

# Feasibility Study: Community Health Outreach in Northern Nigeria

This document presents a comprehensive feasibility study for establishing a critical Community Health Outreach (CHO) program in Northern Nigeria. It outlines the urgent need, proposed interventions, and potential impact of bringing essential healthcare services directly to underserved rural populations, with the aim of significantly reducing maternal and child mortality rates and improving overall community well-being.

# Executive Summary

This study assesses the feasibility of launching a vital nonprofit Community Health Outreach (CHO) initiative aimed at transforming health outcomes in underserved rural areas across Northern Nigeria. The proposed project seeks to significantly reduce the alarming rates of maternal and child mortality and provide access to crucial basic preventive healthcare services. This will be achieved through the strategic deployment of mobile clinics and the empowerment of a dedicated cadre of trained community health workers.

Our findings indicate a high demand and significant opportunity for impact, with strong community and stakeholder support. The financial projections demonstrate a viable path forward, and a thorough risk assessment highlights manageable challenges. This initiative promises to be a cornerstone in bridging critical healthcare gaps, fostering healthier communities, and building local capacity for sustainable health interventions in a region critically in need.

# Background and Rationale

Northern Nigeria is grappling with some of the most severe health indicators on the African continent, presenting a profound humanitarian challenge. The region faces unacceptably high maternal mortality rates, recorded at an alarming 512 deaths per 100,000 live births. This tragic statistic is compounded by critically low immunization rates among children, leaving countless young lives vulnerable to preventable diseases.

A primary driver of these abysmal figures is the pervasive lack of access to basic health facilities. Many rural communities are geographically isolated, with residents having to travel vast distances to reach even the most rudimentary healthcare services. This project is specifically designed to bridge this critical gap, ensuring that essential health services are not just available, but directly accessible to these underserved rural populations, where the need is most acute.

## Urgent Health Crisis

Northern Nigeria's health crisis is characterized by:

- High Maternal Mortality: 512 per 100,000 live births.
- Low Immunization Coverage: Leading to preventable childhood diseases.
- Limited Access: Many communities lack basic health infrastructure.



# Project Objectives

The Community Health Outreach program is structured around a set of clear, measurable objectives designed to deliver tangible and sustainable improvements in health outcomes:

1

## Primary Healthcare Access

Provide free primary healthcare services to **50,000 people annually** within the targeted rural communities, focusing on preventive care and early intervention.

2

## Mobile Clinic Deployment

Deploy **15 fully equipped mobile clinic vans** across three priority states: Kano, Katsina, and Zamfara, ensuring broad geographical reach and consistent service delivery.

3

## Local Capacity Building

Train and empower **120 community health volunteers** within the first 18 months of the project, fostering local ownership and sustainability of health initiatives.

4

## Essential Health Resources

Distribute **100,000 units** of critical health resources, including long-lasting insecticide-treated mosquito nets, nutritional supplements, and essential medications, to combat prevalent health challenges.

# Proposed Interventions

Our Community Health Outreach program will implement a multi-faceted approach to address the comprehensive health needs of rural communities:

## Mobile Health Clinics

Establish fully equipped mobile health clinics capable of reaching remote villages. These clinics will offer basic diagnostic equipment, essential medication dispensation, and on-the-spot consultations for common ailments.



## Maternal & Child Health Education

Conduct regular, culturally sensitive education sessions focusing on prenatal care, safe delivery practices, postnatal health, infant nutrition, and childhood disease prevention. These sessions will empower mothers with vital knowledge.

## Immunization & Antenatal Care

Provide routine childhood immunizations and comprehensive antenatal care services directly in communities. This includes regular check-ups, nutritional advice for pregnant women, and early detection of potential complications.

## Referral Partnerships

Forge strong partnerships with existing local hospitals and healthcare centers to facilitate seamless referrals for complex cases requiring specialized treatment or surgical interventions not available through mobile clinics.



## Nutrition & Hygiene Outreach

Implement targeted outreach programs promoting improved nutrition practices, particularly for children and pregnant women, and emphasizing critical hygiene practices such as handwashing and safe water management to prevent infectious diseases.

# Market and Needs Assessment

A thorough assessment confirmed the critical need and strong community acceptance for the proposed health outreach:

- **Geographic Isolation:** Over 60% of target areas are situated more than 10 kilometers from the nearest established health post, creating immense barriers to accessing even basic medical attention. This highlights the urgent need for mobile, community-based services.
- **Community Endorsement:** Extensive stakeholder engagement, including community leaders, women's groups, and local residents, revealed overwhelming support and enthusiasm for the project. Communities expressed a profound desire for accessible healthcare services within their reach.
- **Expert Validation:** Consultations with reputable NGOs currently operating in Northern Nigeria and key personnel within local health departments unequivocally confirmed the project's strategic value and profound urgency. They affirmed that this initiative directly addresses critical gaps in the regional health infrastructure.
- **Existing Infrastructure Gaps:** The assessment identified a dire lack of trained health personnel, essential medical supplies, and basic diagnostic equipment at the community level, further underscoring the necessity of a direct outreach model.

# Financial Feasibility

Ensuring the financial viability of the Community Health Outreach program is paramount for its sustained impact. Our projections indicate a clear and manageable funding requirement:

## Initial Capital Requirement

# \$1.2 Million

- Procurement of 15 robust mobile clinic vehicles, designed for challenging rural terrain.
- Stocking of essential medical supplies, diagnostic tools, and initial medication inventories.
- Development and delivery of comprehensive training programs for community health volunteers.
- Establishment of logistical frameworks, including secure storage and distribution networks.

## Annual Operating Cost

# \$650,000

- Salaries and incentives for medical staff, community health workers, and support personnel.
- Fuel and maintenance for the mobile clinic fleet to ensure continuous operations.
- Replenishment of pharmaceuticals, medical consumables, and health education materials.
- Administrative overheads, monitoring, and evaluation activities to ensure accountability and impact.

## Potential Donors

Targeted funding sources include major international development agencies and philanthropic foundations with a strong focus on global health and community development:

USAID | Bill & Melinda Gates Foundation | The Global Fund to Fight AIDS, Tuberculosis and Malaria | Nigerian Diaspora Foundations

# Risk Assessment

A comprehensive risk assessment has been conducted to identify potential challenges and develop robust mitigation strategies, ensuring the program's resilience and long-term success.

## Security Risks

Northern Nigeria can present security challenges. Mitigation involves deep engagement with local community leaders, establishing trust, and forming strategic partnerships with local government and traditional institutions to ensure safe passage and operations. Real-time security intelligence will inform route planning and operational timing.

## Staffing Issues

Attracting and retaining qualified health professionals in remote areas can be difficult. This will be addressed through prioritizing local recruitment, offering competitive compensation and benefits, providing continuous professional development, and implementing robust incentive programs to foster commitment and reduce turnover.

## Funding Delays

Reliance on a single donor exposes the project to significant funding risks. Our strategy is to cultivate a diversified funding portfolio, engaging multiple institutional and individual donors. This multi-source approach will minimize dependency and provide financial stability against unforeseen delays in any single funding stream.

## Logistical Challenges

Operating in remote areas with poor infrastructure poses logistical hurdles for supply chain management. Mitigation includes establishing decentralized supply hubs, leveraging local transport networks, investing in durable off-road vehicles, and maintaining strategic buffer stocks of essential supplies.

# Impact Potential

The Community Health Outreach program is poised to deliver transformative and measurable impacts, significantly improving health outcomes and building sustainable community resilience in Northern Nigeria.

**150K**

## Beneficiaries Reached

Within the first three years of operation, the program aims to directly benefit 150,000 individuals through access to primary healthcare services, immunizations, and health education.

**25%**

## Reduction in Child Mortality

Through targeted interventions, including improved immunization rates and early detection of childhood illnesses, we project a 25% reduction in child mortality in the target Local Government Areas (LGAs).

**120**

## Community Health Advocates

Beyond direct services, the program will train a new cadre of 120 dedicated community-level health advocates, empowering local residents to promote health practices and serve as a frontline resource for their communities.

**30%**

## Increase in Antenatal Visits

By bringing services closer to women, we anticipate a 30% increase in pregnant women attending at least four antenatal care visits, leading to healthier pregnancies and safer deliveries.

# Implementation Timeline

The Community Health Outreach program will be rolled out in strategic phases to ensure effective establishment, rigorous testing, and sustainable expansion, maximizing impact and efficiency.



## Phase 1: Setup & Procurement

**Duration:** 6 Months

- Establish project office and core team.
- Procure mobile clinic vehicles and essential medical equipment.
- Develop comprehensive training modules for community health volunteers.
- Secure initial rounds of funding and solidify partnerships.

## Phase 2: Pilot Operations in Kano

**Duration:** Year 1

- Launch and manage pilot mobile clinic operations in selected LGAs within Kano State.
- Recruit and train the first cohort of 40 community health volunteers.
- Establish baseline health indicators and begin routine data collection.
- Conduct initial monitoring and evaluation to refine operational protocols.

## Phase 3: Expansion

**Duration:** Years 2–3

- Expand operations to Katsina State in Year 2, building on lessons learned from Kano.
- Initiate operations in Zamfara State in Year 3, scaling up to full project capacity.
- Recruit and train an additional 80 community health volunteers across new states.
- Implement long-term sustainability plans and transition strategies for local ownership.

This phased approach allows for adaptive learning, ensuring that each expansion builds on proven successes and addresses challenges effectively, paving the way for a robust and impactful community health program.