Background and Importance
The inadequacy of the Nigerian healthcare system leads to insufficient healthcare for citizens in rural areas. According to the World Health Organization, the number of healthcare providers in Nigeria are not enough to adequately provide health services throughout the country. WHO states that the unequal provision and distribution of healthcare services in Nigeria is a result of the concentration of health workforce in urban cities to rural areas. Due to the lack of proper healthcare facilities, rural inhabitants experience lower life expectancy and poorer health status. People are forced to choose traditional medicine over conventional medicine. A recent World Bank study reports a 12% visit rate to traditional healers, local midwives, and independent medicine sellers among rural populations in Nigeria.

In summer 2019, I conducted ethnographic research on healthcare delivery in Nigeria and found residents of rural Abia lacked knowledge about healthcare resources. The Nigerian-Biafran civil war (1967-1970) led to increased conflict and scarcity of resources in eastern zones of the country, resulting in a decline of its health sector. Growing up, my family made frequent visits to Isiala Ngwa village, in rural Abia State, and whenever any of us fell ill, we made an hour trip by car to the nearest city for professional healthcare. People who cannot travel to bigger cities for adequate medical care resort to traditional medicine which sometimes leads to negative outcomes. In summer 2020, I interned remotely with Chinonye Medical Clinic in Isiala Ngwa. I observed the disconnect between doctors at the clinic and community members, especially women, who were unaware of the many health resources available at the clinic.

This summer, I will partner with Chinonye (Dr. Chinagozi Onyeahialam and Dr. Edwin Nwachukwu) and community members to raise health awareness in Isiala Ngwa, Abia. I seek to encourage community members to explore and access modern healthcare. Chinonye Medical Clinic is the only medical clinic that offers both primary and secondary healthcare in the Ngwa Ukwu community. By raising health awareness, many community members may be encouraged to seek prompt care at the local clinic when they get sick and before symptoms become severe. Thus, quality of life improves and mortality decreases.

Project Objectives
I am committed to supporting Ngwa Ukwu community members to create awareness and increase access to healthcare information, services, and the environment necessary to encourage good health decisions. By spreading the word on healthcare and medical options, this project will help reduce health disparities and promote health equity in rural communities.

Project Description (Community Awareness and Rural Health Empowerment in Abia, Nigeria)
- Community Health Advocates Training
The United Nations states that community engagement in primary healthcare is necessary for health service development as it empowers communities and promotes welfare for community members. Health education is a tool to change patterns of life that are detrimental to health and wellbeing of community members. The purpose of community health advocates (CHA) is to bridge the language, sociocultural, and knowledge gaps between community members and the local clinic. CHAs will be tasked with finding the most vulnerable among their neighbors and accompanying them through care. Stakeholders and I will conduct basic training for volunteers who apply to become community health advocates. Over a period of seven weeks, we plan to train thirty volunteers as CHAs: 20 women and 10 men between the ages of 18 to 45 who are passionate about the issues we seek to address. I am dedicated to helping rural women be attentive to their health needs, so they can make informed, healthy choices. Therefore, we intend to train more women as CHAs to provide a space for women to talk about their challenges and provide needed support.

The outreach mechanism and community engagement are missing in health delivery in rural areas, so community health advocates who are community members themselves will work to identify health difficulties in Ngwa Ukwu. CHAs will provide one-on-one basic health information to community members in an informal setting and report back to Chinonye, thus expanding awareness of, and access to health care resources available. CHAs will also serve as channels to increase health literacy, ensuring that
community members obtain, process, and understand basic health information and services needed to make appropriate health decisions.

For the first two weeks, I will hold meetings with healthcare personnel from the State Ministry of Health and the doctors at Chinonye Medical Clinic to develop a curriculum for community health advocates training. Additionally, we will finalize training materials, and develop the logistics for the project. Trainings will occur for two weeks, followed by a week of field research and another two weeks of trainings. The training sessions will take place four hours a day, three days a week at the local town hall which is within walking distance of the clinic.

During the week of field research, CHAs are expected to interact with community members to identify difficulties people face in accessing proper medical care in the community. These issues will then be addressed in the final two weeks of training. I will obtain feedback from the community health advocates and health professionals at the clinic, making adequate changes to the structure of the program where necessary. Each advocate will receive a certificate of completion, a free mini first aid kit, and a stipend as an incentive for participating.

**Community Workshops and Sensitization**

Workshops will be taught by health professionals from Chinonye and Abia State Ministry of Health for three weeks to educate community members on safe health practices and accessing medical care at the local clinic. In the first week, community health advocates and I will conduct outreach at local markets using posters, flyers, and pamphlets. In addition, the workshops will be advertised through local media. We also plan a Walk for Health in the community to end our outreach week.

In the second week, workshops on sexual and reproductive health will cover topics on maternal health care, family planning and safe sex practices for community members. Following my internship at Chinonye last summer, I observed that women who have a good education usually have fewer, healthier children and can better manage their reproductive health. We will also educate men on sexual health during this workshop because we recognize that the cost for reproductive decisions includes both men and women. Through this workshop, we will also flag off a safe spaces weekly group meeting led by women CHAs from the community.

The third week will focus on preventive healthcare for chronic diseases (such as malaria, tuberculosis, diabetes, hypertension, et cetera), good sanitation and hygiene, and accessing health resources at Chinonye Medical Clinic when the need arises. Community health advocates will be equipped to lead some workshop sessions for stakeholders to assess CHAs’ skills.

**Sustainability and Future Directions**

I will work with Chinonye Medical Clinic, a local clinic in Ngwa Ukwu that provides subsidized health care resources to community members. The clinic will play a significant role in monitoring the progress of community health advocates through checking CHA reports and tracking the clinic’s use after the summer session. The clinic will periodically email reports to me to assess project effectiveness and overall success. Through CHAs’ impact in Ngwa Ukwu, I hope to inspire more community members to become change agents and in turn create positive ripples in other communities. Chinonye Medical Clinic will oversee a mandatory monthly meeting and refresher training sessions for old and new community health advocates.

**Project Director**

I am an international student from Abia, Nigeria, and a senior Biochemistry major at Bowdoin College. My leadership experience in the Bowdoin Public Health Club has taught me how to work with and manage a team. I am passionate about healthcare in Nigeria particularly with respect to rural healthcare. I aim to pursue a graduate degree in public health after Bowdoin and work in Nigeria to improve the healthcare system for people living in underserved communities and rural areas. Through the execution of this project, I will use my personal experiences as someone with first-hand knowledge of the workings of my community and as an educated woman to establish awareness about rural healthcare in Nigeria.