

Nigeria Health Care Project

(A Wesley Guild Initiative)

To make a donation please send a cheque made payable to:
'Nigeria Health Care Project' to Peter Young, 459 Selby Road,
Leeds, LS15 7AX.

Remember that you can use Gift Aid. Please state clearly in your letter
that you are UK taxpayer and wish to Gift Aid your donation.

Funding for specific projects

- £5 for an insecticide-treated bednet to prevent malaria. Hundreds are needed.
- £50 for ceiling fans to cool rooms at Agboke and wards at Bethesda
- £100 for each hospital bed. We hope to purchase up to 36 of these, for Ogboli-Ugboju Hospital, which can be shipped in a single container.
- £140 repairs to chapel windows at Amaudo
- £260 for repairs to one house at Amaudo (there are 8 houses to repair)
- £500 for an examination couch, two are needed.
- £500 for a 2.5kV electricity generator, two are needed.
- £880 repairs to family house, kitchen and store at Amaudo
- £2000 for a water project, including borehole, overhead water storage tanks and piping. A number of places urgently need these – Uzuakoli, Bethesda, Ogoli-Ugboju
- £3000 for the start-up costs of a poultry farm at Edawu, which will provide income and employment.
- £3000 for a reconditioned ultrasound scanner

For further details and more information about the Nigeria Health Care Project contact:

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0113 2646046
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or visit our website at www.nhcp.org.uk



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Report of the bi-annual visit to Nigeria
by members of the Project Team

23rd January – 5th February 2010

With thanks to:

The Prelate of Methodist Church Nigeria,

His Eminence Dr. Sunday Ola Makinde, GPJ

The Secretary of Conference, Methodist Church Nigeria

Rt. Revd Dr Chibuzor R. Opoko

Participants

Team A

Dr Ademola Denloye

Outgoing Conference Medical Advisor, Methodist Church Nigeria

Margaret Webb

Project Trustee and Deputy Coordinator, Retired Teacher

Dr.Yomi Sobo

Project Trustee and Retired Community Physician

Paula Dawson

Project Trustee and Lecturer in Nursing

Tim Rogers

Project Trustee and Hotel Manager

Team B

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Conference Medical Advisor, Methodist Church Nigeria

Deaconess Ronke Oworu

Conference Health Secretary, Methodist Church Nigeria

Peter Grubb

Project Trustee and Coordinator, Retired Social Worker

Colin Sharpe

Project Trustee and former Project Auditor, Retired Accountant

Barry Weetman

Project Trustee and Journalist, the Methodist Recorder

Dr. David Cundall

Project Trustee and Community Paediatrician

Dear Friends

This is a report on the eighth visit to Nigeria by members of the Project. It is fifteen years since the very first visit. We have much to celebrate and there is more still to do.

From the beginning, the Project has worked in close partnership with our Nigerian colleagues. Over the years, relationships have grown, friendships have blossomed and we have a deeper understanding of the needs and challenges faced by the Nigerian people. The project may only be in its adolescence, but it has a confidence born of experience, and high hopes for the future.

Two years ago there were changes at the top of Methodist Church Nigeria. We were privileged to meet the new Prelate, His Eminence Dr Sunday Ola Makinde, and other senior officers of the church at the beginning of our visit. This was a very helpful meeting which demonstrated the Prelate's detailed understanding and clear vision for the health programmes of Methodist Church Nigeria. He was keen to ensure that collections are taken in Nigerian churches to support MCN health projects on "Medical Sundays" each year and also to encourage the Lagos Guilds to raise funds for the projects.

It was a great pleasure to meet and travel with the new Health Secretary of MCN, Deaconess Ronke Owuru and one of the new Conference Medical Advisors, Dr. Babajide Puddicombe and our old friend, one of the outgoing medical advisors, Dr Ademola Denloye.

As we did two years ago, we divided into two groups, in order to reduce the amount of travelling and increase the amount of time available for the visits. Ronke's advance planning helped to ensure we made the best use of the time available. However, only a few days before our visit there had been ethnic violence in Jos and we were saddened to hear that the clinic in Bukuru, the church and the manse had all been destroyed by fire. Team B had to change its itinerary to avoid this flashpoint.

Meanwhile Team A had security personnel travelling with them at all times because of the risk of kidnappings in the South. As ever, the greatest risk to life and limb is travelling on Nigerian roads. We were blessed with good vehicles and excellent drivers. Prayers for "travelling mercies" are heartfelt and necessary. Wherever we went we were met with wonderful generosity, with Nigerian friends giving their time, food, accommodation and fellowship in abundance.

Methodists in Nigeria greet each other with the phrase "Worthy is the Lamb" to which the response is "Hallelujah". This seems strange to British ears, at least to begin with, but perhaps the image of Jesus as the defenceless lamb whose love triumphs, fits well with a Project that seeks to help the most needy in society.

This year we concluded our visit with a joint meeting with the Lagos Wesley Guilds where the Guild motto "One Heart, One Way" echoed round the room, giving us a renewed sense of shared purpose with our Nigerian sisters and brothers. We hope that the summaries given below will give you some insight into the challenges and achievements of the various health facilities and programmes.

Mental Health Projects



Centre for Mentally Ill Homeless People Amaudo, Itumbauzo, Uzuakoli Diocese, Abia State

This centre, the first of its kind in West Africa, continues as a beacon of good practice in the rehabilitation of people with mental illness. Since our last visit there has been considerable progress in repairing and improving buildings at the centre with help from NHCP donations. In partnership with Amaudo UK, a training programme has been offered to nurses from Abia State so that the excellent practice at Amaudo can be followed elsewhere. Amaudo offered support and advice to staff from the other mental health projects – Edawu and Agboke in their initial stages.

Amaudo has two residential centres and more funding will help to improve their infrastructure, once accounting systems have been reformed.

Edawu Community Mental Health Care Project, Igede Diocese, Benue State

This project, founded in 1996, continues to go well. As visitors we found it to be a haven of peace after a hot journey. We saw building work almost completed on a house for the Welfare Officer, a toilet block was also under construction. We met a former patient who is now a member of staff and heard about the very busy clinics in the surrounding areas. An oil-palm plantation has been planted – the seedlings were hard to spot under the vegetation shading them. This is a parable for Edawu itself – from small beginnings a spreading and productive tree can grow. They have clear plans and hope to be self-sufficient in due course.



Health and Restoration Centre for Psychiatric Illness at Agboke, Otukpo Diocese, Benue State

This community-based mental health facility is modelled on Amaudo and set in refurbished school premises. They have had over 4,000 patients attending clinics since the project started seven years ago. As with the other mental health projects, they also see a lot of people with epilepsy – 45% of those attending Agboke. The staff work hard to reduce the social stigma surrounding these conditions and a lot of effort goes into rehabilitation. We saw the Therapy Workshop with

sewing machine, typewriter, cobblers last etc which was donated in memory of Pauline Storey, from Wistaston, Cheshire. Agboke has a functioning borehole but electricity supply remains a problem.

We witnessed a new accommodation block being officially opened and met a newly arrived resident who was already feeling better as a result of the care she was receiving. As with the other mental health projects, it was clear that there was strong local support for the work, which is testimony to their success in reducing the prejudice surrounding mental illness.

Leprosy Centre at Uzuakoli

Continuing the theme of overcoming stigma, it was a pleasure to re-visit Uzuakoli which dates back to the pre-antibiotic and pre-independence era, when leprosy was a terrible scourge. Uzuakoli continues to successfully rehabilitate people affected with leprosy (Pals), who are too old or infirm to return to their local communities and likely to live out their days at the Centre. Two have very limited sight due to cataracts and we hope to ensure they get appropriate surgery soon.

A German charity for people with disabilities (GLRA) is encouraging Uzuakoli to develop a community-based rehabilitation project which will be a natural progression from the work done with leprosy. We saw the first stages of an income-generating scheme, with the manufacture of plastic bags which will be used for selling drinking water, which may be branded “Wesley Water”!



Orphan Care



Motherless Babies Home at Uzuakoli, Uzuakoli Diocese, Abia State

It is a sad fact that many women still die in childbirth in Nigeria, and of course, some children are orphaned for other reasons. The Motherless Babies Home continues to do good work in providing care and there have been considerable improvements in the buildings and facilities since our last visit.

The home does not have its own water supply and various options are being considered for the home and the Uzuakoli site as a whole. We hope to see further improvements, particularly in nursing supervision, play facilities and continuity of care for the children so that they may develop more secure attachments. We have observed the transformation to community-based orphan care that has occurred at Bethesda (see below) and believe that this is a model which might be worth considering at Uzuakoli.

Bethesda Orphanage, Ikachi, Igede Diocese, Benue State

When we last visited Bethesda in 2008, they had just introduced “Community-Based Orphan Care” so that babies were returned to their local communities within six weeks, accompanied by a carer from their own family, often a grandmother or aunt. The project continues to support the care of the babies for the first two years of life, with food supplies and regular visits to check on their progress. This has been a radical change with beneficial consequences for the emotional lives of the children and their acceptance back into their own communities. One of the biggest expenses is the provision of formula milk. We discussed the possibility of substituting locally-produced foods e.g. guinea corn and soya at an earlier stage. The orphanage now has more buildings than it needs and is considering income-generating options for the future.



Training of Health Workers

School of Health Technology, Ebenta, Igede Diocese, Benue State

Many of the smaller hospitals and health centres that we visited were staffed by community health extension workers, who are trained in Schools of Health Technology. The School at

Ebenta is therefore doing a vital job and we were particularly impressed with the energy and vision of the Provost and the enthusiasm of the students. There are currently 83 students on roll, some study for two years and some for three.

The School was previously accredited as part of another institution but, due to a change in government regulations, has to be accredited in its own right later this year. If it fails to meet this challenge then the wonderful students we met may not have their qualifications recognised. There are a number of

immediate priorities, most of which will have to be met by Methodist Church Nigeria, and some longer term issues about its permanent home. We plan to equip the biology laboratory with microscopes shortly.

Proposed Nurse Training School at Royal Cross Hospital, Ugwueke

There has been important progress in the development of this institution and we were delighted that the Prelate was able to arrange a meeting with the Governor of Abia State during our visit. Some firm commitments were given and we look forward to more rapid steps towards the opening of a school of nursing.

Health Centres and Hospitals

Galadima Health Centre, Kaduna Diocese, Kaduna State

Set in the drier lands to the East of Kaduna, Galadima is expanding its work. They saw 63% more patients last year. The centre is still under-utilised, particularly the maternity services although we were glad to see some of the babies born there last year. Two of the four permanent staff are deaconesses as well as health workers. We felt that their sense of vocation was helping to sustain the work in this relatively remote setting. The staff were supervised and supported by a senior nurse deaconess from Kaduna who visits every fortnight to encourage and advise. This is a model of supervision and support which

works well and could be followed elsewhere. We felt that Galadima would benefit from the posting of a Youth Corps doctor and look forward to seeing continuous improvement in the years to come.



Damishi Health Centre, Kaduna Diocese, Kaduna State

Damishi is much closer to Kaduna and has been through a difficult patch when it had to close through lack of staff. However, we were encouraged that a senior health worker has been able to return to run the centre and we were very impressed with her ability and commitment. A minister from the village has now been posted there and is passionate about continuing to develop the work. Since the centre re-opened three months ago there has been a rapid increase in the numbers of patients and the numbers of babies delivered as the skills of the health worker become known in the locality. Electricity and water supply are both problematic but it was good to see the strength of local support. As we were inspecting the premises, we were ourselves inspected by Fulani cattle-herders who were passing by. This was a more pleasant encounter than the one we had with young men on the road who had tried to convince us that we should pay them for a hypothetical road tax infringement!

Dr Andrew Pearson Memorial Medical Centre, Igbo-Ora, Elekuro Ibadon Diocese, Oyo State

Back in the south-west of the country, this health centre is functioning well below its capacity and needs to re-invigorate its links with the local community. There had been some improvements in the buildings and a doctor visits from Ibadan once a week. The health centre is primarily offering maternal and child health services, which are very important for the health of the local population. Immunisation clinics are held once a fortnight. It was good to see that a significant number of Muslim patients had been treated at Igbo-Ora, confirming that MCN offers its health services to all, irrespective of ethnic group or religion. The management committee is keen to expand the work at Igbo-Ora. It was agreed that finding a permanent doctor for the health centre is a priority.

The need to ensure sustainable finances through offering curative services, particularly elective surgery, whilst also maintaining good quality maternal and child health services is a challenge for most of the health centres and hospitals that we support.

Omuo-Ekiti Hospital, Ifaki Diocese, Ekiti State

During this visit we were saddened to see evidence of poor morale and a decline in standards of care since 2008. The hospital has no management committee. Although it does have a Youth Corps doctor and some nursing staff, we sensed that there had been less vision and purpose at Omuo-Ekiti recently. We realised how important key individuals had been in the better times at Omuo-Ekiti. It was good to see Esther again. She is an amputee and is now walking well on her prosthesis, provided by the Lagos Methodist churches. We were encouraged to hear that there is now a new bishop in the diocese who has committed himself to re-establishing a management team so we hope that this hospital can be revived.





Ado-Odo Hospital, Badagry Diocese, Ondo State
Ado-Odo is within a half day's journey of Lagos and the good news is that the Lagos Wesley Guilds are to take an active role in supporting the hospital. The management committee have yet to clarify their priorities but there was evidence of closer links with the government health services locally. There are still major concerns about the staffing of the hospital, a visiting consultant travels 100 kilometres and the new staff on site were untrained. The ultrasound machine had been mended after having been out of action for five months. A bore hole has been sunk and connected to the storage tank. We hope that the renewed commitment

from the management committee, with frequent visits from Lagos Wesley Guilders, will enable this hospital to fulfil its potential.

Ogoli-Ugboju, Apa Diocese, Benue State

This hospital relies heavily on the three monthly visits by a consultant from Abuja who gives freely of his time and expertise when he returns to his home area. We were pleased to see the Youth Corps doctor who maintains a medical presence at other times and took pride in his work. There is a functioning laboratory. A roof had been put on the new ward block that we saw two years ago and there is an urgent need to complete this building and furnish it with beds. A reliable source of water and electricity are needed.



Bethesda Hospital, Ikachi, Igede Diocese, Benue State

Bethesda Hospital is emerging from a time when there were management problems and salary arrears built up. It is a tribute to the staff that many carried on working there unpaid. There is now an administrator in place and the hospital is increasing its activities and the arrears are being reduced. There is much more to be done before the hospital fulfils its potential. The maternity service at Bethesda is highly regarded by the local people so we need to build on this and improve the reputation of other aspects of their work. The priorities identified were a permanent and reliable water supply, a senior Nigerian doctor to provide continuity and to support the Youth Corps doctor(s), a refurbished operating theatre and an ultrasound machine. The hospital has five peripheral clinics. We paid an unannounced visit to one of these and felt that there was an urgent need for more support and guidance from the base hospital to improve the practice and morale of the community health extension workers.



Chijoke Memorial Hospital, Item, Item Diocese, Abia State

This well-equipped hospital was still functioning at well below its capacity after another two years. The hospital, which was bequeathed to the community by a local Methodist, has more equipment than many of the other health centres and yet it is lying idle for most of the time. We were encouraged to meet the new doctor who is enthusiastic to improve the services there. There was some evidence that her presence is beginning to make an impact. However, there is an urgent need for the management committee to re-engage with the local people and to reintegrate curative and preventive services.

It was clear that many people prefer to travel the thirty miles to Royal Cross Hospital to seek treatment. It may be that discussions with the local people will enable Item to develop services which need to be local and are complementary to the more specialist services offered at Royal Cross.

Beautiful Gate Methodist Hospital, Uzuitem, Uzuakoli Diocese, Abia State

This hospital has developed quickly as a "child" of Royal Cross Hospital. A new ward block is under construction and there are plans to build covered walkways so that all the buildings are linked. The new building will include good surgical facilities so that it will be no longer necessary to transfer surgical cases to the Royal Cross. The existing buildings are better equipped and there are fully functioning wards for adults. There is excellent cooperation and support from the local people. Beautiful Gate is now an institution in its own right and will submit separate reports and accounts.

Royal Cross Hospital, Ugwueke, Uzuakoli Diocese, Abia State

This is the "jewel in the crown" of the hospitals supported by NHCP and continues to expand and diversify. The hospital now has over one hundred beds and is very busy, reflected by the 33% increase in locally generated income from the treatment of almost 30,000 patients in 2009.



We were delighted that the Prelate had convened a meeting with the Governor of Abia State on the day of our visit. The main purpose of this high level meeting was to ensure the Governor's support for the proposed School of Nursing, which he gave with great enthusiasm. We heard later that the Governor had also committed the State to provide three additional doctors, salaries paid by the state, to support the overworked Dutch doctor who is the backbone of the clinical work at Royal Cross.

The reputation of the hospital as a centre of excellence continues to grow and we were delighted that there is now a realistic prospect of a nursing school on this site, which we hope can develop in partnership with the University of Nottingham, as outlined in the 2008 Report. MCN is looking forward to the development of the nursing school, not least because so many of their other health centres and hospitals will benefit from trained nursing staff.

Taking care of the people who take care of the people

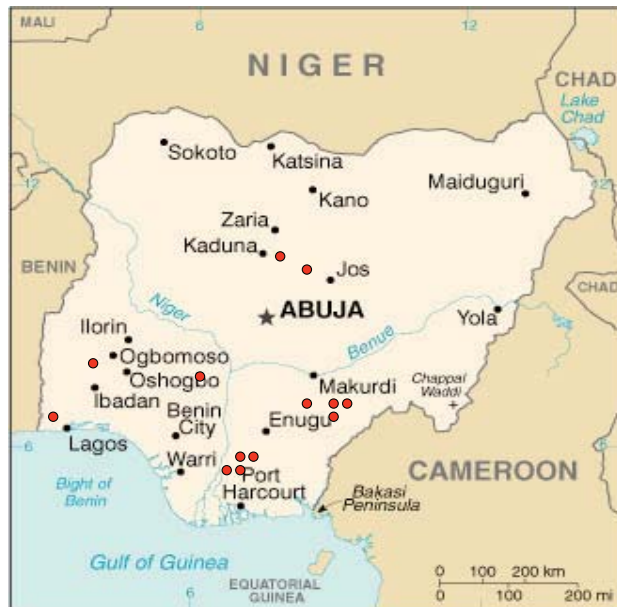
Our travels in 2010 reinforced time and again the inestimable value of the people we met who work in very difficult circumstances, often for relatively little pay and with a sense of vocation which inspires. It is not just the employed staff but also the local church members, office bearers and clergy who often give selflessly to support the care of the local people. Most success is seen where there is an active and united management team, with a clear sense of purpose and a genuine engagement with the health needs of the local people.

We have deliberately not named many names in this report, as we do not wish to single out individuals for praise, when so many are doing so well.

We do want to highlight the need to support members of staff as much as possible. More senior members of staff will benefit from mentorship arrangements and some time out with colleagues from similar settings, which would be of mutual benefit.

During our visit this time we did an informal survey of the training needs of staff and it was clear that many of the health workers had little opportunity for in-service training and were enthusiastic for any offer of updating. Over the next two years we hope to develop some in-service training opportunities in Nigeria which will serve to encourage and enthuse the staff to deliver more integrated health care

The Nigeria Health Care Project already has an 'Association of Friends' which has enabled us to guarantee the salary payments to many essential staff over the years. Please consider whether you would like to become a Friend.



Association of Friends

This was set up a few years ago because it was recognized that it is not unusual for staff in Nigeria to go unpaid for long periods of time because of a lack of funds. One example was at Bethesda Hospital when some staff did not receive salaries for a period of 19 months. As you can imagine this resulted in low staff morale, staff looking for other positions, reduction in services on offer, and a lack of confidence by the local community. We were able to offer money to support a doctor and some of the nurses, which over a period of time, with the support of good administration has helped the hospital to get back on track. Over the past two years all salaries have been paid regularly, although there are still outstanding arrears going back to the earlier period that are gradually being reduced. There are many similar instances in other projects.

In addition to the information above we have found that during the recent period of recession, our general income dropped dramatically except from the Wesley Guilds and the Association of Friends.

How does it work?

- We ask people who offer to become members of the A. of F. to commit themselves to paying a regular monthly amount into our funds by standing order. While the amount in most cases is £5.00pm there are people who contribute other varying amounts up to £50.00 pm. This gives a regular reliable income which allows long term planning.
- Other people feel they cannot make a long term commitment but want to support the payment of salaries and make a one off donation when they feel able.
- Where people are paying income tax we ask that they consider gift aid which considerably increases their contribution. However if you are not a tax payer don't let this put you off becoming a Friend.
- You will also receive updates about the work of the Project.
- If your circumstances change you can withdraw from the Friends at any time.

How do I become a Friend?

Contact our Treasurer, Peter Young, 459 Selby Road, Leeds, LS15 7AX. and ask for the appropriate forms and information.

List of Active projects

1. Damishi Health Centre
2. Galadima Health Centre
3. Health and Restoration Centre for Psychiatric Illness, Agboke
4. Edawu Community Mental Health Care Project
5. Methodist Hospital, Ogoli-Ugboju
6. Methodist School of Health Technology, Ebenta
7. Bethesda Hospital, Ikachi
8. Bethesda Orphanage, Ikachi
9. Chijoke Osogho Hospital, Item
10. Royal Cross Hospital, Ugwueke
11. Beautiful Gate Hospital, Ozuitem
12. Leprosy Centre, Uzuakoli
13. Motherless Babies Home, Uzuakoli
14. Centre for Mentally Ill Homeless People, Amuado, Itumbauzo
15. Wesley Guild Hospital, Ado-Odo
16. Dr Andrew Pearson Memorial Medical Centre, Igbo-Ora
17. Methodist Hospital, Omuo-Ekiti