

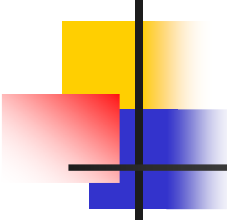


**Community Health Information Education
Forum (CHIEF)**

1998-2008

Tenth anniversary Special Edition

Table of Content



Letter from the executive director
Board of Trustee

Administrative/Volunteer Staff

CHIEF background

Vision Mission and goal

Objectives

Adopted Strategy and Stakeholders

Services provided

PHC Achievements (1998-2008)

Child/School/Adolescent Health

Adult Health Services provided

Immunization Services provided

Minor Ailments treated

Supported program coverage

Supported Roll-Back Malaria coverage

Networks/Collaborations

CHIEF major assets

Awards and appreciation

Challenges

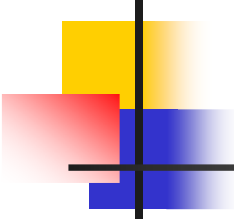


Table of Content

Set Objectives and Achievement
Way forward and future plan
CHIEF Income (1998-2008)
Year 2008 Activities/CHIEF/COMPASS project
Primary Health Care (PHC) Services)

Letter from the Founder/Executive Director

Dear Stakeholders,



2008 was a memorable year for Community Health Information Education Forum (CHIEF), the organization marked its 10th anniversary at a one-day experience sharing forum. CHIEF in the last ten years was focused on achieving the set out objectives, the achievement and success recorded could not been possible but for the involvement and participation of you stakeholders. Therefore, I'm using this forum to thank all stakeholders who have contributed to the sustainability of CHIEF; CHIEF Chairman and members Board of trustee, LASG/UNDP, Van-leer Container PLC, Family Health International (FHI), GHAIN, Centre for Development of Population Activities (CEDPA), NACA, LSCACA, and Community Participation for Action in the Social Sector (COMPASS), primary and secondary stakeholders of the implementing communities of the 14 LGAs in Lagos State and Sagamu, Ogun Sate were CHIEF carried out health development projects.. The policy makers have also been very supportive I thank your all in service to humanity CHIEF health development works was recognized by the following awards, Appreciation award by Rotary Club of VGC, PSR publications development in Nigeria Merit Award, Eti-Osa Shore news development Award, Appreciation Award by the Sagamu Community Life Centre St. Peters Ikota Foremost Achievers Award.

CHIEF takes issue of best practices, transparency, due process the organization growth and sustainability serious therefore, has developed another 5-year development plan, proposing a multipurpose development centre that would provide health and skills development services; Primary Health Care, Information technology, Catering, Fashion designing, Creech, Multipurpose hall and hostel for girls, with you stakeholders support we can achieve this laudable mission.

CHIEF recognition and collaboration with other NGOs working in areas of Health and Social Development would continue as in unity we can achieve much to quicken the achievement of the Millennium Development Goal (MDG).

Yours in service to humanity

Remi Akinmade, MCommH, Diplomas Public, Community Health, RN, RM

Executive Director, CHIEF



BOARD OF TRUSTEES

Erelu Ojuolape Ojora – Grand patron

Mrs. Aderemilekun Ayoka Akinmade, Founder/Executive Director

Mrs. Anna Olajumoke Lawuyi

Chief (Mrs) Rose Olunwa

Mrs. Fibi Gwom

Chief. E.O. Akinmade



Current Administrative/Volunteer staff

Mrs. Aderemilekun Ayoka Akinmade, MCommH, Diplomas Public, Community Health, RN, RM – Executive/Project Director

Mrs. Helen Tabita-Egeregor – Diplomas Public, Community Health, RN, RM - Program Officer

Mr. Fashola Olujuwon Mukandas – OND, Administration/ Accounting Officer

Mr. Said Mabadeje – WASC-Youth Coordinator

Mr. Idowu Anibaba – WASC, Youth Coordinators

Volunteers

Mrs. Roseline Kanu-Udeh, MSc, BSc

Mrs. Bisi Ebiti, Diplomas Public, Community Health, RN, RM

Mrs. Anna Olajumoke Lawuyi, RN, RM

Mr. Juwom Ibiyemi, WASC

2000 trained volunteers/lay counsellors



CHIEF Background

Community Health Information Education Forum (CHIEF) was established on the 4th of August 1998 with registration number; (RC: 11364) as a not-for-profit, non-governmental organization

Vision and passion of CHIEF is for the vulnerable especially Women of Reproductive Age (WRA), under-fives and youths

Formative research was conducted in Gbara community as pilot studies; observation, records, in-depth interview and Focus Group Discussion (FGD) were gathered. The data was collated, analyzed and the findings were; Gbara has a population estimated to be 1000 (1998) and currently estimated to be 2000, there were no government health facility, electricity, tap water, TBAs take deliveries, one primary school within the community, low level of information on health issues especially AIDS



Mission, Vision and Goal

Mission

To take Health Information Education Communication and Primary Health Care [PHC] service to the doorsteps of Individuals, Families, and Communities through their involvement, offering alternatives to harmful Socio-cultural practices affecting Health.

Vision

To promote grassroots health development, communication and care

Goal

Is to reduce morbidity and mortality in community settings in Lagos state and other states of Nigeria



Objectives

- To conduct baseline studies [community diagnoses] to identify Health and felt needs
- To provide basic Health Education and Information training to Women, Youths for development, economic growth and poverty alleviation
- Provide Primary Health Care services and conduct outreach activities
- Provide Essential Drugs
- Develop and produce Behavioural Change Communication (BCC) Materials i.e. Posters, Handouts, radio jingles
- Raise awareness on STD/HIV&AIDS and other endemic and non communicable diseases
- Collaborate with national and International Agencies promoting health



Adopted strategies and stakeholders

Adopted strategies

- Advocacy / Sensitization/training
- Behavioural Changed Communication (BCC)
- Health service provision
- Home Based Care
- Friendly Resource Centres
- Peer Education

Stakeholders

- Women.
- Under-fives, Children / Youth
- Community Based Organizations/Coalition
- Community Health Workers / TBA / VHW
- Policy Makers / Local / State/Federal level



Services provided

- Primary Health Care (PHC)
- Women's Health
- Women Friendly Resource Centre
- Child Health
- Adolescent and reproductive health
- Youth Friendly Resource Centre
- Behavioral Change Communication (BCC)
- Capacity Building
- Thrift



CHIEF PHC achievements (1998-2008)

Safe-motherhood	1998-99	00	01	02	03	04	05	06	07	08	TOTAL
Pre-Natal Care	25	25	32	19	23	30	84	127	35		400
Delivery	4	-	6	5	10	9	4	12	2		52
Family Planning	6	14	39	16	10	11	9	91	7		203



Child/School and Adolescent Health Service provided

	99	00	01	02	03	04	05	06	07	2008	Total
0-5years, School Age and Adolesce nt	244	243	396	193	122	200	124	151	52		1725



Adult Health Service provided

Adult	99	00	01	02	03	04	05	06	07	08	Total
	289	243	396	193	122	200	124	151	52		1770

Immunization Service provided

	99	00	01	02	03	04	05	06	07	07	2008	Total
BCG	4	-	-	-	-	-	-	-	7	7		11
Oral Polio	14 9	10 8	162	22	76	40	109	610	14	14		1290
DPT 1-3	49	10 8	162	22	76	40	109	462	2	2		1030
HBV	-	-	-	-	-	-	-	-	4	4		4
Vitamin A	-	28 0	19	26	120	50	50	200	4	4		749
Yellow fever	-	-	-	-	-	-	-	-	4	4		4
Tetanus Toxoid	4	16	8	5	25	58	70	338	24	24		548
Measles	-	12	18	3	20	-	47	182	7	7		295

Minor ailments treated

	1998 -99	00	01	02	03	04	05	06	07	08	Total
Malaria	299	210	28	181	153	153	150	209	29		1666
			2								
Acute Respiratory Infections	86	68	81	173	43	48	30	65	15		609
Diarrhea	39	38	32	77	45	44	25	40	7		347
Skin Infections	30	7	15	15	20	16	18	10	2		133
Accidents /wound	21	12	10	8	20	15	17	10	5		102
Others	49	82	42	31	40	38	35	32	30		379

Supported programs coverage and out-put

Donor Support/program	year	State	LGAs/Communities	Peer Educators Trained	Total Reached
LASG/UNDP	2001-2003	Lagos	Badagry-Topo, Idale, Povita, Akarakumo, Iragon, Iragbo, Erekiti, Javie IKORODU- Abule-Oshorun, Owode-Isale, Owode-Ilaje, Ibeshe, Isasi. IBEJU-LEKKI LGA - Orimedu, Lekki EPE LGA - Ebute Afuye Ojo-Irede Amuwo-Odofin-Idoluwo-Ile	110 TBA/VHW	500 community members



Supported programs coverage and out-put continued

Donor Support/ program	Year	State	LGAs/ Communi ties	Target	Peer Educators Trained	Total Reached
Van-Leer Container PLC	2001	Lagos	Workplace, Ijora	200	-	200
Lagos State AIDS Foundation (LASAF)	2001-2004	Lagos	Lagos- Island, Epe, Ibeju-Lekki,	5000	-	5,000
FHI/USAID	2001-2003	Lagos	Ojo, Ajegunle, Ebute-Metta East and West	150 PE, 125,000	150	128,971

Supported programs coverage and out-put continued

Donor Support/ program	Year	State	LGAs/Com munities	Target	Peer Educators Trained	Total Reached
National AIDS Control Agency (NACA)/ World Bank	2004- 2005	Lagos, Ogun States	Eti-Osa, Ibeju-Lekki, Sagamu	150 PE, 30,000	155	49,263
Lagos State AIDS Control Agency/ World Bank	2005	Lagos	10commun ities from 5 divisions of Lagos State	150 PE, 25,000	150	28,409
Centre for Development and Population Activities (CEDPA)	2005- 2007	Lagos	Agbowa	25 SMA/SMV, 12,000	25 SMA/SMV	15,000
GHAIN	2004-2006	Lagos	Ojo, Ajeromi- Ifelodun, Lagos- Mainland		300	34,309

Supported program coverage and out-put continued

Donor Support/program	Year	State	LGAs/Communities	Target	Peer Educators Trained	Total Reached
COMPASS/CHIEF Women Health Promotion	Oct2005 – April 2006	Lagos	Lekki, Osoroko, Okunraye, Folu, Orimedu, Lakowe, Akodo, Ibeju-town, Igando-Oloja, Awoyaya, Ibeju-lekki LGA	30 PE, 5,000	30 Women Advocates	8,546
COMPASS/CHIEF Male involvement Child Spacing program	May-Dec 2006	Lagos	Lekki, Osoroko, Okunraye, Folu, Orimedu, Lakowe, Akodo, Ibeju-town, Igando-Oloja, Awoyaya, Ibeju-lekki LGA	30 PE, 5,000	30 Child Spacing Advocates trained	7,655
COMPASS/CHIEF Immunization, exclusive breast-feeding &GM	2007-2008	Lagos	Lekki, Osoroko, Okunraye, Folu, Orimedu, Lakowe, Akodo, Ibeju-town, Igando-Oloja, Awoyaya, Ibeju-lekki LGA	110 PE, 10,000	117 Community Immunization Advocates	15,000

Supported program coverage and out-put continued

Donor Support/ program	Year	State	LGAs/Comm unities	Target	Peer Educators Trained	Total Reache d
COMPASS /CHIEF Immunizat ion, exclusive breast-feeding &GM	2008-2009	Lagos	Lekki, Osoroko, Okunraye, Folu, Orimedu, Lakowe, Akodo, Ibeju-town, Igando-Oloja, Awoyaya, Ibeju-lekki LGA	<ul style="list-style-type: none"> ■ 180 PE, ■ 10,000 	185 Community Immunization Advocates	15,000



Supported Roll-Back Malaria coverage and out-put

Donor Support/program	Year	State	LGAs/Communities	Target	ITN distributed	Total Reached
COMPASS /CHIEF Roll-Back Malaria program	2007-2008	Lagos	Iberikodo, Awoyaya, Eti-Osa, Lakowe	500 pregnant women and under-fives	300	500



Networks/Collaborations

- Lagos State AIDS Control Agency (LSACA)
- Local Action Committee on AIDS
- ACCOMIN
- Women Organization Management Empowerment Coalition (WOMEN)
- Nigerian Partnership for Safe-Motherhood, Lagos State Chapter
- World Association of NGOs (Nig)
- World Association of NGO (WANGO)
- Global Health Council (GHC, Washington)
- Christian Connection for International Health



CHIEF major assets

- Two plots of land
- Access Bank Shares
- First Bank Foundation Bonds



Awards and appreciation

- The Waterside Annual Human Development (2004)
- Appreciation Award by Rotary Club of VGC (2006)
- PSR Development in Nigeria Merit Award (2006)
- Foremost Achievers Award, St. Peters Church, Ikota (2007)
- Appreciation Award by Sagamu Community Life centre (2007)



Challenges

- Dwindling support grant/resources due to the Global economic crises
- Staff retention due to non-for-profit nature of NGO
- Financial sustainability without losing the non-for-profit status of NGO
- Public Private Partnership



Conclusion: Set objectives and achievement

- To conduct baseline studies [community diagnoses] to identify Health and felt needs ✓
- To provide basic Health Education and Information training to Women, Youths and Elderly for development, Economic Growth and Poverty alleviation ✓
- Reduce Maternal/Infant Morbidity and Mortality rate through establishment of Primary Health Clinics/Safe-motherhood outreach activities ✓
- To provide Essential Drugs ✓
- Develop and produce Behavioural Change Communication (BCC) Materials i.e. Posters, Handouts ✓
- Raise Awareness on STD/HIV&AIDS and to promote Home Based Care the Community ✓
- Collaborate with national and international Agencies Promoting Health ✓



Conclusion: Set objectives and achievement

- To conduct baseline studies [community diagnoses] to identify Health and felt needs ✓
- To provide basic Health Education and Information training to Women, Youths and Elderly for development, Economic Growth and Poverty alleviation ✓
- Reduce Maternal/Infant Morbidity and Mortality rate through establishment of Primary Health Clinics/Safe-motherhood outreach activities ✓
- To provide Essential Drugs ✓
- Develop and produce Behavioural Change Communication (BCC) Materials i.e. Posters, Handouts ✓
- Raise Awareness on STD/HIV&AIDS and to promote Home Based Care the Community ✓
- Collaborate with national and international Agencies Promoting Health ✓



Way Forward and Future Plan

- Organization restructuring and strengthening
- Financial sustainability
- Resource mobilization and fundraising
- Proposals writing
- Organize health trainings
- Organization social marketing and branding
- Micro-finance and empowerment program
- Development Centre/CHIEF headquarters development



C.H.E.F INCOME (1998 - 2008)

CHIEF PHC	2,144,000
LASG/UNDP	1,200,000
LASG/APIN	300,000
FHIUSAID	12,000,000
GHAIN/USAID	6,000,000
NACA	13,000,000
LSACA	3,000,000
CEDPA	1,300,000
COMPASS	9,184,347
COUNTERPART FUNDING/FAMILY/ INDIVIDUALS	18,400,000
TOTAL	66,528,347



Year 2008 activities

COMPASS/CHIEF IMPLEMENTED PROJECT

CHIEF became sub-grantee of COMPASS in 2005, CHIEF intervention was at Ibeju-Lekki LGA the most rural in Lagos State, with estimated population of 120,000, women estimated to be 52%, project implementation communities were; Lekki, Osoroko, Okunraye, Folu, Orimedu, Lakowe, Akodo, Ibeju, Igando-Oloja, Apakin, Idasho, Oko-Oba, Iba-Oloja and Bogije

The aim of project is to prevent infant morbidity and mortality due to the deadly childhood diseases and to promote exclusive breast-feeding.

Strategies adopted include; advocacy, sensitization seminar, peer training, re-orientation of health workers, rally, radio messages, Observation of socio-cultural events and child health week, baby show, community square meetings, community mobilization, out-reach; one-on-one and group contact.

The Project Management Team (PMT) made adequate plan towards effective project implementation with involvement of, policy makers at state and local level, community leaders, community coalition, health workers at state, PHC, Women of Reproductive Age (WRA) and community.

Highlight of sensitization seminar and training for stakeholders are; traditional perception of child, care child health and growth monitoring, Natural and passive immunity, childhood preventable diseases, immunization/Immunization schedules, Concerns and misconception about immunization/Questions mothers ask, Defaulter and Tracking, Baby Friendly Hospital Initiative, Breast Anatomy and Initiating breast feeding & Exclusive Breast feeding, Advantages of breast-feeding, Barriers to breast feeding, Barriers to communication, Counselling skill, Steps in counselling & Role play, Men as partners for immunization and Exclusive Breast feeding, Mobilizing community resources for immunization, Importance of record keeping, Group Discussion to develop Plan of action and presentation



RESULT/ACCOMPLISHMENT

Specific Objectives	Expected Achievement	Achieved	COMPASS % ratings
Quality			
Trained/re-orientation of peer educators	180	185	103%
Re-orientated health workers	40	45	113%

RESULT/ACCOMPLISHMENT CONTINUED

Specific Objectives	Expected Achievement	Achieved	COMPASS % ratings
Create enabling environment			
No Advocacy visits conducted to policy makers; Chairman, MOH, CNO, LIO, traditional/religious leaders and Men's Groups, Health workers/facilities to mobilize support for improved immunization coverage	40	50visits	125%
No of participants at PAC Quarterly meetings	188	188	100%
No of participants at sensitization seminars conducted	500	531	106%
Community Immunization Advocates trained	180	185	102%
Community Square Dialogue/interactive Forum conducted	3,000	3,200	106%



RESULT/ACCOMPLISHMENT CONTINUED

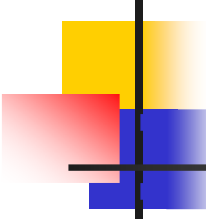
Specific Objectives	Expected Achievement	Achieved	COMPASS % ratings
Create demand			
Re-production and distribution of BCC materials	10,000	12,000	120%
Out-reach conducted by trained volunteers	10,000	30,7983	307%
No of ITN distributed	1000	935	94%



RESULT/ACCOMPLISHMENT CONTINUED

Specific Objectives	Expected Achievement	Achieved	COMPASS % ratings
Create access			
Referrals	1000	935	94%
Immunization defaulters tracked	400	520	130%

SUCCESS STORIES



Increased H/F utilization

Health Systems Reformation in health facilities (Iberikodo PHC, Apakin PHC) by donor agencies, Ibeju-Lekki LG and COMPASS, Health System Reform (HSR)

- Reduced infant/child morbidity and mortality i.e. baby Mercy Ibiyemi survived tetanus infection, incidence of malaria reduced
- Ibeju-Lekki Community Coalition registered with the LG and launched
- CIA transformed to Community Health Coalition and associations set up in 10 implementing communities
- 114 Women and men acquired skill in soap and pomade making, tie-dye, pastry making, bead making, juice making

TESTIMONIES FROM THE FIELD



Training

'This is my first experience on this program, I was very glad and happy in fact I can't express my feeling. The way the program is presented, the facilitators and the consultants are very good and nice. I really enjoy the program. I now understand how to make life better for children. Women and the community even know about health care, I was so surprised I wish to follow up on the program'

Kassim Yusuff

'I learn about defaulters and tracking. The functions of immunization, also learnt about communications and barriers to communications, the program is very good and well understood concerning breast feeding and immunization; it gives me more knowledge and understanding'

Adejoke Rabiu Adejoke Rabiu



CHALLENGES

- The fund allocated to the project is incommensurate with the magnitude of work to be done to achieve the expected results e.g. only 4 member PMT, stipend grossly inadequate
- Cost of transportation to the implementing site is very high
- MIS format too technical for peer educators and cumbersome for limited PMT



LESSONS LEARNT

- The community high value of children as reflected in names given is an asset to child survival program working on the positive belief of primary stakeholders
- Ignorance and low level of education were reasons infant morbidity and mortality (the Abiku syndrome)
- There would be increased child survival if Health Facilities promote community services and track defaulters
- In-depth training, community dialogue and health education that addresses parents concerns and fears about child survival and immunization
- Training conducted in local language made health messages and meaning clear
- Community involvement and participation stakeholders agent of change which promotes sustainability
- When women are economically empowered, increased rate of child survival, as they support child health and support husbands income
- Community involvement and participation promotes program ownership and sustainability
- Involvement of multiple stakeholders is key to project implementation success