The Jos Green Centre is not only a visible expression of the impact of Tearfund’s engagement with youth for shaping the future of the Nigerian nation, it is a model to African nations of a youth movement building for positive change on the continent.

BENJAMIN OSAWI, TEARFUND ADVOCACY OFFICER, NIGERIA
SEEKING JUSTICE: STRIVING FOR PREVENTION, PEACE AND PROTECTION IN NIGERIA

Tearfund’s work in Nigeria includes improving maternal and infant health, peacebuilding between religious groups and influencing policy and practice around climate change. A key feature of this work is the engagement of young people in shaping the future direction of their nation.

REASONS FOR OUR RESPONSE
Nigeria is a country of contrasts, with widespread poverty in the midst of plenty. Endowed with immense natural resources, the country has the largest economy in Africa and is the seventh largest oil producer in the world – a powerhouse of the region. However, this wealth has remained in the hands of a minority and years of military rule have resulted in poverty and low access to social services for many.

Nigeria’s fast-expanding population faces a range of humanitarian and development challenges, including high rates of HIV, ethno-religious conflicts and environmental degradation.

HIV AND MATERNAL AND INFANT MORTALITY
Back in 2006, an estimated 4.4 per cent of the population was HIV positive, making Nigeria the third worst affected country in the world. Low levels of contraceptive use, low availability of antiretroviral drugs and stigmatisation contributed to the rapid spread of the disease, while progress in addressing HIV was even slower than in poorer countries.

In addition, Nigeria has one of the highest rates of maternal and infant mortality in the world, with 814 maternal deaths per 100,000 births (90 times higher than the UK) and 69 infant deaths per 1,000 live births.

CONFLICT AND HUMANITARIAN CRISIS
With over 400 ethnic groups, Nigeria has a long history of ethno-religious conflict between Christian and Muslim neighbours and nomadic and sedentary populations fighting over land. This has resulted in huge loss of life and escalated poverty further. Young people have been used to instigate much of the violence. Women, children and the elderly have been the primary victims.

In 2009, extremist group Boko Haram began posing a significant threat to security in the northeast. In 2015, they started capturing and killing civilians. Many fled their homes to escape the brutal attacks and ended up in makeshift camps and host communities where food, water, sanitation and healthcare are greatly under-resourced. People cannot provide for their families and the overcrowding brings a high risk of disease.

ENVIRONMENTAL CHALLENGES
Nigeria also faces massive environmental challenges. High levels of pollution, mining, deforestation, poor waste management and climate change are causing mass loss of land, vegetation and ecosystems. This leads to lost livelihoods, food insecurity and deepening poverty.

Faced with this complex picture, Tearfund has been working closely with local partners and churches to help them address development issues in their communities. Throughout, Tearfund has been working closely with young people, who are often marginalised from economic, political and development processes, to unlock their potential to be the future ambassadors of change.

COUNTRY PROFILE

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2016</th>
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</thead>
<tbody>
<tr>
<td>POPULATION*</td>
<td>143 MILLION</td>
<td>186 MILLION</td>
</tr>
<tr>
<td>LIFE EXPECTANCY*</td>
<td>49 YEARS</td>
<td>53 YEARS</td>
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<tr>
<td>HUMAN DEVELOPMENT INDEX**</td>
<td>0.477</td>
<td>0.527</td>
</tr>
<tr>
<td>FRAGILE STATES INDEX***</td>
<td>22ND</td>
<td>13TH</td>
</tr>
</tbody>
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*Data obtained from the World Bank [data.worldbank.org], **1 = most developed, ***1st = most fragile
1. ADDRESSING HIV: AID4LIFE
Tearfund has been working through local partners in Nigeria to provide life-changing treatment and support for people living with HIV, as well as to raise awareness of HIV prevention methods and to fight stigma, particularly within churches, which prevents people from seeking treatment. As a result there has been a shift from HIV being perceived as a moral issue to it being recognised as a public health concern.

Since before 2006, Tearfund supported local partner Fellowship of Christian Students to run the Aid4Life programme teaching life skills to young people, including HIV prevention, healthy relationships and positive self-esteem.

2. FAITH ALIVE FOUNDATION
From 2007, Tearfund supported the Faith Alive Foundation to provide free HIV testing and treatment in communities, whilst also running support groups, skill training and awareness-raising activities to reduce discrimination and increase church support for people living with HIV.

3. PEACEBUILDING
Tearfund began piloting peacebuilding initiatives to foster reconciliation between ethno-religious groups in 2011. This involved addressing the root causes of conflict and suspicion; encouraging social, political and economic cooperation; and building local and national institutions that could manage conflict without resorting to violence.

Tearfund trained four partners to do this reconciliation work, including Scripture Union West Africa, which worked in Jos to train Muslim and Christian youths as ‘Peace Ambassadors’.

Over time the two religious groups began interacting in business and social engagements. The young people, who were once at the forefront of the fighting, led the way in achieving peaceful coexistence.

4. IMPACT PROJECT
Then in 2013, Tearfund developed its work on maternal health and HIV in Nigeria by introducing the IMPACT project (Improving Parent and Child Outcomes), using mobile phone technology and a network of trained ‘mother-buddies’ to monitor the pregnancies of vulnerable women in order to...
eliminate parent-to-child transmission of HIV and improve maternal and infant health, with great success (see case study).

5. EMERGENCY AID TO IDPs
In 2015, Tearfund received Dutch government funding to respond to the escalating humanitarian crisis caused by Boko Haram in the northeast. Internally displaced people (IDPs) were given food, shelter, medicines, clean water and livelihoods training. Community leaders were trained in counselling to provide emotional support and help to address people's trauma and fear.

Fifty per cent of IDPs are young people whose futures are threatened by the lack of education, food and healthcare. In response, Tearfund’s ‘More than Numbers’ campaign is calling for the government to prioritise young people’s needs in its reconstruction plans for northeast Nigeria.

6. EMPOWERING YOUTH TO PROMOTE A SUSTAINABLE ENVIRONMENT
2015 also saw the beginning of Tearfund’s youth-focused movement mobilising young people to speak out and act against environmental issues.

Following workshops on caring for the environment, living justly and advocacy training, the young people began an initiative called ‘The Jos Green Centre’ to advocate for environmentally-friendly lifestyle and policy changes. Their work to date includes promoting recycling and clean energy, starting environmentally friendly enterprises, advocacy around green issues and mentoring peers across the country to do the same.

This forms part of Tearfund’s wider global advocacy work (see p 54-55), which promotes a restorative economy in which little is wasted and resources are reused efficiently.

The Centre is giving young people confidence and influence in the development of their communities and country. As one young person reflects, ‘Tearfund has given us an opportunity to grow a movement in Nigeria to deliver an alternative nation.’
Many women in Nigeria face complications during pregnancy, including high risk of infant and maternal mortality and parent-to-child transmission of HIV. The IMPACT project was introduced by Tearfund to Nigeria in 2013, to mobilise churches and communities to engage in a comprehensive approach towards ensuring that children are born HIV free, and improving maternal and infant health overall.

WHAT MAKES THE IMPACT PROJECT DIFFERENT?

Mother Buddies – Central to the project is the network of community-based volunteers, called ‘Mother Buddies’, who are trained by Tearfund in key areas of HIV and maternal and infant health to provide information and care to mothers before, during and after their pregnancies. This includes encouraging mothers to make at least four antenatal care (ANC) visits (in line with WHO guidelines), ensuring that all testing (including HIV testing) is carried out, and ensuring that the birth is attended by a professional.

Mobile technology – Each Mother Buddy is equipped with an innovative mobile phone system, known as MiHope (Mobile Interactions Bringing Hope), which guides them through the visits, providing information, appointment reminders and a means of tracking women’s progress.

‘The IMPACT phone is my strength; I use it to record information about my clients,’ says Martha, one of the Mother Buddies. ‘The women I work with are very happy with the support I can offer them; they understand that coming to the clinic is very important for their health.’

Male involvement – Fathers are also encouraged to play an active role in supporting women throughout their pregnancies, including attending antenatal care visits. Evidence suggests that increasing male partner involvement can reduce infant mortality by as much as 40 per cent.43

EVIDENCE OF IMPACT

A quantitative impact assessment was carried out in 2015 using surveys, two years apart, to compare a range of indicators between women who had been supported by Mother Buddies (clients) and a control group of similar women who had not received support (non-clients). The indicators focused on key determinants of maternal and new-born health and factors ensuring that children born to HIV positive mothers are born HIV free.

Clients achieving four or more ANC visits – There was a 15 per cent increase over the two years in clients having at least four ANC visits (84 per cent, compared with 73 per cent of non-clients). HIV testing also increased among clients, with 92 per cent of clients receiving tests compared with 83 per cent of non-clients.

Professionally attended clinic deliveries – Being able to give birth in a hospital or health clinic, with a trained professional in attendance, is another key determinant of maternal and infant survival. There was a 22 per cent increase in deliveries by a health professional and 70 per cent of clients had had clinic deliveries, compared with 62 per cent of non-clients. Over time it is thought that the significant increase in four ANC visits, together with the increase in professionally attended clinic deliveries, will lead to a good reduction in maternal and infant mortality.

Increased male partner involvement – There was a 34 per cent increase in male partner attendance at ANC visits overall. Forty-three per cent of clients were accompanied to antenatal care by their partners, compared with 32 per cent of non-clients. This is an important achievement, as evidence suggests that male involvement is key to reducing transmission of HIV.

‘I am proud that I am actively involved in my wife’s pregnancy. I have also started teaching other men to come together with their wives for antenatal visits.’ Matthew, husband of a client

OVERVIEW OF THE EVIDENCE

NIGERIA CASE STUDY

Adopting technologies: Maternal and infant health improved through mobile phones

‘The IMPACT phone is my strength; I use it to record information about my clients. The women I work with are very happy with the support I can offer them.’

MARTHA, MOTHER BUDDY
RUTH'S STORY

Ruth and her eight-year-old daughter did not know they were HIV positive until Ruth was tested during her third pregnancy: 'It was very hard for me, I couldn’t believe it. If it were not for the free tests at the clinic I wouldn’t have known our HIV status.'

Ruth was put in touch with a Mother Buddy, Julia, who provided Ruth with information on how HIV might be transmitted before and after birth to her unborn child, and helped her access appropriate treatment for her and her daughter. As a result, both are in good health and Ruth’s third baby was born safely, free from HIV:

‘With the support of the project I gave birth to an HIV-negative baby and my daughter and I are now receiving the medication we need.’

Ruth has now become a Mother Buddy herself, and is using her own experience and empathy to provide other women with crucial information and support during their pregnancies.

‘With the same passion and zeal I got from my Mother Buddy, I will encourage other expectant mothers with love, concern, prayer and practical medical advice.’

Changed knowledge and attitudes – Eighty-one per cent of clients received specific advice on how HIV might be transmitted before and after birth (compared with 68 per cent of non-clients). There was a 27 per cent improvement in comprehensive HIV knowledge among clients, and a 45 per cent higher level of maternal health knowledge.

For the HIV positive women in the study, treatment with antiretroviral drugs increased from 77 per cent to 100 per cent. Early infant diagnosis increased from 25 per cent to 87 per cent and there was a reduction from 50 per cent to 0 per cent in the transmission of HIV from mother to child.

The Mother Buddies have become a vital source of information, guidance and friendship to mothers in their communities. As Caroline, the IMPACT project coordinator says, ‘The mothers on the project love and look forward to their Mother Buddy visits.’
‘If another big drought hit, it wouldn’t be like before, ample food would still be available within the community since some farmers have greatly increased their production and we have savings from previous years...we are much more secure now.’

PARTICIPANT FROM TEARFUND’S DISASTER RISK REDUCTION TRAINING, MALAWI
Following Jesus where the need is greatest