

THE SAFETY, HEALTH AND EMPOWERMENT (S.H.E) PROJECT FOR WOMEN LIVING IN RURAL AREAS OF ABIA STATE NIGERIA.

Project Goal:

The Safety, Health and Empowerment (**S.H.E**) project for rural women and children is an initiative with the primary goal of reducing the high rate of maternal and child deaths in rural areas of Abia State, Nigeria. The high rate of poverty, lack of well-equipped hospitals and medical personnel and inadequate information has resulted in preventable deaths of women and children living in rural communities in Abia State.

The Challenge:

Nigeria has the world's second highest number of deaths in children under five, losing around 2,700 every day from a ratio of 120 per 1,000 in 2016, although it has declined since 2003 down from more than 200 per 1,000. Only one out of three babies is delivered in a health facility. The poorest among Nigeria's population continue to be most in peril, whatever their age. While there have been drops of 31 per cent and 26 per cent in under-five and infant mortality rates, respectively, over the last 15 years, the decline in deaths of newborns over the same period is just 20 per cent highlighting an urgent need to scale up interventions targeting the youngest in the country. The uptake of routine immunization remains poor and full immunization coverage has failed to gain traction as only one in four children are fully vaccinated. The situation for rural children causes

greatest concern – only 16 per cent are fully immunized, compared to 40 per cent of children in urban areas. (UNICEF).

Some of the top causes of children's death in Nigeria are; malaria, HIV/AIDS, diarrheal diseases, accidents, malnutrition and tuberculosis. Malaria remains the foremost killer disease in Nigeria. It accounts for over 25% of under 5 mortality, 30% childhood mortality and 11% maternal mortality according to the 2011 World Health Organisation statistics.

It is also estimated that more than half of Nigerians (54.4% or 76 million) live in poverty with 70.8% of this living below the poverty line of less than \$1 per day. Poverty is found to be predominant in the rural areas than urban areas and deepens from the southern to the northern part of the country (United Nations Development Program [UNDP], 2007). This makes it difficult for rural dwellers to afford health care.

Extending health care to Nigeria's large and diverse population is an enormous challenge, with persistent instability, weak infrastructure and poverty preventing health services from reaching society's most vulnerable. According to 2012 estimates by the World Health Organization, approximately 70% of Nigeria's health care expenditures originate from the private sector. The vulnerable such as women and children face the risk of preventable death due to inability to access medical care in good time as a result of long distance to hospital, inability to afford medication and lack of information. Where primary health centres are available in the community they are often poorly equipped and lack vital supplies with which to treat patients. More than 80 per cent of newborn deaths are due to prematurity, asphyxia, complications during birth or infections such as pneumonia and sepsis. These deaths can be prevented with access to well-trained midwives during antenatal and postnatal visits as well as delivery at a health facility, along with proven solutions like clean water and hand-washing, disinfectants,

breastfeeding within the first hour, skin-to-skin contact, proper cord care, and good nutrition.

Too often, these simple cost-effective solutions are out of reach of the mothers and babies who need them the most in Nigeria.
(UNICEF)

The case is not different in Abia State, our target area. With its capital in Umuahia, Abia is located in South- East Nigeria and is made up of 17 local Government areas. The local Government areas comprises of 184 wards. For the 2019/ 2020 campaign the foundation will reach out to 50 pregnant women and 50 care givers in each of the 184 wards in the State.

Nnadozie foundation has developed the S.H.E **project** as a strategy for combating the myriad of problems facing women and children in the rural areas.

The **S.H.E project** adopts simple and direct solutions to these problems. They have been categorized as follows.

- A. Maternal and Infant health intervention.
- B. Health intervention for children aged 0-12 years.
- C. Support for Primary health centers.

A. MATERNAL AND INFANT HEALTH INTERVENTION: This is designed to provide pregnant women with essential items and relevant information that will contribute to a healthy pregnancy and safe delivery. These items can prevent infections during delivery and contribute to health and wellbeing of mothers and infants.

Project Activities:

- 1. Distribution of S.H.E delivery packs for pregnant women:** The packs contain simple yet essential hygienically packaged items such as absorbent delivery mats, sterilized hand gloves, liquid antiseptic, sanitary pads and more. Presently women in rural areas deliver at home or with traditional birth attendants in mostly unhygienic conditions. In some cases, they lay on bare floors or use non-absorbent materials spread on the floor for delivery. The birth attendants sometimes carry out baby delivery with bare hands and unsterilized items. This often results in infection which is a leading cause of infant death.
- 2. Sensitization sessions for Pregnant women:** This involves providing women with important health information regarding pregnancy, baby development importance of antenatal and post-natal visits, immunizations and delivery in approved health centers. The importance of hygiene during and after delivery will also be emphasized. Sensitization will be conducted in the local language to ensure that it is properly understood by the uneducated women.
- 3. Use of Mobile technology for information dissemination:** In communities where mobile network is available, mothers will regularly receive pregnancy health tips and reminders to attend antenatal and post-natal visits.

The foundation will also provide toll free helplines that enable mothers make enquiries, connect to qualified doctors in the city where necessary and get support.
- 4. Payment of medical bills for extremely poor rural women in need of Caesarean sections or treatment for pregnancy related complications.**