



Project to Support Health and Livelihood of Underserved Population in Nnewi, Anambra State, Nigeria

Introduction

According to the WHO¹, health inequity along with its wide disparities in the access to health care resources, quality of livelihood, and health outcomes are determined by social aspects such as education, employment status, income, and gender issues. A wide array of social, economic, and environmental factors have significant influence on the individuals, families, and communities' health status. This is commonly referred to as Social Determinants of Health (SDOH). SDOH are related to the daily conditions of life (i.e., how an individual access healthy and nutritious food on regular basis) and the factors that have had an influence on the individual's life (i.e., education, poverty and access to employment opportunities)².

While most (70%) of the Nigerian population live in rural areas, the Nigeria Multidimensional poverty index (2022) reported higher multidimensional poor people living in rural communities (72%) as compared to the urban communities (42%)³. The unemployment rate at national level was 33.3% while Anambra state, the South-Eastern region of Nigeria had a higher rate of unemployed people (44.2%)³. Across the South-Eastern region in Nigeria, the SDOH gaps of majority of the population is very high⁴. Thus, this project will build on the SDOH framework and aims to contribute towards good health by providing supports to employment opportunities, access to health care services, food and nutrition security to the vulnerable population in Nnewi — a community in Anambra state, South-Eastern Nigeria.

Nnewi is popularly known as a major industrial and commercial hub in Africa and its community depend mainly on trading, entrepreneurship, and agriculture for their livelihood. In addition, a tertiary health care center (Nnamdi Azikiwe University Teaching Hospital) is located in Nnewi community. Despite the presence of popular business hubs and a tertiary health facility within Nnewi, most of the rural population are prone to food insecurity, malnutrition, and poor health status while many poor families cannot afford access to health services and nutritious meals.

During a medical outreach of Eunice Akosa foundation (EAF) which took place at the village traditional square (Obi Uruagu, Nnewi) in June 2018, over 300 individuals received free medical screening, medication, dental supplies, nutrition education, and counselling on how to improve their health, sustain their good health, and/or prevent poor health status. Notably, the medical screening revealed that some of the participants unknowingly were living with very high levels of blood pressure measurements, blood sugar, and kidney malfunctions. About four participants with blood pressure ranging from 160-180/90-120mmHg who were unaware of their hypertensive status, voiced that they had always "lived a regular and normal life". Some of the participants claimed they could not afford the cost for hospital visits or laboratory tests.

EAF understands that seeking medical attention and accessing health care services require available and regular source of income. This project aims to support livelihood improvement through job creation, entrepreneurship opportunities along with awareness on how to utilize the income generation for health care services and healthy dietary intake. The overall goal is to help improve health outcomes, reduce health conditions risks (i.e., heart disease, diabetes, overweight, and obesity), reduce mortality and morbidity by addressing various SDOH gaps.

Overall goal: To continue the works of Mrs. Eunice Akosa in serving the less privileged by supporting income growth, access to health services, food security and good nutrition.

Target groups: The specific targets for this project are the underserved and rural villages in Uruagu and Nnewichi Nnewi with a priority focus on the poor households, rural women, girls, and children. The three recommended activities below aim to reach a total of 100 households and 1,000 indirect beneficiaries including vulnerable families and children with disabilities (minimum of 60% women and girls).

¹ <https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>

² <https://www.who.int/teams/social-determinants-of-health>

³ https://mppn.org/wp-content/uploads/2022/11/MPI_web_Nov15_FINAL.pdf

⁴ https://jag.journalagent.com/anatoljfm/pdfs/ANATOLJFM_3_1_10_16.pdf



Selection of beneficiaries and needs assessment

In close partnership with the two traditional chiefs in Uruagu and Nnewichi as well as the church and village leaders, EAF will undertake a scoping exercise to identify eligible beneficiaries for this project. To ensure broader coverage and selection of beneficiaries, copies of posters and flyers would be circulated in public areas such as village markets, churches, health centers.

The identified beneficiaries would be engaged through stakeholder consultations, focus group discussions, and key informant interviews to better understand what are the needs that must be prioritized. This exercise will assess their priority needs, concerns, challenges, and underlying causes related to poverty, poor health, and nutrition status. A structured interview and a self-designed environmental questionnaire will be developed for the needs assessment.

EAF will work collaboratively with the identified beneficiaries and village stakeholders through every step of this project. The data from the needs assessment questionnaire will inform the design and implementation of the project activities. In addition, the information collected from each individual will determine the selection of prioritized activity to meet their specific needs.

Recommended activities and approaches

The following three core activities will be prioritized in this project:

1. Entrepreneurship support

This activity aims to increase income generation by supporting women and men who are starting up or have existing micro, small and medium enterprises (MSMEs) but encountering constraints such as limited skills and financial resources to accelerate their businesses. This activity aims to start-off with **only ten direct beneficiaries** as a pilot phase. This number of direct beneficiaries will be increased based on fund availability. The outcomes of the pilot phase will inform future plans for scaling up and increased outreach of direct beneficiaries in subsequent phases of the project.

Approach: The information from the *Needs Assessment* will inform the development of training programs, delivery of support services on entrepreneurship and business start-ups. Potential beneficiaries will be requested to submit their business plans that will include explicit commitments to good health outcomes (*i.e., the business plan may state how the business will provide safe and affordable transportation to health centers for the rural community members*).

In addition, EAF would provide trainings sessions to help develop relevant skills, and business ideas for income generation. Furthermore, EAF would provide financial supports to beneficiaries through these options — revolving loans, seed money or start-up grants for entrepreneurship. To foster sustainability of the invested capital, the revolving loan (with no interest rate applied) will require monthly repayments from the selected beneficiaries. The aim is to recover funds for further re-investing into the community to grow the outreach to more community members.

Examples: a) EAF to purchase tricycles (known as Keke) for beneficiaries who are interested in transport business. The Keke services will primarily focus on transporting community members to hospital visitations and health care services at a subsidized fare. The details regarding the financial management will be worked out together with the beneficiaries; b) EAF to provide seed money for the start-up of a locally-prepared healthy food business (*i.e., nutritious snacks*). The food products will target consumers at the hospital out-patients or schools. The food business plan will describe how it will create employment for women/girls and contribute to both access and availability of healthy foods.

2. Food security support

This activity will build on the successful palliative relief supports provided by EAF in Nnewi, Nigeria. After the 2022 flood disaster in Nigeria which displaced over 1.4 million people, destroyed farmlands, and aggravated food insecurity, EAF stepped in by donating multiple food items to help support the vulnerable population. These beneficiaries included widows, orphans, and children with disabilities in Nnewi.



Approach: The selection of beneficiaries for this activity and the delivery will adopt the “subsidized food subscription model” and the “food stamp” in North America. This approach will help in identifying the vulnerable and low-income families in the communities. The information from the *Needs Assessment* section will help in identifying the eligible beneficiaries.

Examples: a) EAF to organize medical screening mission and use it as a platform to identify the vulnerable households, food insecure, and malnourished individuals. A structured questionnaire will be developed and distributed during the mission to gather relevant information on vulnerable groups;

b) The traditional chiefs, village and church leaders who are very familiar with the community members and their respective socio-economic status will be engaged to help in identifying the beneficiaries for this activity.

3. **Promotion and awareness on healthy lifestyles**

This activity aims to promote and create awareness on health care utilization and healthy eating. This activity would be integrated and delivered along with the Entrepreneurship and Food security activities (described above).

Approach:

Selected resource persons and experts will be engaged to provide nutrition education, counselling on healthy dietary habits, and good hygiene practices. Educational audiovisual aids such as YouTube videos will be used to disseminate selected topics or issues (*i.e., Understanding Heart Failure- Causes, Types, Symptoms, & Treatment:*

<https://www.youtube.com/watch?v=HkmPPvF1Jqs>; Diabetic Mellitus: <https://www.youtube.com/watch?v=ObFCv6uT2P0>)

Examples:

a) The business training sessions will be utilized as an opportunity for disseminating certain preventative health practices and healthy eating practices with the aim that these individuals will further disseminate the knowledge to household members and other members of the community. EAF will support beneficiaries in preparation of their business plans to include commitments on how they will promote health outcomes and how to utilize their income growth on healthy lifestyle;

b) EAF will develop and distribute user friendly flyers and materials on good health and nutrition to all participants during the medical screening mission and food security/palliative activities. Educational audiovisual videos will be available in both English and Igbo language.