeria@amurt.net](mailto:nigeria@amurt.net)

Telephone: +234-81-3306-7130

Web-site: [www.nigeria.amurt.net](http://www.nigeria.amurt.net)

Facebook Page: AMURT West Africa

YouTube: [www.youtube.com/watch?v=oOatqdpzYzI](http://www.youtube.com/watch?v=oOatqdpzYzI)

## AMURT Global Coordinating Office:

2502 Lindley Terrace, Rockville,  
MD 20850 U.S.A.

