



## PRESS STATEMENT

### Changing the Course of U5 Mortality in Nigeria.

“With over 700,000 deaths annually, Nigeria is one the highest contributors to under-five mortality in the world”

- UN Inter-Agency Group for Child Mortality Estimation.

“Benue State is one of the states in Nigeria with under-five mortality above national average”

- National Demographic Health Survey (NDHS) 2013

Every year, hundreds of thousands of children under the age of five years in Nigeria do not live up to their fifth birthday due to preventable childhood illnesses such as malaria, pneumonia, diarrhoea and severe acute malnutrition. Most U5 death occurs in remote, hard to reach communities where caregivers are faced with physical, social and financial barriers to access health services.

In line with its vision for a just, equitable and peaceful Nigerian society where poverty is eradicated and everyone is empowered to live life in all its fullness, Christian Aid Nigeria in partnership with the government of Benue State, the federal ministry of health and two local partners Onyeata Care Givers and Jireh Doo Foundation implemented a 3-year UKAID funded project - Partnership for Improved Child Health (PICH Project) in 4 local governments areas Konshisha, Kwande, Obi and Opokwu.

The project employed integrated Community Case Management (iCCM) approach, providing free life-saving treatment to U5 children in hard to reach communities using volunteers known as Community Oriented Resource Persons (CoRPs). The CoRPs who are lay men and women selected by the target communities are trained and equipped with commodities and kits to test, treat and refer children with danger signs to health facilities. Lower Level Health Facility Workers were trained to provide supportive supervision to the CoRPs. A total of 997 CoRPs and 260 LLHFWs were trained on the project to provide life-saving intervention. In addition, children who are found to have indices of malnutrition and given Ready to Use Therapeutic Food and Action Meal at designated health facilities. More than 300,000 cases of childhood illnesses were managed during the life of the project.

At the community level to ensure commodity accountability, support provision of services and undertake self-help initiatives to address barriers to health access, a governance structure was put in place. More than 1,800 Community Development Committees (CDCs) were established or resuscitated and trained to be more effective in advocating to duty bearer to bring a positive change to their community human development indices, Positive outcomes of this initiative could be seen as communities like, the Anwase CDC in Kwande LGA led the community to construct a standard health facility to provide health care services to community members and



neighbours. More than 340 Faith and community leaders were empowered to use their platforms and influences to address social and cultural barriers to health services. This was done through town hall and religious meetings where basic information for prevention on

childhood diseases was shared and caregivers linked to the volunteers (CoRPs) to provide live saving intervention to the children. To ensure quality of service, health workers provided on-site supportive supervision and mentoring to the CoRPs, in addition to the bi-annual visits jointly provided by the federal, State ministries of health, and local Government department of health personnel.

The volunteers who gave of their time and effort to the project were not left empty handed as the vision of Christian Aid is to empower individuals by enacting deep and lasting change as we commit to the vision of ending poverty. Christian Aid conducted business training and invested in income generation activities of the CoRPs, rather than giving out stipends which is not sustainable and does not have the far-reaching impact that is desired in the change we seek to bring. Christian Aid's approach was the alternative reward system to improve livelihoods of volunteers and their families. This approach worked with the volunteers to rejuvenate or support the establishment of business ventures for the volunteers thereby creating a multiplier effect by providing stable income generation for Volunteers and stimulate economic activities of beneficiaries and local communities.

The project team is working with Benue state government and other stake holders in the health sector to sustain the gains of the project with a view to maintain the traction gained by the intervention.

In appreciation of Christian Aid work providing free life-saving treatment to under-five children in their communities, Adiga Community in Konshisha LGA rolled out the drums to celebrate Christian Aid Nigeria. Community leaders showered praise on Christian Aid for addressing frequent under-five deaths in their communities through provision of free treatment services. Showing their gratitude, the community decorated a Christian Aid staff with a Chieftaincy title.

Christian Aid through this intervention has empowered communities to take ownership of their own health by improving knowledge and health seeking behaviour, giving hope in despair and saving U5 children who face imminent death due to barriers of access to and uptake of quality health services. Christian Aid has also built community resilience and capacity for disease mitigation and prevention. With the implementation of PICH Project in Benue State, Christian Aid has demonstrated that poverty and distance to health facilities should not be a death sentence.

**ENDS**

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