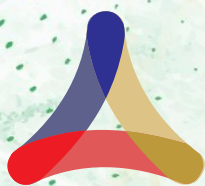


Who will care for the needy?



Edition 4 | 2024

# PriHEMAC

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

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



**SPECIAL  
FEATURE  
ARTICLE**

**HIGHLIGHTS OF  
10 YEARS (2014 - 2023)  
PriHEMAC EXPERIENCE ON  
ELDERLY FRIENDLINESS**

**Maximizing Benefits  
of Healthy Longevity**

**PriHEMAC  
2024  
REPORT OF  
ACTIVITIES**



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## About PriHEMAC Executive Director



**Dr. Martins Ogundeji**

*Executive Director, PriHEMAC*

Dr. Martins O. Ogundeji is a distinguished public health expert with a comprehensive academic and professional background. He earned a B.Sc. in Nursing from the University of Ibadan (1969), followed by an M.Sc. in Community Mental Health, a Master of Public Health (MPH), and a Doctorate in Public Health (Dr.PH) from Columbia University, New York (1974-1978).

Dr. Ogundeji's career spans several roles in academia and public health administration. He began as a lecturer at Wesley Guild Hospital, Ilesha (1969-1970), and later at ABU Zaria (1970-1980). He worked with the Federal Ministry of Health (FMOH) as a Principal Health Planning Officer (1980-1986), and then as one of four zonal coordinators until his retirement in 1998, serving as Director at the National Primary Health Care Development Agency/FMOH. From 1998 to 2009, he lectured part-time at the University of Ibadan in the Department of Epidemiology, and from 2001-2018, at the College of Medicine, University of Ibadan and Babcock University.

Dr. Ogundeji is an accomplished author, with key publications such as Background and Status of PHC

Activities by Y2000 in Nigeria (2002) and Primary Health Care in Nigeria: History and Development (2014).

After retiring, he founded the Primary Health and Health Management Center (PriHEMAC) in 1998, an NGO dedicated to health development at local, state, national, and international levels. One of its key projects was the Finland-sponsored Ibadan Maternal Mortality Reduction Project (IMMREP, 2004-2009) and the Improvement of Primary-Level Maternal Health Services (IPMat, 2009-2010). Since 2014, PriHEMAC has focused on improving the well-being of the elderly, including establishing training institutes for elderly caregivers and promoting elderly-friendly practices in religious organizations.

Dr. Ogundeji continues to lead PriHEMAC, impacting health care and community development efforts globally starting from grassroots level

# About

 **PriHEMAC**

PriHEMAC was established by Dr Martins Olusola Ogundeji in the year 1998. PriHEMAC is a reputable NGO with CAC Registration No. IBZ 004797.

PriHEMAC's capacity profile is characterized by its skilled and experienced human resources, as well as a dedicated management team. The organization's vision and mission drive its operations and ensure the effective delivery of services in key focus areas. The vision of PriHEMAC is reaching the most vulnerable populations—mothers, children, and the elderly—where they live and work while moving forward with strength, courage, and commitment with the mission of improving the health status and well-being of these vulnerable groups by enhancing primary health services, empowering communities, and building the capacity of health workers, students, and volunteers.

Despite the support of government policies and international partners, there are persistent gaps in achieving health objectives. PriHEMAC aims to bridge these gaps by collaborating with other agencies, NGOs, and partners to improve healthcare delivery and empower communities. The organization focuses on providing quality health services and capacity-building efforts to improve outcomes for mothers, children, and the elderly.





# **PRIHEMAC 2024 REPORT OF ACTIVITIES SUMMARY**



The 2024 PriHEMAC report highlights several key health projects in Nigeria, focusing on community engagement, healthcare improvement, and disease prevention in Oyo and Osun States. These projects, funded by various organizations, address HIV, TB, malaria, COVID-19, and sickle cell disease through advocacy, treatment, and capacity-building efforts.

PriHEMAC's activities in 2024 have significantly contributed to improving healthcare access, quality, and outcomes in Nigeria, particularly for vulnerable communities affected by malaria, HIV, TB, and sickle cell disease. These efforts have been supported through community engagement, capacity building, and partnerships with local and international organizations

**Key Projects and Achievements:**

Key projects carried out include:

- Global Fund Community Engagement – Strategic Intervention (CE-SI) Project
- Global Fund GC7/COVID-19 Response Mechanism (C19RM) Project Oyo State
- Global Fund GC7 Community Led Monitoring (CLM) Project Osun
- Community and Private-Public-Mix Expansion in TB and HIV Prevention, Diagnostic, and Treatment Services Project Oyo state
- Comprehensive Newborn Screening Program -South West State Nigeria
- Net distribution/ Replace campaign – Osun State
- PriHEMAC End of the Year Medical

Outreach

- PriHEMAC Homecare Services

## **1. Global Fund Community Engagement – Strategic Intervention (CE-SI) Project (Oyo State)- March 2021 to December 2024**

**Goal:** to empower vulnerable populations by improving their participation in healthcare policy and addressing barriers to accessing malaria, TB, and HIV services.

### **Achievements**

- Raised awareness in Akinyele LGA about free healthcare services.
- Distributed Long-Lasting Insecticidal Nets (LLINs) to underserved communities in Adelubi
- Provided free HIV, TB, and malaria medical services during PriHEMAC's 25th anniversary.
- Strengthened collaboration between healthcare staff and community stakeholders.

## **2. Global Fund GC7/COVID-19 Response Mechanism (C19RM) Project (Oyo State) -Year 2023 till date**

**Goal:** to enhance COVID-19 service uptake and improve healthcare outcomes for HIV, TB, and malaria.

### **Achievements:**

- Improved facility conditions at Alakia PHC (e.g., plumbing repairs).
- Addressed staff shortages by hiring volunteers.



- Improved data management and equipment procurement at PHCs.
- Conducted gender-based violence (GBV) awareness sessions for schools.

### **3. Global Fund GC7 Community Led Monitoring (CLM) Project (Osun State):** Year 2019 till date

Goal: to increase service quality and advocate for more resources for malaria, TB, and HIV.

#### **Achievements:**

- Improved staff attitudes and transparency in service delivery at Ejigbo LGA's PHCs.
- Restored HIV testing services and improved environmental conditions at facilities.

### **4. Community and Private-Public-Mix Expansion in TB and HIV Prevention, Diagnostic, and Treatment Services (Oyo State):** April 2024-December 2024

Goal: to combat TB and HIV through community outreach, screening, and treatment linkages.

#### **Achievements:**

- Conducted outreach events reaching 119 individuals, identifying and treating 3 TB cases, including one multidrug-resistant TB case.

### **5. Net Distribution/Replacement Campaign (Osun State):** June- July 2023

Goal: to promote the use of Long-Lasting Insecticidal Nets (LLINs) to prevent malaria.

#### **Achievements:**

- Engaged key stakeholders in Egbedore LGA and provided education on LLIN use.

### **6. PriHEMAC Sponsored Year 2024 Free Medical / Health Outreach**

Free medical outreach is an end of the year activity that is carried out by PriHEMAC annually. In line with this, on 5th December, 2024, PriHEMAC, in collaboration with

Alalubosa Community stakeholders (Ward 10, Egbeda LGA), organized another free medical outreach for the residents of Alalubosa Community. The event featured health talks on various topics, including malaria, tuberculosis, HIV/AIDS, sickle cell disease, nutrition, dental health, and care of the Elderly. Screening tests were conducted for blood pressure, blood sugar, malaria, and sickle cell disease in newborns.

Medical consultations were provided, with prescriptions and referrals issued as needed. Malaria medication, analgesics for aches and pains, and heamatitics were given to participants as prescribed.

A total of 91 individuals received medical services: 73 adults (20 males, 53 females) and 18 children (8 males, 10 females). Among the children, 13 were screened for sickle cell disease. Fifteen (15) people also received dental consultations. The General Medical Practitioner/ PriHEMAC Volunteer attended to 36 people during the event.

This successful outreach is PriHEMAC initiative aimed at improving public health awareness and access to Health services

### **7. PriHEMAC Homecare Service (Ongoing)**

Goal: Provide affordable homecare services for the elderly and convalescing individuals.

#### **Achievements:**

PriHEMAC since 2014 has delivered 73 homecare services and trained 560 individuals as home healthcare providers, improving access to quality care for Elderly populations.

### **8. Comprehensive Newborn Screening Program (South West Nigeria)-Ongoing**

Goal: to track and treat children with sickle cell disease through follow-up care and education.

#### **Achievements:**

- Educated caregivers, improved enrolment in treatment programs, and reduced stigma associated with sickle cell disease.



**SPECIAL FEATURE ARTICLE**

# **HIGHLIGHTS OF 10 YEARS (2014-2023) PriHEMAC EXPERIENCE ON ELDERLY FRIENDLINESS**



This write-up which is preceded by a brief description of its meaning/concept and a few background issues, highlights some activities that PriHEMAC carried out within the first 10 years (2014 - 2023) experience on elderly friendliness.

## **Meaning and Concept of Elderly Friendliness**

The concept of Elderly Friendliness is the capacity to recognize the presence of Elderly persons, appreciate their needs, doing whatever is necessary, including enlisting the support of others, to meet their common needs and or relieve/ameliorate their common sufferings.

The concept emanated from the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) sponsored practice of Baby Friendly Initiative when hospitals had to be rated on their levels of promoting "Ten Steps to Successful Breastfeeding" which were a set of evidence-based practices outlined by the Baby-Friendly Hospital Initiative (BFHI) to support breastfeeding in maternity care settings. These steps include: having a written breastfeeding policy that is routinely communicated to all health care staff; training all health care staff in the skills necessary to implement this policy; informing all pregnant women about the benefits and management of breastfeeding; helping mothers initiate breastfeeding within one hour of birth and showing mothers how to breastfeed and how to maintain lactation, even if they are

separated from their infants.

Age friendliness, as defined by the World Health Organization (WHO), refers to creating an environment that enables and supports individuals in different aspects of life as they age, fostering life satisfaction and personal well-being. The WHO's conceptual framework of age-friendliness consists of eight areas, including social participation, respect, inclusion, communication, and health services (Torku et al., 2021).

PriHEMAC has adapted in parts, this definition to her context and program by defining 'Elderly Friendliness' as:

Degree of awareness of the existence of needy elders in and around our Churches/mosques and communities and readiness to take necessary actions to meet their needs and or prevent, ameliorate, relieve their sufferings.

Degree of readiness to promote the quality of lives (QoL) of the elderly physically, socially, emotionally and economically.

## **A Few Background Issues of Elderly Friendliness**

One of the emerging elements of PHC but relegated to the background for various reasons and/or excuses is 'Care Of The Elderly'. PriHEMAC has therefore made the Promotion of Elderly Friendliness and Healthy Ageing program as the major activity carried out at least



for the first few years of inception.

The World Health Organization active ageing Framework has defined healthy active ageing as “the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age” (WHO, 2002).

Some of the socioeconomic realities of many Elderly Nigerians are that many of them are abused and neglected both physically and psychologically even by family members and other caregivers and that ageing with dignity, which has been a core tenet of traditional Nigerian families is fast losing its value due to biting and falling economic realities.

In view of these realities, and since the momentum of the rising proportion of elderly persons is irreversible, those who can do something - stakeholders - need to do something to prevent avoidable pains and sufferings that many Nigerian elderly persons experience.

Some of the stakeholders include public stakeholders (e.g., National Primary Health Care Development Agency (NPHCDA); Development Partners WHO, UNICEF DFID, etc.; States, Local Government Administration (LGAs), Ward Development Committees (WDCs): and private stakeholders like philanthropists, NGOs: e.g., Primary Health Care and Health Management Center (PriHEMAC) etc.

As an 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 until as recently as 10 years ago!

### **PriHEMAC Major Activities On CARE OF THE ELDERLY**

The 2 major parts of PriHEMAC Activities On Care Of The Elderly are: establishment of PriHEMAC training institute for the training of home caregivers and establishment of training of PriHEMAC Elderly Friendly Ambassadors

(PEFAs) (I am a bit confused here.

The first section of this report is PriHEMAC Training Institute for the training of Home Elderly Caregivers and PriHEMAC Care-receivers which were established in 2014.

Also, the second section of the report is PriHEMAC Elderly Friendly Ambassadors (PEFAs) and Empowered Elderly Friendly institutions established in 2017

## **SECTION 1**

### **ESTABLISHMENT OF PriHEMAC TRAINING INSTITUTE FOR THE TRAINING OF HOME ELDERLY CAREGIVERS**

#### **A. PriHEMAC Training Institute For Home Elderly Care Services**

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 prompted PriHEMAC in 2014, to start the establishment of PriHEMAC Caregivers Training Institute for prospective Caregivers.

The PriHEMAC Training Institute is sited in a suitable training environment with adequate facilities and relevant basic equipment. The Faculty Members of the Institute is made up of qualified, experienced and dedicated medical, social and nursing professionals who are capable of training all cadres of Caregivers

#### **Rationale for PriHEMAC Trained Elderly Caregivers**

PriHEMAC identified a significant gap in the provision of care giving services for the Elderly population and so established a specialized training program for Home Elderly Caregivers in 2014. The primary aim was to equip individuals with the skills, attitude and knowledge to deliver compassionate and effective care for Elderly people in need.

Since its inception and up till end of 2024,



PriHEMAC had conducted 45 batches of Training Sessions, with a total of 560 individuals completing the program. The curriculum encompasses a wide range of topics essential for proficient caregiving, including practical skills, communication strategies, and understanding the unique needs of elderly individuals.

### **Key Activities carried out**

#### *Selection of competent facilitators*

Selection of competent facilitators with expertise in care-giving services and elderly care are carefully chosen to deliver the training sessions, ensuring the dissemination of accurate and practical knowledge.

#### *Provision of Training Material*

Provision of Training Materials -comprehensive training materials, including manuals, presentations, and interactive resources, to enhance the learning experience and facilitate skill acquisition were produced

#### *Selection of candidates for training*

Selection of candidates for training was done through advert placement, use of handbills/ leaflets, courtesy visit to stakeholders (Government establishments, Churches, Mosques, Societies and groups etc.). candidates targeted were individuals who demonstrate a genuine passion for care-giving and a commitment to serving the elderly community. For education requirement, a minimum qualification of Secondary School Certificate was set as standard.

### **Training sessions**

The inaugural training session took place on 3rd December, 2014. with twelve attendees marking the beginning of PriHEMAC's commitment to caregiver training. Over the years, between December 2014 and December, 2024, a total of 45 batches of training were carried out and a total of 560 Caregivers had been trained. The number in each batch ranged from the lowest being 3 in 2014 and the highest being 27 in 2023 and an average of 12 per batch.

### **Engagement of Trained Caregivers**

Out of the 560 individuals trained, PriHEMAC

has engaged 111 to provide home care services. Presently, 28 trained caregivers are actively delivering services. PriHEMAC Home Caregiving Certificates have been useful for many of the others to secure employments outside Nigeria.

During PriHEMAC supervisory visits to Care-receivers, comments made by Care-receivers indicate that most the Care-receivers enjoyed the quality of services being rendered by PriHEMAC trained Caregivers.

### **B PriHEMAC Home Care-receivers**

Home Caregiving Service commenced with the first set of trained Caregivers in November 2014. The first client being a 79-year-old dependent male. The service was rendered for only 3 days because the Care- receiver was relocated by his Children.

Noteworthy is the second service that was provided in year 2015 (free of cost) for a client with severe case of bed sore. Services were provided for one week until the client was transferred to a Hospital where she passed on.

Since the inception of the Home-care services in 2014, a total of Seventy – Two (72) persons have received PriHEMAC Home care services. Out of the 72 persons, 14 are still currently receiving services. The Age of the Care receivers ranged between 40 Years to 104 Years.

Most of the Care receivers- 69 out of 72 (or 95.8%) sought care on account of old age - average age of 84 years. However, 3 others including: a 40-year-old woman with mental health challenge; one post-natal woman and a Child/ Toddler received care for average of 1 month each.

At very ripe age - average of 84 years- 33 of the Care receivers passed on to glory.

Most of the Care-receivers were/are from within and around Ibadan, Oyo State while a few others were/are from Lagos, Osun, Ekiti and Delta States.

The shortest service duration was for 3 clients for 3 days each while the longest service is currently ongoing is over 5years in Osun State.



## Experiences From Caregiving Services

A few remarkable experiences of Care giving Services include:

- i. A Retired Female Justice in Osun State who was able to engage 4 Caregivers at once because she had chronic insomnia and needed companionship even at night
- ii. Some unpleasant experiences with some Care-receivers include
  - Elderly person who knocked the Care giver's head with walking stick
  - 2 Elderly women who were always aggressive and abusive
  - 2 Care-receivers who could not retain Caregivers because their children were not convinced that their parents needed Caregivers even when their parents had enough money to pay the caregivers.
  - A few Care-receivers who had dementia were abusive and falsely accused caregivers of stealing.

## SECTION 2

### ESTABLISHMENT OF TRAINING OF PriHEMAC ELDERLY FRIENDLY AMBASSADORS (PEFAs)

#### A. PriHEMAC Elderly Friendly Ambassadors (PEFAs)

The training of PriHEMAC Elderly Friendly Ambassadors (\*PEFAs) started in 2017. A Handbook was developed for Trainees of PEFAs. Earlier on, PriHEMAC had written a Proposal on Promotion of Elderly Friendliness through empowered Stakeholders like Churches and Mosques. The training of PEFAs was the first step of implementing the Proposal on Promoting \*\*Elderly Friendliness.

\*A PEFA is a trained person who has acquired adequate knowledge, developed appropriate attitudes and possessed necessary skills to confidently and competently:

- represent his/her organizational/spiritual leaders to identify and compile a list of elderly persons within and around their organizations;

- recognize the needs of the identified Elderly and in various ways, prevent, relieve and ameliorate their pains and sufferings;
- initiate and promotes resource mobilization through networking with appropriate stakeholders in support of meeting the needs of the elderly;
- identify, encourage and support suitable persons to be trained and engaged as home/health Caregivers;

1 become one of the empowered 'critical mass of Change Agents' who can positively/effectively influence powerful Stakeholders to make necessary policies and create enabling environments conducive for promoting quality of life (QoL) of higher proportion of the Elderly in Nigeria and beyond.

\*\*Elderly Friendliness is the capacity to recognize the presence of Elderly persons around them, appreciating their needs, doing whatever is necessary, including enlisting the support of others, to meet their common needs and or relieve/ameliorate their sufferings.

#### B. Empowered Elderly Friendly Institutions

PriHEMAC NGO identified and worked with Stakeholders like Churches and Mosques - Religious Organizations - Faith Base Organizations - (FBOs.) as most accessible and available Stakeholders on Elderly Friendliness Program

PriHEMAC requested for and obtained Partnership with Molete Baptist Church Ibadan (MBCI) recognized as one of the potential Stakeholders.

The successfully established Partnership between MBCI/PriHEMAC on Community Care of the Elderly Initiative metamorphosed to the 'Model Elderly Friendly Churches'\*\* Model.

Based on PriHEMAC/MBCI partnership experience, a Proposal on 'Promoting Elderly Friendliness through Empowered Stakeholders such as Churches/Mosques' which was formally submitted, (and was later approved), for support on 25-05-2018 to the President of Nigerian Baptist Convention (NBC) / Christian



PriHEMAC End of the Year Medical/HealthOutreach at Alalubosa  
Community- Egbeda LGA- 5th December 2024





## Students on practical posting



Students from Babcock University (Ogun State) and Lead City University (Oyo State) on Clinical Posting With PriHEMAC Staff



Students from Babcock University (Ogun State) and Lead City University (Oyo State) on Clinical Posting receiving Lectures from The ED PriHEMAC



Students of Osun State University Department of Public Health on Clinical Posting @PriHEMAC



PriHEMAC Program Officer on discussion with the FGD participants at Ife Odan /7



## PriHEMAC Elderly Friendly Ambassadors (PEFA) Empowerment Program



Lecture by the Executive Director on Tips for Graceful Aging at Fellowship Centre for the Aged (FECA) Anniversary – Men Missionary Union Building, Challenge Ibadan



Local Government Specific Implementation Team (LGSIT) planning Meeting at PriHEMAC Conference Hall Olubadan Estate Ibadan



Community and Private-Public-Mix Expansion in TB and HIV  
Prevention, Diagnostic, and Treatment Services Project



TBL Officer addressing participants



TB/ HIV Mix Project at Fire Station, New Gbagi Market Ibadan



Association of Nigeria (CAN) - Rev. Samson Olasupo A. Ayokunle, Ph.D.

An Endorsement Statement was also obtained from Alhaji (Shaikh) Abdul-Ganiy Abubarkar Agbotomokekere - The Chief Imam of Ibadan land and President General, Nigeria Supreme Council for Islamic Affairs (NSCIA) Oyo State Chapter.

International recognition was also achieved. After viewing the Video on PriHEMAC Profile, University of Buffalo (BU) New York USA has recently formalized Partnership between PriHEMAC and its Experiential Learning Network (ELN).

### **C. Training of PEFAs**

The empowerment activities started with sensitization of Religious Church/Mosque Leaders to identify some of their members and sponsor their training as PriHEMAC Elderly Friendly Ambassadors (PEFAs).

To ensure the quality of the training, a Handbook for PEFA containing the essential elements of Elderly friendliness was developed.

A total number of 66 people were the first set of PEFAs trained by PriHEMAC in the year 2017. The trained PEFAs were a mixture of people sponsored by some organizations/Institutions (Churches, Mosques, Schools, NGOs etc) and individually sponsored persons

Promoting Community Care of the Elderly Through Empowered Stakeholders - Religious Organizations.

The initial step of activities of the Scaling-up Committee was renewing the Approval/Support of the Authorizing Bodies of the 2 Major Religious Organizations - Christian Association of Nigeria (CAN) and Nigerian Supreme Council for Islamic Affairs (NSCIA).

After their approval, and through the efforts of the Scaling-up Committee Members, 3 Rounds of Training were carried out: 70 PEFAs were produced and 16 EFOs (6 Churches and 10 Mosques) were empowered between 11th November and 8th December 2020. The trained PEFAs were instrumental in empowering the EFOs that sponsored them

Furthermore, the 70 PEFAs and Model Elderly Friendly Organizations were recognized in an Award Ceremony at PriHEMAC Training Institute on 7th January 2021 with the Honorable Commissioner of Health, Dr. Bashir Victor Bello, gracing the occasion as Special Guest of Honor. In the First quarter of 2021 (January-March), 38 PEFAs from 10 EFOs were trained

By November 2021, PriHEMAC had a total of 45EFOs and 195 PEFAs. Beyond Oyo State, Training of 25 PEFAs, 5 each from the 5 participating Churches, took place at Okanla Baptist Church Osogbo

By November 2023, PriHEMAC had empowered 52 Faith Based Organizations (FBOs) - made up of 28 Churches, 18 Mosques and 6 Foundations; a total of 195 PEFAs had been trained.

Promoting Community Care of the Elderly Through Empowered Ward Development Committees (WDC)

Since inception of this program. efforts on promotion of elderly friendliness were directed mostly only towards Faith Based Organizations. The rate of progress made was therefore very slow. A new approach for expansion calling for involvement of Governments (through State Primary Health Care Board) and communities (through Ward Development Committees) was therefore conceived and tried in December 2023. A proposal written to Executive Secretary OYO State Primary Health Care Board (OSPHCB) - Dr. Olatunji - requesting the Board to support PriHEMAC to empower 2 selected WDC members (Chairmen and Secretaries) from the 33 LGAs of Oyo State was approved.

A I-Day empowerment Training sponsored by OSPHCB was organized and carried out. Out of the 66 expected participants at the training, a total of 53 participants were empowered as Ward Elderly Friendly Ambassadors.

The LGA Specific Implementation Team (LGSIT) Strategy /Initiative

All the major activities already carried out on promotion of Elderly Friendliness through empowered Stakeholders including training of



PEFAs to serve in empowered FBOs, and the recent training of WDC members prompted the introduction of an Initiative called 'LGA Specific Implementation Strategy (LSITS). The rationale is to build a strong Team of PEFAs in every Political Ward that will be empowered to engineer and promote Elderly Friendliness activities in a measurable version that could be scaled-up. consisting of: 2 members each from the 2 major Faith Based Organizations, 2 from Ward Development Committees and 2 Senior Health Workers.

Progress on LGA Specific Implementation Team (LGSIT) Strategy /Initiative

In March 2024, PriHEMAC convened the first planning meeting aimed at scaling up the promotion of Elderly Friendliness through Empowered Ward Development Committee (WDC).

The LGSIT comprised 2 LGA health staff (from the Primary Health Care Centres ), 2 Christians (through Christian Association of Nigeria (CAN) ), 2 Muslims (through the Nigeria Supreme Council of Islamic Affairs (NSCIA) ) and 2 Ward Development Committee members (the WDC Chairman and Secretary) The LGSIT members were invited from 2 LGAs (Egbeda and Ibadan North LGAs) out the 33 LGAs in Oyo State chosen as a pilot for other LGAs.

Our optimism in the LGA Specific Implementation Team (LGSIT) Strategy is dampened because of the current economic realities preventing positive responses from targeted stakeholders.

We hope that as we sustain our achievements and explore other options to promote Elderly Friendliness, hopefully, there will be better conducive and enabling environment where and when the program will thrive.

Outstanding Supporters of PriHEMAC Elderly Friendliness Initiative

The major Supporters of PriHEMAC on Elderly Friendliness Initiative are:

i) The Senior Pastor of MBCI - Rev (Dr.) Edward Alabi - who sponsored 10 members of his church and 10 others outsiders to be trained as PEFAs. Among the outsiders was Mr. Gideon Adeniyi; who became a powerful PriHEMAC Communication and IT Officer between 2018 - 2024.

ii) Dr. Mrs. Victoria Funmilayo Odesina - Global Sickle Cell Alliance (GLOSCA) ED - who donated the sum of N100K in 2017, which was part of the initial money used to open MBCI Endowment Account for the Elderly.

iii) Dr. M. B Olatunji - Executive Secretary, Oyo State Primary Health Care Board- supported PriHEMAC with financial contribution of N660,000 to facilitate the training of WDC members from the 33 LGAs of Oyo State.

In summary, in 2014 PriHEMAC discovered that WHO and Federal Government / NPHCDA had published a book on the Care of the Elderly. This discovery led to the establishment, in 2014, of PriHEMAC Home Health Caregivers Training Institute and later the training of PEFAs in 2018.

So far, by November 2023, PriHEMAC had i) conducted Training 42 batches of Home Health Caregivers and trained a total of 521 individual as Caregiver; ii) empowered 52 Faith Based Organizations (FBOs) - made up of 28 Churches, 18 Mosques and 6 Foundations; and iii) trained a total of 195 PEFAs.



# Maximizing Benefits of Healthy Longevity

by Dr Martins O. Ogundeji, *Executive Director, PriHEMAC*



## Introduction

The intention of this paper is to briefly discuss the three main terms contained in the topic: healthy longevity; its benefits and strategies of maximizing healthy longevity. In order to make the terms clearer, healthy longevity, common challenges of longevity will be discussed; comparison of the status of longevity in Nigeria will be made with those of other countries to appreciate its benefits and the major principles of health longevity will serve as the strategies to maximize opportunities around healthy longevity.

## Healthy Longevity

Healthy Longevity refers to living a longer life with good physical, mental, and social well-being, rather than just increasing the number of years lived.

Healthy longevity emphasizes not just living longer but also maintaining a high quality of life throughout those extended years. It focuses on the interplay between physical, mental, and social well-being as people age.

It emphasizes maintaining an active and fulfilling life as one ages, with a focus on preventing or managing chronic diseases, maintaining physical

function, cognitive health, and social engagement. The goal is to maximize the quality of life, enabling individuals to enjoy a vibrant, independent, and meaningful life well into older age.

## Major Benefits Of Healthy Longevity

Some of the benefits of healthy longevity include, but not limited to: Strengthening Families and Social Structures, Knowledge Transfer and Cultural Preservation, Improvement in Health Systems, Economic Growth/Productivity and Enhanced Civic Engagement and Volunteerism

*i). Strengthening Families and Social Structures:* Older individuals, particularly Grandmas, often provide childcare support and help maintain household stability, especially in multi generational family setups common in Nigeria. This can allow parents to pursue employment opportunities and improve family incomes. The presence of older family members can strengthen social bonds and community ties, fostering a sense of unity and shared responsibility.

*ii). Knowledge Transfer and Cultural Preservation:* Elderly populations play a crucial role in preserving and transmitting cultural traditions, language, and values to younger generations. This



is particularly important in Nigeria, where oral traditions are a key part of heritage. In the same spirit, longevity facilitates The knowledge and experience of older generations can be harnessed for training and educating younger workers, helping to build a more skilled and informed workforce.

*iii). Improvement in Health Systems:* When Elders focusing on preventive/primary health Care services, they often derive improvements in healthcare infrastructure, preventive care and chronic disease management. This usually lead to better healthcare access and services for all age groups.

*iv). Economic Growth and Productivity:* Increasing numbers of older adults remain active and contribute to the economy. Their experience and skills can help mentor younger workers, boosting productivity. Elderly persons encourage

individuals to save more for retirement, which can increase national savings rates and investments, fueling economic growth.

*v) Enhanced Civic Engagement and Volunteerism:* Elderly persons naturally engage in Community Leadership roles Their participation usually strengthens civil society organizations and community-based programs. They usually engage in volunteer activities that support social services, education, and healthcare, positively impacting community development.

### **Longevity Status Of Nigerians compared With Citizens Of Other Countries**

In view of the long list of benefits of healthy longevity, it may be appropriate to-have an idea of the proportion of Nigerian citizens enjoying these benefits. This is the rationale for identifying and comparing the figures of 5 countries with highest and lowest longevity in world as shown in Table 1.

*Table 1: The 5 countries with the highest and lowest life expectancy as of recent data:*  
RankingCountry (Highest)Life ExpectancyCountry (Lowest)Life Expectancy

Ranking	Country (Highest)	Life Expectancy	Country (Lowest)	Life Expectancy
1	Japan	85.0 years	C. African Rep	54.3 years
2	Hong Kong	84.9 years	Chad	54.6 years
3	Switzerland	84.3 years	Lesotho	54.8 years
4	Singapore	84.1 years	Nigeria	55.2 years
5	Italy	84.0 years	South Sudan	55.5 years

Source: ChatGPT 28-10-24

From Table 1, it is clear that an average Japanese lives almost 30 years longer than an average Nigeria. By implication, average Japanese citizens enjoy 30 years of benefits of longevity than Nigerian Citizens!

### **Elderly Light and Elderly Heavy countries**

The 5 countries with the highest longevity are the Elderly Heavy countries while those with lowest longevity are the Elderly Light Countries where Nigeria belongs.

The most recent data show that around 21-22% of Japan's total population is over the age of 70. This high percentage is due to Japan's advanced

healthcare, high life expectancy (about 85 years), and low birth rate, resulting in an aging population. On the other hand, roughly 1.5-2% of Nigeria's population is aged 70 or older. Nigeria's lower life expectancy (around 55 years) and high birth rate contribute to its predominantly young population.Source: ChatGPT 28-10-24

Studies have shown that governments in developed or 'elderly heavy' countries have more elderly friendly policies in place. As example, Governments in “elderly heavy” countries (such as USA and UK,) have insurance policies and



community-based programs for their elderly. Also, a study published by the Organization for Economic Co-operation and Development (OECD) showed long-term care (LTC) insurance policies are strongly in place in countries like Japan, Denmark, Germany, and the Netherlands, where the elderly population is substantial'

However, it has been reported that the elderly in developing “elder light” countries like Nigeria (which is 4th to the last on the global longevity list) work more (meaning suffer more) during their later years and participate in fewer leisure activities (meaning less pleasure or enjoyment) than elders in the “elder heavy” (developed) (such as those in OECD) countries. (Kirlin N.J. 2015)

### Conditions That Reduce Longevity Among The Elderly

Conditions that can reduce life expectancy in older adults include:

#### *i). Chronic Diseases:*

- **Cardiovascular Disease:** Conditions like heart disease, high blood pressure, and stroke are leading causes of death among the elderly.
- **Diabetes:** Poorly managed diabetes can lead to complications like heart disease, kidney failure, and nerve damage, reducing longevity.
- **Chronic Obstructive Pulmonary Disease (COPD):** Conditions such as chronic bronchitis and emphysema can impair lung function, increasing mortality risk.
- **Chronic Kidney Disease (CKD):** Often a result of other conditions like diabetes or hypertension, CKD can lead to serious complications.

#### *ii). Cognitive Disorders:*

- **Alzheimer's Disease and Other Dementias:** Cognitive decline can reduce lifespan due to the increased risk of accidents, poor nutrition, and reduced ability to manage other health conditions.
- **Parkinson's Disease:** Progressive neurological conditions like Parkinson's can impact overall health and lead to complications such as pneumonia.

#### *iii). Infectious Diseases:*

- **Pneumonia and Influenza:** Older adults have weaker immune systems, making them more susceptible to severe outcomes from infections.

- **COVID-19:** This has had a significant impact on the elderly, especially those with pre-existing conditions.

#### *iv). Falls and Injuries:*

- **Hip Fractures and Other Falls:** Falls are a major concern in older adults and can lead to severe complications like immobility, infections, and reduced quality of life.
- **Reduced Bone Density:** Conditions like osteoporosis make fractures more likely, which can complicate recovery.

#### *v). Malnutrition and Dehydration:*

- **Nutritional Deficiencies:** Inadequate nutrition can weaken the immune system, exacerbate chronic conditions, and lead to muscle loss, increasing frailty.
- **Dehydration:** This can impair kidney function and increase the risk of urinary tract infections and other complications.

#### *vi). Mental Health Conditions:*

- **Depression:** Untreated depression can lead to a decline in physical health and increase the risk of other conditions like heart disease.
- **Social Isolation:** This is linked to higher risks of cognitive decline, depression, and physical health deterioration.

#### *vii) Cancer:*

- **Age-Related Cancers:** Prostate, lung, breast, and colo-rectal cancers are more common in older adults, and their impact on longevity depends on the type, stage, and treatment outcomes.

#### *viii). Lifestyle Factors:*

- **Smoking and Alcohol Consumption:** Continued use of tobacco and excessive alcohol can exacerbate chronic conditions and increase the risk of cancers and liver disease.
- **Sedentary Lifestyle:** Lack of physical activity can contribute to weight gain, cardiovascular problems, and reduced muscle mass, leading to increased frailty.



*ix). Poly-pharmacy and Medication Management:*

- **Adverse Drug Reactions:** The use of multiple medications can increase the risk of drug interactions, leading to complications like falls, cognitive impairment, and organ damage.
- **Poor Medication Adherence:** Missing doses or improperly managing medication can worsen chronic conditions.

**Strategies to Maximize Benefits of Healthy Longevity**

Generally, all efforts addressing the above factors that reduce and/or militate against healthy longevity will also promote the following major principles/practices that will maximize benefits of longevity.

**The elderly persons are advised to:**

*i) Stay physically active by*

- 1 Engaging in regular physical activities like walking, swimming strength training, or flexibility exercises helps to maintain muscle mass, joint health, and balance, reducing the risk of falls and injuries.
- 1 Promoting Cardiovascular Health by engaging aerobic exercises like walking, swimming, and cycling, lower blood pressure, and reduce the risk of stroke, increase bone density,

*ii) Maintain Mental Health:*

- 1 Engaging in mental activities such as reading, puzzles, or learning new skills which helps to keep the brain sharp.
- 1 Participating in Social interactions like hobbies, and staying curious about life which also contribute to mental well-being and prevent cognitive decline.

*iii) Consume Healthy Nutrition:*

- 1 Taking a balanced diet rich in fruits, vegetables, whole grains, lean proteins, and healthy fats to support cellular repair, reduce inflammation, and maintain a healthy weight for longevity and vitality.
- 1 Maintaining proper hydration and limiting processed foods, sugar, and unhealthy fats are also essential for maintaining good health.

*iv) Develop Emotional Resilience:*

- 1 Cultivating a positive outlook, managing stress, and adapting to life changes are key aspects of graceful aging.
- 1 Engaging in practices like mindfulness, meditation, and maintaining meaningful relationships can foster emotional well-being.

*v) Cultivate Positive Habits of Self-Care and Preventive Healthcare:*

- 1 Engaging in regular health check-ups, staying on top of medications, and following medical advice help prevent age-related diseases or catch them early.
- 1 Practicing self-care, including getting enough sleep, protecting skin from sun damage, and maintaining personal grooming, also contributes to a healthier and more confident aging process.

*vi. Social Engagement and Relationships:*

- 1 Develop and maintain Social Connections by staying socially active with friends, family, and community groups can reduce feelings of loneliness and isolation, which have been linked to poorer health outcomes.
- 1 Develop Purposeful Living habits by having a sense of purpose through activities like volunteering, hobbies, or engaging in family life can contribute to emotional resilience and overall satisfaction with life.

**Conclusion**

In summary, a comprehensive list of efforts to achieve, sustain and maximize benefits of healthy longevity will include, but not limited to: engagement in moderate, regular physical activity, having life purpose, conscious stress reduction, practice of moderate caloric intake, eating plant-based diet, consumption of moderate alcohol, especially wine, engagement in spirituality or religion' engagement in family life and engagement in social life.

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# **Comparing Informal Care of Older Persons in Sub-Saharan Africa and Europe: A Case Study of Nigeria and the Netherlands**

Written by Gideon Adeniyi MPH.

## **Introduction**

As the global elderly population trends upward and life expectancies rise, the importance of formal and informal care for the age group has become more pronounced. Informal care is caregiving provided by family members, community volunteers, friends, and neighbors without financial compensation. On the other hand, formal caregiving is provided by paid professionals in institutions such as nursing homes and home care agencies. Nigeria is selected for its strong intergenerational support and extended family caregiving traditions. At the same time, the Netherlands represents a European welfare state with a well-developed system of formal support for caregivers.

By comparing these two settings, we aim to identify shared challenges and unique opportunities for policy improvements in informal and formal caregiving systems. Nigeria and the Netherlands offer contrasting yet instructive case studies, representing diverse caregiving practices shaped by culture, economic conditions, and policy environments. The aim is to identify transferable policies and practices that can improve the quality of care in Nigeria and ultimately contribute to global conversations on effective elder care strategies.

## **Overview of informal and formal care in Nigeria**

In Nigeria, informal care for older persons is deeply rooted in traditional values of respect for elders, where caregiving is seen as a familial duty, often performed by women. Extended family structures play a critical role, and there is

a strong expectation that adult children will care for aging parents. However, urbanization and migration have weakened these traditional family systems, leaving many older persons without adequate support. The increasing shift towards nuclear family arrangements is gradually eroding intergenerational caregiving practices, posing significant challenges for elder care in Nigeria. Formal care facilities, such as nursing homes, are rare and not widely accepted due to cultural norms prioritizing home-based care.

The absence of a robust social security system means that elder care is often an economic burden for families. With limited formal social security systems and widespread poverty, many families struggle to provide care while meeting other financial obligations. The government's support for elder care remains minimal, with most care falling on families and communities. While some NGOs and community-based organizations like the Primary Health Care and Health Management Centre (PriHEMAC) offer support, to bridge the gap between informal and formal care, their reach is limited. There are few formal policies or programs to promote well-being of older persons and ease the burden on informal caregivers who often have to balance caregiving responsibilities with employment, leading to significant strain, especially in households where resources are already scarce.

## **Overview of informal and formal care in the Netherlands**

Informal care is still prevalent, with many Dutch families providing supplementary care, but it is often coordinated with formal services



to relieve the burden on caregivers. Dutch families are more likely to place older persons in professional care facilities or rely on home care services since the Netherlands developed a highly structured system for elder care, supported by government policies such as the Long-Term Care Act (*Wet langdurige zorg*). This act ensures that older persons have access to state-funded nursing homes, home care, and other healthcare services. Meanwhile, Dutch society, with its emphasis on independence, views formal care as a natural extension of the state's role in supporting citizens' welfare. On 10 November each year, the Netherlands marks 'Informal Care Day'. Economically, the Netherlands' wealthier status allows for better-funded social services providing significant support for older persons, which reduces the burden on family caregivers.

Long-term care insurance, elder care allowances, and caregiver leave policies provide financial and practical support to caregivers. This reduces the financial burden on families and ensures that older persons receive professional care when needed. Despite strong formal support systems, informal caregivers in the Netherlands still face challenges, such as balancing work-life commitments and caregiving responsibilities. The emotional burden of caregiving can also lead to burnout, especially for those caring for older persons with chronic illnesses or dementia. However, compared to Nigeria, these challenges are mitigated by the availability of formal support systems. Community networks and volunteer organizations also play a significant role, offering companionship and support that complement formal care structures. This dual system allows for a more comprehensive approach to elder care, balancing professional care with family involvement.

## Conclusion

Nigeria must develop a formalized support system for informal caregivers to complement its existing cultural and familial care practices and change the negative status quo on elderly care. Government programs providing

financial aid, respite care, and healthcare services for older persons can ease the burden on informal caregivers. Additionally, policies aimed at integrating community-based organizations and NGOs like PriHEMAC into the caregiving framework can bolster support at the grassroots level. Investments in caregiver education and training, alongside public-private partnerships, could also improve the quality of informal care. Institutional capacity differences between Nigeria's developing healthcare system and the Netherlands' mature infrastructure would require adaptation to the local context (culture, socio-economic realities, and political landscape) while adopting policies and global best practices. This comparative paper underscores the importance of context-specific strategies in addressing the global challenge of caring for aging populations.

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## Elderly Friendly Public and Private Institutions

The external environment has a major impact on the mobility, independence and quality of life of Elderly People as they go about their daily lives beyond the comfort of their homes.

Public and Private Institutions (Banks, Health Institutions, Homes for the Elderly, Supermarkets, Schools, Worship Houses and spaces, Pharmacy Stores, Offices, Waiting areas/ Receptions, Motor parks/ Garages, Airport etc.) should therefore be Elderly Friendly



An Elderly Friendly Public and Private Institutions should **not allow** Elderly People queue to: get in, transact business and get out

Make provisions for;

- comfortable/ sturdy chairs/ seats with armrest in sitting areas
- level and non- slippery surfaces/ floors
- handrails for Stairways
- accessible toilet facilities
- lifts or escalators for tall buildings
- well lighted hallways
- entry ramps for wheel chairs



Join us on making Elderly Care better in Nigeria!  
Contact us at [prihemac@yahoo.com](mailto:prihemac@yahoo.com) to learn more on how to make a difference. Also, visit [www.prihemac.org](http://www.prihemac.org)

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#BeElderlyFriendly



# 2025 Calendar

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**PriHEMAC**  
PRIMARY HEALTH CARE &  
HEALTH MANAGEMENT CENTRE

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