

## METHODIST CHURCH NIGERIA, AMAUDO ITUMBAUZO

### 2019 ANNUAL REPORT

#### A REVIEW OF AMAUDO ACTIVITIES SINCE 1989

##### Brief Overview.

Amaudo Itumbauzo was established in 1989 by Sister Rosalind Colwill as a centre for rehabilitation of people with psychosocial disabilities and are homeless in Nigeria. Amaudo marked her 30<sup>th</sup> anniversary on 11<sup>th</sup> December 2019 at the Hotel Royal Damgate Umuahia. The anniversary was combined with a banquet and fundraising. The event was marked to underscore the uninterrupted mental health care provided by Amaudo Itumbauzo since 1989. It was also a time to appreciate God Almighty for His mercies, to thank the Government, the Church, Corporate bodies and the society for their support for Amaudo and to solicit for more support to sustain the mental health care provided for the people.

The 30<sup>th</sup> anniversary which was chaired by Dr G.O C Okafor was attended by many dignitaries from the Church, Government, and society. They include- The Board Chairman Rt Rev O. C. Chiemeka, Most Rev Barr C.N Ede former Board Chairman, Most Rev Dr C.R Opoko, Most Rev J.O.I Nnonna, Rt Rev Best Okike, Rt Rev G.U Kanu, Rt Rev Vincent Onoh, Rt Rev J. N Okorie, The Wife of the Governor of Abia State who was represented by Hon. Commissioner for Women Affairs- Chief Mrs Ukachi Amala, Kate Lumley the CEO of Amaudo UK and Dr Chinagozi Adindu -Executive Secretary Abia State PHCA. Others are Sir Barr Ajugah, Sir Emma Ndukwe, Sir Ndukwe, Dr Ahamefula Agomoh, Mr Nkwachukwu Agomoh, Dr N. C Nwakanma and Mr Nonye Colwill the son of Sister Rosalind Colwill.

In this 30 year, Amaudo has been able to attract huge human, financial, and material support both locally and internationally to establish and implement her vision to provide mental health care for the people. Governments, Corporate bodies, the Church, and many individuals both local and international have supported and partnered Amaudo to deliver mental health care to the people since 1989.

Since 1989 Amaudo has rehabilitated 689 people with mental health problems comprising 365 males and 456 females and reunited them with their families. Over 5000 people are receiving mental health care through the community mental health clinics which are in their local communities. Awareness in mental health has been created through the Mental Health Awareness and the Free Mobile Community Mental Health Care Awareness Programmes. Also, over 120 children have been rehabilitated of various disabilities like club foot, learning disability etc through the Community Based Rehabilitation (CBR) Programme.

There is no gainsaying the fact that Amaudo has contributed to the mental wellbeing of the people of Nigeria and Abia State in particular, where the project is situated. It is therefore not out of place to review the mental health care services provided by Amaudo since 1989 to understand the outcome and impact of Amaudo mental care in Nigeria since 1989. This report

is therefore an attempt to review the activities of Amaudo in providing mental health care for the people in Nigeria since 1989.



#### **Mental health situation in South East Nigeria before Amaudo began**

Before the establishment of Amaudo in 1989 there were evidences of lack of proper mental health care provided for the people in South Nigeria.

1. There was no organized community mental health programme in the region to enable people to have access to affordable mental health.

2. There was no organized rehabilitation centre for people who were mentally ill and homeless. On the other hand, people with mental health problems were neglected and abandoned without treatment or care. Some roamed the streets without shelter, food, and clothing. The people with mental health problems suffered various forms of human rights abuses like flogging, chaining, and other forms of restrictions. Some were used for street begging by some false caregivers.
3. There was lack of proper medical, social, and psychological care in the communities.
4. People with mental health problems were taken to witch doctors and prayer houses for healing through exorcism and other forms of torture.
5. There was also poor mental health knowledge and wrong beliefs among the people which led to human rights abuses and poor referrals to psychiatric hospital for treatment.
6. The communities were not engaged in mental health. Instead stigmatization and discrimination against people with mental health problems were very strong in the communities



*Figure 1 Release of people with psychosocial disabilities chained and used for begging in Abia State thereby stopping human right abuse of people with mental health problems*



Figure 2 Amaudo takes the people with psychosocial disabilities who are homeless off the streets of Abia State and rehabilitate them at the Amaudo centre



Figure 3 Amaudo visit communities to free people with mental health problems who are suffering one form of restriction or the other because of their condition.

## **PROGRAMMES IMPLEMENTED BY AMAUDO SINCE 1989**

### **1. Residential rehabilitation:**

Amaudo's first intervention in mental health was the establishment of the centre for rehabilitation of people with psychosocial disabilities and are homeless. The centre is called Amaudo (peaceful community). Amaudo uses the African communal living and support system as the approach in the rehabilitation of people who are mentally ill and homeless hence the centre is a "community" where people eat, work, play and worship together. The rehabilitation tools are psychological, medical, and social. The Amaudo rehabilitation centre can accommodate 60 mentally ill residents with a team of 25 health care practitioners and support staff. At present Amaudo has rehabilitated 693 people with mental health problems and reunited them with their families since 1989. An extension residential rehabilitation centre was established in Ntalakwu in 1993 for residents who are unable to be resettled because of learning disabilities, complex care requirements, or problems in tracing families. It is a place where individuals' needs can be supported and life skills, training and education are continuously available.



*Figure 4: A typical person who is mentally ill and homeless taken to Amaudo for rehabilitation.*



Figure 5: The wife of the deputy Governor Abia State, Lady Vivian Udeh Okochukwu congratulated a discharged resident.



Figure 6: The Board Chairman Rt. Rev O.C Chiemeka flanked by the Management Chairman Sir Emma Ndukwe issued certificate to a discharged resident



Figure 7: His Eminence Dr S.C.K Uche and wife Nneoma Florence Uche dedicated 21 renovated buildings at Amaudo. The prelate was flanked by Most Rev C.R Opoko and wife, Kate Lumley and Bishop Okike while a relative of a discharged resident appreciated God for sister rehabilitated by Amaudo.

**2. Community mental health care:** Following the inclusion of mental health as one of the components of Primary Health Care by the 1990 health policy, in 1991, Amaudo leveraged on the new health policy to expand her mental health care to provide mental health care for people in rural communities in South East Nigeria through a community psychiatric programme which was run in partnership with Abia State Government. The objectives of the Community Psychiatric Programme include

- a. To provide affordable and accessible mental health care for the people
- b. To harness all rehabilitation processes to help mentally ill persons to recover and be re-integrated back into their families and communities.

The Community Psychiatric Programme was renamed “The community mental health programme” to correspond with global changes in mental health. The Community Mental Health Programme expanded to Imo, Ebonyi and Anambra States have 73 psychiatric clinics in the Local Government Areas to enable people in the rural communities to have access to mental health care. Every year, over 5000 people with mental health problems are referred to the 73 community mental health clinics run in partnership with the local and state

governments of Abia, Imo, Ebonyi and Anambra states. This programme enabled the people to access mental health care in their communities which was not the case before the establishment of the community mental health clinics.



Figure 8: Community Psychiatric Nurses in Abia and Imo State

**3. Mental health Awareness:** The need to improve mental health knowledge of the people necessitated the creation of the Mental health Awareness Programme in 2009. The Mental Health Awareness Programme (MHAP) operated over a period of 5 years in Nigeria, between 2009 and 2013. Funded by Australian Agency for International Development (AusAID) through an international development organisation - CBM, the MHAP set out to change attitudes and reduce discrimination against persons with mental illness and to increase the numbers of people with mental illness receiving treatment from services in the designated areas through the local Primary Health Care (PHC) system. The programme, which aimed to run in all the 5 south eastern States of Nigeria, worked only in 4 states like Abia, Anambra, Ebonyi, and Imo, except Enugu for several reasons (mainly external).



Figure 9: Mental health awareness in Aba Abia State

This mental health awareness programme targeted village health workers that were trained on issues related to human rights for people with psychosocial disability and basic recognition and referral for treatment. The final independent evaluation of the Mental Health Awareness Programme considered the project to have largely met most of the log frame indicators set at the end of project closure in 2013. And good progress seemed to have been made towards attaining the overall project objectives.

**3. Establishment of Self Help Group:** Amaudo formed the first Self-Help Group (SHG) for people with mental health problems in South East Nigeria in 2013. The Self-Help Group is a service user group made of people who have mental health problems and their caregivers. Members of the self-help group give and receive support from each other through sharing ideas, feelings, and problems with one another. The members engage in advocacy, skill training and small-scale business for livelihood. The group runs a microfinance credit scheme which provides small credit for the members to establish and run business or skills that enable them earn their livelihood and support their mental health care. There are 9 Self Help Groups of people with mental health problems in South East Nigeria.

**4. Free mobile community mental health Care and awareness programme:**

In 2017, Amaudo introduced the Free Mobile Community Mental Health Care Outreach to strengthen the community mental health programme. The programme was designed to run

in the 3 Senatorial districts of Abia State like Abia North, Abia South and Abia Central senatorial districts.

The objectives of the Free mobile community mental health care include

1. To increase knowledge about mental health issues by holding a series of awareness raising events.
2. To increase the take up of mental health services by promoting Amaudo's Community Mental Health Programme
3. To improve the health of those currently experiencing mental health problems by offering a walk-in clinic with follow up services
4. To increase the mental health knowledge of traditional rulers and key community members so that they can support people with mental health problems in their own communities.
5. To strengthen the capacity for mental health practitioners to work in a more joined-up way by providing a networking opportunity for professionals in the local area.
6. To improve future mental health services by capturing data about mental health to inform future planning of services

The Free Mobile Community Mental Health Outreach achieve its objective by identifying and providing treatment for about 500 people with mental health problems in communities like Abiriba, Ariam, Ovim, Umunneochi, Ubakala in Abia State. Over 400 care givers and 200 traditional ruler, community leaders and church leaders participated in the mental health awareness during the events. Psychiatric Doctors supported psychiatric nurses who worked together with other professionals like social workers. Over 250 people were referred to the community mental health clinics for continues care. Community leaders and philanthropist in Abiriba and Ovim Communities developed interest to support people with mental health problems in their communities to receive mental health care from the community mental health clinics through funding of cost and mobilizing them to go for monthly mental health check-up at the community mental health clinics in their communities.



Figure 10: Free mental health care outreach in Aba South

## **5. COMMUNITY MENTAL HEALTH CARE EXPERIENCE FOR STUDENT NURSES**

Amaudo rehabilitation centre serves as a training centre for Student Nurses. At Amaudo, Student nurses engage in 2 weeks community mental health care experience. The Students who are from various Schools of Nursing visit Amaudo in batches of 30 or 50 for 2 weeks experience in community mental health care.

Over 10,000 student nurses from various Schools of Nursing and Universities have participated in community mental health care experience at Amaudo centre since 2001. This training has helped to improve the skills of student nurses in community mental health care thereby increasing the number of skilled manpower at the primary health care level.



Figure 11: Student Nurses from School of Psychiatric Nursing Calabar, Cross River State arrive Aamudo for experience in Community mental health care.

#### **COMMUNITY BASED REHABILITATION (CBR) FOR CHILDREN WITH PHYSICAL AND LEARNING DISABILITIES**

Following the need to provide care and support for children with special needs, Amaudo established Project Comfort in 2002, to provide Community Based Rehabilitation (CBR) for children with physical and learning needs in their communities. Project Comfort provides training on basic skills for families and care givers of children with special needs through a team of dedicated staff comprising Physiotherapist, trained staff, and field workers to enable the families care for the children at home. Parents and care givers of children with special needs are encouraged to form Parents support groups to enable them to support each other and advocate for their children's rights. Project Comfort provides rehabilitation and support for over 150 children who are challenged by various forms of physical and learning disabilities like club foot, hemiplegia, autism, learning disabilities have been rehabilitated. Some children with special needs have been integrated into basic schools for basic education and further training. Presently Project Comfort provides community-based rehabilitation for children with special needs in Bende, Ohafia and further training. Isukwuato LGAs of Abia State.



Figure 12: Project Comfort Staff begin rehabilitation for a child with club foot through the Amaudo CBR programme

**ADVOCACY FOR HUMAN RIGHTS OF PEOPLE WITH MENTAL HEALTH PROBLEMS:** Amaudo in creating awareness on mental health also advocates for the rights of people who have mental health problems and children with special needs. Amaudo provide training on advocacy skills for member of the Self-Help Group.

**INVESTMENT IN AGRICULTURE:** Amaudo has invested in Agriculture by developing palm plantation, cassava, vegetable, melon and plantain farms for production of palm oil, garri, melon and vegetable which are common food used feeding of people who are undergoing rehabilitation at the centre. The centre also engages in animal husbandry like goat keeping and poultry farming to provide protein for the residents and raise income for the centre. Over 90% of garri, palm oil, and melon consumed by the people with mental health problems who are undergoing rehabilitation are produced from Amaudo farms. The investment in agriculture has helped in the sustainability of the Amaudo Mental health care service. The farms are also useful for training the people with mental health problems on farming skill during their rehabilitation.



Figure 13: Amaudo farm

MASSIVE INFRASTRUCTURAL DEVELOPEMNT: Amaudo has invested on infrastructural development like water sanitation project and renovation of building for the safety and hygiene of residents and staff.



Figure 14: Amaudo water project

## **Changes/outcomes from Amaudo Programmes**

Obviously Amaudo through her mental health care has brought some significant changes in the mental health of our population. Some of the changes include: -

1. The people with mental health problem become mentally ill stable, gain insight into their problem, and return to active community life after rehabilitation and treatment. Although requiring additional support.
2. Service users are significantly satisfied with the services both in terms of the access to medication and ancillary support from the Community psychiatric Nurses.
3. Those that have been organised into Self Help Groups are beginning to see the benefits of mutual support both in terms of its therapeutic effect on the individuals' mental health problem and in dealing with their common identity as persons who have mental health problems with the outside world.
4. Amaudo community mental health programme brought about the strengthening and integration or incorporation of mental healthcare into primary health care services in the participating States in south eastern Nigeria like Abia, Imo, Ebonyi and Anambra States.
5. Changing 'mind-sets' among community members that mental health is treatable, and that it is feasible to do so at the community level. This has increased the number of people referred to community mental health clinics and other mental health hospitals for treatment instead of the prayer houses or the witch doctors.
6. Amaudo mental health facilitated the operationalization of the National Mental Health Policy that placed the provision of mental healthcare services at the PHC level
7. Amaudo Community Mental Health programme brought about the execution of the WHO mental health strategies that aims to achieve equity through universal coverage – by working in all LGAs through engaging State and LGAs to improve effective governance for mental health, and the provision of integrated mental health and social care services in community-based settings;
8. Working with Amaudo UK and receiving support from Amaudo UK for the past 30 years
9. By sensitising and educating the communities on the human rights of mentally ill persons, in addition to treating persons with mental illness, not as 'objects' of charity, medical treatment and social protection; rather as 'subjects' with rights, capable of claiming those rights through informed consent, as well as being active members of society, Amaudo has demonstrated the purpose of the UN Convention on the Rights of Persons with Disability (UNCRPD)
10. Payment of monthly subvention by Abia State Government
11. Amaudo contributes to the reduction of poverty and hunger by providing skill learning for livelihood for young people who are rehabilitated at Amaudo and micro finance loans scheme for members of the Self Help Group thereby contributing to the achievement of the Sustainable Development Goals (SDG) 1 and 2.
12. Collaboration /community acceptance

### **Challenges –**

1. Strong stigma on people with mental health problems and their families and care givers has caused many families to abandon their relatives who have a mental health problem to roam the streets while some lock them up at home instead of taking them to community mental health clinic for treatment.
2. The burden of the disease on the person, family and caregiver, the society which include financial, social, and psychological burdens are affects the continues support and care for the person with a mental health problem.
3. Funding has not improved with the increase in the cost of care and other running cost.
4. Governments have not made mental health laws and policies to improve mental health and human right issues.
5. Infrastructure like roads, electricity, water etc in Abia State and particularly in Itumbauzo has not improved. This has increased running cost and slowed down services.
6. Unemployment is still low. This exposes the young population who are mostly unemployed to poor social life like violence, betting, crimes etc that lead to some mental health problems.
7. There is increase in poverty resulting in hunger, poor housing, poor health care and poor education for the young population. This situation can lead to increase in mental health problems in the country and make recovery from mental illness difficult.
8. Skilled manpower remains low.
9. Stigmatization of people with mental illness by the society and Institutions has made reintegration into family and continues care difficult, among others.
10. There is no gainsaying the fact that Nigeria is a difficult environment with regards to providing mental health care especially as a charity like Amaudo Itumbauzo.

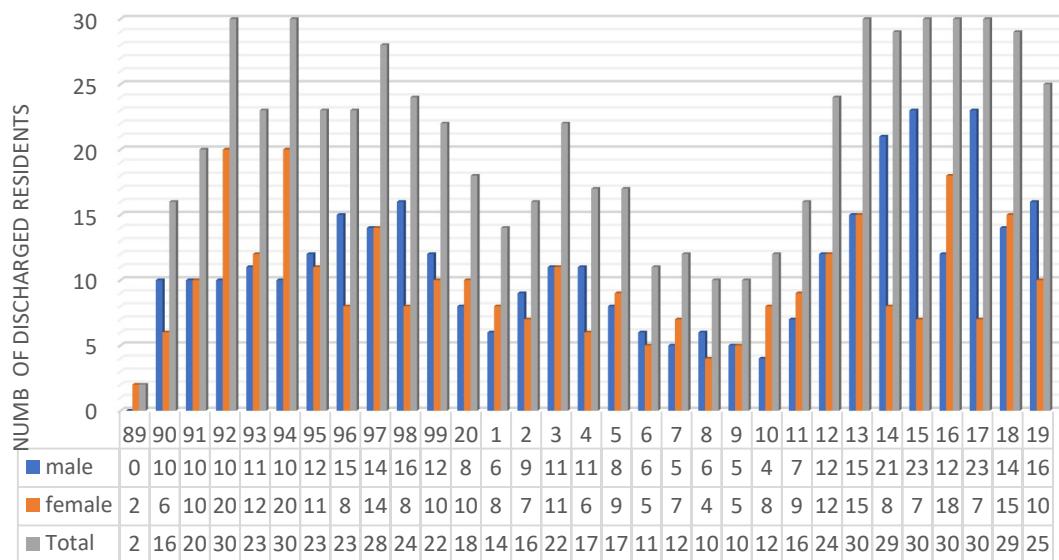
**What Amaudo Plans to do in the future:** In line with the Sustainable Development Goals (SGD), Amaudo will focus on mental health promotion and awareness to improve mental health knowledge of the people on prevention of mental health problems and referrals of people with mental health problems to clinics for mental health care. We will engage the government and communities to address poverty and other social and environmental factors that predispose people to mental health problems. Also, we will engage the government for policies and laws that will improve the mental health of our population.

**BELOW ARE STATISTICS OF REHABILITATION OF PEOPLE WITH PSYCHOSOCIAL DISABILITIES  
AND CHILDREN WITH PHYSICAL AND LEARNING DISABILITIES IN 2019**

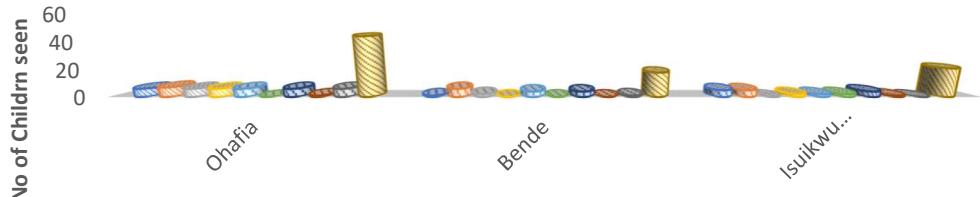
METHODIST CHURCH NIGERIA AMAUZO ITUMBAUZO COMPREHENSIVE COMMUNITY MENTAL HEALTH PROGRAMME COMMUNITY MENTAL HEALTH PROGRAMME 2019 ABIA STATE STATISTICS OLD PATIENTS SEEN PER MONTH													
LGAs	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC	TOTAL
Umahia North	91	94	95	94	95	97	99	100	100	96	97	99	1157
Umuhia South	36	36	40	41	31	32	44	39	42	46	33	42	462
Ikwuano	47	35	51	36	52	45	47	38	47	39	40	35	512
Isialangwa N	36	41	35	36	36	35	32	33	35	21	29	7	376
Isialangwa S	2	2	2	2	2	2	2	2	2	2	2	2	24
Aba North	7	7	5	5	6	6	6	7	6	9	6	8	78
Aba South	35	22	23	25	25	23	43	35	49	50	52	68	450
Ukwa East	4	4	5	5	10	13	16	14	13	18	12	11	125
Ohafia			3	10	10	10	10	10					53
Obingwa	3	0	3	3	0	3	1	1	1	0	0	1	16
Ugwunagbo	4	4	4	4	4	0	0	0	0	0	0	0	20
Item bende	0	0	0	0	0	0	0	2	2	3	3	2	12
Uzuaholi	8	4	5	3	3	4	5	5	16	12	8	5	78
Umunneochie	24	17	21	7	9	15	13	17	15	20	17	16	176
Total	297	266	292	271	283	285	318	303	328	316	299	296	3539
Average	42.42857	38	38.93333	36.13333	37.73333	38	42.4	40.4	46.85714	45.14286	42.71429	42.28571	471.86667

METHODIST CHURCH NIGERIA AMAUZO ITUMBAUZO COMMUNITY MENTAL HEALTH PROGRAMME ABIA STATE NEW PATIENTS REFERRED TO CLINCS IN 2019														
LGAs	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC	TOTAL	
Umahia N	3	1	0	1	2	0	1	0	1	1	1	2	1	13
Umuhia S	6	1	2	1	2	0	0	2	2	2	0	2	20	
Ikwuano	10	0	3	0	2	5	2	1	2	1	2	4	32	
Isialangw	1	1	0	2	0	1	2	1	0	0	0	1	9	
Isialangwā	0	0	0	0	0	0	0	0	0	0	0	0	0	
Aba North	0	1	0	1	1	0	1	0	1	2	3	0	10	
Aba South	15	10	5	9	7	5	5	5	6	7	7	7	88	
Ukwa East	1	1	1	1	3	3	2	2	3	2	2	2	22	
Ohafia			7	0	0	1	1	0	0	0	0	0	9	
Obingwa	0	0	2	0	0	1	0	0	0	0	0	0	3	
Ugwunagb	0	0	0	0	0	0	0	0	0	0	0	0	0	
Item bend	0	0	0	0	0	0	0	0	0	0	0	0	0	
Uzuaholi	1	0	0	1	0	0	1	0	0	1	0	0	4	
Umunneo	6	2	4	2	2	2	0	1	1	3	2	4	29	
Total	43	17	24	18	19	18	15	12	16	19	18	21	239	
Average	6.142857	2.428571	3.2	2.4	2.533333	2.4	2	1.6	2.133333	2.533333	2.4	2.8	31.86667	

### Residential rehabilitation statistics 1989-2019



### CHART OF CHILDREN ON CBR IN 2019



	Ohafia	Bende	Isuikwuato
Club foot	6	1	5
paraplegia	7	6	5
Hemiplegia	6	2	0
Q. plegia	6	0	2
Down Syn	6	4	2
Autism	0	0	2
C. Palsy	6	4	4
Monopleg	1	0	1
L.disability	6	1	0
Total	44	18	21

**Very Rev Kenneth E. Nwaubani**  
**Director**

