AMURT FOUNDATION 2019

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 respecting their customs, language, and religious beliefs.

AMURT (Ananda Marga Universal Relief Team) is one of the few private international voluntary organizations founded in the developing world. 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.

Message from the country director

I feel very privileged to work with a fantastic dedicated team in AMURT Nigeria. In 2019 we grew to another level. Responding to the urgent need for emergency obstetric and newborn care, we saw three AMURT assisted health centers upgraded to the role of referral centers. The impact of years of hard work by the family planning and health education team became evident as attitudes changed and birth rates reduced. AMURT’s slogan ‘Every Life Counts’ guided us to sponsor 47 children’s surgeries. 90 more widows benefitted from economic empowerment and 27 more communities could enjoy safe water for the first time.

I want to thank all our partners in Ebonyi State, particularly the Rotary Club of Abakaliki, MSF, JHPIEGO and the Ebonyi State Government and local governments. We got fantastic support from AMURT chapters in UK, USA, Italy, and Norway. Finally thanks to our main sponsor, GMT-Nigeria Ltd, whose strong humanitarian commitment sustains this important work.

We look forward to 2020 with the determination to reach more needy rural communities and save many more lives.

Yours, in Service,
Dada
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.
<table>
<thead>
<tr>
<th>HEALTH CENTER</th>
<th>LOCAL GOVERNMENT AREA</th>
<th>MONTH/YEAR OPENED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gmelina</td>
<td>Abakaliki</td>
<td>Sep 2010</td>
</tr>
<tr>
<td>2 Offia Oji</td>
<td>Abakaliki</td>
<td>Nov 2010</td>
</tr>
<tr>
<td>3 Ephuenyim</td>
<td>Abakaliki</td>
<td>Nov 2010</td>
</tr>
<tr>
<td>4 Elugwu Ettam</td>
<td>Ikwo</td>
<td>Feb 2012</td>
</tr>
<tr>
<td>5 Odeligbo</td>
<td>Ikwo</td>
<td>Jun 2012</td>
</tr>
<tr>
<td>6 Akparata</td>
<td>Ohaukwu</td>
<td>Apr 2015</td>
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<tr>
<td>7 Inikiri</td>
<td>Ohaukwu</td>
<td>Oct 2016</td>
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<tr>
<td>8 Mgbalukwu</td>
<td>Onicha</td>
<td>Nov 2017</td>
</tr>
<tr>
<td>9 Uloanwu</td>
<td>Ebonyi</td>
<td>Aug 2018</td>
</tr>
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For each health center AMURT defines a ‘project area’ of about 20 surrounding villages for outreach, monitoring and health education activities.
2019 in perspective: Looking ahead to 2020

In 2019, AMURT’s reputation for quality healthcare grew. The number of deliveries from outside our project areas rose, as several of the AMURT supported health centers became known as reliable referral centers for obstetric emergencies. AMURT assisted health centers conducted two hundred and forty one cesarean sections. Eliminating delays and providing access to affordable emergency obstetric care saved many lives. AMURT enters 2020 with twelve doctors, fourteen midwives and seven lab scientists, and a total of 207 staff resident in the rural health facilities. Every morning ten vehicles leave the AMURT office and Abakaliki to carry development programs and service delivery to the remote corners of Ebonyi State. After four years, the impact of our family planning campaign was evident in 2019, as the birth-rate reduced in our project areas. In 2019 AMURT, in partnership with the communities and Rotary Foundation opened a new project area in Ohagelode Ishieke, Ebonyi LGA. The largest so far of AMURT’s projects, opened in early 2020. The AMURT WASH team drilled 27 more boreholes in 2019. AMURT’s Economic Empowerment program’s cooperatively managed revolving credit scheme, revolving the same capital, supported 80 more widows and indigent mothers to start their own businesses. We are entering 2020 with determination and a positive spirit.
Improving access to Emergency Obstetric Care

AMURT’s primary goal is to reduce maternal and newborn mortality. In 2019 AMURT assisted facilities became known as reliable referral centers. To make cesarean section and other emergency interventions available to rural mothers is key to achieve this goal.

From August 2017 to the end of 2018, Odeligbo Health Center carried out 82 cesarean sections. In 2019 AMURT upgraded Ephuenyim Health Center in Abakaliki LGA, and Akparata Health Center in Ohaukwu LGA. We finished the year with 251 cesarean sections. With resident doctors, lab scientists and midwives, the AMURT CEmONC enable early identification of risk, eliminates the referral time delays, and provides the services at an affordable rate. 76 % of the C.S.’s came from outside the project area and 92 % were emergency referrals.
AMURT makes Comprehensive Ante-Natal Care available in all our project areas. With attendance in some health centers reaching up to 200 in one day, 2 or 3 doctors are on duty during A.N.C. so that every pregnant mother can be examined well. AMURT has five portable ultrasound machines and scanning is free. Early identification of women who are at high risk of complications is essential. Health workers make home visits to follow up on high risk cases. All the mothers are tested for malaria, Hepatitis B, Hepatitis C, syphilis (VDRL), HIV, and Urinalysis is done at booking. We do PCV tests and determine the blood group of every woman to save time in the event of emergency. Other lab tests are done on indication. During ANC days, AMURT also provides family planning counselling, routine drugs, tetanus vaccine, preventive treatment for malaria and mosquito nets. In 2019, 56% of the A.N.C. attendance came from outside the project areas.
Safe motherhood

AMURT’s maternal and newborn health services expanded its reach in 2019. The number of deliveries assisted by AMURT rose to 3758. The percentage of deliveries from outside the project area also rose. Odeligbo Health Center lead the way with 877 deliveries. Mgabalukwu Health Center was the most improved with a 57% increase in number of births. 93 deliveries, or 1.9% of total births, were referred to tertiary hospital due to serious complications. A total of 294 deliveries, or 7.8% of all births, were by caesarean section. 241 cesarean sections were done at AMURT assisted health centers and 53 were done at Federal Teaching Hospital in Abakaliki. The average ratio for facility birth vs. home birth in AMURT project areas was 83%, with several health centers achieving over 90% facility delivery. 

Ginika gave birth to a precious baby at Odeligbo Health Center. Her two first pregnancies had ended in still birth. At Odeligbo Health Center she was well cared for and cesarean section was done based on her obstetric history. The family is very happy to finally have a health baby.
MATERNAL COMPLICATIONS & MORTALITY

Causes of 15 Maternal Mortality in 2019
- TB in Pregnancy: 13%
- Liver disease: 7%
- Amniotic fluid embolism: 7%
- Shock due to hemorrhage: 7%
- Anaemic Heart Failure: 13%
- Uterine Rupture: 7%
- Septic shock: 13%
- Anaemia in Pregnancy: 13%
- Chorioamnionitis: 7%
- Unknown: 13%
- Eclampsia: 7%

Places of 15 Maternal Mortality in 2019
- Home: 47%
- On the way to referral centre: 7%
- Health Centre: 33%
- Referral Centre: 13%

Maternal Mortality Rate 2016-2019
- 2016: 337 Per 100,000
- 2017: 289 Per 100,000
- 2018: 272 Per 100,000
- 2019: 188 Per 100,000

Obstetric complications managed in the health centers in 2019
- Cord prolapse: 12
- Uterine Rupture: 17
- Threatened Abortion: 28
- Obstructed labour with foetal distress: 35
- Chorioamninitis due to PROM: 44
- Previous C/S: 57
- Eclampsia/Pre-eclampsia: 75
- Others: 76
- Breach: 91
- Multiple Gestation: 94
- Miscarriage: 102
- Anaemia in pregnancy: 105
- Fetal distress: 152
- Obstetric Haemorrhage: 241
Quality care for mothers and newborns

In 2019, we recorded eight maternal deaths inside our project areas. This gives us a maternal mortality rate of 188 deaths per 100,000 live births. This compares favorably to the Nigerian national rate of 917 deaths (WHO, June 2018). Seven of the fifteen maternal deaths were women from outside our project areas. The number of complications and “near misses” (meaning the mother was very close to death) successfully managed in the health centers, or with AMURT support at referral center, confirm that many lives were saved. AMURT reviews every maternal mortality during monthly medical team meetings to learn lessons and make changes to improve the quality of care.
Stories: Every Life Counts

**FELICIA** lived with congenital macroglossia for seven years. The grotesquely oversized tongue made simple tasks of eating, drinking and speaking, difficult. AMURT arranged for her surgery at UNTH Enugu. The surgery was life changing for Felicia: she now looks normal and can perform the basic task with ease.

**CHISIMDIRI** is a 7 year old girl who was referred from Offia Oji Health Center on account of febrile convulsions. Even at AEFUTHA continued having convulsions for several weeks. The parents lost hope and wanted to take her back to the village for traditional treatment. AMURT did everything possible to save Chisimdiri and after seven weeks she had recovered and was discharged.

**NNEKA** was referred from Odeligbo Health Center with multiple convulsions in pregnancy. She had cesarean section at AEFUTHA and the baby made it. Both Nneka and her baby spent over two weeks in intensive care. She had suffered some kidney injury and required dialysis. By His Grace, both mother and baby recovered well and were discharged.

**DOMINION** was referred from Odeligbo Health Center when he was only 1 month old on account of intestinal obstruction. He had surgery at AEFUTHA. There were several complications and he now has colostomy and needs further procedures. AMURT is supporting his treatment and he is now doing well.

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The well-equipped laboratories in the AMURT assisted health center are crucial in making accurate diagnoses. The number of blood transfusions in the health centers rose to 611 in 2019, an increase of 55% compared to 2018. In 2019, the three CEmONC centers with resident doctors, also got resident laboratory scientists. On ante-natal days the laboratories conduct investigations for the pregnant women, including urinalysis, hemoglobin, blood grouping and tests for malaria, HIV, hepatitis B & C, and VDRL. In 2019 the reactive rates were as follows: Hepatitis B – 6%, Hepatitis C – 6%, Syphilis – 6% and HIV – 0.7%. In total 43 pregnant women tested positive for HIV, of whom 31 were started on PMTCT and 12 were referred. Other HIV positive cases diagnosed were 39. Each of the AMURT assisted health centers has a laboratory. A lab scientist is available on all clinic days to conduct investigations and to enable us to do life saving blood transfusions.
Ambulance services save lives

In the rural areas, transport is hard to find. AMURT operates six ambulances, serving 9 health centers. The Federal Teaching Hospital in Abakaliki is the main referral center. In 2019, 119 obstetric emergency ambulance referrals from AMURT health centers to AMURT CEmONC centers, implied significant savings for the patient’s families. Seven complicated surgery cases were referred to UNTH Enugu.

Health workers accompany every ambulance referral to assist the families with registration, investigations, drugs and lifesaving interventions. AMURT doctors make follow up visits to provide support, especially for obstetric and pediatric cases. In 2019, overall referrals rose by 19%.

<table>
<thead>
<tr>
<th>HEALTH CENTER</th>
<th>AFUETHA Obstetric</th>
<th>AFUETHA Neonatal</th>
<th>AMURT Obstetric</th>
<th>AMURT Neonatal</th>
<th>OTHER</th>
<th>TOTAL</th>
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<td>22</td>
<td>0</td>
<td>0</td>
<td>43</td>
<td>86</td>
</tr>
<tr>
<td>Elugwu Ettam</td>
<td>0</td>
<td>3</td>
<td>15</td>
<td>17</td>
<td>13</td>
<td>48</td>
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<tr>
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<td>11</td>
<td>0</td>
<td>35</td>
<td>0</td>
<td>28</td>
<td>74</td>
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<tr>
<td>Ephuenyim</td>
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<td>12</td>
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<td>0</td>
<td>33</td>
<td>66</td>
</tr>
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<td>2</td>
<td>15</td>
<td>0</td>
<td>6</td>
<td>27</td>
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<tr>
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<td>7</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>14</td>
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<td>0</td>
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<tr>
<td>TOTAL 2018</td>
<td>103</td>
<td>64</td>
<td>119</td>
<td>17</td>
<td>174</td>
<td>477</td>
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</table>
In 2018 AMURT opened a new health center at Uloanwu Ishieke in Ebonyi LGA. After having operated in a temporary location, with the local community taking charge of the construction, a new large hospital building was completed in 2019. The Commissioner of Health came himself to do the opening. Before the end of 2019 the Uloanwu Health Center, had grown to become among the most functional of the AMURT assisted health centers.

Following an invitation from Ohagelode, also in Ishieke Community, the AMURT team visited for assessment in early 2019. We discovered an alarming level of maternal mortality with no access to primary healthcare services. A thorough baseline survey, revealed that only 5% of the women had given birth in health facilities. A hospital building started and abandoned in 2004 was made available. In partnership with the community, who provided sand and labour, AMURT started the construction of the new facility. Rotary Club of Abakaliki, supported by Rotary Club of Alfarheim and the Rotary Foundation gave a grant for equipping the health center. By the end of 2019 the building was nearing completion for opening in early 2020.
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 we assist. The community must take the lead in key decisions concerning healthcare. Building community confidence in the health facility is essential to increase patronage. Local management is needed to keep drugs and supplies in stock. With a modest mark up on drugs, the health centers can cover operating expenses like cleaning supplies, cleaners, fuel, and also save money for maintenance work and repairs, and expansion of the drug inventory. All the AMURT assisted health centers have been able to save funds to do construction for expansion and upgrades. AMURT encourages 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 outreach and health education 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.
Massive impact of family planning

Quietly, gradually, and patiently, and through hard work, AMURT’s family planning team has made a massive impact. The birth rate in our project areas has come down as over 3000 women have chosen long term contraceptive options. The family planning team frequently encountered opposition in the beginning as in some communities, awareness, acceptance and access to contraception was close to zero. It was seen as a threat to the culture and way of life. However, as the team explained the benefits of child spacing, and the health impact on the whole family, the attitude towards family planning has changed fast. The state fertility rate is 5.3 births per woman, while in the remote villages where AMURT works many women have 8, 10 or even more children. Through village meetings, the AMURT health education team has raised the awareness and acceptance of the health benefits of child spacing. In the AMURT assisted health facilities, the rural population now has access to counselling and a variety of contraceptive options.

Through PPLARC (Post-Partum Long Acting Reversible Contraceptive), improved and intensified health education during ante-natal days and immunization, counselling of all pregnant women, we have seen a big change. In 2019, 2763 persons accessed a contraceptive method in the AMURT assisted health centres. Fifty percent chose implants. Long held cultural beliefs have evolved to place health first.
An effective grassroots network: maternal health promoters in action

In AMURT’s project areas, the women in each village elect a maternal health promoter from amongst themselves. This unique network now extends to 194 villages, in AMURT’s 10 project areas. 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 all births, including homebirths. As community based volunteers, they ensure that the program is well anchored at the grassroots. While promoting safe motherhood, the maternal health promoters play a central role in changing the outlook and attitudes of the rural population to embrace child spacing, family planning and women’s leadership in health and community affairs. They are health educators on the ground, every day.
Health rallies: health education and cultural pride

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 2019 AMURT mobilized 5 health rallies in the Uloanwu project area. The health rallies provide opportunities for questions, answers and a dialog between the community and the health center. An additional 29 village outreach meetings were held. Family planning and safe motherhood was the focus for the health education in 2019.
In coordination with local leadership, AMURT recruits community volunteers 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. At the end of 2019, eighteen candidates were in school on AMURT scholarships. Through employment and support for further education, AMURT has given dozens of young rural women, and a few young men, a career and opportunity to serve their communities. The candidates enter the School of Health to become CHEWs (Community Health Extension Workers) or Junior CHEWs. Capacity building in health is a key factor for increased self-reliance of primary health care in the rural areas. A few have received support for higher studies.
Many rural villages in Ebonyi State still rely on rivers and ponds for their drinking water. In 2019, AMURT drilled 27 new boreholes giving communities safe water at their doorstep for the first time. AMURT’s WASH (Water Sanitation & Hygiene) program give priority to remote villages who are without a source of safe water. Afikpo North, Onicha, Ikwo, Ebonyi, Izzi and Ohaukwu Local Government areas benefited from new boreholes in 2019. In addition to drilling new boreholes, AMURT also repaired 30 old and broken boreholes across six LGAs. The WASH team made follow up supporting visits to villages that had benefitted from AMURT WASH interventions since 2011.

Since 2018 AMURT has enjoyed a close partnership in Water & Sanitation with the Rotary Club of Abakaliki. The projects have been funded by Rotary Clubs in California, U.S.A. and in Italy together with the Rotary Foundation.
Community ownership of WASH

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 Water, Sanitation & Hygiene Committee. Members are chosen from different families, to ensure a broad representation. People with mechanical skills, leadership skills and teachings skills are prioritized. They identify two or three preferred locations for the drilling of the borehole. It is important to have more than one alternative in case the geophysical survey does not detect water in the preferred spot. The WASHCOM training covers maintenance and repair of boreholes, and each village gets a toolbox with all tools necessary to repair their borehole. The WASHCOM members learn also learn to understand the mechanics of the borehole and how it works. The training also covers protection of water sources, hygiene and sanitation, and critical health issues like family planning and female genital mutilation. They learn how the community can protect itself from Cholera, Lassa fever and other infectious diseases.
Women’s empowerment: a cooperative model

Through the health centers, AMURT encounters many 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 as new members are empowered by the group every month. The women have succeeded in carefully managing the scheme and more than quadrupled the number of beneficiaries, from 65 to 280. The program has been successful AMURT provides basic training in business planning and bookkeeping. In 2019 skills acquisition was added to the program, and women learnt how to make soap and buns and chin-chin.

Lucy is a widow with six children. She is a founding member of the cooperative group formed at Gmelina Health Center. She started with a modest credit of only 10,000 naira for cassava processing. In 2019 she had saved enough to construct her own house with her hard work and fine example.
# OUR SPONSORS and PARTNERS

<table>
<thead>
<tr>
<th>SPONSORS</th>
<th>COUNTRY</th>
<th>PROGRAM</th>
</tr>
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<tbody>
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<td>GMT-NIGERIA, LTD.</td>
<td>Lagos Nigeria</td>
<td>Main sponsor</td>
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<td>+ PRIVATE DONORS</td>
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## BOARD OF TRUSTEES

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- **Secretary**: Barrister Daniel Gyang
- **Finance Sec**: Seye Eniayewu
- **Member**: Dada Tor Bjoernsen

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- **Devolopment Director**: Chioma Ogbozor
- **Chief Operations Officer**: Ogbonna Agha
- **Office Manager**: Martha Nweke
- **HR Manager**: Olarnewaju Ilesanmi
- **M&E Manager**: Chike Anah
- **WASH Manager**: Peter Chukwu Elem
- **Program Manager**: Ibiom Iro Oji
- **Health Education Coord.**: Chinwendu Anago-Amanze
- **Family Planning Coord.**: Nora Nankwor
- **Adolescent Health Coord.**: Eugenia Nwangweng
- **Referrals in-charge**: Dr. Anwu Chinwendu
- **Economic Empowerment Coord**: Afuluenu Onu
- **Head Midwife**: Rita Obiakor
- **H.O.D. Laboratories**: Sct. Daniel Ejiofor
- **Head Driver**: Peter Emmanuel

## PROJECT AREAS IN-CHARGES

- **Abakliki LGA**: Dr. Onwe Obinna
- **Ikwo LGA**: Dr. Ikechukwu Obinna
- **Ohaukwu LGA**: Dr. Omogo John
- **Onitsha LGA**: Dr. Ikechukwu Iwuchukwu
- **Ebonyi LGA**: Dr. Bayero Stephen
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YouTube: www.youtube.com/watch?v=oOatqdpzYzl

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Her name is Success and her surgery was also a success!