

Who will care for the needy?



3RD EDITION | 2023

PriHEMAC

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

Celebrating
PriHEMAC
a **25**

**Elderly
Friendly
Banking:
How to Get
There from Here**



**Scaling Up Promotion
of Elderly Friendliness
Program through
Empowered Ward
Development Committees
(WDCs)**

**PriHEMAC
2023
REPORT OF
ACTIVITIES**

BOARD OF TRUSTEES



Dr. Ebunlomo Walker
Chair, Board of Trustees



Dr. Martins Ogundeji
Executive Director, PriHEMAC



Dr. Kofo Soyinka



Rev. Dr. E. K. Alabi



Dr. Mrs. Oyesiji



Mr. Yinka Ogundeji

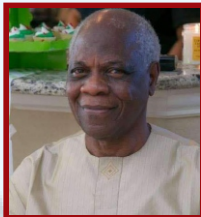


Barrister Anthony Okesola

GALLERY OF EXPERTS



Dr. Ebunlomo Walker



Dr. Martins Ogundeji



Dr. Kofo Soyinka



Rev. Dr. E. K. Alabi



Dr. Modupe Oyesiji



Dr. Bashir Victor Abiodun Bello
Commissioner for Health



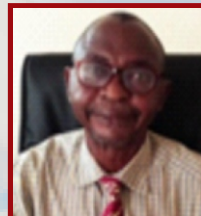
Cecilia Falola



Mrs. Oladayo Adeyemo



Very Rev'd. Dr. Segun Babalola



Barrister Anthony Okesola



Boore Emmanuel

PriHEMAC STAFF



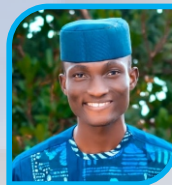
Dr. Martins Ogundeji
Executive Director



Mrs. Cecilia Falola
Nurse/Caregiver Supervisor



Mrs. Temitope Olatunbosun
Senior M&E Officer



Mr. Gideon Adeniyi
Senior M&E ICT Officer



Mrs. Folasade Akintola
Senior Program Officer



Fisayo Suliman
Assistant Program Officer



Mrs. Olufunmilola Oladele
Finance Officer



Miss Arike Ogundeji
Assistant Finance Officer



Mrs. Bolajoko Eniola
Office Assistant



Mr. Idris Oluwole
Office Assistant

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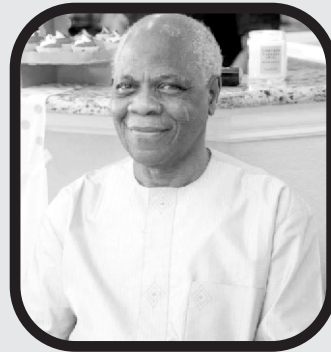
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MEET THE EXECUTIVE DIRECTOR

Dr. Martins Olusola Ogundeji



Dr. Martins O. Ogundeji holds, among others, B.Sc. (Nsg) The 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
- As Federal Ministry of Health (FMOH) Principal Health Planning Officer between 1980 and 1998
- Later as 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) in 1998.

Between 1998 and 2009, he served as Part-time Lecturer for Post-graduate students of the Department of Epidemiology, University of Ibadan. Between 2001- 2018, he served as Part-time Lecturer for Post-graduate students at the Department of Nursing College of Medicine, University Of Ibadan, and from 2016 till date, Babcock University, Ilishan, Ogun State After retirement, he established in 1998, and remains till now, the Executive Director of Primary Health and Health Management Center (PriHEMAC) which has become a reputable Non-Governmental Organization (NGO) with CAC Registration No. IBZ 004797.

Summarized Highlights of

PriHEMAC Activities in The Past 25 Years

The highlights of PriHEMAC activities in the past 25 years gave a summary of PriHEMAC at health for all (HFA) by Y2000 era (1998-2000); PriHEMAC at Millenium Development Goal (MDG) Era (2001-2015), PriHEMAC Pillars of PHC Activities During MDG Era, PriHEMAC Elements of PHC activities during MDG Era, The Report also gave a summary of 2 major Maternal Health programs funded mostly by Finnish Government with support of Oyo State Government and 2 LGAs - Ibadan North and Oluyole: Ibadan Maternal Mortality (IMMREP) Years 2003 - 2008 and Improvement of Primary-Level Health Services in Ibadan (IPMat) 2009-2010.

Activities Initiated and Carried Out by PriHEMAC as from 2014

Before 2014, most programs carried out by PriHEMAC were collaborative efforts but mostly initiated and funded by Development Partners. However, the report summarized the 3 Phases of Elderly Friendly Activities:

- i) **- Awareness of the abysmal Neglect Of 'Care of The Elderly' Within PHC;**
- ii) **Promoting Community Care of The Elderly Through Empowered Stakeholders and**
- iii) **I n v o l v e m e n t O f F o r e i g n Partners/Institutions.**

PriHEMAC and Foreign Partners

The Foreign Partners that PriHEMAC worked with during the period include Global Sickle Cell Alliance (GLOSCA) USA on Comprehensive Newborn Screening and Follow-Up Program South West (*CNBS/FPSW*) 2023; Experiential Learning Network, University of Buffalo USA (2020-Ongoing) and State University of New York Collaborative Online International Learning (SUNY COIL) Global Program, USA 2020

PriHEMAC & Sustainable Dev. Goals (SDGs) Era

The report also summarized PriHEMAC activities on various Sustainable Dev. Goals (SDGs) including SDG 3: Good Health And Well Being; 4- Quality Education including MD School Quinnipiac University USA - Azeez Akinlolu, Young African Leaders Initiative (YALI), University of Ibadan (UI), Babcock University, *College of Health Sciences, Osun State University*; SDG 5- Gender Equality, SDG 13 – Climate Change and SDG 17 - Partnership.

THE NEXT 25 YEARS (2023-2047) AND BEYOND

In the Next 25 Years (2023-2047) and beyond our vision is that PriHEMAC will be much bigger, and better in various aspects of development.

PriHEMAC Staff will be at least 5 times bigger and stronger than it is now. Through various Staff development programs, every PriHEMAC Officer at present would have become a Director in at least 5 Departments that would have

emerged. Each of the Directors will have at least 5 Deputy Directors under him/her and many Program Officers working with/under him/her.

PriHEMAC Services would have multiplied at least 5 times by going deeper and wider.

By going deeper, PriHEMAC services will, in deliberately calculated phase, penetrate through the States to LGAs, political Wards and communities. PriHEMAC will reach at least one Church and one Mosque in every political Ward in every State in South West Zone of Nigeria

By going wider, PriHEMAC will make her presence felt in every State, LGA and political Ward of SW Zone of Nigeria. In order to go much wider, PriHEMAC will sustain intensify working relationship with existing Partners such as Public/Governments, and Private sectors including but not limited to; GLOSCA, ACOMIN, ATM Network, Global Funds etc.

PriHEMAC International Connections: PriHEMAC International Connections will multiply significantly. We have already 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 our hope and plan that PriHEMAC/RYZOLVE LLC CAREGIVERS relationship will metamorphose into the level where desiring PriHEMAC Trained Caregivers can be assisted by RYZOLVE LLC CAREGIVERS to travel to USA for employment. PriHEMAC Staff will decidedly work with Mr. & Mrs. Tunji Bukola Ogundeji and Mrs. Dayo Adeyemo to translate this dream to reality.

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 training can be provided for the needy population.

PriHEMAC and Promotion of Insurance Coverage for the Elderly: PriHEMAC has rich experience of many needy elderly persons and their primary givers who cannot afford services of quality reliable trained health caregivers.

PriHEMAC, in collaboration with other interested Stakeholders will need to study and work on State and NHIS policies in order to make quality health services more accessible to the needy elderly persons. Furthermore, Insurance Practices such as NHS in UK; Medicare Medicaid in USA and Community-based Social Insurance Scheme in Rwanda. must be carefully studied and adapted as appropriate.

COMMENTS OF PARTNERS



Global Sickle Cell Alliance, Inc.
 To foster international collaboration and exchange of ideas that will 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 25th 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
UB | Experiential Learning Network

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

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.



Dr. Olusoji Sogunro

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 Primacy 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.



Mrs. Oludayo Busola Adeyemo.

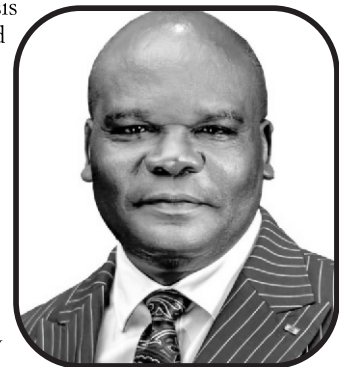
The PriHEMAC @ 25! A reflection

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 28th of December 2000, I began to enquire about who is who in the church. Then I came in contact with Deacon S.T Adegebejo 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 Stateman 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 deaths 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, FMTI, ACIMC, FPD-CR)
Lead Pastor

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

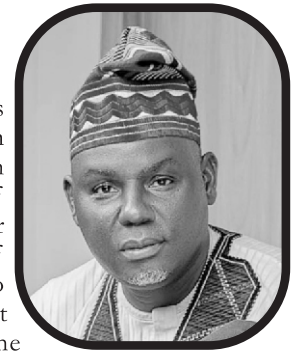
innovative services in Geriatric Care. The professional care provided to elders and families had benefitted my own family and we are greatly grateful, for the helping ensure that the twilight years of our parents are easier and more joyous for them and us. Going forward, PriHEMAC can only increase and 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,

Mr. Ayo Ipinmoye

National Coordinator, ACOMIN



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!!

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

HAPPY PriHEMAC SLIVER JUBILEE!!!

Alhaji (Shaikh) S. O. A. Busairi
Chairman, Conference Of Ward Development Committees (CWDC) For Ibadan Maternal Morbidity And Mortality Reduction (IMMREP)



25 Years Anniversary Celebration

In preparation for PriHEMAC 25 Year Anniversary Celebration, PriHEMAC BOT Meeting was held. The Executive Director thanked every BOT member for the remarkable contributions each of them had made at various times for the success PriHEMAC had made since her inception 25 years ago

BOT members warmly agreed that the occasion was worth celebrating. Revd. Dr. Edward K Alabi warmly accepted too be the Chairman of the Planning Committee of the occasion. Dr. Mrs. Kofo Soyinka was also one of the members of planning Committee.

The 4 major events that marked the PriHEMAC 25th Year Anniversary Celebration 15th January 2023. were Media Sensitization on 27th December; Medical Outreach on 29th; the Grand Finale of the Celebration was on 31st and 15th January 2023 was the Thanksgiving Service as detailed below.

a) Media Sensitization

With the help of the Senior Pastor of MBCI, - who is a strong member of PriHEMAC BOT - the ED of PriHEMAC was granted free appearance by the General Manager of Splash FM - Mr. Tunde Olawuwo - on 'Talking Point' Program on 27th December. During the Radio Program, among other points clarified on the major activities of PriHEMAC NGO since inception 25 year ago, special attentions was paid to 2 PriHEMAC Training Institutes i) for

Caregiver Training (for promotion of 'Home Care' services for the Elderly and ii) for PEFAs (for promotion of Elderly Friendly Churches and Mosques).

Free Medical Outreach

Free Medical Outreach was carried out in collaboration with the Residents Association of Adelubi Community of Egbeda LGA where PriHEMAC is domiciled. The activity was carried out at the Adelubi Community Hall on 29th December 2022.

Services provided during the program included- health education, Blood Pressure Monitoring. Blood sugar level tests, Rapid Diagnostic tests on malaria / HIV and dental consultation. Medical Consultation was also provided for interested members of the community

Newborn Screening (NBS) services was also provided for children from age 0- 5years. On NBS, 23 samples of children (10 males, 13 females) were collected. *Medical consultation* was carried out by Dr. Kofo Soyinka for 25 people (4 males and 21 females). From the tests and consultation carried out, data showed; 16 people (2 males and 1 female) with mild – severe hypertension; 2 HIV reactive clients (1 already on drugs and 1 new case); 1 malaria case. 6 others had diagnosis including bronchitis, arthritis, flatulence, peptic ulcer, diabetes mellitus, allergy, cataract and Pelvic Inflammation Disease (PID)

. A total of 85 persons - 22 males and 63 female received care on the occasion.

The Adelubi Residents Chairman, Mrs. Emiade on behalf of the community expressed their utmost sincere appreciation for the program and promised to support PriHEMAC in future endeavors.

The Medical Outreach exercise was impactful and PriHEMAC is very grateful to all who made valuable contributions in cash and/or in kind, particularly Dr. Dr Kofo Soyinka who not only mobilized the Dentist to provide dental services but also patiently made consultation for all those who needed medical services.

b) Grand Finale of 25th Year Anniversary Celebration

On December 31, 2022, PriHEMAC celebrated its Silver Jubilee Anniversary with a grand finale held at PriHEMAC Head Office, No 8 Olubadan Estate, New Ife Road, Ibadan. The event brought together dignitaries from the State Ministry of Health, PriHEMAC Board of Trustees, trained Caregivers, Primary Health Care ambassadors (PEFAs), PriHEMAC staff, and other stakeholders. Mr. Gbenga Adegoke (aka Arakunrin) from Splash FM Radio station served as the Master of Ceremony for the program.

i. Opening and Opening Prayer

The event commenced

with a warm welcome from the MC on behalf of PriHEMAC. Reverend E. K Alabi then led the gathering in an opening prayer, officially declaring the ceremony open at 11 a.m.

ii. Introduction of Dignitaries, PriHEMAC BOT/Staff, Stakeholders, Friends, and Family

An introduction of special guests of honor, their respective offices/organizations, PriHEMAC Board of Trustees (BOT), core staff, and other stakeholders followed. Special guests of honor were invited to join the high table.

iii. Fraternal Greetings and Goodwill Messages

Goodwill messages were delivered by the special guests of honor and representatives:

Honorable Commissioner of Health (Represented by Dr. Soji Adeyanju, Permanent Secretary Ministry of Health)

He commended PriHEMAC for its initiative in caring for the elderly and contributions to community health and also appreciated past collaborations between PriHEMAC and the Oyo State Ministry of Health. He acknowledged the immense contributions PriHEMAC has made in the area of health promotion and development. He then pledged continued support for elderly care programs and other PriHEMAC Initiatives.

Alh Shaikh Abdul Ganiyu Agbotomokekere – Chief Imam Oyo State (Represented by Sheik Busairi, Secretary,

Grand Islamic Council of Nigeria/Oyo State):

He appreciated PriHEMAC efforts over the years on health promotion. He recalled the IMMREP (2004-2008) and IPMAT (209-2010) projects implemented by PriHEMAC in year 2004 - 2008 to promote maternal and childhood health. He also lauded the Homecare program and Elderly Friendly Ambassadors (PEFA) Program for drawing attention to caring for the elderly. The Islamic community's support for PriHEMAC programs was pledged.

Reverend Segun Babalola – Christian Council of Nigeria (CCN):

He expressed his delight on behalf of the Christian body for the laudable programs PriHEMAC has been implementing over the years in promoting the health and well-being of the community especially in reaching out to the needy and vulnerable groups. He recounted the successes of the PEFA program in meeting the care of the elderly in the Christian communities. He then assured continued support from the Christian community.

Reverend E. K Alabi – Molete Baptist Church (Chairman, Silver Anniversary Committee):

He expressed his appreciation to God for the achievements PriHEMAC has been able to make for the past 25 years in terms of ensuring community members have access to good health of body, mind and soul. He particularly mentioned the collaboration

between Molete Baptist Church and PriHEMAC on care of the Elderly which complemented the Church responding to the needs of the elderly people in the church designing various programs/developing initiatives to care for the elderly. Such initiative includes providing breakfast for elderly people in the church every Sunday and celebration of World Elderly Day every October/November tagged MBCI GRAY HAIR DAY.

iv. Welcome Address

The ED of PriHEMAC in his welcome address thanked all invited guests for making out time to attend and rejoice with PriHEMAC for the Silver Jubilee celebration. He made it known that PriHEMAC has been able to stand and record success over the years because of the support, cooperation and meaningful collaboration with various stakeholders. The Government at all levels, community partners, donors/partners, religious bodies and organizations, PriHEMAC Staff and management, friends and families were appreciated for their immense contribution over the past 25 years. He implored them to keep supporting PriHEMAC for more years to come so that more successes can be recorded.

v. Review of PriHEMAC Activities for the Past 25 Years

Dr. BV Bello, former Commissioner of Health Oyo State, represented by PriHEMAC Communication Officer, Mr. Gideon Adeniyi,

(continued on page 15)

25TH ANNIVERSARY MEDICAL OUTREACH @ ADELUBI COMMUNITY



Ifeoluwa Adebayo and Morire Adeyemi, NYSC member @ PriHEMAC

The Former Commissioner of Health, Dr. B. V. A Bello speaking at the 1-Day Sensitization Training Program for Oyo State Primary Elderly Friendly Ambassadors

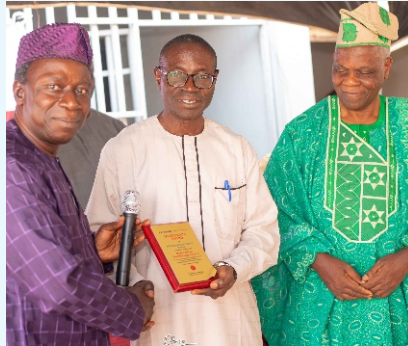


Dr. Martins Ogundeji speaking on PriHEMAC programme on Promoting Elderly Friendliness in Oyo State

25TH ANNIVERSARY CELEBRATION EVENT



Dr. Martins Ogundeji delivering his welcome address



Rev. Dr. Okanlawon receiving Elderly Friendly Organization Award on behalf of Bodija Estate Baptist Church



Dr. Kofoworola Soyinka presenting certificate to one of the trained Elderly Friendly Ambassadors



Rev Dr. E. K. Alabi welcome participants to the Anniversary Celebration



Sheikh Busairi leading the closing prayer at the event



Rev Dr. Segun Babalola delivering the Keynote address



Dn. Joel Fadele receiving Elderly Friendly Organization Award on behalf of Lighthouse Baptist Church.



PriHEMAC E.D, Dr. Martins Ogundeji, and his wife, receiving the Distinguished Metropolitan Leadership Award



Mr. Gideon Adeniyi reviewing the silver anniversary report on behalf of Dr. V. B. Bello



Dr. Adeyanju representing Dr. Olabode Ladipo as Special Guest of Honour



Crosssection of participants



Crosssection of participants

25TH ANNIVERSARY CELEBRATION EVENT (contd)



PriHEMAC Staff at the Silver Anniversary Celebration Event

Tian Central Mosque receiving Elderly Friendly Organization award

PROJECTS

COMMUNITY HUMAN RIGHT AND GENDER SPECIAL INITIATIVE



PRIHEMAC /ACOMIN MALARIA GLOBAL FUND COMMUNITY LED MONITORING, NEW FUNDING MODEL PROJECT



PriHEMAC CLMT conducted Client exit interview at Foko PHC 6, IBSW LGA

Ilawo Community Stakeholders addressing serious gaps identified at the facility level

PriHEMAC CAT conducted her quarter 12 Exit FGD at OOSA palace, Ilawo/9, Ejigbo LGA (17/11/2023)



Some trained caregivers and member of staff at PriHEMAC Training Institute



SCD AWARENESS MONTH Event organized in partnership with PriHEMAC



Victoria Balogun, The Intern from Kings University, London with PriHEMAC member of staff



Dr. Odesina and PriHEMAC Staff at a Sickle Cell Event at Lead city University



Cross section of participants at the training of WDC Leaders with Facilitators and Representative of Oyo State Primary Health Care Board



PriHEMAC Staff with the two Youth Corp members and a BPH intern of Osun State University



PriHEMAC Staff with the three MSc Nursing Student of Babcock University on Internship at PriHEMAC



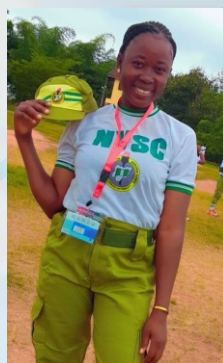
Dr. Kofoworola Soyinka Facilitating a module during one of the Health Caregivers Training



Mr. Yinka Ogundeji receiving, on behalf of Dr. Martins Ogundeji, The Most Distinguished Elderly Award at MBCI @60 Celebration



PriHEMAC Sr M&E Officer, Mr. Gideon Adeniyi on completion of MPH program through the Commonwealth Scholarships



PriHEMAC Ass. Finance Officer, Arike Olusola on commencement of National Youth Service



PriHEMAC Sr Program Officer, Mrs Folasade Akintola celebrating her 50th birthday at PriHEMAC Office



Participants from 10LGAs of Oyo State in the 1-Day Sensitization Training Program for Oyo State Primary Elderly Friendly Ambassadors



Participants during Group Discussion at the 1-Day Sensitization Training Program for Oyo State Primary Elderly Friendly Ambassadors



Participants during Group Discussion at the 1-Day Sensitization Training Program for Oyo State Primary Elderly Friendly Ambassadors (2)

conducted a comprehensive review of PriHEMAC activities over the past 25 years. He outlined achievements and successes across three health eras: Health for All (HFA), Millennium Developmental Goals (MDGs), and Social Development Goals (SDGs). Dr. Bello commended PriHEMAC for its remarkable projects and contributions to primary health care in Oyo State and beyond.

vi. Launching of PriHEMAC Anniversary Report

The Anniversary report was launched by the Honorable Commissioner for Health – Dr. Ladipo – represented by the Permanent Secretary – Dr. Adeyanju. He provided an overview of the report, which covered PriHEMAC history, 25-year activities, achievements, and more. Attendees were encouraged to obtain copies for deeper insights into PriHEMAC activities and achievements.

vii. Keynote Address – Forging Ahead to Reach the Needy

Reverend Dr. Segun Babalola delivered the keynote address, emphasizing the importance of caring for the needy. He highlighted various groups of needy individuals and called on all to embrace the commandment of loving one's neighbor as themselves.

viii. Special Prayer for PriHEMAC

Reverend E.K Alabi led a special prayer, expressing gratitude for PriHEMAC grace and praying for continued success and impact in the years ahead.

ix. Testaments of Recognition and Awards

PriHEMAC ED Award

The Planning Committee of the occasion surprise PriHEMAC ED when an Award was presented to him on behalf of the BOT and PriHEMAC staff and Management for his excellent leadership and initiating the Elderly Care and Elderly Friendly Programs.

Award to the First 4 FBOs on Elderly Friendliness

PriHEMAC recognized the first 4 FBOs that met the criteria for elderly friendliness (PEFA Organizations). Awards were presented to:

- Molete Baptist Church for being the first organization to fulfill elderly friendliness criteria.
- T I A N I s l a m i c Organization for achieving elderly friendliness.
- Lighthouse Baptist Church
- Bodija Estate Baptist Church

x. Closing Remarks

Reverend E.K Alabi, the Silver Anniversary Chairman, delivered closing remarks, thanking all attendees for their presence. He expressed gratitude to stakeholders for their collaboration and support and urged them to continue supporting PriHEMAC in fulfilling its mission and vision.

The representative of the media, and ministry of health were present at the event. Also, more publicity and sensitization on PriHEMAC program on promoting elderly friendliness through empowered stakeholders.

c) Thanksgiving Service

The thanksgiving service was carried out at MBCI where Rev. Dr. Edward Kehinde Alabi who is a PriHEMAC BOT Member is the Senior Pastor and the PriHEMAC Ed, is a Church Member.

Some important dignitaries that attended the Service included some PriHEMAC BOT Members, WDC Chairmen, all PriHEMAC staff, many Partners who have had one thing or the other to do with PriHEMAC like the PriHEMAC Elderly Friendly Ambassadors (PEFAs).

The Senior Pastor, Rev. Dr. Edward Kehinde Alabi, who directed the ceremony, had a lot of good things to say about PriHEMAC and the ED. The occasion provided wonderful and abundant opportunities for PriHEMAC Management, through the Senior Pastor of MBCI himself, to express profound appreciation to God for His goodness, faithfulness, and sustenance over the last 25 years.

Newborn Screening During the Thanksgiving Service, newborn screening services was carried out for children 0-5 years. Dry Blood Samples (DBS) collection exercise was carried out on 48 children (26 males, 22 females).

This exercise was preceded by i) permission granted by the Senior Pastor of MBCI that the exercise could be carried out among the willing parents in the church ii) sensitization of the MBCI Medical Team on the content and process of CNBSFP and iii) introduction of Hemoglobinopathy Training Program which would start in March, 2023 (just in case any member of MBCI Medical Team would be interested to train and become Certified Hemoglobinopathy Counselor).

PriHEMAC 2023 REPORT OF ACTIVITIES

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

The principal recipient of the CRG-SI project is Impact santé Africa Cameroon while the Sub-recipient is Civil Society in Malaria Control, Immunization, and Nutrition (ACOMIN). The 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.

The project is currently being implemented in 3 Countries in Africa: Cameroon, Niger, and Nigeria. Implementation is being carried out by CRG Teams/Networks in 10 States cutting across the 6 Geo-Political Zones of the country. PriHEMAC is one of the 10 Networks under ACOMIN in 3 Local Government Areas (LGAs) of Oyo State namely: Egbeda, Ibadan North, and Ogbomosho South Oyo State.

Through a series of advocacy & follow up visits to relevant stakeholders, issues affecting the uptake of malaria services had been addressed. Achievements made include:

- LLIN supply to Adelubi Community: in 2021, PriHEMAC worked to ensure LLIN was provided to some community members in Adelubi community that did not get the LLIN distributed by the Government of Oyo State during the LLIN mass exercise distribution.
- Making LLIN available for Oluwo Nla PHC: PriHEMAC met with the malaria Desk Officer of the LGA to supply LLIN to Oluwo nla PHC, Ibadan North LGA when they had the shortage of LLIN. This made it possible for the PHC to be able to give pregnant women/

Children LLINs.

- Linking community members with PHC: members of Adelubi community were linked with Apete PHC which is closer to the community and had just been newly renovated.
- Sensitization of Commercial Motorcyclists- Some members of Oluwo Nla Commercial motorcycle riders in Oluwo nla community were sensitized on malaria- its causes, prevention, treatment, and control. The sensitization was a follow up to the outcome of the entry FGD where the need to enlighten/ educate motorcycle riders on malaria etiology, prevention, and treatment was discovered.

PriHEMAC/ NEPWHAN Global Fund C19RM and RSSH-CSS Grant

The GF/ NACA Covid-19 Response Mechanism and Community System Strengthening towards Resilient and Sustainable Systems for Health (C19/CSS/RSSH) grant is being implemented in 12 states in Nigeria and Community Systems Strengthening towards Resilient & Sustainable System for Health (CSS-RSSH) grant in 6 states in Nigeria for the period January 2022 – December 2023. The Grant is being implemented through a Principal Recipient, the National Agency for the Control of HIV/AIDS (NACA) and sub recipient NEPWHAN. PriHEMAC is implementing the grant in Ibadan Southwest LGA as a sub- sub recipient. The objectives of the project are to:

- conduct strategic activities to hold communities, PHC Centers, LGAs, Service Providers and all relevant stakeholders accountable for C19RM/RSSH and ATM-focused service provision and results.
- engage in sustained and measurable advocacy efforts for improved state and LGA support for

C19RM/RSSH.

- improve the coordination of CSOs and Community Structures for informed inputs into C19RM/RSSH.
- project activities were implemented in 4 wards of IBSW LGA- Isale Osi, Kososi and Akuro and Foko.
- Notable achievements on the project include.
 - Support Isale Osi PHC and Foko to employ ad hoc staff and security guard.
 - Support Kososi to put curtains on labor room window to provide privacy for pregnant women during delivery. Also broken fence of the facility was also rehabilitated.
 - Support staff at Akuro to comply with standard wear uniform. Akuro PHC staff were also mentored to improve on data documentation supported WDC / Community to lodge complaints on structure of health facility at the LGA headquarters and request for renovation.
 - At Foko PHC Ad hoc one Ad-hoc staff was employed. The staff also improved documentation of data.

PriHEMAC/ACOMIN and Malaria Global Fund (GF)/ Catholic Relief Services (CRS) Community Led Monitoring, New Funding Model project.

Global Fund/ Catholic Relief Services (CRS) Malaria project is being implemented in Osun State since year 2019. PriHEMAC is a sub-sub recipient of the Global Fund malaria grant for contributing towards reducing the malaria burden and bringing malaria-related mortality and morbidity to zero level. The Objectives of the project are to:

- Conduct strategic activities to hold communities, PHC Centers, LGAs and all relevant stakeholders

accountable for Malaria service provision and results.

- Engage in sustained, measurable advocacy efforts for improved state and LGA support for malaria intervention.

- Improve the coordination of CSOs and Community Structures for informed inputs into malaria interventions. As the end of 2023, implementation has been carried out in 3 LGAs.

Successes recorded include.

- At Isundunrin PHC, support was given to the community to employ 1 Adhoc staff because they were short staffed. The community also repaired and provided burglary proof for the facility door that was damaged, this providing protection against burglars.

- At Ilawo PHC- community was able to employ Adhoc staff and volunteers. The issue of money being collected for immunization was stopped. The facility now operates night shift and fumigation was done by the community to eradicate bees that had been affecting the centre.

Home Caregivers Training

PriHEMAC Home care institute was established in year 2014 to train Caregivers that can render quality services to the Elderly, Convalescents and other people requiring home services like nursing mothers, infant/children.

In year 2023, six rounds of caregivers training were carried out as shown in table 1 below.

Table 1: Dates / Duration of Training and Numbers of registered Participants by sets

S/N	Date/ duration of training	Number of registered participants
1	9 th -20 th January	8
2	6 th -17 th March	15
3	8 th -19 th May	11
4	10 th – 21 st July	17
5	4 th – 15 th September	26
6	8 th – 24 th November	27

World Elderly Day celebration

Every October 1st is the United Nations International Day for Older Persons (IDOP). PriHEMAC in collaboration with Molete Baptist Church, the first model elderly friendly Faith-based Organization, celebrated the 2023 Gray Hair Day with a thanksgiving ceremony. During the celebration, a special church service was held to appreciate the elderly in the Church. This was followed by a get-together party at the Church Hall. PriHEMAC was represented by 5 Staff members.

PriHEMAC report on the Comprehensive Newborn Screening Programme in Southwestern Nigeria.

PriHEMAC is the National office of Global Sickle Cell Alliance Incorporated (GLOSCA), under the leadership of Dr. Victoria Funmilayo Odesina. The Comprehensive Newborn Screening Program in Southwestern (CNBSPSW) Nigeria is a joint initiative of GLOSCA, PriHEMAC, and Obafemi Awolowo University Teaching Hospital, Ile-Ife. The goal of this newborn screening and follow up initiative for haemoglobinopathies is to reduce morbidity and mortality related to this condition in SW Nigeria. The program is divided into Testing, Treatment, Tracking, Education, and Evaluation. PriHEMAC oversees the tracking component.

Newborn Screening (NBS) is a simple blood test used to identify many life-threatening genetic illnesses before any symptom begins. NBS is also the process of testing newborns for treatable genetic, endocrinologic, metabolic and hematologic diseases. The CNBSPSW for haemoglobinopathies is an essential public health program that prevents catastrophic health consequences through early detection, diagnosis and treatment for babies identified with major haemoglobinopathies such as SCD and thalassemia.

The primary objective of tracking is to engage 75% of babies identified with haemoglobinopathies with

pediatricians through the tracking component.

Summary data of children with major haemoglobinopathy

- 2062 (78.9%) DBS samples were collected from children under five years.
- 28 (1.3%) had major haemoglobinopathies and all (100%) were followed-up.
- Only 10 (35.7%) under-fives out of 27 with major haemoglobinopathy were linked to Pediatricians and they all received treatment.
- Uptake of care was low.
- A major reason for this is lack of funds.

Summary data on adults with major haemoglobinopathy

- 552 (21.1%) DBS samples collected from children above five years and adults.
- 16 (2.89%) had major haemoglobinopathies
- 9 (56.25%) were followed-up, while 8 (88.9%) received treatment.
- The uptake of care was low and there was a significant lost to follow-up among these individuals probably due to lack of funds.

Report on student's internship and National Youth Corp Service (NYSC) posting at PriHEMAC

In 2023, PriHEMAC received Rachael Eyebiokin, a public health undergraduate student from Osun State University and three Nursing students, namely Victoria Adeleke, Ruth Ajayi, and Oluwabanmi Familusi, from Babcock University for their internship with the organization. Also, Victoria Balogun, a Medical Student from Kings University, London, did her public health internship at PriHEMAC. She also delivered a presentation titled “Person-centered care” during the training of health caregivers at PriHEMAC Training Institute. Two NYSC members, namely, Ifeoluwaposi Adedayo and Morire Adeyemi were posted to the organization for their one-year compulsory service.

ELDERLY FRIENDLY BANKING: How to Get There from Here

By Megan Ramirez,
SUNY COIL Global Commons

Banking Policies and Practices in Nigeria

In 2012 the Central Bank of Nigeria (CBN) had implemented a policy for cashless state of payment in order to bolster economic opportunities as well as to reduce cash related criminal activities, yet there are learning curves in using technology for the elderly in Nigeria and this impacts their banking experience. The elderly persons are already compensating for age related issues such as reading or hearing loss and being unable to move swiftly. Because of this, PriHEMAC Caregivers express concern that as soon as elder persons step out of their homes to reach an Automated Teller Machines (ATM), the poor structure of the roads, and the unaccommodating means of transportation are impediments. Additionally, they often stand in long queues inside the banks and at ATM's. There is a noticeable gap in consideration for how much difficulty is placed on the shoulders of the elderly just to arrive at and use the bank.

Common Challenges of Banking for the Elderly

The Executive Director of PriHEMAC, Dr. Martins O. Ogundeji, - an elderly person - narrated his experience that on one occasion he had to climb up a flight of stairs that was very, very difficult for him, to the point that he had fainting spell and was afraid he could fall. He strongly felt that Banks could be more Elderly Friendly if people of his age were better served downstairs. He also suggested that Banks could be more Elderly Friendly if they provide chairs in banks, offer a glass of water, and greet and attend to the elderly promptly as they usually have mobility limitations.

Making Banking Practices Elderly Friendly

One way would be to label some banks or certain parts of banks as elderly friendly with representatives to accommodate their special needs. Michael Staley, a mortgage loan officer in the

United States, explains that a good protocol within the banking system would be to provide elder friendly training, such as what PriHEMAC provides to its caregivers. A good management system can make those things a reality for the elderly in Nigeria.

It does not often occur to the youth to ask themselves one very important question: how would it feel to walk in an elderly person's shoes? An elderly person faces many impediments in daily life such as finding it hard to read, hear, or get from one place to the next. However, being elderly doesn't mean one is empty inside, one is still very much alive inside and out, with much to offer to those that have come after them. To get to an elderly friendly banking system we must bridge the gaps together. At the end of the day, having an Elderly Friendly Banking System doesn't just protect the elderly now, it protects the future generations of Nigerians that are bound to fill their shoes.

Scaling Up Promotion of Elderly Friendliness Program through Empowered Ward Development Committees (WDCs)

By Dr. Martins Ogundeji

Abstract

The medical terms commonly used in care of the elderly are 'gerontology' 'geriatrics' etc. In this paper, the term Elder Friendliness will mean 'the degree of awareness of the high proportion of needy elders in/and around our communities and readiness of stakeholders to take necessary actions to treat/meet, care for/about their needs and/or prevent, ameliorate or relieve their sufferings'. The paper starts with a brief justification for Promoting Elderly Friendliness; continues with the lingering poor socio-economic status of our elderly persons; the potential Stakeholders around and within us; some examples of responsive Stakeholders; the content and values of Scaling Up Promotion of Elderly Friendliness Program through Empowered Ward Development Committees (WDCs); the efforts already taken so far and way forward,

Justification

One of the compelling reasons for promoting elderly friendliness is the fact that Nigeria - Africa's leading economy and most populated country; has the highest number of older people in the continent with the population aged 65 and older projected to nearly triple by 2050. (Mbam, K. C. 2022). It has also been observed that the increase in older Nigerians is

occurring against the backdrop of extreme poverty, unsolved development problems, socioeconomic inequality, and a decline in the traditional care and support of older adults.

On longevity issue, in 2023, among 183 countries, the 3 countries with the highest life expectancy are Hong Kong, (85.58), Japan (84.95) and Switzerland (84.38); on the other hand, the 3 countries with the lowest life expectancy are Chad (54), Nigeria (54) and Lesotho (55). Nigeria shares the last 2 positions in the world with Chad! World Life Expectancy - (World life expectancy 2023). In spite of their low longevity, the quality of living of many elderly Nigerians is poor.

Socio-Economic Status of Many Elderly Nigerians

It has been observed that generally, in Nigeria: many elderly people are abused and neglected both physically and psychologically by family members and other caregivers; Ageing in dignity, which has been a core tenet of traditional Nigerian families is fast losing its value due to biting and dwindling economic realities; many elderly persons are among those with the highest rates of depression in the world as a result of non-payment of pensions and other related entitlements.

Furthermore, among others comments, Mahler C. (2022), a United Nations Independent Expert also noted that:

- specialized healthcare for older persons in Nigeria, in the form of geriatric care, remains scarce;
- older persons have to pay for their medications, in contradiction to the established guidelines that it should be delivered for free to older persons.
- currently, only 11 per cent of people aged 60 and above benefit from their pensions (source: ILO). Mahler therefore recommended steady social protection system, including the payment of pensions and allowances to all older persons entitled to them.

Since the momentum of rising proportion of elderly persons is irreversible, if those who can do something - Stakeholders - do nothing, the pains and suffering of the elderly persons will linger and may get worse.

The Potential Stakeholders around and within Us

Currently, Nigeria has many public and private bodies - Stakeholders - who, if/when empowered, should/could become more responsive to meeting the needs of the elderly. These bodies are the public and private sectors as indicated below.

Public Sector - Governments: Federal e.g., National primary Health care Development Agency (NPHCDA); States, Local Government Administration (LGAs) and Ward Development Committees (WDCs); Development Partners: Multilateral – WHO, UNICEF, and/or Bilateral Organizations: USAID, DFID, PSR etc.

Private Sector: Philanthropists: e.g., Anthony Anenih; Sir Kesington Adebutu Geriatric Rehabilitation Centre in Ibadan at the University College Hospital; NGOs: e.g., Primary Health Care and Health Management Center (PriHEMAC); Religious Bodies (Churches, Mosques) and Community Organizations: Landlords / Resident Associations: Family Members/ Relatives and Children.

Examples of Responsive Stakeholders on Care of the Elderly

Among the identified stakeholders listed above, a few of them, as described below, are known to have been good examples of responsive ones to the needs of the elderly.

World Health organization, (WHO), Federal Ministry of Health (FMOH)

World Health organization, (WHO), Federal Ministry of Health (FMOH) are exemplary responsive public and collaborating Partners on issues of concern for the elderly. As example, as far back as 1999, National Primary Health Care Development Agency (NPHCDA) and WHO had jointly produced A TRAINING MANUAL FOR PRIMARY

HEALTH WORKERS ON CARE OF THE ELDERLY. It is however a pity that the MANUAL was hardly used, maybe until recently!

In the same vein, the Director General, National Senior Citizens Centre (NSCC) Abuja - Dr. Emen Omokar - also recently reported that:

the NSCC is working with NPHCDA and WHO to mainstream geriatric in primary healthcare and train caregivers, and Nigerians do not have the culture of keeping the elderly in old people's home, NSCC has been working on how to improve referrals for the elderly. (News Agency of Nigeria (NNN) February 19, 2023

PriHEMAC Experience

In 2014, PriHEMAC ED fortuitously found the TRAINING MANUAL ON CARE OF THE ELDERLY, referred to above, which was buried among other documents. Fortunately, it had been known that care of the elderly is one of the emerging elements of PHC which has since been of special interest to PriHEMAC Management.

The content of the MANUAL was the impetus for the establishment of PriHEMAC Training Institute for the training of Home Elderly Caregivers in 2014; and later in 2017, the training of PriHEMAC Elderly Friendly Ambassadors (PEFAs)@. A Handbook was developed for each of the 2 categories of Trainees.

Towards the end of 2023, a total

of 479 Home Health Caregivers had been trained, registered and working in different parts of the world.

In 2017, PriHEMAC ED started implementing his Proposal on Promoting Elderly Friendliness through Empowered Stakeholders starting with Churches and Mosques. The impelling force behind starting with Faith Based Organizations (FBOs) was that most Nigerians are either Christians (48.3 %) or Moslems (48.9 %) who have Biblical and Quran injunctions to care for their Elderly members.

@A PEFA is a person who:

- is highly respected, responsible, trusted and credible member of a known stakeholder;
- has been identified and selected by a stakeholder (e.g., FBO, WDC etc.) as their representative to be trained on 'elderly friendly principles' at PriHEMAC or similar empowered Organization;
- is empowered, through training, to recognize the high proportion of elderly persons around him or her and can respond. i.e., raise resources to prevent, treat, and /or ameliorate the sufferings of needy Elderly persons.
- Collaborate with other members of his/her communities to identify qualified members of their communities to be sponsored for training and engagement as Caregivers for their elderly members and any

others as may be necessary.

In Nigeria, as of September 2023, there are a total of over 7848 Churches and 3925 Mosques.

Right from the inception of the program, PriHEMAC had sought for and obtained the approval/support from/of the Authorizing Bodies of the 2 Major Religious Groupings - Christian Association of Nigeria (CAN) and Nigerian Supreme Council for Islamic Affairs (NSCIA).

PriHEMAC initial 'Pilot goal' was to empower* a total of 8 FBOs (4 Churches and 4 Mosques) per LGA (i.e., 1 Church and 1 Mosque per Political Ward) and 5 members per FBO in 11 (5 Urban and 6 Peri-Urban) LGAs within and around Ibadan Metropolis. Our goal at the beginning was to empower a total of (8 x 11) 88 FBOs and (8 x 5 x 11) 440 PEFAs. However, by November 2023, we have empowered 52 Faith Based Organizations (FBOs) - made up of 28 churches, 18 Mosques and 6 Foundations and 195 PEFAs. Yet, only 4 (3 Churches and 1 Mosque) of these 52 FBOs have completed the 5 steps that a fully-empowered FBO is expected to take.

* An 'Empowered' Church/Mosque (FBO) is the one that:

- has the Leader mobilized to sponsor 5 of their active and respected leaders to train as PEFAs;
- the PEFAs then return to their sponsoring stakeholders/(FBOs to

complete the 5 steps that a fully-empowered stakeholders/FBO are expected to take.

Content of Scaling Up Promotion of Elderly Friendliness Program through Empowered Ward Development Committees (WDCs)#

Two main options we have for scaling up are i) by going deeper into the FBOs we have reached and ii) by adopting a new strategy of empowerment through the WDCs.

Scaling - Up Empowerment by Deepening Activities

The first 'Scaling-up' strategy being proposed is to continue deepening the program focusing on getting the remaining 48 out of the 52 FBOs to take the other necessary steps to become functional Elderly Friendly FBOs.

Such activities would include physical and virtual meetings, sending questionnaire to them to assess status of program, follow-up visits and refresher courses.

Scaling up Empowerment program through Empowered WDCs

Nigeria, as of September 24, 2023, had at least 7848 Churches and 3925 Mosques. We know that the estimated total number of Churches and Mosques (11773) is much higher than the 8,806 Political Wards. However, PriHEMAC, from experience, is privileged to know that Ward Health System (WHS) has certain features that are most likely to make WHS structure 'a

fertile ground' on which implementation of Elderly Friendliness could thrive.

#An empowered WDC for Elderly Friendliness is therefore the one that has:

- a Functional WDC;
- has trained Elderly Friendly Ambassadors as members;
- has a current list (with addresses and phone numbers) of elderly members of the Ward;
- has budget line for Elderly Care (e.g., through an Elderly Friendly Endowment Fund (EFEF) Account);
- sponsors the training of one or more WDC member/s as Caregiver/s;
- employs/engages trained Caregiver/s;
- a Special Day, at least once a year, to celebrate the Elderly members of the Ward.

The following are enabling features of WDC members in WHS which could support and/or facilitate smooth and effective promotion of Elderly Friendliness activities through empowered WDC.

- *Geo-political unit:* By definition, a Political Ward is the smallest geo-political Unit where a Councilor is elected to represent his/her people at the Local Government Council. It is therefore the unit with defined geographical boundary where measurable activities such as the Elderly Friendliness program can most

- effectively take place.
- *Existence of NPHCDA WHS:* Presumably, NPHCDA has established functional WHS in all the 8806 political in Nigeria. The WHS is described as functional when there is partnership between the functioning Primary Health Center (PHCe)* and functioning WDC**.
- *WHS as platform to anchor possible funding / insurance:* WHS, being a national subsisting structure, can serve as the platform where any available funding (NHIS, Basis Health Care Provision Fund rly, which hardly receives donor funding support, can be anchored.

*A Functional Primary Health Center (PHCe) is one that has: a well-built structure that is secured, fenced with good security system, accessible by good road; adequate number of qualified staff, medical equipment and regular supply of essential drugs etc.

** A Functional WDC has officials like Chairperson, Secretary, Treasurer etc. and holds regular monthly meetings at the PHCe where the WDC Chair and Health Team Leader serve as Co-Chair etc.

Way Forward

The possible way forward will be at federal, State and Local levels

Federal Level

As already noted, Care of the Elderly is one of the elements

of primary health care and so fall directly under the purview of NPHCDA at the federal level. This is why the Director General, NSCC - Dr. Emen Omokar and WHO are already dialoguing on collaborating on elderly Friendly programs.

PriHEMAC will reach out to these 3 Bodies (NPHCDA, NSCC, ACOMIN and WHO) with our Advocacy Kit containing relevant documents of our rich experience, expertise, passion and achievements on PHC generally and particularly on Elderly Friendliness program.

State Level

Most States now have State Primary Health Care Boards / Agencies (SPHCDB/A) that carry out similar functions that NPHCDA carries out at the national Level. PriHEMAC has recently submitted a proposal requesting for partnership on sensitization of WDC Leaders to the Executive Secretary, Oyo State Primary Health Care Board (OSPHCDB) to sponsor WDC Leaders from all the 33 LGAs of the State.

It will also be solicited that the Director General, NSCC - Dr. Emen Omokar who has started 'working very closely with Executive Secretaries of Primary Health Care Development Agencies both at the

Federal level and states and piloting mainstream geriatric care in the FCT and Adamawa' will gracefully extend the 'scope piloting' to Oyo or Osun State where Elderly Friendly activities have started.

At Local Level

With policy Guidelines from Federal through the State governments to Local Government Level, it is possible for NGOs like PriHEMAC to initiate Elderly Friendly sensitization programs Already, PriHEMAC has recently invited the Egbeda LGA Chairmen of WDCs through their Chairman of Chairmen to a sensitization training of PEFAs.

Conclusion

The Scaling up strategy of promoting Elderly Friendliness through empowered WDC in well-established WHS could be very productive and effective to comprehensively meet the yearning needs of our growing ageing population. With more interactions of PriHEMAC with various other key Stakeholders concerning the elderly, at various levels, it is most likely that Scaling Up Elderly Friendliness activities will certainly reverse the pervasive worsening well-being status of many elderly Nigerians.

#BeElderlyFriendly: Public Transportation Edition

#PriHEMACares



@PriHEMACares
www.prihemac.com

With a growing elderly population in Nigeria, it is important to care for them. To build an elderly friendly community, it takes a group effort in making a difference.

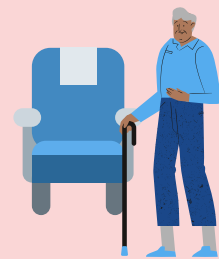
Give your seat to the elderly

Give up your seat on public transportation for someone who needs it.



Be patient while the elderly get on and off transportation

We all move at different paces with age.

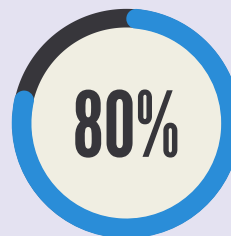


Assist the elderly while crossing the street

Elderly pedestrians have higher safety challenges while crossing the street.



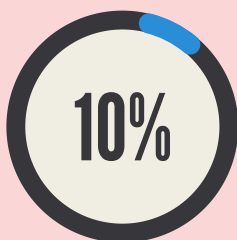
A research study focusing on four Nigerian cities found that:



80% of the elderly do not have access to private transportation, only to public transportation!

Public transportation is the most common way the elderly get around. We must keep travel safe for them.

1. ODUFUWA, B. O. (2006). ENHANCING MOBILITY OF THE ELDERLY IN SUB-SAHARAN AFRICA CITIES THROUGH IMPROVED PUBLIC TRANSPORTATION. IATSS Research, 30(1), 60-66. [https://doi.org/10.1016/s0386-1112\(14\)60156-4](https://doi.org/10.1016/s0386-1112(14)60156-4)



10% of the elderly in Nigeria indicated how public transportation is a major problem they face.

Loud horns and car's toxic fumes are dangerous for the elderly when traveling.² Be mindful of these impacts when driving.

2. Adetunji, M. A. (2020). Accessibility of Elderly Citizens to Basic Facilities In Akure Metropolis in Nigeria. Journal of Architectural Design and Urbanism, 2(2), 38-52. <https://doi.org/10.14710/jadu.v2i2.7641>

Slow down your vehicle

Yield to pedestrians crossing the road you are traveling on.



2024 Calendar

Month	SUN	MON	TUE	WED	THUR	FRI	SAT
JANUARY	•	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	•	•	•
FEBRUARY	•	•	•	•	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	•	•
MARCH	31	•	•	•	•	1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
APRIL	•	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	•	•	•	•
MAY	•	•	•	1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	•
JUNE	30	•	•	•	•	•	1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
JULY	•	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	•	•	•
AUGUST	•	•	•	•	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
SEPTEMBER	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	•	•	•	•	•
OCTOBER	•	•	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31	•	•
NOVEMBER	•	•	•	•	•	1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
DECEMBER	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31	•	•	•	•



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WHO WILL CARE FOR THE NEEDY?