



AMURT FOUNDATION 2014



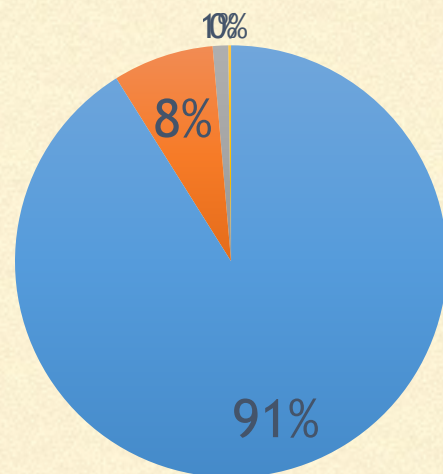
EBONYI STATE PRIMARY HEALTH CARE,
MATERNAL HEALTH & WATER PROJECTS

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.

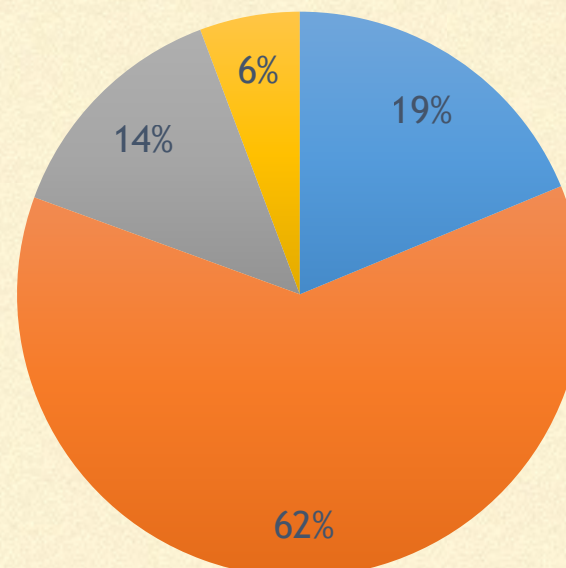
AMURT (Ananda Marga Universal Relief Team) is one of the few private international voluntary organizations founded in India. Since its inception in 1965 its original objective was to help meet the needs of the affected population after disasters that regularly hit the Indian sub-continent. Over the years AMURT has established teams in thirty-four countries, to create a network that can meet disaster and development needs almost anywhere in the world. In 1985 we broadened our goals to include long-term development. We feel that we can play a useful role in helping vulnerable communities break the cycle of poverty and gain greater control over their lives. For us, development is human exchange: people sharing wisdom, knowledge and experience to build a better world. **AMURT Foundation was registered with as an NGO with Nigeria's Corporate Affairs Commission in 2011**

INCOME



- Corporate Grants
- International Grants
- In-kind donations
- Other

EXPENSES



- Management & Logistics
- Primary Healthcare
- Water & Sanitation
- Monitoring & Evaluation

BOARD OF TRUSTEES

Chairman:	Barrister Florence Okpaleke
Secretary:	Barrister Daniel Gyang
Finance Sec.	Seyi Eniyewu
Member:	Dada Tor Bjoernsen

EBONYI MANAGEMENT STAFF:

Director:	Dada Tor Bjoernsen
Medical director:	Dr. Agu Martins
Administration:	Ndidi Okpani
WASH Manager;	Peter Chukwu Elem
M&E Manager:	Ogbonna Agah
Construction manager:	Paul Haligah

PROGRAMMATIC GOAL

To reduce maternal and newborn mortality in Ebonyi State

SUSTAINABILITY GOAL

To create 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.

TIMELINE 2010-2014

YEAR	KEY DEVELOPMENT ACTIVITIES
2010	AMURT starts work in Nigeria and choses Ebonyi State as first project area. Offia Oji, Ephuenyim and Gmelina Health centers open in Ekumenyi Development Center.
2011	First NYSC doctor posted for AMURT. AMURT WASH program starts with Abakaliki LGA. First of 36 boreholes drilled. Staff Quarters, mechanical borehole and four new wards are added at Offia Oji Health Centre.
2012	AMURT signs MOU with Ebonyi State Governmnet. Elugwu Ettam and Odeligbo Health Centers open in Ndufu Ikwo Development Center. Ambulance deployed at Offia Oji Health Centre. Home visit program starts. Staff Quarter and mechanical borehole constructed at Ephuenyim Health Center
2013	Ambulance deployed at Elugwu Ettam Health Center. Staff quarter constructed at Gmelina and Elugwu Ettam Health Centre. Mechanical borehole constructed at Gmelina, Elugwu Ettam and Odeligbo Health Center.
2014	New wing constructed at Offia Oji Health Centre. Staff quarter built at Odeligbo Health Centre. Health outreach and construction starts at Akparata, Effium, Ohaukwu LGA. 14 boreholes drilled in Ohaukwu LGA

STRATEGIC COMPONENTS

Partnerships	Community, government, private sector, local organizations
New health centers	Criteria: Distance, community felt need, community commitment, government commitment
Outreach	Maternal health promoters. Pregnant women support groups. Home visits. Health education.
Training of health workers	Pregnancy care. Delivery. Home visits. Newborn care,. Laboratory skills. Scholarships for further education.
Monitoring	Database of all pregnant women. Monitoring of all high risk pregnancies. Enumeration of all women 15-49. Home visits.
Emergency referral	Subsidized ambulance service. Emergency medical fund.
Upgrade of facilities and equipment	Staff quarters. Mechanical boreholes. Ultrasound. Oxygen. Laboratory.
Community ownership and management	Community participation in construction. Drug revolving fund. Training of management committees. Self-sufficiency for operating
Government participation	Government employ staff. Government monitoring and supervision. State health programs implemented
Water and Sanitation	Boreholes.WASHCOMS training.Tippy Tap. Pit Latrines. Follow up.

PROJECT AREAS AND HEALTH CENTRES



Local Govt.	Health Centre
Abakaliki	Offia Oji
	Ephuenyim
	Gmelina
Ikwo	Elugwu Ettam
	Odeligbo
Ohaukwu	Akparata

ANTE-NATAL CARE

HEALTH CENTRES	WOMEN
Offia Oji	703
Ephuenyim	540
Gmelina	145
Odeligbo	615
Elugwu Ettam	248
TOTAL	2251

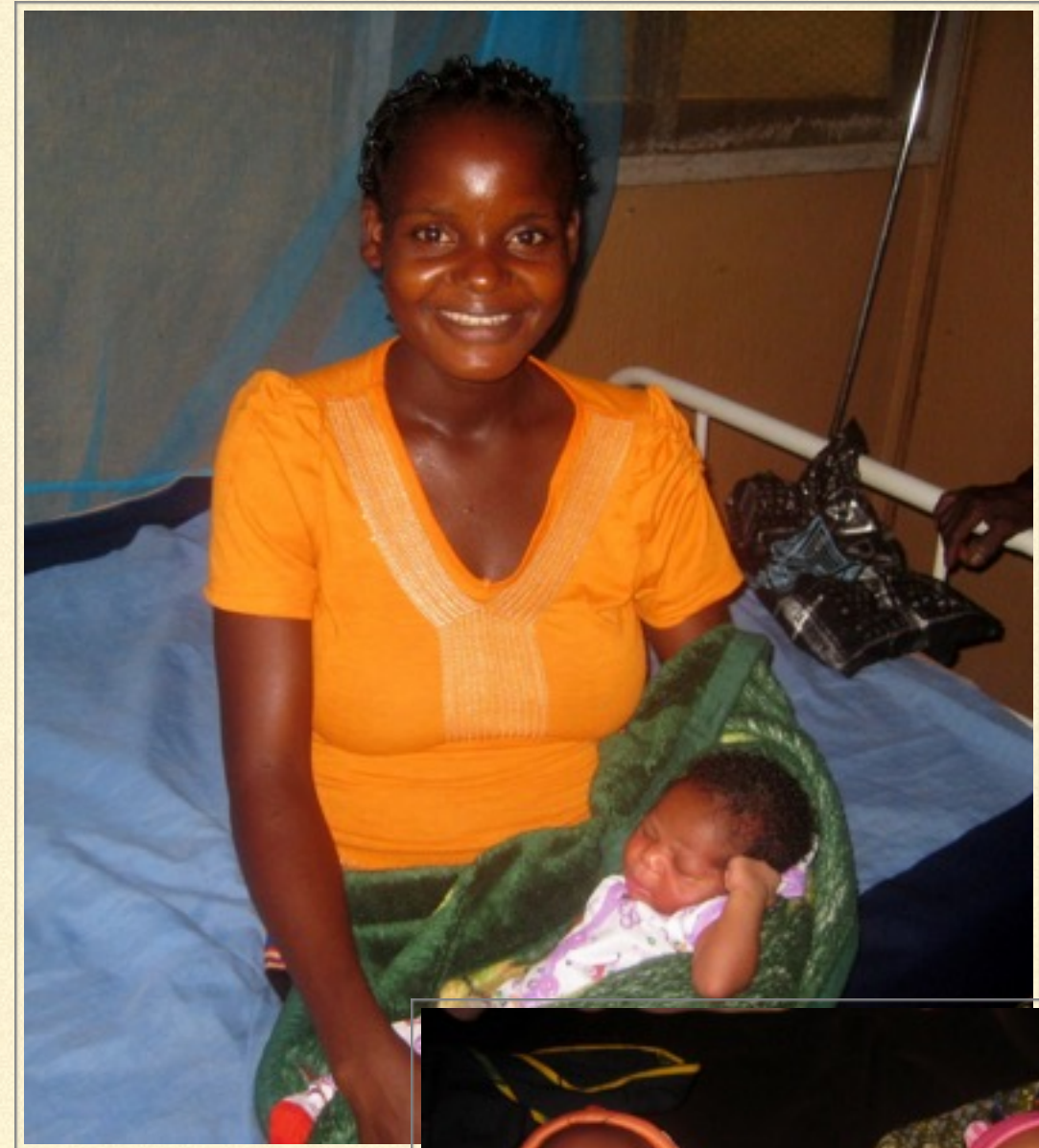


The attendance at ante-natal care increased by 50 % in 2014. The increased attendance was a result of the pregnant women support group meetings and the criteria to qualify for free delivery. All the health centres met the standards for comprehensive ante-natal care: doctors examination, ultrasound, routine testing for HIV/Malaria/Urinalysis/STD/Hepatitis. Routine drugs and mosquito nets were made available to all the women.

DELIVERIES

Health Center	Deliveries
Offia Oji	364
Ephuenyim	219
Gmelina	35
Odeligbo	278
Elugwu Ettam	99
Referral Hospital	60
Total	1055
Twin births	+24

The increase in patronage was a result of increased health education outreach, free delivery and the ambulance emergency assistance. With unfailing 24 hour service, the mothers now have confidence in the health centres.



2013-2014 COMPARISON

CATEGORY	2013	2014
Deliveries	540	1055
Ante-natal attendance	1583	2251
Deliveries	34.1 %	46.9 %
Obstetric Referrals	59	68
Caesarean Section	19	33

During 2014 we came close to doubling the number of deliveries in the health centres. The increase can be attributed to the health education, outreach, resulting in the increased participation of the communities in maternal health, and the free delivery program



EMERGENCY AMBULANCE SERVICE

Health	Obstetric	Other	Total
Offia Oji	18	27	45
Ephuenyim	13	5	18
Gmelina	2	0	2
Odeligbo	17	6	23
Elugwu	16	7	23
Ettam	2	0	2
TOTAL	68	45	113

Caesarean Sections		
Caesarean Section	Percentage of obstetric referrals ending in C.S.	Percentage of total deliveries
33	48 %	3.1 %



The ambulance referral service saved many lives in 2014. The ambulances are used exclusively for patient emergency transport. A driver is on standby at all times. AMURT provides supporting services at the referral facility, including economic aid in life threatening situations and extreme poverty. The caesarean section rate of only 3.1 % of total deliveries is low and good testimony to the quality of care in health centres.

MORTALITY

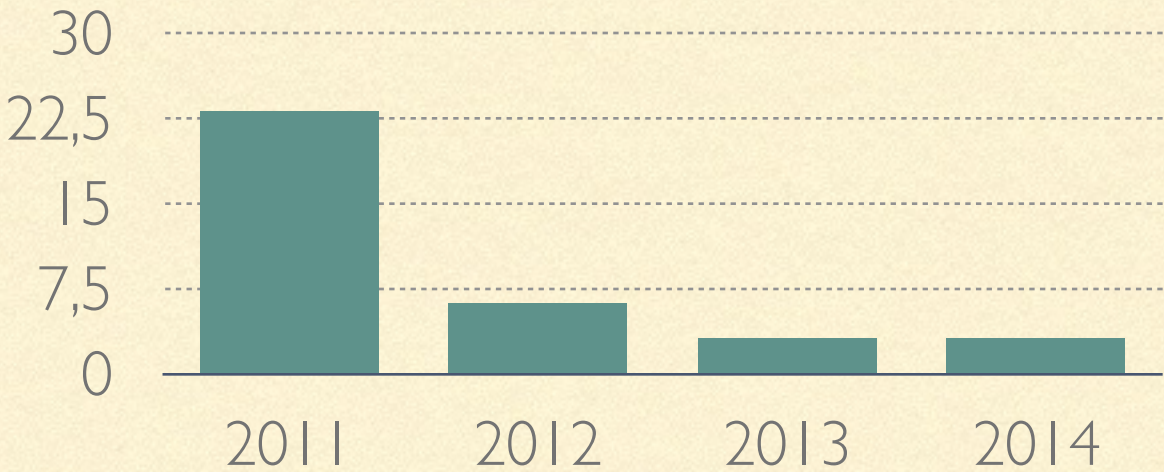
MATERNAL DEATHS IN PROJECT AREAS	NO.	CAUSE
After home birth at health centre	1	Post Partum Hemorrhage
After health centre birth at referral centre	1	Post Partum Hemorrhage
After birth at maternity home	1	Post Partum Hemorrhage
TOTAL	3	

Assistance to babies after maternal deaths outside project areas	2	Post Partum Hemorrhage
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NEO-NATAL DEATHS	NO.
In health centres	11
In referral centres	14
Total	25



Maternal Deaths in Project Areas per year



FREE DELIVERY

Health Centre	Free Deliveries	Date Started
Odeligbo	143	15 May
Elugwu Ettam	48	7 June
Offia Oji	265	15 May
Ephuenyim	138	8 July
Total	594	

The Free Delivery Program was started after meetings with mothers in the villages revealed financial constraints as the main cause for women to deliver at home. AMURT involved the leadership and men in village meetings on maternal health and got full community cooperation to monitor all pregnancies and births in the villages. At the health centres the women receive free baby clothes, pads, soap and oil. The delivery is completely free.



MATERNAL HEALTH PROMOTERS



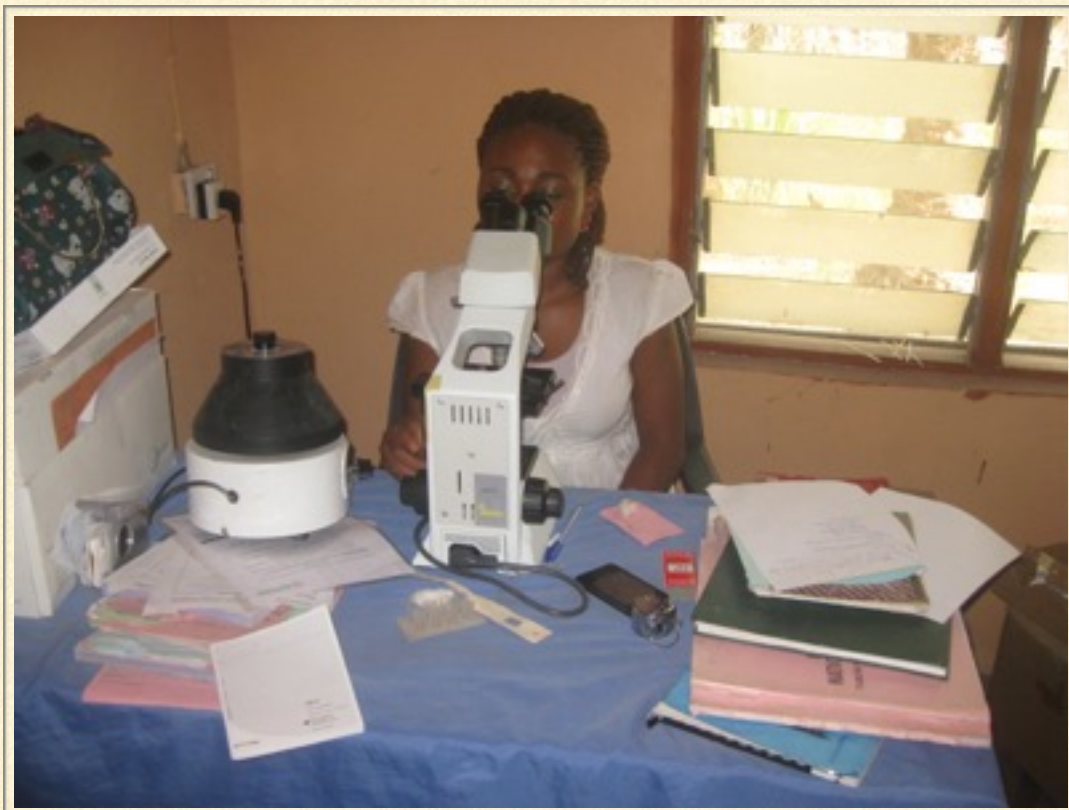
HEALTH CENTER	MATERNAL HEALTH PROMOTERS
Offia Oji	21
Ephuenyim	20
Odeligbo	22
Elugwu Ettam	18
Akaparata	22
TOTAL	102

As part of the preparations for free delivery, the women in each village elected a maternal health promoter from amongst themselves. They conduct monthly pregnant women support group meetings, help to identify pregnant women, educate them and monitor their pregnancy. They work closely with health workers from the health centres.

LABORATORIES

A side laboratory has been established in each of the health centres.

An AMURT lab scientist has trained select health workers in the basic investigations. The laboratory has been crucial in high risk obstetric cases, general diagnoses and enabling life saving blood transfusions.



HOME VISITS AND MONITORING



HEALTH CENTER

WOMEN AT HIGH RISK RECEIVING HOME VISITS

Offia Oji	16
Ephuenyim	21
Odeligbo	24
Elugwu Ettam	14
Gmelina	4
TOTAL	69

Every pregnant woman showing warning signs or identified as being in a high risk group is followed closely. Trained health workers make home visits to monitor the pregnancy. Preparations are made for early referral in case of previous caesarean section, breech presentation, or other high risk indicators. The program has saved many lives.

SPECIAL ASSISTANCE

CATEGORY	SUM
Obstetric emergencies	N 1,504,000
Children emergencies	N 258,000
Adult emergency	N 61,000
Child surgery	N 377,000
Adult surgery, prostheses	N 673,000
Livelihood support	N 158,000
Food aid	N 62,000
Christmas Baskets	N 212,000
TOTAL	N 3,304,000

AMURT administers an emergency fund to ensure that no mother or baby will be at risk for lack of financial means. During 2014 close to half the fund was used for obstetric emergencies. Malnourished babies and children were assisted. We also paid for surgery for hydrocephalus cases, prostheses for amputees, etc.



MALARIA & HIV TESTING AND TREATMENT

MALARIA TESTING AND TREATED and NETS DISTRIBUTED

Health Centers	Total No. of Suspected Malaria Cases Tested (fever Seen)	Total No. of RDT Positive Malaria Case	Total No. of Comfirmed Mala Cases Treated	Total No. of Positive U5 Cases	LLIN PW	LLIN U5
Offiaoji	2069	1789	1649	757	530	67
Ephuenyim	481	319	326	107	124	92
Gmelina	319	186	202	96	25	47
Odeligbo	681	210	228	67	195	47
Elugwu Ettam	613	274	269	104	37	28
Akparata		Data not	available		70	62
Malaria Day					287	323
Total	4163	2778	2674	1131	1268	666

Commodities for HIV and Malaria testing and treatment are supplied by State partner agencies MAPS, CCCRN & ECEWS.

All HIV cases are referred, and only pregnant women and infants are treated in the health centres.

LLIN stands for Long Lasting Insecticide treated Nets.

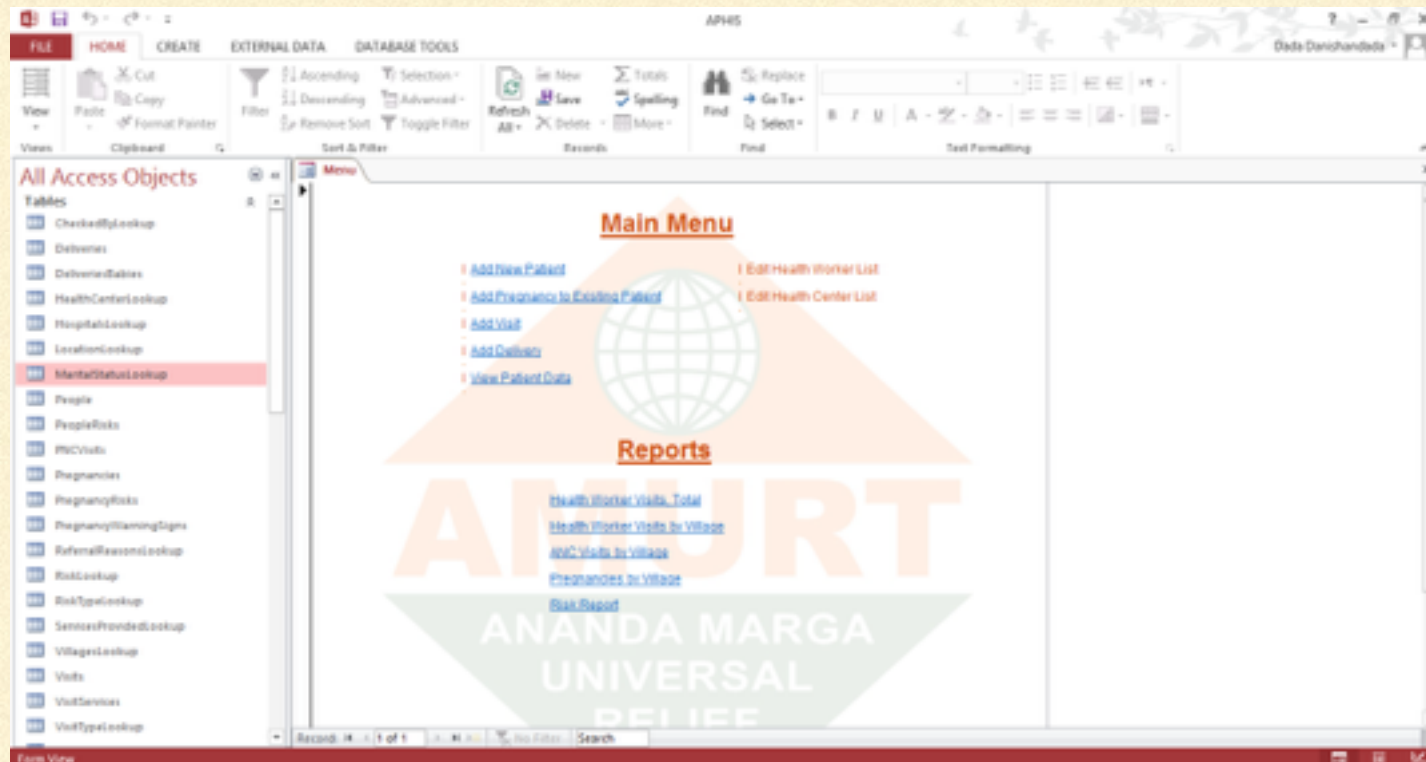
HIV TESTING and TREATMENT

Health Center	Pregnant Women Tested	Positive	On Therapy	Others Tested	Positive
Gmelina	149	1	0	179	1
Ephuenyim	528	0	0	308	0
Offia-orji	695	3	3	429	2
Odeligbo	522	3	3	157	4
Elugwu Ettam	367	1	1	680	3
Total	2261	8	7	1753	10



MONITORING AND EVALUATION

In 2014 the AMURT monitoring and evaluation team started using a maternal health database program specially designed for by a volunteer team from Washington DC, USA. The database helps us to monitor every pregnant women in the project areas. It includes her obstetric history, ante-natal attendance, warning signs, home visits, birth outcome, etc. The AMURT M&E team collects data from the health centres and also from the maternal health promoters in the villages.



CONSTRUCTION OF NEW HEALTH FACILITIES



In 2014 AMURT was occupied with three construction projects. The new maternity wing at Offia Oji Health Centre was necessary to accommodate the number of patients. Odeligbo was the last clinic to get it's own staff quarters. In Akparata we made good progress, but could not complete the new health centre. The community took charge of labour in all the projects.



COMMUNITY MANAGEMENT AND OWNERSHIP



All the clinics are owned and managed by the communities. By managing the clinic income carefully, they are able to cover restock of drugs and supplies, maintenance, and basic operating expenses. Odeligbo and Offia Oji Health Centres were also able to save enough to take charge of paying the artisans for the construction of the new buildings. At Akparata, they community is struggling bravely to build the new health centres. The sacrifice that the communities make creates the genuine feeling of ownership which will help in the long term sustainability of the facilities.

HEALTH WORKERS

Health Centre Staff Category	Offia Oji	Ephuenyim	Gmelina	Odeligbo	Elugwu Ettam	Akparata	Total
Government – permanent workers	1	4	4	4	3	2	18
Government – temporary workers	3	3	3	5	5	5	24
Auxiliary Staff – trained	7	3		2	1		13
Nurse trainees	9	11	6	4	3		33
Cleaners	4	1	1	3	2		11
Security	1		2				3
Ambulance Drivers	1				1		2
TOTAL	26	22	16.	18	15	7	104

Forty percent of the staff in the health centres are employed by the government. They are also paid a small stipend together with the other health workers who receive stipends from AMURT.

We continue advocacy to get more qualified staff employed. For 24 hours service we need many staff. Our strategy of recruiting volunteers and trainees from the local community has had very good effect. The scholarship program along with regular training sessions, will help to strengthen the staff in 2015.

WASHCOM (WATER SANITATION HYGIENE COMMITTEES)



After the assessment and identification of villages for the WASH program, we conduct a one day sensitisation program for the whole community. On this day the villagers will elect 12 men and women to be their WASHCOM (Water, Sanitation & Hygiene Committee). They also identify the exact the location for the drilling of the borehole. Each community pays a counterpart of 5% of the cost. The WASHCOM training includes teaching of maintenance and repair of boreholes. The training also cover hygiene and sanitation, and critical health issues like family planning, Female Genital Mutilation and Ebola.

BOREHOLES

WASH PROGRAMS	TOTAL	NEW 2014
NEW BOREHOLES	52	Ohaukwu LGA – 14 Abakaliki LGA – 7
REHABILITATED BOREHOLES	27	Ohaukwu LGA – 6 Abakaliki LGA – 6
WASHCOMS FORMED AND TRAINED	61	21 new

21 villages benefitted from AMURT WASH program in 2014, with boreholes and training of WASHCOMs. The program follows up with campaigns against open defecation, and teaching hygiene and environmental sanitation



WASH RALLIES

WASH Rallies are carnival like one day events arranged by the WASHCOMs that bring out the whole village incl. children. The program include health education, drama, testimonies, and lots of song, drumming and dance!



CHOLERA INTERVENTION



In October, Akparata community suffered an outbreak of cholera. Ten lives were lost. AMURT intervened. We treated 10 patients with severe cholera that were close to death. We set up an oral rehydration centre, where 68 people were treated. We supplied water guard to disinfect water supply to 10 villages and visited funerals for the dead to educate on how to stop the spread. The affected villages were educated about cholera. We supplied drugs and rehydration to private clinics who treated the victims. Many lives were saved.

STAFF AND LOGISTICS



Transport is essential when working in the remote rural areas. The ambulances have been lifesavers. The vehicles are used to carry doctors for supervision and monitoring and for construction and water projects. The motor cycles are used for home visits, monitoring and community mobilization.

LOGISTICS	NUMBER
AMBULANCES	2
PICK-UP TRUCKS	4
JEEPS	1
MOTORCYCLES	8

EMPLOYEES	NUMBER
Management, office, accounts	4
Doctors	4
Monitoring & Evaluation – Program	3
Lab Scientist	1
Nurses	4
Water & Sanitation	2
Drivers (incl. ambulance)	5
Total Employees	23



CONTACT INFORMATION



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