



*Moving ahead together to reach the needy where they live and work*

# **PriHEMAC** **SILVER** **JUBILEE** **ANNIVERSARY** **REPORT:** **APRIL 1998 – MARCH 2023**

Commemorating 25 Years  
of PriHEMAC Contributions  
to Global, National, and Local  
Development/Health Goals  
Including Healthy Ageing:  
Forging Ahead Together.

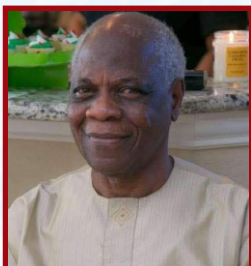




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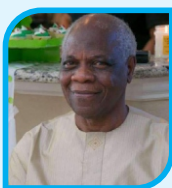


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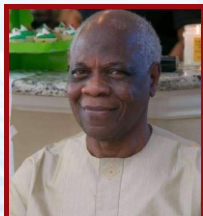


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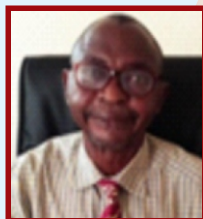
**Cecilia Falola**



**Mrs. Oladayo Adeyemo**



**Very Rev'd. Dr. Segun Babalola**



**Barrister Anthony Okesola**



**Boore Emmanuel**



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## ABBREVIATIONS

ACOMIN -	Civil Society in Malaria Control, Immunization, and Nutrition
ACOSHED-	African Council for Sustainable Development
ADL-	Activities of Daily Living
ARFH-	Association for Reproductive Health
ARI-	Acute Respiratory Infection
APHL-	Association of Public Health Laboratory
AVSC-	Association for Voluntary Surgical Contraceptive
BI-	Bamako Initiative
BOT -	Board of Trustee
CAN -	Christian Association of Nigeria.
CCN -	Christian Council of Nigeria
CDD-	Control of Diarrhea Disease
CHAN-	Christian Health Association of Nigeria
CHEW -	Community Health Extension Workers
CHO-	Community Health Workers
CIDA-	Canadian International Development Agency
CRUDAN -	Christian Rural-Urban Development Association of Nigeria
DRF-	Drug Revolving Fund
DFID-	Department for International Development
ECWA -	Evangelical Church for all Nations.
FP-	Family Planning
FMOH -	Federal Ministry of Health
IFRC -	International Federation of Red Cross
IMMREP-	Ibadan Maternal Mortality Reduction Project
IPmat-	Improvement of Primary-Level Maternal Health Services
LGA -	Local Government Area.
LIHOC-	Living Hope Care
HMO -	Health Maintenance Organization.
HERFON-	Health Reform Foundation of Nigeria
HFA -	Health for All
KHHP-	Key Household Practices
MBCI -	Molete Baptist Church Ibadan.
MDG -	Millennium Development Goals
MCH -	Maternal Child Health
MSAI -	Mustard Seed Health Awareness Initiative
NACOMIN-	National Coalition of NGOs Working on Malaria Immunization and Nutrition
NASFAT -	Nasrul –Lahi-L-Faith Society
NBC -	Nigeria Baptist Convention.
NCEA -	National Centre on Elderly Abuse.
NGO -	Non-Governmental Organization
NHIS -	National Health Insurance Scheme
NPHCDA-	National Primary Health Care Development Agency
NPI-	National Program on Immunization
NBTS –	National Blood Transfusion Services
NSCIA –	Nigeria Supreme Council for Islamic Affairs
NCNBSFI-P-	Nigeria Comprehensive New Born Screening and Follow up Initiative Partners
OND -	Ordinary National Diploma
OAUTH -	Obafemi Awolowo University Teaching Hospital
PEFA -	PriHEMAC Elderly Friendly Ambassador
PHC -	PriHEMAC Home Caregivers
PHHC -	PriHEMAC Home Health Caregivers
PriHEMAC-	Primary Health Care and Health Management Centre.
PSR -	Physician for Social Responsibilities.
SDGs -	Sustainable Development Goals
SECC -	Survival and Early Child Care
SBFAF -	Safe Blood for Africa
SUNY COIL -	State University of New York Collaborative Online International Learning
SCD -	Sickle Cell Disease
UCH -	University College Hospital.
UNDP -	United Nations Development Program
UNICEF -	United Nations Children fund
UNO -	United Nations Organization
USAID -	United States Agency for International Development
VCSHIP -	Vital Contributors Social Health Insurance Program.
VNRBD -	Voluntary non-Remunerated Blood Donor
WHO -	World Health Organization
WDC -	Ward Development Committees
WHO -	World Health Organization



## ACKNOWLEDGMENT

All glory and adoration go to the Trinity: God the Father, - the Omniscient, Omnipresent and Omnipotent – God the Son - Jesus Christ – and God the Holy Spirit.

I specially appreciate all Members of PriHEMAC Board of Trustees (BOT) and Gallery of Experts/Consultants, individually and collectively as listed under PriHEMAC Profile.

All our local and foreign - multilateral and bilateral - PARTNERS deserve special appreciation for their various forms of support and encouragement

We appreciate all the 195 PEFA's from the 51 Elderly Friendly Organizations (EFOs) made up of 31 Churches and 20 Mosques. Special thanks go to the Leaders and members of the 4 (3 Churches and 1 Mosque) Model Elderly Friendly Organizations, namely: Molete Baptist Church, Light House Baptist Church, Bodija Baptist Church, and TIAN Central Mosque for their commitment to taking all the giant steps necessary to become MODEL EFOs. Most of the other 47 EFOs are at either the 4<sup>th</sup> or 5<sup>th</sup> of the 5 Steps required to reach MODEL status. They are all encouraged to forge ahead and receive their badges!

The highly committed, dedicated, and motivated PriHEMAC Staff and their affectionate family members deserve special Commendation: Mrs. Cecilia Foluke Falola, Mrs. Sade Akintola., Mrs. Temitope Olatubosun, Mrs. Funmi Olasunkanmi, Mr. Gideon Adeniyi, Mrs. Fisayo Sulaiman, Ms. Arike Olusola, Mrs. Bola Eniola and Mr. Idris Oluwole. I also appreciate the untiring efforts of the Ward Development Committee (WDC) Leaders/members and many others too many to mention.

I wish to give special appreciation to all my extended and nuclear family members including Ayodele, Olatunji, Olayinka, Oluwadayo, Oluwatoyin, Arike and Olufunke among others.

We thank God that PriHEMAC Website – [www.prihemac.org](http://www.prihemac.org) – is now functional. PriHEMAC also has a new LOGO. We appreciate the efforts of PriHEMAC Communication/Information and IT Officer - Mr. Gideon Adeniyi - who persistently worked with Mr. Tunji Ogundeji who made all payments and provided free Consultancy services.

## FOREWORD

It has been a privilege to serve as a member and currently Chairman of the PriHEMAC Board of Trustees (BOT). On this landmark Silver Anniversary, I felicitate the staff, BOT, Associates, Partners, and Beneficiaries.

PriHEMAC was conceived to serve the communities with the skills and tools acquired during an illustrious career at the National Primary Health Care Development Agency by Dr. Martins Ogundeji, the Executive Director.

A reputable non-profit Organization, PriHEMAC in the last 25 years, implemented programs addressing community health needs using the Primary Health Care approach through existing structures and systems. Through the laudable Safe motherhood, HIV/TB/Malaria, and Elderly Care programs among others, PriHEMAC has impacted populations, remaining relevant through the epochs of MDG 5 and the current SDG Agenda 2030.

I appreciate the Almighty God for the grace given to the Executive Director, whose foresight, and passion enabled the birthing and thriving of this vision. The efforts and dedication of the Staff, Associates, and the BOT as a team, powered PriHEMAC to attain this landmark.

What matters is what PriHEMAC does next, looking forward to more impactful years in these uncertain times. I am confident that under the able leadership, the team will rise to the task.

Happy Celebrations and Best Wishes  
**Ebunlomo Walker,**  
*Chairperson, Board of Trustees*



# P R E F A C E

## Appreciation

Amazing grace! PriHEMAC is 25!! To God, Almighty be all the glory and adoration!!! In 1998, PriHEMAC was conceived and actualized just a few weeks before my retirement!!!!

I thank God Almighty for all those HE assigned to inspire, guide, and support the vision and mission in various ways before, during, and since the establishment of PriHEMAC.

Prominent among those who belong to initial 'builders' are the first set of Board of Trustee (BOT) Members namely: Late Dr, George Sekoni, Late Emeritus Professor Adetoye Faniran, Dr Mrs. Ebunlomo Walker - the current BOT Chair -, Dr, Mrs. Modupeola Afolabi Oyesiji - who had diligently worked closely with me before and since the inception of PriHEMAC - and Mr. Ayo Yinka Olusola. Among many others who have supported PriHEMAC in various ways and have become PriHEMAC BOT members are Okesola Anthony O. (Barrister), Revd. Dr. Edward Alabi and Dr. Mrs. Kofoworola Soyinka. To these and many others, too many to enumerate, words are inadequate to express my deep appreciation and I pray that Almighty God will continue to bless them and all their family members far beyond their expectations.

## Major Features of PriHEMAC 25-Year Anniversary Report

Most of the activities carried out just before, since, and during the earlier period of the 25 years of PriHEMAC were jointly sponsored programs with Local, State, and Federal Governments and Parastatals such as ACOMIN, NPHCDA, HERFON. Others include Multilateral: Partners - WHO, UNICEF, etc, and Bilateral Partners - USAID, DFID, Canadian International Development Agency (CIDA), PSR, etc. These activities are mostly on various aspects pillars and elements of Primary Health Care.

Before now, PriHEMAC had produced 5 Years, (1998-2003) 7 Years (1998-2005), and 10 years of Capacity Profile & Report (1998 – 2008) The features of these 3 past Reports were generally lists of activities and the Stakeholders that funded the activities. One of the main

features of the 7 Years (1998-2005) Report was the 3-Year (2002-2004) Consultancy engagements that I had with CIDA on various PHC Policy programs particularly on PHC manpower development at Schools of Health Technology and PHC Tutors Training Institutions at UCH Ibadan and Kaduna Polytechnics

The Features of this Report are the highlights of Primary Health Care activities carried out i) in the past under pillars and elements and ii) under the United Nations targets of Health for All Goals (HFA), Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs).

Among the prominent highlights in the Report are on Ibadan Maternal Morbidity and Mortality Project (IMMREP)' (2004 – 2008) and IPMat (2009 – 2010) sponsored by Physicians for Social Responsibilities (PSR) in partnership with Oyo State Government and implemented mostly by PriHEMAC

Between 2008 – 2013, most PriHEMAC activities were carried out mostly in partnership with ACOMIN, Global Fund, GLOSCA.

In 2014, PriHEMAC fortuitously, discovered that although since 1999, NPHCDA and WHO had produced a Training Manual for PHC Workers on 'Care of the Elderly which is one of the 'Emerging Elements of PHC' and the rising proportion of the Elderly population in our various communities, this aspect of PHC had been abysmally neglected! The discovery has been the hunch, background, and bedrock of the Proposal on 'Promoting Elderly Friendliness through empowered Stakeholders such as Churches and Mosques'.

PriHEMAC, in pursuit of the proposal, has since then i) established a Training Institute for Health Caregivers and Primary Elderly Friendly Ambassadors (PEFAs) and ii) empowered some Elderly Friendly Organizations (EFOs). A Handbook has been developed for each of these 2 Groups to enhance the

quality of their training and also to serve as reference materials for them after training.

In effect, 366 Elderly Health Caregivers, and 51 Elderly Friendly Organizations (EFOs) have been empowered and 195 PEFAs have been trained.

As we peep at the future, PriHEMAC desires/expects to:

- i) Increase/improve staff strength in number and capacities;
- ii) Promote and strengthen collaboration/cooperation with existing and potential local and foreign partners including Training Institutions;
- iii) Increase the number of Empowered Elderly Friendly Organizations (EFO) - Churches/Mosques to the extent that there will be at least one Empowered Christian and one Muslim EFO in every political ward: starting from Oyo to SW States to all parts of Nigeria;
- iv) Ensure that every Registered Elderly person in all Empowered EFO enjoys Insurance benefits as in NHIS or SHIS Scheme similar to what the Elderly in other climes like UK and USA enjoy.

The content of this 25-Year Anniversary Report is intended to serve as PriHEMAC 'Institutional Memory' for ease of reference on what God Almighty has enabled us to do and perhaps as a learning experience for others and/or as Advocacy Kit to our potential Local and Foreign Partners.

Dr. Martins O. Ogundeji, Executive Director, PriHEMAC



# COMMENTS OF PARTNERS



**Global Sickle Cell Alliance, Inc.**  
To foster international collaboration and exchange of ideas that improve the health, well being and quality of life of individuals with sickle cell disease

*Our Blood. Our Lives*

November 21, 2022

Dr. M. O Ogundeji,  
Executive Director,  
PriHEMAC,  
No 8 Road A close, Olubadan Estate,  
New Ife Road,  
Ibadan, Oyo State,  
Nigeria

Re: PriHEMAC's Celebration of 25<sup>th</sup> Anniversary

Dear Sir,

Congratulations to PriHEMAC on achieving 25 years of exemplary work service to humanity. Your commitment and passion in promoting positive health related quality of life, preventing disease or illness and untimely death by addressing inequities in health outcomes across the lifespan caused by social, environmental, or economic factors in Nigeria is noteworthy. Programs such as safe delivery motherhood to prevent maternal deaths, Care of the Elderly, Sickle cell newborn screening, professional and community training programs to mention a few, have undoubtedly saved many lives, improved health related quality of lives, increased knowledge and enhanced required skills.

Dr. Ogundeji, your vision as a leader and indefatigable work ethics despite all challenges are commendable. You embraced the principles of community based participatory program or research, the foundation of your work on reducing maternal mortality which facilitated international support for the implementation of the sickle cell newborn screening initiative in Nigeria. Your partnership is a cornerstone to the success of the program to date.

PriHEMAC is an exemplar health focused non-profit organization and Global Sickle Cell Alliance Inc., (Glosca) is very proud to be a partner in this journey. I am personally thankful for your example as a role model. May God bless you with more success in the future. Once again, I congratulate you on behalf of Glosca and Partners.

Sincerely,

Dr. Victoria Olufunmilayo Odesina  
Co-Founder/Executive Director

Global HQ- PriHEMAC, Nigeria | Global Sickle Cell Alliance, Inc. | P. O. Box 1951, New Britain, CT 0605 USA  
glosca1@yahoo.com | Ph 1-860-212-5928 | www.glosca.org



University at Buffalo

Experiential Learning Network

November 3, 2022

Dear Dr. Martins and the PRIHEMAC team,

In recognition of your 25 Year Anniversary, I would like to congratulate you on your impressive milestone and express our gratitude for our ongoing partnership and collaboration. Through engaging with your work and core programs, our students have benefitted in diverse and important ways. They have deepened their own appreciation for elderly friendliness while building understanding of the challenges and complexities that impact global health and wellness, and developing valuable professional skills and competencies. We have seen students from diverse backgrounds and programs of student drawn to your mission, and eager to offer contributions through their own projects and engagement. As collaborators, we have found your model to be highly effective and scalable, and have appreciated your willingness to accommodate the interests and contributions of our students within the University at Buffalo and the State University of New York system. Please accept our heartfelt congratulations and wishes for even more fruitful collaboration ahead.

Best,

*Mara B. Huber*

Mara B. Huber, PhD  
Associate Dean and Director  
Experiential Learning Network  
University at Buffalo  
Buffalo, NY 14222

## The PriHEMAC @ 25! A reflection

My contact with PriHEMAC is in tandem with my being introduced to the brain behind the institution—Dr Martins Olusola Ogundeji who is also the Executive Director.

As soon as I assumed the pastorate of Molete Baptist Church Ibadan precisely on the 28<sup>th</sup> of December 2000, I began to enquire about who is who in the church. Then I came in contact with Deacon S.T Adegbejo who was very conversant with above average number of church members.

My introduction to Dr M.O. Ogundeji whom I have heard so much about was most auspicious. It was in his PriHEMAC Office at Yemetu. Apart from being an Elder Statesman and kinsman from the same Ejigbo Local Government of Osun State as I am, I was introduced to a world class academic and a notable professional in Health Delivery System across various geo-political zones of the Federal Republic of Nigeria. I was certainly meeting a man who has dined and wined with the world's best experts in Health and Medical Sciences and One who has contributed immensely to raise the standard of healthy living and reduction in unnecessary morganing of innocent and unsuspecting Nigerian Populations.

Since that first day 22 years ago, I have literally become a member of the PriHEMAC family. I have been invited to lead Christian prayers and exhortations, several workshops and seminars that has since been organized by this organization. I could recollect vividly the projects on HIV, Roll back Malaria and Reduction in Mother's Health Hazards and Infant Mortality Programs. Some of these were in partnership with major stakeholders on Health issues at both the World Health Organization level and the international community, like Finland, United State of America, and some Ivy league Institutions.

The present Emphasis on Grey Hair or Old People's Concerns and Care for the Elderly has given me a more robust platform to participate in the PriHEMAC program and interests. Whereas I lead a faith-based organization, the vision and passion of Dr.M.O.Ogundeji on the care of the Elderly has enabled me use our church as a pilot for the program. This effort has yielded a lot of positive results and the project has not just been properly graded, but scaled up to a model for others across faith divides to emulate.

At 25, PriHEMAC has become a household name in health care delivery matters. These ranges from diffusion of innovations in health care system, to pilot studies, experimental research and actual on the job training and practice, thus taking the care to those who needs it most.

Certainly, PriHEMAC has lived up to expectations as a foremost Non-Governmental Organization leading Health awareness campaign and Health system delivery beyond her immediate Oyo State. I believed the last 25 years has been a huge testament at success and it's just the beginning..... Higher Still PriHEMAC.

Rev'd Dr. Edward K. ALABI JP (mcasson, mnape, mnim, fmtd, acimc, fdp-cr)  
Lead Pastor

**Dr. Olusoji Sogunro,**  
President, ACOMIN

On behalf of the entire management and Members of ACOMIN, I felicitate with PriHEMAC, one of our devoted members, on the celebration of its Silver Anniversary.

I must comment on PriHEMAC's immense contributions to humanitarian interventions by promoting the health Status of vulnerable communities, particularly children, mothers, and the elderly in Ibadan and its environs.

Coupled with delivering impeccable services that align with the organizational mandate, Dr. Ogundeji has also represented the interest of ACOMIN in the Southwestern Zone. He is a man that can be trusted with responsibilities without the fear of failure.

I wish you many more years of impact and expansion.

God bless you.

Olusoji Sogunro  
ACOMIN President



### Mrs. Oludayo Busola Adeyemo

My first opportunity to work in the Public Health field was given to me at PriHEMAC 22 years ago. I had the privilege to know that the organization was planning a community training program, I expressed my interest to participate and was accepted as a volunteer trainer—Training of Trainer "TOT". In retrospect, the exposure and experience I garnered from that activity served as my major motivation to pursue a career in healthcare, particularly preventive medicine.

Hundreds of lives have been positively impacted by PriHEMAC both professionally; for the multitude of staff and volunteers that have passed through and still work at the organization, but also in advancing healthcare to the thousands of clients served. The organization has always opened its doors to young, aspiring, and even advanced healthcare professionals and students, and ensures that the essence and value of primary healthcare are imbibed in everyone. Many leaders in various decision and policy-making positions in Nigeria today count PriHEMAC as the source of learning and knowledge. In addition, through the various programs that PriHEMAC planned, initiated, and executed in Nigeria and internationally, thousands of lives have been saved (e.g., programs that focused on maternal and child health) and thousands have access to better healthcare.

It is a lifetime privilege to know and have learned from a legend and visionary advocate of Primary Health Care like Dr. Martins Ogundeji. He is indeed an outstanding leader, mentor, and life learner. When Dr. Ogundeji conceived and started this organization 25th ago, many including myself could not imagine the strides PriHEMAC has achieved today. Despite all the hurdles, the organization continues to impact, expand, and set the pace for the future of Primary Health Care.

My hearty congratulations to Dr. Martins O. Ogundeji and the entire staff of PriHEMAC on the landmark 25th anniversary of this remarkable organization.

### GOODWILL MESSAGE TO PriHEMAC ON THE OCCASION OF ITS 25TH ANNIVERSARY

At the inception of ACOMIN, PriHEMAC was one of the founding organizations and had remained a stalwart among member organizations. Led by Dr. Martin Ogundeji, PriHEMAC contributed significant intellectual efforts, hard work, and financial resources toward the realization of the vision that was ACOMIN.

I had been a part of ACOMIN since 2006 and was serving as National Director of Youth for Christ Nigeria, based in Akure at that time, but my involvement was at the State level. But when I resumed duties as National Coordinator in October 2009, I had the privilege and opportunity to meet and work with a team of respected personalities and effective Non- Governmental Organizations who had driven the formation of ACOMIN. One of the significant organizations is PriHEMAC.

PriHEMAC is unique in that it was built on the principles that undergird Primary Health Care, with a strong emphasis on meeting the real needs of the Community, whilst strengthening the capacity of the Communities to own their own health outcomes and living standards. COMMON has implemented many projects with PriHEMAC as a partner and we have never had cause to doubt the professional competence and leadership capabilities of PriHEMAC and its leadership.

PriHEMAC had since 2010 served as the Lead NGO for the Southwest Zone. This responsibility has been discharged effectively, such that the Southwest Zone of ACOMIN has been a clear leader among the zones of ACOMIN. It is also heartwarming that PriHEMAC provides some innovative services in Geriatric Care. The professional care provided to elders and families had benefitted my own family and we are greatly grateful, for the helping ensure that the twilight years of our parents are easier and more joyous for them and us. Going forward, PriHEMAC can only increase and improve on its impressive records.

It is my hope that the tentacles of PriHEMAC services will reach across national and international boundaries. And as ACOMIN wishes PriHEMAC well on this great anniversary, we look forward to much longer and deeper collaborations.

*Yours faithfully,*

**Ayo Ipinmoye**, National Coordinator, ACOMIN, 08033838267

### CHAIRMAN, CONFERENCE OF WARD DEVELOPMENT COMMITTEE CHAIRMEN (CWDC FOR IMMREP) @ 25

We the leadership and membership of the Conference of Ward Development Committees for Maternal Morbidity and Mortality Reduction Project (CWDC for MMREP) have the pleasure to felicitate with our mentor Organization, Primary Health Care and Health Management Centre (PriHEMAC), Ibadan, Nigeria as she celebrates her Silver Jubilee.

As Providence would have it, what started ordinarily as local community intervention towards safe motherhood initiatives in this part of the world has now become a national Organization under the banner, Conference of Ward Development Committees for Maternal Morbidity and Mortality Reduction Project (CWDC for MMREP) in Nigeria. To God (Allah) be the glory.

CWDC for MMREP recorded many success stories which were the expectations of our Mentors (i.e. the Initiators of the Project, Physicians for Social Responsibility (PSR) from Finland, Dr. M. O. Ogundeji of PriHEMAC, the coordinating office in Nigeria, and the Federal and Oyo State Governments; Ibadan North and Oluyole LGAs. It is on record, that among others, many Ward Development Committee (WDC) members intervened to save many 'near-death' cases - those cases that, had it not been for the prompt and informed interventions, death of such mothers could have been inevitable!

CWDC collaborated with the PriHEMAC to pay host to the visiting representatives of the Physicians for Social Responsibility (PSR) in 2008 and 2010 respectively and serve as foot soldiers for Government and foreign partners to carry out programs on the Care of the Elderly, as members of State and Local Governments' Advocacy, Communication and Mobilization Committees (ACMC) on all health-related matters

As we celebrate the Silver Jubilee, we pray to God, and Allah to bless us to witness more PriHEMAC anniversaries in good health and abundant successes.

**HAPPY PriHEMAC SILVER JUBILEE!! Alhaji (Shaikh) S. O. A. Busairi, Chairman General, Conference Of Ward Development Committees; For Ibadan Maternal Morbidity And Mortality Reduction Program (CWDC FOR IMMREP) Nigeria**



## PROFILE OF Dr. Martins Olusola Ogundeji

Executive Director, PriHEMAC

Dr. Martins O. Ogundeji holds, among others, B.Sc. (Nsg) at University of Ibadan, (UI) 1969; M. Sc. (Community Mental Health), Master of Public Health (MPH) and Doctor Public Health (Dr.PH) all at Columbia University, New York, USA; 1974-1978.

He served as:

- Lecturer at School of Nursing, Wesley Guild Hospital, Ilesha, 1969 -1970 and 1970 -1980 ABU, Zaria;
- Federal Ministry of Health (FMOH) Principal Health Planning Officer between 1980 and 1986; and later one of the FMOH 4 Zonal Coordinators and retired as a Director of National Primary Health Care Development Agency/Federal Ministry of Health (NPHCDA/FMOH) between 1987-1998.
- Part-time Lecturer for Post-graduate students of the Department of Epidemiology, the University of Ibadan between 1998 and 2009.
- Part-time Lecturer for Post-graduate students at the Department of Nursing College of Medicine, University of Ibadan between 2001- 2018,
- Part-time Lecturer for Post-graduate students at the Department of Nursing College of Medicine, Babcock University, Ilesha, Ogun State from 2016 to 2020,

Some of the past students I had the privilege of collaborating

with on their Doctoral projects are:

1. Dr. Adeyemi Adetoro Adegoke—Senior Lecturer in Public Health; Technical Lead-Health, Liverpool, United Kingdom
2. Dr. (Mrs.) BROWN Victoria Bolanle, Deputy Director, School of Nursing, UCH, Ibadan
3. Brig. Gen. Agatha Ifeoma Onovo-Okeke (Rtd) Nigerian Army Resource Center Abuja
4. Alhaji Kamoru Adejinmi ADESINA, Coordinator/Ag. HOD, Dept of Nursing Science Osun State University,

Among his many other publications are: i) Background and Status of PHC Activities by Y2000 in Nigeria: Facts from Figures for Health Planning, 2002; and ii) Lead Co-Author of PRIMARY HEALTH CARE IN NIGERIA: HISTORY AND DEVELOPMENT, 2014, University of Ibadan Press. iii) Handbook for PriHEMAC Elderly Friendly Ambassadors (PEFAs) (2019) and iv) Handbook for Health Caregivers (2019).

After retirement, he was established in 1998 and remains till now, the Executive Director of the Primary Health and Health Management Center (PriHEMAC) which has become a reputable Non-Governmental Organization (NGO) with CAC Registration No. IBZ 004797.

The NGO has successfully carried out Local, State, National, and

International Development Programs. One of the most remarkable experiences was the Finland Physicians for Social Responsibility (PSR) sponsored 5-Year (2004-2009) Ibadan Maternal Mortality Reduction Project – IMMREP - and 2-Year (2009-2010) Improvement of Primary-Level Maternal Health Services–IPMat.

Since 2014, PriHEMAC has embarked on improving the well-being of the Elderly through, among others: i) the establishment of a Training Institute for the training of a) PriHEMAC Elderly Caregivers and b) Elderly Friendly Ambassadors (PEFAs); ii) Promoting Elderly Friendliness through partnering with Stakeholders such as Religious Organizations like Churches/Mosques focusing on helping them to become Elderly Friendly Institutions.

Dr Martins Ogundeji has been a member of Molete Baptist Church since 1986. He is happily married to Mrs. Comfort Mopelola Ogundeji and the marriage is blessed with children, grandchildren and great grandchildren.



Dr. Martins Olusola Ogundeji and Wife



# PriHEMAC

## CAPACITY PROFILE

The hallmarks of PriHEMAC Capacity Profile are the high caliber of experienced human resources and the dedicated management staff. As guided by her vision/mission, PriHEMAC officers and consultants have confidently, consistently, effectively, and competently functioned within our identified focal service areas as amplified below.

### PriHEMAC Vision and Mission

**Vision Statement:** Moving ahead together with strength, courage, and commitment to reach the needy and vulnerable where they live and work

**Mission Statement:** Promoting the health status and well-being of members of the communities particularly the mothers, children, and the elderly through improved provision of quality primary health services, community empowerment, and capacity building of identified health workers, students and volunteers,

### Administrative structures of PriHEMAC

PriHEMAC is an establishment made up of experienced health professionals/consultants, in various disciplines. In addition to the core staff, other staff who are experts like social scientists – demographers, sociologists/ anthropologists, - town planners, statisticians, etc. are available when needed as resource consultants.

### Management

-

### Board of Trustees (BOT)

Dr. Mrs. Ebunlomo. Walker  
– Chairman

Dr. Martins O. Ogundeji  
– ED/ Secretary  
Barrister Anthony Okesola  
Dr. Mrs. Kofoworola Soyinka  
Revd. Dr. Edward K Alabi  
Dr. (Mrs.) Modupeola Afolabi  
Oyesiji  
Mr. Ayodele Yinka Olusola

### PriHEMAC Staff

Dr Martins Ogundeji  
- Executive Director  
Mrs Cecilia Falola  
- Matron/Caregiver Supervisor  
Mrs Folasade Akintola  
- Principal Program officer  
Mrs Funmilola Olasunkanmi  
- Senior Finance Officer  
Mrs Temitope Olatunbosun  
- Senior Program Officer/M/E  
Mr Gideon Adeniyi  
- Program IT/Comm Officer  
Mrs Fisayo Sulaimon  
- Asst. Program Officer  
Miss Arike Olusola  
- Assistant Finance Officer  
Mr Idris Oluwole  
- Office Assistant  
Mrs Bolajoko Eniola  
- Office Assistant

### Pool of Consultants / Gallery of Experts -

Dr. (Mrs.) Ebunlomo Walker  
– Community/Family Physician  
Mrs. Bukola Ogundeji –  
USA–based Dir. of Nursing services  
Dr. (Mrs.) Victoria Odesina  
– USA-Based SCD Genetic  
Lecturer/Counsellor  
Dr. (Mrs) Modupeola Afolabi  
Oyesiji - Public/Primary Health  
Specialist  
Mrs. Oludayo Adeyemo –Visiting  
Lecturer (USA -based) Nurse  
Practitioner  
Dr. (Mrs.) Kofo Soyinka -  
Community/Family Physician

Dr. B. V. Bello - Chief Medical  
Director, Oyin Specialist Hospital,  
Ibadan

Mr. Olayinka Ogundeji – Social  
Scientist

Dr. Very Rev. Segun Babalola –  
CAN/CCN Program Officer, SW  
Zone, Ibadan

Mr. Emmanuel Boore, Oyo State  
Director, NHIS, Ibada

Pastor B. O. Akanmu, Oyo State  
CAN Chairman

Mrs. Cecilia Foluke Falola –  
Matron/ Educator and Clinical  
Instructor

Barrister Anthony Okesola – Legal  
Practitioner and Law Lecturer

Dr. Martins O. Ogundeji – Public  
Health Consultant

### Foreign Partners

Dr. Mrs. Victoria Funmilayo  
Odesina – GLOSCA Executive  
Director-USA

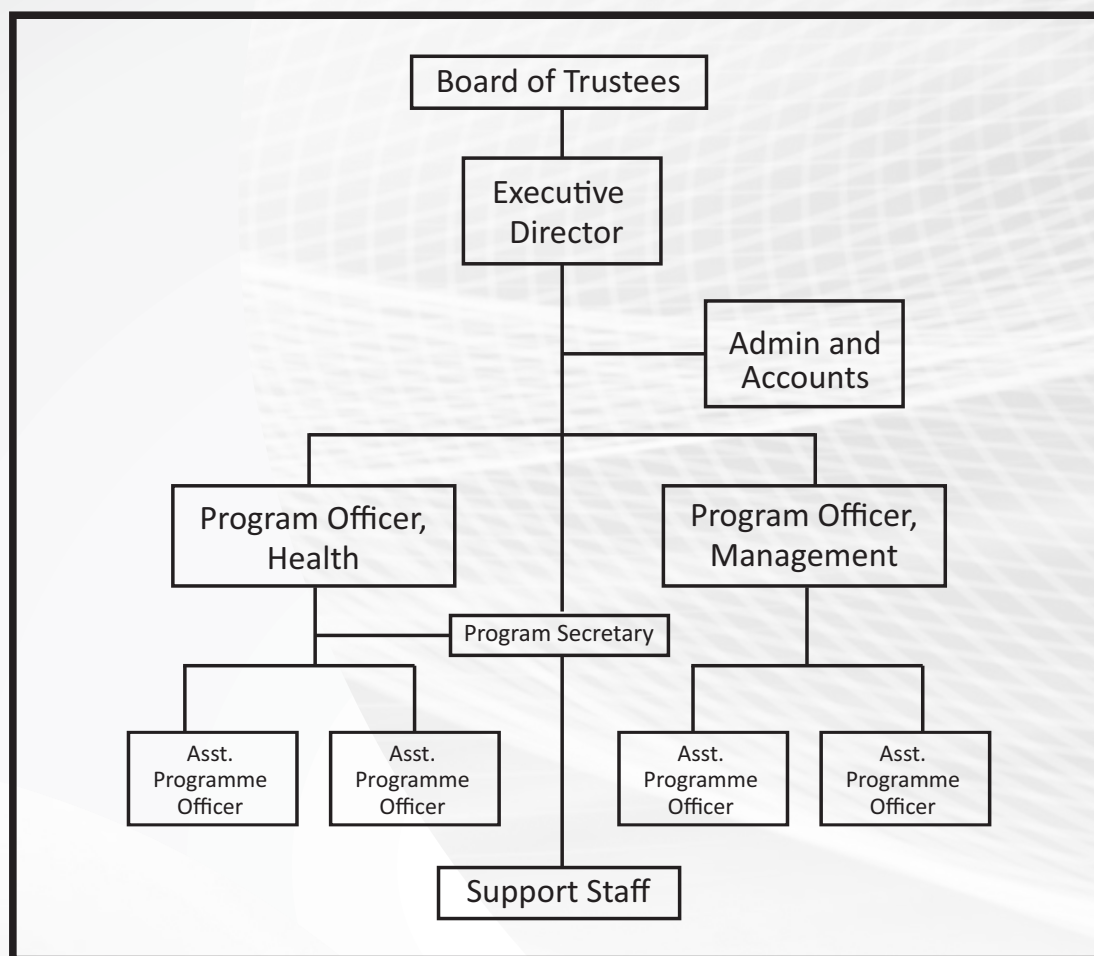
Miira Klemmette - Physicians for  
Social Responsibilities (PSR)  
Finland

Prof Huber Mara - SUNY COIL  
Global Commons, University of  
Buffalo, USA

Mrs. Bukola Ogundeji – Resolve  
CAREGIVERS Agency, Texas, USA.

### Volunteers - Functional Ward Development Committee (WDC) Members

PriHEMAC has a working  
relationship with 26 Functional  
Ward Community (WDC)  
members. The Chairmen of the 26  
WDC formed a Conference of WDC  
Chairmen with Alhaji Shiek Busairi  
as their Chairman Each of the 26  
WDCs has at least 20 (making a  
total of 520) members who serve -  
among other health/development  
activities - as PriHEMAC foot-  
soldiers from time to time.



### Outline of the Service Areas

The areas in which PriHEMAC had and still has an interest, capacity, and experience include:

#### i) Health Management

- Health service management at tertiary, secondary, and primary levels;
- Manpower planning and staff development including training, re-training, and re-orientation of health staff particularly the PHC workers
- Project development and implementation
- Monitoring and evaluation of projects at Community, Political Ward, Local, State, and Federal government levels

#### ii) Primary Health Care (PHC) Within Local Community

#### and Local Government Areas

- Development, implementation, monitoring, and evaluation of various aspects of Alma Ata PHC elements such as - Maternal and Child Health/Family Planning (MCH/FP), National Program on Immunization (NPI), Health Education, management of minor ailments including Control of Diarrhea Disease/Acute Respiratory Infection (CDD/ARI), Malaria (Roll Back Malaria Issues); and emerging elements such as TB, /AIDS/HIV/STD; care of the elderly, mental health promotion, control of non-communicable disease e.g., hypertension, diabetes etc.
- Establishment of

*Development Committees* at LGA, District/Ward, and Community levels Quantification, purchasing, distribution, Drug Revolving Fund (DRF), store/financial management of essential drugs.

#### iii) Training and Research

- Training/Workshop and research on quality assurance principles/practices; Operation research - design, implementation, evaluation, and application of findings and Baseline data – collection analysis, report writing, and dissemination of findings
- Establishment of Training Institutes for: M.Sc. Nursing/Public Health Students and Caregivers and PEFAs



IMMREP - HEALTH WORKERS TRAINING



MALARIA SOCIAL MOBILIZATION  
- NMEP PROJECT SURULERE LGA, OYO STATE



IPMAT - KOLA DAISI FOUNDATION



Canadian International Development Agency (CIDA) Officers being presented with "Background and status of PHC activities in Nigeria" 2002



PSR team with Dr. M. O. Ogundeji and Prof. A. O. Ladipo of ARFH during lecture tour to Finland in 2005



Dr. M. O. Ogundeji (Chairman NPHCDA Board, Abuja) with Late Prof. Olikoye Ransome Kutí (Former Minister of Health) during his visit to PriHEMAC Office



Focus Group Discussion at Isale Osolo Community Stakeholders, Ward 2, Ejigbo LGA



PriHEMAC Executive Director, Dr. Martins Ogundeji, BOT Chair, Dr. Ebunlomo Walker, Late Prof. Emeritus Adeotoye Faniran, members of staff and trained caregivers at caregivers Graduation ceremony in 2017

## CAREGIVERS TRAINING AT PriHEMAC



DR. MARTINS OGUNDEJI DELIVERING LECTURES AT CAREGIVER TRAINING



CROSS SECTION OF PARTICIPANTS AT THE CAREGIVER TRAINING



MATRON FALOLA FACILITATING VITAL SIGNS PRACTICAL SESSION AT THE TRAINING



FACILITATORS AND PARTICIPANTS AT CAREGIVER TRAINING AT PriHEMAC

## CAREGIVERS TRAINING AT ST. BENEDICT CATHOLIC CHURCH, OSOGBO.



CAREGIVERS TRAINING AT ST. BENEDICT CATHOLIC CHURCH, OSOGBO.



## PEFA TRAINING AT PRIHEMAC



REV. DR. ALABI GIVING LECTURES DURING TRAINING



PARTICIPANTS AT ONE OF PRIHEMAC ELDERLY FRIENDLY AMBASSADORS TRAINING



PRIHEMAC SCALING-UP COMMITTEE MEMBERS FOR THE PEFA PROGRAM



SOME PEFA'S AND PRIHEMAC GALARY OF EXPERT AT PEFA TRAINING

# PriHEMAC STAFF



PriHEMAC Team and Representative of OAUTH facilitating step down training on the CNBSFP in Ogun State



Participants at the step down training on the CNBSFP in Ogun State



Facilitators at the step down training on the Comprehensive Newborn Screening and Follow up program in Southwest at Lagos



Imam Gbomolada creating awareness on Care of the Elderly at the International Day of Older persons Community Sensitization program at Bodija Market



Participants at the International Day of Older persons Community Sensitization program at Bodija Market



Participants at the Award ceremony of Model Elderly Friendly Organization and PEFA



Cross section of participants at the PEFA Award Ceremony



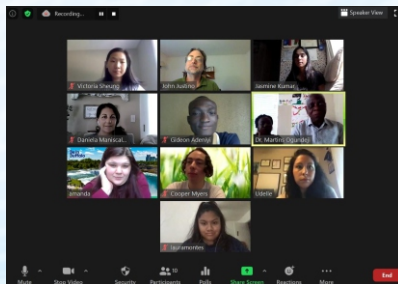
Rev. Dr. E. K. Alabi receiving award for his Molete Baptist Church Awarded Model Elderly Friendly Faith Based Organization in Oyo State



Dignitaries and participants at the PEFA Award Ceremony



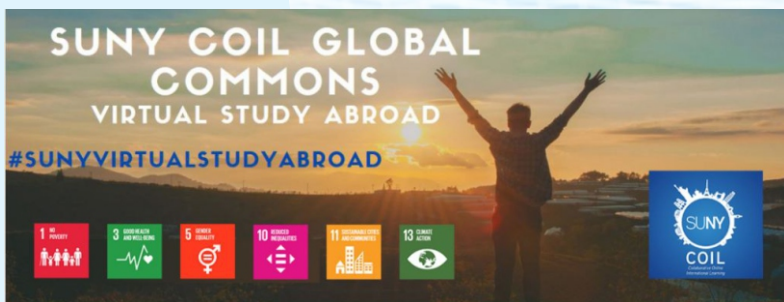
Dr. Marins Ogundeji, Gideon Adeniyi, and Prof. Laura interacting with students during the SUNY COIL program 2021



Dr. Martins Ogundeji, Gideon Adeniyi, and Prof. John Justino interacting with students during the SUNY COIL program 2020



PriHEMAC Staff with 2 Interns from YALI RLC Ghana doing their internship at PriHEMAC



SUNY COIL PROGRAM



PriHEMAC Staff and Public Health Interns from Babcock University, Nigeria.



PriHEMAC/ACOMIN Community Human Rights and Gender Special Initiative (CRG-SI) Malaria Project



COVID 19/Community System Strengthening/Revitalization of Sustainable Systems for Health



A Group Photograph of Trainers of Ward Development Communities (WDCs) with Mirra Klement and Vera Pikkaraian during their visit to PriHEMAC Office in June, 2005



Dr. Martins Olusola Ogundeji and his wife



Client exit interview with Malaria client exiting the facility after accessing the care



# HIGHLIGHTS OF PriHEMAC ACTIVITIES IN THE PAST 25 YEARS

## Introduction

The highlights of PriHEMAC activities in the past 25 years are summarized in three phases or periods around global, national, and local imperatives. The rationale is that United Nations, as a global body, generally sets guidelines/policies on development including health-related issues. It is well known that assessment indicators of health status in countries are derived from United Nations Development Goals. It is therefore natural that Nigeria, being a member of the United Nations, generally endorses and actively responds, using all available public and private resources, to implement global

goals and policies. At the local/community level. NGOs like PriHEMAC collaborate with various stakeholders to contribute their quota to the achievement of global and national goals.

This PriHEMAC SILVER Anniversary Report is woven around each of the following three major global sets/groups of goals that emerged just before or during the past 25 years: i) Health for All by Y2000 Era. ii) Millennium Development Goal (MDGs) Era and iii) Sustainable Development Goals (SDGs) Era. Under each of the 3 periods, a brief description of the era will be discussed, and a few relevant activities carried out during the period and achievements, will be presented.

## 1. PriHEMAC AT HEALTH FOR ALL (HFA) BY Y2000 ERA (1998-2000)

### Background of HFA Era

In 1978, under the leadership of Halfdan Mahler, a Health for All (HFA) agenda was fronted by the World Health Organization (WHO). The decision resulted in the ground-breaking Primary Health Care (PHC) Conference in Alma Ata, Kazakhstan (WHO 1978). The Alma Ata declaration of health for all (HFA) by 2000 was signed with tremendous support of governments world over, including Nigeria.

### Box 1: The Alma Ata /Emerging Elements and Pillars of PHC

Alma Ata Elements of PHC	Emerging Elements of PHC	Pillars of PHC
Health Education,	Mental Health,	strong political will
Clean water and sanitation,	Dental Health	health personnel
Food and Nutrition	Occupational Health,	health facilities
Immunization,	Control of Locally Endemic Diseases	financial support,
Maternal and Child Health	Care of The Elderly	information system
Essential Drugs,	Care of the Handicapped	referral system
Treatment of Minor Ailments		community participation;
Prevention and Treatment of Communicable Diseases		multi-inter-sectoral collaboration

### 1.1 PriHEMAC ACTIVITIES DURING HFA ERA

PriHEMAC was established in 1998 during the Health for All era. Between 1998 – 2000, PriHEMAC carried out various activities which will be presented under 2 broad headings: Pillars and Elements of PHC. PriHEMAC activities during HFA Era were mostly on PHC Pillars in form of Workshops, Community Development, and Training/Capacity Building.

#### Workshops

The content of most workshops carried out was mostly on community mobilization and capacity building of different target groups including community members/leaders. Among these are the following:

- Sensitization Workshop on Emergency Preparedness and Response (EPR) to Epidemics sponsored by UNICEF B Zonal Office on 8<sup>th</sup> – 12<sup>th</sup> May 2000 at Gateway Hotel, Ijebu-Ode.

- Workshop on NPI Microplanning for 3 LGAs selected in 1999 and 5 identified in 2000 sponsored by UNICEF in B-Zone on June 5<sup>th</sup>–9<sup>th</sup>, 2000

#### Community Development

- Mobilization of 560 Village Development Committee members sponsored by Unicef B Zonal Office on June 8<sup>th</sup> – August 6<sup>th</sup>, 1999, at Headquarters of Aniocha S., Bomadi, Patani,



Esan S., Efon, Ekiti West, Ikere, Akoko North West, Akoko South, Okitipupa, Ile-Oluji, Irele, Olorunda, Obokun, Ayedaade, Isokan, Ifedayo, Ola-Oluwa, Ejigbo, Ayedire, Oluyole, Ido, Iseyin, Ogo-Oluwa, Irepo, Ibadan North, Ibadan South East and Epe LGAs.

### Training

- Training of 240 District Development Committee/ Village Development (DDC/VDC) members in Ado-Ekiti, Burutu, and Ose sponsored by UNICEF B Zonal Office on February 25<sup>th</sup>, 2000 & March 14<sup>th</sup>, 2000.

## 2. PriHEMAC AT MILLENIUM DEVELOPMENT GOAL (MDG) ERA (2001-2015)

### Background of MDG Era

In the Year 2000, Nigeria was one of the 189-member United Nations that voluntarily agreed to achieve the following 8 MDGs: 1: End Poverty and Hunger; 2: Achieve Universal Primary Education; 3: Promote Gender Equality and Empower Women; 4: Reduce Child Mortality; 5: Improve Maternal Health; 6: Combat HIV/AIDS, Malaria and Other Diseases; 7: Ensure Environmental Sustainability and 8: Develop A Global Partnership for Development

### 2.1 PriHEMAC PILLARS OF PHC ACTIVITIES DURING MDG ERA

As said earlier, most activities listed under this section are pillars (see Box 1 above) - strong political will, health personnel, health facilities, financial support, information system, referral system, community participation; multi-inter-

sectoral collaboration. etc.

- 2-day workshop on the roles of nurses and midwives in establishing an effective referral system in 33 LGAs of Oyo State sponsored by Oyo State Local Govt. Service on 9<sup>th</sup> – 10<sup>th</sup> August 2001 at Cultural Centre Mokola, Ibadan.
- Training and retraining workshop for assessors on capitalization check of Bamako Initiative (BI) program in the Southwestern Zones on July 2<sup>nd</sup> – 6<sup>th</sup>, 2001.
- Workshop to advocate to LGA policy makers to provide vit. A and Iron folate supplement for vulnerable group on November 17<sup>th</sup> – 20<sup>th</sup>, 2002.
- A 2-day B – Field Zonal Review Workshop on Early Child Care Curriculum sponsored by UNICEF on 22<sup>nd</sup> – 25<sup>th</sup> October, 2003 at Yisade Hotel Ltd. Ijebu-Ode, Ogun State.
- Training of 40 DDC/VDC members from 5 LGAs (Epe, Ekiti West, Aniocha South, Oluyole and Ile Oluji-Okeigbo) on Malarial Control Sponsored by UNICEF B Zonal Office on 5<sup>th</sup> – 20<sup>th</sup> March 2001 at Ogwashi-Uku, Aramoko, Idi-Ayunre, Ile-Oluji and Epe.
- Training of VHWS/TBAs in 2 urban based service communities (Ibadan North and Ibadan South East) sponsored by Unicef B Zonal Office on June 28<sup>th</sup> – July 2<sup>nd</sup> 1999 at Ibadan North and Ibadan South East Local Govt. Headquarters.
- Training of 108 health workers on drug management sponsored by Unicef B Zonal Office on

December 6<sup>th</sup> – 30<sup>th</sup> 1999 at Ado-Ekiti, Burutu, and Ose LGAs

- Training of VHWS/TBAs in 2 urban-based service communities (Ibadan North & Ibadan south East LGAs) sponsored by Unicef B Zonal Office on Feb. 13<sup>th</sup>, 1999, April 18<sup>th</sup>, 2000, June 26<sup>th</sup>, 2000 at Odinjo and Kube Communities.
- Training of middle-level health manpower in 33 LGAs of Oyo State on quality assurance promotion in primary health care Sponsored by Oyo State Local Government Service Commission/ PriHEMAC on 29<sup>th</sup> – 30<sup>th</sup> June 2000 at Cultural Centre, Ibadan, Oyo State.
- Training of 50 CHEWs/TBAs Sponsored by UNICEF B Field Office on 15<sup>th</sup> Jan. – 4<sup>th</sup> Feb. 2001 at Kube, Odinjo, Agbeni Ayeye, and Eleeta.
- Refresher/ workshop for Primary Health Care Managers sponsored by University College Hospital by on 26<sup>th</sup> – 30<sup>th</sup> July 2004 at Community Health Officers (C.H.O) program, Oladele Ajose Buildings, UCH, Ibadan.

### 2.2 PriHEMAC ELEMENTS OF PHC ACTIVITIES DURING MDG ERA

As mentioned earlier, PHC elements are the PHC services (see Box 1 above). During MDG Era, in collaboration with our relevant Partners, PriHEMAC targeted 3 of the 8 MDGs: i) Reduce Child Mortality ii) Improve Maternal Health, and iii) Combat HIV/AIDS, Malaria, and Other Diseases.



## A. IBADAN MATERNAL MORTALITY AND MORBIDITY REDUCTION PROJECT (IMMREP) YEARS 2003 – 2008

### i) Introduction

Ibadan Maternal Mortality and Morbidity Reduction Project (IMMREP) Years 2003 – 2008 adequately covers the issues of maternal, and child health. The problems of both infant and maternal mortality and morbidity have been with developing countries for quite a while, so have been efforts to find solutions to both problems. IMMREP - carried out in two Local government Areas of Ibadan North (urban) and Oluyole (rural), both in Oyo State - is one of the Safe motherhood programs which addresses one of the Millennium Development Goals (MDGs)

### ii) IMMREP Partners And Their Roles

The partners on the project and their roles are as follows:

The 3 main partners involved in IMMREP are:

- Oyo State Government: Ministry of Health, (actually, it was through Dr. Kayode Afolabi, former Commissioner of Health, that the project came to Oyo State) Hospital Management Board, Local Government Service Commission, 2 focal LGAs
- PSR – a Finnish NGO: represented by Dr. Miira Klemette and her colleagues: Drs. Teija, Veera, Ante, Agnes and Kunle Ayoade etc.) who visited Nigeria at least twice a year since the inception of the Project; and
- PriHEMAC- NGO

### iii) Lecture Tour to Finland

PSR Finland sponsored a lecture series on maternal health programs in Sub-Saharan Africa: implementation, progress and

challenges to 3 Universities in Finland: Kuopio, Tampere and Helsinki on 3rd-12th October 2005.

The 2 papers the PriHEMAC ED presented during the tour are:

- The role of Primary Health Care (PHC) sector and Community Based Development in promotion of maternal health and
- Roles of Traditional Birth Attendants (TBAs) training in Reduction of Maternal Mortality – Is it worthwhile?

### Achievements of IMMREP

One major achievement of IMMREP was the discovery of the danger of training and using TBAs as Skilled Midwifery Attendants. During the development and implementation of IMMREP, the general concept of 'At Risk Pregnancies' changed. Before IMMREP, it was believed that certain women who are either too short, too young, too old, etc. were 'at risk of death' during delivery. Based on this belief, the Federal Government of Nigeria and most developing countries trained many Traditional Birth Attendants as a strategy for reducing very high maternal deaths.

However, after many years of TBA training, results of extensive multi-national studies consistently showed that there was hardly any country where the strategy of training and use of TBAs led to reduction of maternal deaths. It however led to lower rates of infections due to '3 cleans' – clean hands, clean surface and clean cutting of umbilical cords. Many other studies and experiences showed that i) **every pregnancy is at risk pregnancy and that ii) conditions that lead to maternal**

**deaths are PREVENTABLE BUT NOT PREDICTABLE.** It has therefore been strongly recommended that TBAs can safely carry out certain ante-natal functions like distribution of essential drugs to pregnant women, supporting/assisting pregnant women to facilities/places where skilled attendants are available etc. TBAs are NOT among the list of midwifery skilled attendants and so NOT expected to TAKE DELIVERY (Walraven G, Weeks A (1999))

Other achievements included the:

- Donation of Health equipment worth about an N2million by PSR-Finland and distribution of the equipment to the primary health facilities in the 2 focal LGAs.
- Training of health workers particularly Midwifery skilled staff at the Oyo State Specialist Hospital, Adeoyo, and all such staff on the 2 focal LGAs in Lifesaving Skills.
- Development of cordial working relationships among the health workers and TBAs;
- Establishment of 25 Ward Development Committees with at least 20 members in each political ward of the 2 focal LGAs; and
- Functionaries of the 2 LGAs started paying regular stipends to members of the WDC to assist them in carrying out their very difficult tasks of assisting pregnant women in their communities to use government health facilities for safe delivery of their babies and thereby reducing maternal deaths.
- Intensive sensitization and application of the emerging



roles of TBAs

## **B. IMPROVEMENT OF PRIMARY-LEVEL HEALTH SERVICES IN IBADAN (IPMat) 2009-2010**

### **i) Introduction**

Towards the end of 5-year (2004-2008) Ibadan Maternal Morbidity Mortality Project (IMMREP), the Improvement of Primary-Level Health Services in Ibadan (IPMat) Project was conceived and carried out in 2009 – 2010. Both IMMREP and IPMat were funded by the Finnish Ministry for Foreign Affairs of the Finnish Government/Physicians for Social Responsibility (PSR) and implemented by PriHEMAC with the support of the Oyo State Government.

### **ii) Effects of IMMREP and IPMat interventions**

Globally, and Nigeria inclusive, under-five deaths declined by more than half between 1990 and 2015 to less than 6 million. The global maternal death ratio fell by 44 percent between 1990 and 2015. The total number of maternal deaths around the world dropped from about 532,000 in 1990 to an estimated 303,000 in 2015!

PriHEMAC and her partners, in various ways, have contributed to the remarkable reduction in maternal and child mortality rates.

Specifically, at the inception of IPMat in 2008, among many other findings, there was poor record keeping of deliveries in any of the facilities in the two LGAs. However, after IPMat activities started, the rate of proper recording increased from 45% in 2009 to 85% in 2010 in Ibadan North LGA, and from 70% in 2009 to 88% in 2010 in Oluyole LGA

## **C. TB Care-USAID TB 1 Mentor-Mentee project (2012-2013):**

PriHEMAC mentored two NGOs in two southwest States of Nigeria i.e., Living Hope Care (LIHOC) in Osun State Nigeria, and Women Empowerment for Family Initiative (WIFE) in Ibadan under the TB Care 1/KNCV Mentor- Mentee APA 2 and 3 projects.

## **D. Safe Blood for Africa (SBFAF) Community Blood Donor Mobilization Project (April-September 2013)**

In April 2013, PriHEMAC was engaged to mobilize community members to act as Voluntary non-Remunerated Blood Donor (VNRBD). Within 6 months, among many people, PriHEMAC mobilized for blood donation, 108 voluntary non-remunerated blood donors

## **E. ACTIVITIES INITIATED AND INDEPENDENTLY CARRIED OUT BY PriHEMACAS FROM - 2014**

Before and during the SDG Era, PriHEMAC carried out a few activities independently at various levels and with different partners and/or institutions.

The major activity initiated and independently carried out by PriHEMAC starting from 2014 is 'care of the elderly which is one of the emerging elements of PHC but relegated to the background for various reasons and/or excuses. The Promotion of Elderly Friendliness and Healthy Ageing was the major activity carried out at least for the first few years of inception.

The evolution of PriHEMAC on the promotion of elderly friendliness could be viewed from the phases of i) awareness of abysmal neglect of 'Care of the elderly within PHC; ii) promotion

of community care of the elderly through empowered stakeholders; and iii) involvement of foreign Partners/Institutions.

### **i) Phase 1 of PriHEMAC Elderly Friendliness Activities: - Awareness of Abysmal Neglect of 'Care of The Elderly' Within PHC**

In early 2014, fortuitously, PriHEMAC discovered that although, through a publication, NPHCDA and WHO (1999) had stressed the need to pay special attention to providing 'quality care of the elderly little or no attention had been paid to the call

This abysmal neglect was what prompted PriHEMAC to start taking certain actions including the establishment of a *Caregivers Training Institute and PriHEMAC Home Care Services for the Elderly and Convalescence*

PriHEMAC Management puts at the front burner the training and engagement of different categories of 'Home Caregivers and Home Health Caregivers. The needed services have been identified and ranked along with other primary health care services such as immunization, treatment of minor ailments, safe motherhood including family planning.

PriHEMAC started training Home Caregivers and Home Health Caregivers of the Elderly and/or Convalescents in 2014. In order to promote the quality of training and the trained Caregivers, a Handbook for Caregivers with 10 Modules was produced.

Since 2014, the average number of batches per year has been 3 but rose to 12 batches in 2022! Since then, PriHEMAC has had a total of 33 batches which



produced a total of 375 Health Caregivers making an average of 11 trainees per batch. Out of the 375 trained health Caregivers, there were 82 males (21.9%) and 293 females (78.1%). PriHEMAC has engaged 87 (23%) of them. PriHEMAC Private homecare initiative has cared for 60 Elderly in many States covering Oyo, Osun, Delta, Lagos, Ogun, Kwara and Ekiti States. Recently most of our trained caregivers have gained employment abroad showing the quality of training provided at PriHEMAC Training Institute.

**ii) Phase 2 of PriHEMAC Elderly Friendliness Activities: - Promoting Community Care of the Elderly Through Empowered Stakeholders**

**A. PriHEMAC/Molete Baptist Church Ibadan (MBCI) Partnership**

In an effort to demonstrate the empowerment process of a religious institution, in early 2017, Primary Health and Health Management Centre (PriHEMAC) requested for and formally had the approval of Molete Baptist Church Ibadan (MBCI) through the Senior Pastor, Rev. (Dr.) Edward K. Alabi, for Partnership on Community Care of the Elderly.

By May 2017, the MBCI/PriHEMAC Partnership on Community Care of the Elderly metamorphosed into the Elderly Friendly Church Model. The Senior Pastor of MBCI later informed and involved the

President and Pastors of, the Ibadan Baptist Conference.

**B. Development and Endorsement of Proposal on Elderly Friendliness**

A Proposal on 'Promoting Elderly Friendliness through Empowered Stakeholders such as Churches/Mosques' was developed by PriHEMAC. With the help of Rev. (Dr.) Alabi, the proposal was on 25-05-2018, formally submitted to and approved by the President of Nigerian Baptist Convention (CBN) / Christian Association of Nigeria (CAN) - Rev. Samson Olasupo A. Ayokunle. The CAN President then encouraged PriHEMAC to start the empowerment activities in Oyo State, then to South West Zone, and pledged that if successful, he would promote it at the national. Among the supportive steps taken immediately by the CAN President was that he connected PriHEMAC ED to the Oyo State CAN President - Pastor B. O. Akanmu who doubled as the Conference Chairman of Christ Apostolic Church 2018 AD Pastors' Conference. It was through this link that I had the privilege of presenting a Paper (Ogundeji, 2018) – 'Caring for the Elderly/Aged' - to a group of about 5,000 Christ Apostolic Pastors at Babalola Int'l. Miracle Camp, Ikeji Arakeji, Osun State on 20-09-2018.

**Development of Elderly Friendly Institutions/Organizations (EFOs)**

The basic activities involved in

the proposed 'Promotion of Elderly Friendliness through Empowered Stakeholders such as Churches/Mosques' include informing the targeted Churches/Mosques and/or Foundations.

In order to engage Churches and mosques, it became mandatory to seek the Approval/Support of the Authorizing Bodies of the 2 Major Religious Organizations. This was done through the President of the Christian Association of Nigeria (CAN) - Rev. (Dr.) Samson Olasupo Ayokunle) and Chief Imam of Ibadan land, President General of Nigerian Supreme Council for Islamic Affairs (NSCIA) – Alhaji (Sheikh) Abdul-Ganiy. Agbotomokekere,

**A. Training of PriHEMAC Elderly Friendly Ambassadors (PEFAs)**

One of the first empowerment activities is the sensitization of Religious Church/Mosque Leaders to identify some of their members and sponsor their training as PriHEMAC Elderly Friendly Ambassadors (PEFAs). The PEFAs, are trained to acquire adequate knowledge, develop appropriate attitudes and possess the necessary skills to confidently and competently carry out specified roles anywhere as contained in the Training Manual.

In Oyo State, by November 2021, PriHEMAC had empowered a total of 52 Institutions that sponsored 195 PEFAs (made up of 28 Churches, 18 Mosques and 6 Foundation) as listed below:



### Box 2: Number of Organizations Empowered by PriHEMAC In Promoting Elderly Friendliness

No	CHURCHES	MOSQUES
1	Molete Baptist Church, Ibadan (MBCI)	Ogungbade Muslim Community
2	Lighthouse Baptist Church, Ibadan	Ayegbesin Muslim Community
3	First Baptist Church, Idikan	Olubadan Adetunji Mosque
4	Abundant life Baptist Church	Baale Apampa Central Mosque
5	Bodija Estate Baptist Church, Ibadan	Repodun Mosque
6	Salem Baptist Church, Ibadan	Tian Central Mosque, Basorun Ibadan
7	Araromi Baptist Church, Iganga	Orisiniyan Central Mosque
8	Itabo Baptist Church, Lanlate	Oja Oba Central Mosque
9	Methodist Church, Ekotedo, Ibadan	Samsudeed Central Mosque- Odinjo
10	Methodist Church, Bodija Ibadan	Egbeda Central Mosque- Alakia
11	Methodist Church, Agbeni, Ibadan	Olubadan Mosque
12	CAC Oke- Iwosan, Ibadan	Apampa Mosque
13	CAC Rejoice in the Lord, Ibadan	Abere Central Mosque
14	CAC Oke-Ife, Agbowo, UI, Ibadan	Olatunbosun Mosque
15	CAC Oke-Iyin Felele Ibadan, Ibadan	Oluwo-nla Central Mosque
16	CAC Agbala Itura	HPY Central Mosque, Oluyole
17	Maria Asumpta Catholic Church, Ibadan	Imam Ajimofowoku Busairi Central Mosque
18	St. Andrew Catholic Church, Ibadan	Ibadan Central Monque, Oja Oba
19	Christ the Good Shephard Catholic Church, Ibadan	
20	The church of the Lord, Oke Ado Ibadan	
21	St. David's Anglican Ijokodo, Ibadan	
22	St. James Cathedral (Anglican)	
23	First Baptist Church, Oke Okanla Osogbo#	
24	Christ Life Baptist Church, Osogbo	
25	Calvary Baptist Church, Osogbo	
26	Jubilee Baptist Church, Osogbo	
27	Philadelphia Baptist Church, Osogbo	
28	Union Baptist Church, Osogbo	
	<b>CHRISTIAN RELIGIOUS AFFILIATIONS</b>	<b>MUSLIM RELIGIOUS AFFILIATIONS</b>
29	Livingstone Baptist Association, Ibadan	
30	Island of Hope Foundation	
31	I AM Intercessory Mission Agency, Ibadan	Federation of Muslim Women Association of Nigeria (FOMWAN)*
32	WOWICCN, ICS, Samanda, Ibadan	Ahamafia Muslim Jumat, Monatan, Ibadan

Source: PriHEMAC Office, 2021

\* The FOMWAN President, Dr. Mrs. Olosa, also sponsored 10 of her members who were trained as PEFAs, and each of them was attached to her closest Mosque.

# Beyond Oyo State, the Training of 25 PEFAs, from the 6 participating Churches, took place at Oke Okanla Baptist Church Osogbo.

After PEFA Training at Osogbo, the Lecture on Insurance Scheme appealed to members of First Baptist Church, Oke Okanla, Osogbo and so embarked on NHIS-GIFSHIP Program. NHIS Registration: 10 Elderly members registered with

N15,000 p a (Each Member paid N5,000, the Church paid N5,000 and the Church Welfare Committee paid N5,000.00. Accruable Benefits to enrollees are: - among others, a) provision of primary, and secondary tertiary levels of care; b)

allowance for a cumulative of 21 days admission annual treatment.

**A. Model Elderly Friendly Organizations (Churches/Mosques) Initiative**  
In an effort to measure the status



of *Elderly Friendliness* in various organization, certain criteria need to be put in place. These criteria were adapted, in principle, from the criteria used to determine 'Baby Friendly Health Facilities' when 'Exclusive Breast Feeding' was being promoted.

The criteria set for a MODEL Elderly Friendly Organization e.g., a Church or Mosque are:

- i) Mobilization and sensitization of the Leadership of the targeted Organization
- ii) Identification and training of some influential members as PEFAs #
- iii) Compilation by PEFAs of a list of Elderly members of the church/Mosque
- iv) Identification for training by PEFAs a few of their members as Caregivers
- v) Opening of a Church Bank Account for the Elderly \*
- vi) Celebration of their Church's Elderly members at least once a year

Since its inception, only 4, namely: Molete, Light House, Bodija Baptist Churches, and TIAN Central Mosque have become MODEL Elderly Friendly Churches/Mosques.

# Among other supports for PriHEMAC Elderly Friendly Initiative, the Senior Pastor of MBCI - Rev (Dr.) Edward Kehinde Alabi - sponsored 10 members of his church to be trained as PEFA

\* Dr. (Mrs.) Victoria Odesina - GLOSCA ED - donated the sum of N100K which was part of the money used to open the MBCI Account for the Elderly.

#### **i) Phase 3 of PriHEMAC**

#### ***Elderly Friendliness Activities with Involvement of Foreign Partners/Institutions.***

##### ***i) PriHEMAC and Global Sickle Cell Alliance (GLOSCA) USA***

PriHEMAC and GLOSCA had established a strong positive and productive working relationship as far back as 2005. The Executive Directors (EDs) of the 2 NGOs seized the opportunities of i) PriHEMAC working on the IMMREP program, through the Community participation principle, with functional/active Ward Development Committee (WDC) members in Oyo State and ii) GLOSCA - on Health Mission - brought to Nigeria, Osun State specifically, bags of medicines for common ailments - some of the medications were for treatment of SCD which many of the WDC members needed!

- The request of PriHEMAC ED from GLOSCA ED – Dr. Mrs. Victoria Odesina - was approved, that certain quantities of the medicines being taken to Osogbo to be distributed to the Oyo State WDC members.

- The WDC members enthusiastically used the medicines given them among their community members. They expressed appreciation and they even linked Dr. Mrs. Odesina to see the Hon Commissioner. It became well demonstrated and known that WDC members could be a cost-effective method of implementing any health program

- This experience of GLOSCA was the foundation on which PriHEMAC has been considered as a

suitable Partner for TRACKING in the 3 T's (Testing, tracking, and Treatment) and 2 E's – Education and Evaluation of Sickle cell Newborn Screening Program.

- PriHEMAC has worked closely with GLOSCA since then and PriHEMAC Office is the Nigerian Office of GLOSCA.

- Currently, GLOSCA represents the Nigerian Comprehensive Newborn Screening and Follow-up Initiative Partners (NCNBSFIP), which includes collaborators such as the Association of Public Health Laboratories (APHL), Primary Health Care and Management Center (PriHEMAC) and Orient Sickle Cell Foundation (Orient).

##### ***ii) PriHEMAC and Comprehensive Newborn Screening and Follow-Up Program In Southwest (CNBSPSW) 2022-Till Date***

Newborn Screening for Sickle Cell Disease (SCD) is an essential public health program that prevents catastrophic health consequences through early detection, diagnosis, and treatment for babies identified with major hemoglobinopathies/SCD. The goal of the newborn screening initiative is to reduce morbidity and mortality related to newborn screening conditions in Nigeria, using sickle cell disease as a model.

CNBSFPSW is a collaborative initiative among PriHEMAC, Global Sickle Cell Alliance Incorporated (GLOSCA), Obafemi Awolowo University Teaching



Hospital (OAUTH), and Mustard Seed Health Awareness Initiative (MSHAI). The implementation process of the initiative is divided into five components namely, Testing, Tracking, Treatment, Education, and Evaluation (3Ts and 2Es).

- PriHEMAC exclusively oversees the tracking, and with other stakeholders carries out education and evaluation components of the Program.

- In collaboration with the program partners, PriHEMAC has been able to carry out 4 step- down trainings in Osun State, Ogun State, Lagos State, and Oyo State.

- 3 Pediatric hematologists are currently on the program with about 20 Primary Health Centres serving as Dry Blood Spot (DBS) collecting centers.

- PriHEMAC has linked 17 babies with major hemoglobinopathies to care at partner tertiary health facilities. Discussion is also ongoing about reactivating the program that had been abandoned in Oyo State after the testing machine had been donated and accepted.

- Also, PriHEMAC has also facilitated with other partners 2 rounds of training of Hemoglobinopathy counselors who will continue to provide genetic counseling to mothers of babies with major hemoglobinopathies.

**iii) PriHEMAC and Experiential Learning Network, University of Buffalo USA (2020-Ongoing).**

In 2019, PriHEMAC and the

Experiential Learning Network of the University of Buffalo under the Leadership of Professor Mara Huber started a collaboration aimed at granting students a virtual experience of the PriHEMAC program of Promoting Elderly Friendliness through Empowered Stakeholders.

The students in return undertook projects which resulted in the production of tools or resources aimed at promoting PriHEMAC activities. A total of 13 students have participated in the Program.

**iv) PriHEMAC and State University of New York Collaborative Online International Learning (SUNY COIL) Global Program, USA 2020.**

In 2020, after pitching for the SUNY COIL program, PriHEMAC was chosen as one of the Organizations to engage students in International Online Learning.

After completing coursework on intercultural storytelling and international perspectives on UN Sustainable Development Goals (SDGs) 3: Quality Health and Well-being, the students were exposed to PriHEMAC programs enabling them to gain skills in storytelling, intercultural communications, and collaborative project development by telling the story of PriHEMAC through the framework of SDG 3.

**3. PriHEMAC AND SUSTAINABLE DEVELOPMENT GOALS (SDG) ERA (2015-2023)**

The era of Sustainable Development Goals (SDGs) began in 2015 as the United Nations put forward the SDGs 2015-2030 as adopted by all 193 United Nations Member States

SDG is composed of 17 goals and 169 targets. The health goal SDG 3 is very broad: 'Ensure healthy lives and promote well-being for all at all ages. The health SDG 3 covers several groups of targets, related to the unfinished MDG agenda (e.g., maternal and child health and communicable diseases); new targets including non-communicable diseases and social determinants, and targets related to health systems and universal health coverage (WHO 2015).

**3.1 PriHEMAC ON SDG 3: GOOD HEALTH AND WELL BEING**

During the MDG era, PriHEMAC, through IMMREP and IPMat Programs, contributed immensely to the then MDG 3 which is now Target 3.1 of SDGs: i.e., by 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. The following are some of the Programs in which PriHEMAC has participated under Target 3.1 of SDG:

- i) *PriHEMAC/ACOMIN and Global Fund malaria New Funding Model (NFM) 2016–*

- ii) *Global Fund Community Strengthening System New Funding Model (NFM) project 2016-2017:*

- iii) *PriHEMAC carried out an LLIN replacement campaign between August –September 2017 in Ejigbo LGA. Osun State under the Global fund/ SFH/ CRS LLIN replacement campaign project*

- iv) *PriHEMAC/ACOMIN and Global Fund/ Catholic Relief Services Malaria project (2019-2020)*

- v) *PriHEMAC/ACOMIN and Malaria Global Fund (GF) Donor Project, Community Led Monitoring, New Funding Model (2021-2025)*



vi) *Sustainable Systems for Health (C19/CSS/RSSH) – August 2022 till date*

### 3.2 PriHEMAC ON SDG-4-QUALITY EDUCATION/ TRAINING PARTNERSHIP ACTIVITIES

The following are some of the Programs in which PriHEMAC participated under SDG-4:

- i) *PriHEMAC and MD School of Medicine-Quinnipiac University USA -Azeez Akinlolu*
- ii) *PriHEMAC And Young African Leaders Initiative (YALI)*
- iii) *PriHEMAC And College of Health Sciences, Osun State University,*
- iv) *PriHEMAC and University of Ibadan (UI)*
- v) *PriHEMAC and BABCOCK UNIVERSITY*

### 3.3 PriHEMAC ON SDG 5- GENDER EQUALITY

The following are some of the Programs in which PriHEMAC has participated under SDG-5:

**Malaria Global Fund (GF) Donor Project, Communities, Human Rights and Gender (CRG) Equality Special Initiative (CRG-SI) (2021-2023)**

- The CRG project is currently being implemented in 3 Countries in Africa: Cameroon, Niger, and Nigeria.
- The principal recipient is Impact santé Africa Cameroon while the Sub-recipient is Civil Society in Malaria Control, Immunization, and Nutrition (ACOMIN). The focus of the project in Africa is on malaria with the key approaches of community diagnosis,

advocacy, and monitoring.

- The main focus of the CRG project is to employ the use of interventions that aim to ensure that country responses and programs on HIV, TB, and malaria are community-focused, human rights-based, and gender transformative.

### 3.4 PriHEMAC ON SDG 13 - CLIMATE ACTION AND THE FEDERAL MINISTRY OF ENVIRONMENT

PriHEMAC participated in a Stakeholders Workshop for Civil Society Organizations (CSOs) On The Nationally Determined Contributions (NDC) Revision Process Organized By The Federal Ministry Of Environment Partnered With The United Nations Development Program ([UNDP](#)) On July 6<sup>th</sup> 2021

### 3.5. PriHEMAC IMPACT AMIDST COVID-19 PANDEMIC 2019-2023

PriHEMAC made a significant contribution to COVID-19 control efforts in various ways, places, and times during the pandemic. A few of the opportunities that PriHEMAC seized include:

- i) Intensive Health education using the National Guidelines on prevention of COVID-19 was provided during training for caregivers and undergraduate students from Osun State University, and
- ii) Currently PriHEMAC is serving as one of the CSOs under the C19/CSS/RSSH which is aimed at ensuring community members uptake covid 19 services in Ibadan South West LGA and the 3 other LGAs where PriHEMAC is implementing the CRG program in Oyo State

### 3.6 PriHEMAC and SDG 17-

### PARTNERSHIP FOR THE GOALS

PriHEMAC has partnered and is still partnering with at least the following 5 local and 5 international partners to achieve SDGs as mentioned in the reports above:

#### A. LOCAL:

- i) **ACOMIN** - PriHEMAC Team as ACOMIN CBO was engaged by Catholic Relief Services CRS) under the Global Fund (GF) malaria Grant
- ii) **Babcock** - PriHEMAC provided Advanced Clinical Experiences in Primary/Public Health Care for Babcock University M.Sc. Students from Departments of Nursing and Public Health
- iii) **MBCI** - PriHEMAC requested for and formally had the approval of Molete Baptist Church Ibadan on Promotion of Elderly Friendliness by Empowered Stakeholders
- iv) **Osun State University** - PriHEMAC and College of Health Sciences, Osun State University, for the first time, requested that five Public Health final year students of the Osun State University be allowed to have their 4-weeks Practical experience with PriHEMAC Establishment
- v) **University of Ibadan** - PriHEMAC and University of Ibadan (UI) established and maintained strong positive functional relationship with UI, being the PriHEMAC ED's Alma Mater,

#### B. INTERNATIONAL

- i) **University of Buffalo (UB)** - PriHEMAC and Experiential Learning Network, University of



Buffalo USA

**ii) Global Fund** - PriHEMAC continues to be a Sub-Sub Recipient (SSR) of the Global Fund Community Strengthening System (CSS) NFM project

**iii) GLOSCA USA** - PriHEMAC and GLOSCA had established a strong positive and productive working relationships as far back as 2005. PriHEMAC is the National Office of GLOSCA

**iv) State University of New York: (SUNY)** -, PriHEMAC was chosen in 2020 as one of the Organizations to engage students in International Online Learning after pitching for the SUNY COIL program

**v) Young African Leaders Initiative (YALI)** - PriHEMAC established a relationship with the Regional Leadership Center, Accra Ghana after one of our trained Caregivers was trained in the Centre.

#### 4. THE WAY FORWARD: FORGING AHEAD TOGETHER

The initial burning driving force behind PriHEMAC MOTTO '*Forging Ahead Together*' to reach the needy/poor where they live and work' continues to glow with brightness and intensity. As we forge ahead together, PriHEMAC vision will therefore become much wider, stronger, bigger, and better in various aspects of developments.

**4.1 PriHEMAC Staff** in the near future, will be much bigger and stronger than it is now. Through various Staff Development programs, PriHEMAC Officers at present would become Directors in at least 5 Departments that would emerge. Each of the Directors will have at least 5 Deputy Directors under him/her and many Program Officers working with/under him/her.

**4.2 PriHEMAC Services** would have increased and multiplied

many folds deeper and wider. Part of PriHEMAC vision is that our focal service areas will grow deeper, through deliberately calculated phases, penetrate through the States to LGAs and from LGAs to political Wards and from Wards to various communities. PriHEMAC vision is that our services will reach at least one Church and one Mosque in every political Ward in every State in South West Zone of Nigeria in the foreseeable future.

In order to go much wider, PriHEMAC will sustain and intensify the working relationship with existing Partners such as Public/Government, and Private sectors including but not limited to; GLOSCA, ACOMIN, ATM Network, Global Funds, and Religious Bodies. etc. A few examples of efforts to reach out to other States as in Box 3 could be replicated in other parts of Nigeria and beyond, particularly to South West where PriHEMAC is the Zonal HQ ACOMIN.

#### Box 3: A few examples of efforts to reach out to other States

As an example of reaching out to other States, PriHEMAC has started to build a strong foundation in Osun State with Baptist and Catholic Churches.

- i) The First Baptist Church, Oke Okanla, through the efforts of Deacon Segun Ejiwale and the cooperation of their Senior Pastor, anchored the 2-day (13<sup>th</sup> & 14<sup>th</sup> Nov. 2021) training of 25 PEFA's from 6 Churches in their Church. Enrolment of 10 Elderly members of the Church in NHIS is an epoch-making development that followed the lecture on NHIS during PEFA training.

The Catholic Dioceses of Oshogbo, anchored an out-of-base 2-week training of 28 – mostly their parishioners - Caregivers (KATOLINK Sept 2022). This was actualized through the prompting of Dr. (Mrs.) Modupeola Afolabi Oyesiji and particularly the sponsorship by the Bishop of the Catholic Dioceses of Oshogbo Most Rev. John Akinkunmi Oyelola.

Faith-based Organizations can be empowered to support their members to benefit from existing Government insurance policies like NHIS as being demonstrated as in Box 2 above.

#### 4.3 PriHEMAC Promotion of Insurance and International Connections for the Elderly:

PriHEMAC International Connections will multiply significantly. Already, we have established relationship with Buffalo University, Global Fund,

GLOSCA and SUNY. As we move forward, existing relationship will become thicker and wider. Presently, there are clear indications that many of PriHEMAC Trained Health Caregivers use PriHEMAC Certificates for employment

overseas. It is foreseeable that PriHEMAC/RYZOLVE LLC CAREGIVERS relationship will metamorphose into the level where desiring PriHEMAC Trained Caregivers can be assisted through RYZOLVE LLC CAREGIVERS Network to



facilitate their traveling to the USA for employment.

**s u p p o r t .** PriHEMAC recommends that government adapt such model so that the elderly who need care be identified through stakeholders like churches and mosque. PriHEMAC and Government can work out the Modus operandi of this model.

PriHEMAC has experienced many needy elderly persons and their primary caregivers who could not afford services of quality reliable trained health caregivers.

PriHEMAC, in collaboration with other interested Stakeholders, will study and work on State and NHIS policies to make quality health services more available

and accessible to needy elderly persons. Community-based Social Insurance schemes such as the 'Rwanda Model' could be carefully studied and adapted as appropriate. Furthermore, Insurance Practices such as NHS in the UK; Medicare Medicaid in the USA (see Texas USA Model in Box 4) could be explored.

#### Box 4: The Texas, USA Model

**What is PAS?** PAS agencies also known as personal assistance services is a Medicaid benefit that is defined as the “assistance with performing activities of daily living that an individual would typically perform if he or she did not have a disability...”. These activities include but are not subject to assistance with bathing, eating, dressing, toileting, walking, laundry, light housework, and meal preparation. PAS does not include assistance in medical procedures such as administering injections, or medical monitoring.

**Who qualifies to receive PAS?** To receive PAS, you must qualify through **Medicaid**.

**Medicaid** in the United States is a federal and state program that helps with healthcare costs for some people with limited income and resources. Medicaid also offers benefits not normally covered by Medicare (age 65+) including nursing home care and personal care services

To be eligible for Medicaid, you must be a resident of the state of Texas, a U.S. national, citizen, permanent resident, or legal alien, in need of health care/insurance assistance, whose financial situation would be characterized as low income or very low income.

You may be qualified to receive PAS if you are an employee of the agency, you require PAS because of a targeted disability, or if you will be able to perform essential functions of your job, without posing a direct threat to safety once PAS and any required reasonable accommodations have been provided.

*However, if you do not qualify for PAS through Medicaid, the option to pay out of pocket is available*

##### **Parents and PAS**

Parents of loved ones that are willing and qualified to be PAS providers are obligated to provide these services **without** pay until the individual is 18 years of age. Parents can be paid providers of PAS **after** 18 years of age, even if they are guardians.

Source: RYZOLVE LLC CAREGIVERS: Texas, USA

PriHEMAC Staff will intentionally work with Mr. & Mrs. Tunji Bukola Ogundeji and Mrs. Dayo Adeyemo to see if any part of the Model in Box 3 or any other viable Model could be adapted and/or adopted.

Generally, in the US social/health system, government has a list of eligible elderly persons who may need care; a list of Registered Agencies that have trained caregivers like RYZOLVE LLC CAREGIVERS. When an eligible client applies to the appropriate government Unit for care support, the Government then **e n g a g e s a n d p a y s**

Registered/appointed Agency to provide needed services to eligible persons who apply for health care. Meanwhile, PriHEMAC, through deliberate multi-stakeholders' partnerships would work out a system similar to the USA social/health system to promote conducive Elderly Friendly Environment for provision of sustainable quality health services the Elderly persons.

**4.3 PriHEMAC Home for the Elderly:** As of now, PriHEMAC enjoys the kind partnership of Mrs. Daramola, the Proprietress of Divine Citizens Palace free

Practical Experience of PriHEMAC Health Caregiver Trainees. It is hoped that PriHEMAC will have a Standard Home for the Elderly where basic services and instant training opportunities will be provided for the needy population.

**4.4 PriHEMAC United Nations Decade of Healthy Ageing:** PriHEMAC will apply the principles of inclusivity, multi-stakeholders' partnerships, and intergenerational solidarity, through appropriate use of existing and many more PEFAs, to promote achievement of the following targets:



- *Combating Ageism*: change how we think, feel and act towards age and ageing;
- *Age-friendly Environment*: ensure that communities foster the abilities of older people;
- *Deliver person-centered integrated care* and primary health services

responsive to older people; and

- *Provide access to long-term care* for older people who need it.

Our goal here will be to achieve synergy among PEFAs of the Empowered Elderly Friendly Organizations and the one (1) expected functional

Primary Health Centre in every political ward, where the Elderly can receive quality essential health services under the State Health Insurance Scheme just like the children under five and pregnant women. The Emerging Experience in Box 3 should be applicable here.

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Dr. Martins Ogundeji  
and his students



Dr. Martins Ogundeji, PriHEMAC ED, and Dr. Victor Bello,  
Hon. Commissioner of Health at Grey Hair Day Celebration  
at Molete Baptist Church, Ibadan



Trained PriHEMAC Caregiver  
with Care receiver



Elderly dancing at the Grey Hair Day  
at Molete Baptist Church, Ibadan



Trained PriHEMAC Caregiver  
with Care receiver



PriHEMAC Staff carrying routine check-up  
on Elderly On Grey Hair celebration day



Follow us on social media!

f t i @PriHEMACares  
www.prihemac.com

## Five Steps for Faith-Based Organizations

1. Equality Celebration by Loris Shull from the Noun Project
2. cheering by Christine Shull from www.nounproject.com

5). Celebrating your Elderly Members at least once annually!

4). Arranging engagement of Caregivers to provide care for your needy Elderly Members.

3). Identifying and supporting the training of suitable persons as home/health Caregivers.

2). Ensuring budgetary provisions for Elderly Friendly activities.

1). Having some trained PriHEMAC Elderly Friendly Ambassadors (PEFAs) who can represent their spiritual leaders to address the issues of Elderly members.

## Get Involved!

Join us on making elderly care better for Nigeria!

Contact us at  
info@prihemac.com to learn more on  
how to make a difference.

#BeElderlyFriendly



PriHEMAC *Staff*

# 2023 CALENDAR

<b>JANUARY</b>	SUN	MON	TUE	WED	THUR	FRI	SAT
1	2	3	4	5	6	7	
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<b>FEBRUARY</b>	SUN	MON	TUE	WED	THUR	FRI	SAT
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**NOVEMBER**	SUN	MON	TUE	WED	THUR	FRI	SAT
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**PriHEMAC**  
PRIMARY HEALTH CARE &  
HEALTH MANAGEMENT CENTRE

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**WHO WILL CARE FOR THE NEEDY?**