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Aligning humanitarian outreach with united nations sustainable development goals

Yohanna K Jimah ^{1,*}, Rolland O. Okojie ², Simon O Akinlabi ³, Abisola R. Olawale ⁴, Joseph F Kayode ⁵ and Bankole I Oladapo ⁶

¹ Medical laboratory science, Usmanu Danfodiyo University, sokoto, Nigeria.

² Department: Food Science and Technology, University of Maiduguri, Nigeria.

³ College of Law, Afe Babalola University, Ado Ekiti, Ekiti state, Nigeria.

⁴ School of Management Sciences, Babcock University, Nigeria.

⁵ Department of Mechanical and Mechatronics Engineering, Afe Babalola University Ado-Ekiti, Nigeria.

⁶ School of Engineering, Faculty of Technology, University of Dundee, UK.

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Abstract

Humanitarian outreach initiatives are crucial in addressing the urgent needs of underserved communities, villages, and rural settlements in developing countries. The strength of their conceptual foundation determines the success of these initiatives. Drawing on our own experiences and research, as well as insights from other researchers and practitioners, we propose a comprehensive framework for effective outreach. The framework includes counselling and humanitarian services tailored to local needs, such as promoting proper hygiene, emphasising the importance of education, and providing services like haircuts, hair washing, and clothing distribution. Our findings highlight that cultural attitudes towards mental illness significantly impact the perception and response to intervention strategies in developing nations, emphasising the need for culturally sensitive approaches.

Keywords: Medical; Counselling; Humanitarian; Villagers: Less privilege

1. Introduction

In 2015, the United Nations established 17 Sustainable Development Goals (SDGs) to improve people's lives and protect the environment. By 2020, progress towards these goals was assessed, with SDG16 focusing on peace and SDG2 targeting eradicating hunger. Despite advances in clean water, the world saw a record number of people fleeing violence and persecution in 2019. Countries such as Yemen, the Democratic Republic of the Congo, Afghanistan, Sudan, and Syria required significant humanitarian assistance. The COVID-19 pandemic further widened the gap between current SDG progress and the 2030 targets, raising concerns about achieving these goals.

The United Nations Sustainable Development Goals (SDGs) were established in 2015 as a global call to action to end poverty, protect the environment, and ensure prosperity for all by 2030. These 17 interconnected goals, from eradicating poverty and hunger to promoting gender equality and environmental sustainability, offer a blueprint for countries and organisations to collaborate and address the most pressing challenges humanity faces. The global community has made significant strides in various areas since adopting the SDGs; however, challenges persist. The COVID-19 pandemic has exacerbated inequalities and exposed vulnerabilities in social, economic, and political systems worldwide. The crisis has threatened to reverse hard-won development gains, emphasising the need for innovative and practical approaches to achieve the SDGs.

* Corresponding author: Yohanna K Jimah

Humanitarian outreach initiatives, particularly those undertaken by smaller charitable and non-governmental organisations, can play a critical role in addressing the diverse challenges faced by low and middle-income countries (LMICs). By aligning their efforts with the United Nations SDGs, these organisations can contribute to sustainable, long-term solutions that empower communities, improve healthcare and education, and reduce poverty and inequality.

Over the past century, medical and technological advancements have significantly improved children's health and well-being. Life expectancy has increased in many developed countries due to improved sanitation, universal immunisation, enhanced food supply, infection control, and better road safety. However, the distribution of these improvements has been uneven, with children in low and middle-income countries (LMICs) still facing challenges similar to those experienced by high-income countries a century ago.

LMICs often rely on external humanitarian aid to support their struggling healthcare systems. Healthcare in these countries is divided between the public and private sectors. Public sector resources are typically concentrated in urban areas, resulting in a scarcity of skilled healthcare providers and resources in rural regions. External assistance for public infrastructure usually focuses on short-term maintenance and upgrades. Foreign aid can be provided through formal agreements between global organisations or countries and health ministries, highlighting the importance of external involvement.

In this paper, we provide an in-depth examination of the role of humanitarian outreach in advancing the SDGs, focusing on the case of Nigeria. We explore how targeted outreach initiatives can address specific development challenges, such as healthcare disparities, educational gaps, and limited access to resources in rural areas. Through qualitative research methods, we analyse the explanatory models of parents whose children are diagnosed with illnesses and examine the trajectories of these models as they seek help for their communities. Our investigation aims to shed light on the potential of humanitarian outreach to foster sustainable change and improve the lives of vulnerable populations. Furthermore, we discuss the importance of collaboration and partnership between various stakeholders, including governments, international organisations, local NGOs, and community leaders, to achieve the SDGs. By working together and leveraging each other's strengths, these stakeholders can enhance the effectiveness and impact of humanitarian outreach efforts.

Ultimately, this paper aims to contribute to the ongoing dialogue on the role of humanitarian outreach in achieving the United Nations Sustainable Development Goals and to inspire new approaches and partnerships to create a more sustainable, equitable, and prosperous future for all. This paper examines the potential for humanitarian outreach initiatives, particularly those provided by smaller charitable, non-governmental organisations, to address health and poverty issues in Nigeria by aligning with the United Nations Sustainable Development Goals. Using qualitative research methods, we analyse the explanatory models of parents whose children are diagnosed with illnesses and investigate the trajectories of these models in seeking help for their communities. We also explore the impact of humanitarian outreach efforts on achieving the SDGs, focusing on the experiences of organisations like the LSE team in rural areas such as Majidadi.

2. Methodology

Upon arrival at Majidadi Primary Health Centre, three local converts and the hamlet health representative warmly welcomed the LSE team. The villagers expressed excitement and gratitude for the team's presence in their community. After exchanging pleasantries, the LSE media team began setting up and testing media equipment in preparation for a film screening. While the media team worked on the setup, another team member attended to the welfare of the LSE team, providing food and soft drinks. During the media equipment testing, the team encountered an issue with the sound quality. It resolved it by hiring a mixer to enhance the audio output [21,22]. The film screening began at approximately 8:13 pm, with an opening prayer led by Bro. Sonai. Both team members and villagers gathered to watch the film "Tabbacin Ceto." After the first two parts of the film were shown, the Gombe State Coordinator, Mr. Meshack, provided a brief exhortation, encouraging the villagers to consider accepting Jesus as their Lord and Personal Savior. The film screening concluded around 10:30 pm, after which the team members convened for a prayer before retiring for the night. The following morning, at 5:00 am, the Coordinator gathered the team members for devotion. By 5:30 am, the team assembled for a combined devotion led by Bro. Saidu I. Sanusi. Following the prayer, the Coordinator requested each team member to introduce themselves and their respective roles. The team was then divided into units to carry out various tasks during the outreach initiative (See Figure 1).



Figure 1 Drinking water by the villagers before providing a well for them by the LSE project research body (a) dirty water for daily work (b) LSE teams with the villagers head during the good digging

3. Results

3.1. Counselling Unit

The counselling unit played a pivotal role in the LSE team's outreach approach, serving as a platform to share the gospel with the villagers. After receiving medical examinations from LSE doctors, patients were directed to the counselling area, where six LSE team members were strategically positioned to minimise distractions and ensure focused counselling sessions. This service encouraged villagers to accept Jesus Christ as their Lord and Savior, as illustrated in Figure 2. In addition to spiritual guidance, the counselling unit provided various support services for the villagers. Prayers and guidance were offered to those who embraced the message of Jesus Christ as their Lord and Savior. The counselling unit encompassed various aspects, including

- family planning and birth hygiene counselling,
- mental, moral, and spiritual guidance for improved well-being,
- one-on-one sessions with counsellors of the same gender to facilitate open and honest communication about personal challenges, and
- participant registration to identify specific needs and direct them to the appropriate counsellor, as shown in Figure 2.



Figure 2 Counselling unit (a) counselling on family planning and birth hygiene (b) Mental, moral and spiritual counselling for better living

3.2. The Impact of One-on-One Counseling and Addressing Key Challenges in the Majidadi Village

One-on-one counselling sessions with counsellors of the same gender played a crucial role in fostering open communication and enabling villagers to express their concerns and challenges freely. Before the counselling sessions, participants were registered, and their specific needs were identified to ensure they were directed to the appropriate

counsellor. Over 100 villagers were attended to by the counsellors during the outreach initiative. During the counselling sessions, it became apparent that the average education level among the villagers was low. Many of them discontinued their education after completing primary school. As a result, counsellors emphasised the importance of education for the villagers and their children. Many villagers were convinced of the value of education and its potential impact on their lives and futures.

The heterogeneous nature of the community, characterised by large families and multiple wives, presented challenges related to maintaining proper hygiene in households. Counsellors addressed these issues by offering practical advice and guidance, which, if followed, would contribute to improved living conditions. Additionally, prayers were offered for God's guidance and protection over the villagers' lives. Communication emerged as a significant problem within the community, primarily due to limited access to proper education for many children. The nearest school was 30-40 miles away, requiring children to walk long distances under harsh weather conditions of 30-40°C. To address this challenge, the children's section leader, Mr. Sangani, took charge of the children's program during the outreach initiative. He engaged the children in play and taught them about Jesus Christ, as shown in Figure 3. Figure 3 illustrates the children's section, where they learned basic communication techniques. The teacher engaged them in simple English language exercises to improve their communication and educational experience.



Figure 3 Children's section, where they learn simple communication techniques

3.3. Addressing Hygiene Issues and Providing Humanitarian

During the outreach initiative, it was observed that many villagers lacked proper hygiene practices, as evidenced by the dirty heads of children and the rashes on some of them. To address these issues, the LSE team provided humanitarian services and resources while educating the community on the importance of good hygiene. As part of the humanitarian efforts, the LSE team distributed clothes, shoes, and bags to those in need. Numerous women and children happily received these items, as depicted in Figure 4. The figure also showcases the barbing section, where villagers received clean haircuts and young adults were taught how to cut the hair of younger ones. Additionally, the LSE team guided safe and sustainable hair care practices to prevent the spread of diseases like HIV and reduce dandruff-related issues among the villagers. Figure 4 further illustrates LSE members distributing clothing and footwear to the villagers who live in poverty due to their limited farming systems. By addressing the villagers' hygiene and material needs, the LSE team positively impacted their lives and helped improve their overall well-being.

4. Discussion

Majidadi, situated in the Shongom Local Government Area of Gombe State, Nigeria, experienced a humanitarian intervention led by Living Stone Explore (LSE). The local community benefited from medical care, psychological counselling, and humanitarian aid, bringing joy and meeting their essential needs at a crucial time. Humanitarian supply networks are vital in saving lives during crises and improving conditions in the aftermath. However, short-term aid initiatives that lack proper planning and organisation can potentially harm communities in the long run. Inadequate planning can lead to the accumulation of unnecessary items and negatively impact the environment. Globally, five billion people lack access to appropriate medical care. In Africa, over half of the world's youth population is under 18. The most

significant barrier to achieving the Millennium Development Goals is the severe shortage of qualified, well-trained medical professionals. Low and middle-income countries typically have a higher concentration of social resources in urban areas, leaving rural communities dependent on external humanitarian assistance for survival. In 2015, one-eighth of the \$36.1 billion allocated to global health initiatives was directed towards child health support. To date, there has been a lack of compelling research exploring Nigeria's humanitarian approach to addressing health and poverty issues through direct outreach to its population. Consequently, there is a need for further investigation and evidence-based interventions to ensure that humanitarian efforts yield sustainable and positive outcomes for communities like Majidadi.

5. Conclusion

In conclusion, this research sheds light on the crucial role of well-planned and organised humanitarian outreach efforts in improving the lives of underprivileged communities, particularly in developing countries like Nigeria. The study of Living Stone Explore's (LSE) intervention in Majidadi has demonstrated how providing medical care, psychological counselling, and humanitarian aid can significantly impact the well-being of a community. Moreover, this research highlights the importance of addressing the challenges faced by rural communities in low and middle-income countries. It emphasises the need for qualified and well-trained medical professionals and the equitable distribution of social resources across urban and rural areas. Furthermore, the study underscores the potential negative consequences of poorly planned short-term aid initiatives, which can harm communities and the environment.

By examining the LSE's humanitarian approach in Majidadi, this research contributes to a deeper understanding of practical strategies and best practices for humanitarian outreach in developing nations. It calls for continued research and evidence-based interventions to ensure that aid initiatives foster sustainable and positive outcomes, ultimately helping communities thrive and advance towards global development goals. This research serves as a valuable resource for policymakers, NGOs, and other stakeholders working towards improving the lives of underprivileged populations. It encourages the development of informed strategies that prioritise the long-term well-being of communities while addressing their most pressing needs, leading to a more equitable and sustainable world.

Compliance with ethical standards

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Disclosure of conflict of interest

No conflict of interest.

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