



**COMMUNITY
HEALTH
INFORMATION
EDUCATION
FORUM**

YEAR OF RECOGNITIONS, AWARDS, NOMINATIONS AND REWARDS



Nigerian Golden Jubilee Recognition Award (2010)



Teen Favorite Award (2010)

2010 EXECUTIVE SUMMARY REPORT

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1.0. Executive Brief

2010 was definitely a year to be remembered at CHIEF. The year started with low grant support, primarily due to the global recession, donor fatigue and various reorganizations to pull donor baskets and to avoid duplicating grants. The financial limitations forced us to think critically about our long term sustainability. Over the years CHIEF has been able to reach out to millions of disadvantaged women, children, and community through our women's health, child survival, and youth health promotion, and now all our efforts were in jeopardy. Not to mention all the unpaid energy I had invested into the NGO since 2004. Different thoughts raced through my mind, but sometime during the year, I got a reassurance. I reckoned that if it was God's will to establish CHIEF to serve mankind then help would come. Holding strongly to that belief, I released all my fears and concerns to GOD.



Activities picked up slowly. Support came from the Enhancing Nigeria Response to AIDS program (ENR)/UKaid. The STAR approach to institutional capacity building made CHIEF reevaluate its organization mission, and vision. CHIEF PMT attended various capacity building trainings organized by ENR/UKaid, Partnership for Transforming Health Systems Female condom demonstration for STI&HIV infection prevention (SFH), (PATHS)/UKaid, AONN, ACCOMIN. ENR Institutional capacity building session, much of our work this year centered on orphans and Vulnerable Children (OVC) and completed the breast and cervical cancer prevention project among rural women in Ibeju-Lekki and Ikoṣi-Ejirin LCDA and health systems reform.

Then came flood of awards, first was the People State Resource (PSR) publication, the 2010 Nigerian Golden Jubilee Award. This was then followed by the 2010 Teen Favorite Award and by year end; CHIEF was nominated for a Special Recognition Award by the Global Health Workforce Alliance (GHWA)/WHO. The awards would be given at an international award ceremony in Bangkok, Thailand January 2011.

What a reassuring year it turned out to be and to God be the Glory. I'd like to dedicate all of CHIEF's awards to our stakeholders, disadvantaged women, children and youths. CHIEF would also like to specially thank Partnership for Transforming Health Systems (PATH)/UKaid for invitation extended to our organization to the Lagos State Ministry of Health 2010 Health Budget Development Workshop. It was it's indeed an honor to be part of latest development as an advocate for Health Systems Reform (HSR).



Also, on behalf of myself, the CHIEF board of Trustees, Project Management Team (PMT), and stakeholders express gratitude to awarding organizations for recognizing my personal efforts as the Founder/Executive Director to achieve the organization vision of improved and sustainable health, socio-economic status of women, children and youths that mainstream to the Millennium Development Goals (MDG)

Best Regards'

Remi Akinmade, MCommH, Diplomas Public/Community Health, RN.RM
Founder Executive Director, CHIEF

2.0. CHIEF Organizational Background

Community Health Information Education Forum (CHIEF) is a community-based, health development oriented, non-governmental organization (NGO), founded and incorporated on the 4th of August 1998 with registration number RC: 11364. Over the years CHIEF has extended its coverage to all five divisions and 14 Local Government Areas (LGAs) of Lagos State and Sagamu LGA in Ogun State.

CHIEF's mission is to prevent diseases, promote the health, rights and socio-economic development status of disadvantaged women, children and youths in community settings whilst adopting Behavioral Change Communication (BCC) strategies, PHC services and offering scientific alternatives to Harmful Traditional Practices (HTP) affecting the health of these target groups.

CHIEF's vision is to see an improvement in the sustainable health and socio-economic status of women, children and youths through its programs.

CHIEF's values are transparency, accountability, best practices, respect for culture and team spirit

CHIEF's goal is to reduce morbidity and mortality among disadvantaged women, children and youths

Strategies adopted are:

- ♣ Baseline/Formative research/Needs assessment
- ♣ Health development, Communication and Care
- ♣ Advocacy for Poor's health issues and intervention, Health Systems Reform
- ♣ Gender Mainstreaming
- ♣ Behavioral Change Communication (BCC)
- ♣ Primary Health Care/Millennium Development Goals (MDGs)
- ♣ Empowerment and sustainability programs e.g. capacity building trainings, , social development programs and poverty alleviation; micro-finance, skills acquisition
- ♣ Media and Theater arts
- ♣ Community Involvement and participation

Targets

- ♣ Disadvantaged Women of Reproductive Age
- ♣ Children under-five (0-5years)
- ♣ Youths (In and Out-of-School)
- ♣ Orphans and Vulnerable Children (OVC)

Services provided

- ♣ Maternal New born Child Health (MNCH) e.g. Safe-Motherhood, Child-Spacing, Child Health, OVC, Gender Issues and Health Rights
- ♣ Adolescent Reproductive Health
- ♣ Communicable/Non-communicable disease prevention control e.g. STI/HIV/AIDS, Malaria, TB, Breast and Cervical Cancer

Past and Current Supporting partners

Include; Lagos State/UNDP, FHI/USAID, Van leer Container PLC, FHI/USAID GHAIN/USAID, NACA/World Bank, LSACA/World Bank, CEDPA/Macarthur/USAID, COMPASS/USAID, YWCA-Y-CARE/USAID, American Cancer Society (AMC)/ORACLE, NIBUCA/World Bank Enhancing

Nigeria Response to AIDS (ENR) /UKaid, Partner for Transforming Health Systems (PATHS)/UKaid, public-private sector and private individuals .

Health Systems strengthening involved

- ♣ On-going health workers/service providers training
- ♣ Donation of primary health care equipment; weighing scales, cooking stoves, under-fives plates and cutlery, toys etc
- ♣ CHIEF organization strategic plan 2008-2013
- ♣ National AIDS Control Agency (NACA) 2005-2009 AIDS strategic plan
- ♣ Lagos State AIDS Control Agency (LSACA) 2005-2010 AIDS strategic plan
- ♣ County Coordinating Mechanism for AIDS, TB and Malaria Control Round 7 proposal development May 2007
- ♣ COMPASS/USAID Lagos Year 5 (October 2008-May 2009)
- ♣ Lagos State Ministry of Health 2011 budget plan development; Disease Control Department

Award/Recognition

The Waterside Annual Human Development Award (2004)

Peoples State Resource (PSR) Development in Nigeria Merit Award (2006)

Appreciation Award by Rotary Club of VGC (2006)

Foremost Achievers Award, St. Peters Church, Ikota (2007)

Appreciation Award by Sagamu Community Life centre (2007)

Education publication: Health Education development Award 2008

Queens Lion Club Ikate-Elegushi (2009) Appreciation Award

PSR publication for the Nigerian Golden Jubilee Award (2010)

2010 Teen Favorite Award 20th November 2010

Nominee, Global Forum on Human Resources for Health Special Recognition Award 20th December 2010

Affiliations/Networks

CHIEF a member of Lagos State AIDS Control Agency, (LSACA), the Eti-Osa Local Government AIDS Action Committee (LACA), Lagos State Safe-motherhood committee, Association of CSOs working on Malaria prevention and Nutrition (ACCOMIN), Association of NGO working on OVC, National Coalition of Women on AIDS (Lagos State Chapter), Global Health Council (GHC), West African Women Association (WAWA), World Association of NGOs, (WANGO) and Christian Connection for International Health (CCIH).

Future Aspiration

CHIEF's aspiration is geared towards organization and programs sustainability, to construct community health development and craft centre. Already the board of trustees has financially supported the initiative with the involvement of primary stakeholders to acquire two plots of land, but construction has not yet begun. When the development center is constructed, it is expected to have a Primary Health Clinic (PHC), health training rooms, library, crèche, craft training centre promoting indigenous crafts; bead making, dress-making, nutrition education/cookery, raffia works, jute making cookery and other poverty alleviation programs such as ICT education and micro-credit facilities. The health development/craft centre would serve estimated 5,000 disadvantaged and vulnerable women, children, and youths every year. It is expected that the centre would sustain itself through minimal charges from services provided with exemption to the poorest-of-the poor. The project would be gender sensitive and promote equity. The expected outcome is improved and sustainable health and socio-economic status of women and men, children and youths.

Past Projects Implemented and Current

1. Primary Health Clinics (1998-2009)
2. Lagos State/UNDP supported short- term integrated rural health development project in five LGAs of Lagos (2001-2002)
3. Van-leer container PLC (2001) – Short- term workplace AIDS prevention project
4. Lagos State AIDS Foundation (LSHAF) - Short-term AIDS campaign rallies and football matches under APIN and UNICEF supported programs (2001-2002)
5. Family Health International (FHI) Nigeria/USAID (2001-2003) supported AIDS prevention project among out-of-school-youths. The project covered Ojo, Ajeromi-Ifelodun and Lagos-Mainland LGAs of Lagos State
6. National AIDS Control Agency (NACA)/World Bank supported scale-up AIDS prevention project among disadvantaged women and out-of-school-youths, covers two neighboring states, Lagos and Ogun, Eti-Osa, Ibeju-Lekki and Sagamu. (2004-2005)
7. Lagos-State AIDS Control Agency (LSACA)/World Bank supported scale -up project STI/HIV/AIDS prevention project among out-of-school-youth in five divisions (IBILE) of Lagos State (2005, One year program)
8. Centre for Development of Population Activities (CEDPA/USAID) supported project on Safe-Motherhood (Birth and Emergency Obstetric Preparedness) (2005-2007)
9. GHAIN/USAID supported scale-up project STI/HIV/AIDS prevention among out-of-school-youths in Ojo, Ajeromi-Ifelodun and Lagos-Mainland LGAs, Lagos State. (2004-2006)
10. COMPASS/USAID supported Women’s Health Promotion project (October 2005-April 2006)
11. COMPASS/USAID supported Male involvement in child-spacing project (May-December 2006)
12. COMPASS/USAID supported Immunization and Exclusive Breast-Feeding project, 10 communities of Ibeju-Lekki LGA, Lagos State, (January 2007- May 2009)
13. CHIEF OVC project in 12 communities of Ibeju-Lekki and Gbara community in Eti-Osa West LCDA (2008-on-going)
14. COMPASS/CHIEF Malaria prevention project in 12 communities of Ibeju-Lekki LGA and Gbara community, Eti-Osa LCDA (2007-9)
15. COMPASS/USAID supported OVC activity on stigma reduction among OVC adopting sesame street Kami and the big bird video (2009)
16. ROTARY Club water borehole provision at Oke-Irakekere community, Eti-Osa East LCDA (2009)
17. Y-CARE/USAID supported project on peer based abstinence and be faithful HIV prevention interventions among disadvantaged rural girls, women, and partners in 10 local communities of Ibeju-Lekki LGA (May-December 2009)

18. Ministry of Women Affairs/HAF supported project on psycho-social support of OVC (on-going)
19. American Cancer Society (ACS)/ORACLE supported project on awareness creation, early detection and treatment of breast and cervical cancer among disadvantaged rural women in 10 communities of Ibeju-Lekki and Agbowo community of Ikosi-Ejinrin LCDA, Lagos State (July 2009-February 2010)
20. NIBUCCA/NACA/WORLD BANK supported project on work-place AIDS prevention project in 20 Small/Medium Scale Enterprise (January 2010- on-going)
21. LSACA/ World Bank Rapid Response project on Psycho-social support of Orphans and Vulnerable Children (OVC) (March 15th -26th March 2010)
22. Enhancing Nigeria Response to AIDS (ENR) UKaid AIDS prevention among Key Target Population; FOSSY, MOSSY, Sex and Transport Workers; Aiyetoro Quarters, Epe, LGA, Lagos State
23. Partnership for Transforming Health Systems (PATHS)/UKaid, Lagos State Ministry of Health budget development

Since CHIEF establishment trained 2,600 Peer Educators and reached an estimated 5,000,000 stakeholders

3.0. Our People

Board of Trustees

Erelu Ojuolape Ojora – *Grand patron*
Aderemilekun Ayoka Akinmade, *Founder/Executive Director*
Anna Olajumoke Lawuyi
Chief (Mrs.) Rose Olunwa
Mrs. Fibi Gwom
Chief E.O. Akinmade

Advisors

Dr. D.G. Olomolehin
Dr.P.C. Campbell
Mrs. Rose kanu-Udeh
Dr.K.E. Layeni-Adeyemo
Dr. (Mrs) M.O.Odebunmi
Dr. (Mrs) M. Sahid
Mrs.Jumoke Osobu
Dr. (Mrs) Folake Sanwoolu
Chief (Mrs) Grace O. Oluwatoye
Mazi Eni Kanu

Management Team (MT)

Mrs. Aderemilekun Ayoka Akinmade, MCommH Public, Community Health, RN, RM, Executive/Project Director
Mrs.HelenTabita-Egeregogor, Public, Community Health, RN, RM, Program Officer
Ms. Adebimpe Adu, HND/OND Business Administration
Mrs. Patience Ubah, OND, Business studies, Program Officer/Administrative/Accounts officer
Mr. Saheed Mabadeje, WASC (Undergraduate) Youth Coordinator
Ns. Chidinma Esogwa, WASC

4.0. 2010 Volunteers and Supporters

Volunteers

Ms. Temitope Akinmade, MBA
Mrs. Roseline kanu-Udeh, MSc, BSC
Rasheed Ademuyiwa, BSC accounting
Mrs. Bisi Ebiti, Diplomas Public, Community Health, RN, RM
Mrs. Deola Olajolo, Retired Administrator
Mrs. Anna Olajumoke Lawuyi, RN, RM
Teresa Osemeke, trained peer educator
Mr. Juwom Ibiyemi, trained peer educator
Mrs. Lara Olanrewaju, trained peer educator
Mrs. Esther Kokoroaiye, trained peer educator

And over 2, 600 trained volunteers/lay counselor in the rural, semi-rural and urban communities

Project Supporters

Supporting organizations

American Cancer Society (ACS)/ORACLE
NIBUCCA
Lagos State Ministry of Health (LSMOH)
Lagos State Ministry of Women Affairs (LSMOWA)
National Coalition on Women and AIDS (NAWOCCA) Lagos Chapter
Lagos State AIDS Control Agency (LSACA)/WORLD BANK/HAD3
Association of NGOs working on OVC (AAON)/ARH
West African Women Association (WAWA)

Supporting Trustees

Mrs. Remi Akinmade
Mrs. Anna Olajumoke Lawuyi
Chief Ernest Olufemi Akinmade

5.0. 2010 Implemented Projects Reports

5.1. AMERICAN CANCER SOCIETY/ORACLE SUPPORTED BREAST AND CERVICAL CANCER PREVENTION AWARENESS PROJECT

Program Overview

Incidence of cancer in Nigeria with a population of 140 million is increasing each year, few available cancer and radiotherapy services exist in the major cities and where they exist, number of patients in queue override the mission to promptly save life. Rural and disadvantaged women in Ikosi-Ejirin and Ibeju-Lekki, LGAs, Lagos State, Nigeria have poor access to the highly centralized care and health information. Therefore, CHIEF intention was to provide Behavioral Change messages to create awareness and early breast and cervical cancer detection. Project outcome was expected to mainstream into state and national efforts to reduce incidence and alleviate suffering from cancer

Project Highlights

Four member Project Management Team (PMT) was set up on 1st of July 2009. The PMT conducted formative research and findings revealed that rural and disadvantaged women and men had low awareness level of community women on causes of breast cancer; locally called Jejere (Eaten-up breast), Lakuta Breast as stone) Kokokoro omu, and cervical cancer as Arukan (pain on coitus), Aruida (ceaseless bleeding) also women's roles as home keeper, child care-giver and petty trading are major delay to early cancer detection. The PMT also held regular meetings and with trained peer educators; the Cancer Prevention Agents (CPA).

Advocacy planned and visits were carried with advocacy kits containing Behavioral Change messages, throughout the life of the project and still on-going.

ACS Capacity building for CHIEF Project Management Team (PMT)

The project start-up training organized by American Cancer Society (ACS) held at the La Royal Palms hotel, Accra, Ghana, November 2009. The initiation workshop was attended by the Project Manager and CHIEF trustee who is also volunteers at CHIEF.

The Project Manager and the Program Officer also attended the **African Cancer Information and Advocacy Initiative workshop** on cancer control, advocacy, communication and the AORTIC Cancer Conference on November 11-14 2009, Dar es Salaam, Tanzania. The Project Manager attended the Stop Cervical Cancer in Africa Conference, Accra, Ghana, 25th-27th, July, 2010.



Community Square/sensitization seminar held at Iberikodo on the 18th of November 2009, 70 participants were in attendance exceeding the target of 50. Same training held at Agbowa on the 30th November 2009, 60 participants were reached exceeding set target of 50.



Schools' Health Education on breast and cervical cancer was conducted at Magbon Alade Community High School, Ibeju-Lekki LGA on the 23rd November 09 with 150 participants in attendance exceeding the 100 target. Conduct Health Education on breast and cervical cancer at Epe Grammar School, 120 students were in attendance exceeding the 100 target set.



Re-orientation training for Health Worker from primary and secondary health care services in Public/Private sector was conducted at Iberikodo PHC on the 7th December 09, attendants were 24 exceeding the 15 target set. The second re-orientation training held at Agbowa PHC on the 14th December 09, attendants were 15 exceeded.



Training of Community Cancer Prevention Agents (CCPA) held at Iberikodo school ground from the 8th -11th December 09. trained CCPA were 24 exceeding the 20 target set and same training held at Iberikodo PHC from the 15th - 18th December 09, 24 CCPA were trained exceeding the 20 target set.

Radio jingles were developed by the PMT, participants and media practitioner, the information message on early cancer detection and prevention would run twice weekly; Fridays between 2-4.00pm and Saturdays by 12 noon 25th December to 31st January 2010.

Behavior Change Communication (BCC) materials produced are 2,000 posters, 4,000 leaflets both in English and Yoruba Languages, the materials are for the PHC, General Hospitals and for community mobilization.

Drama, traditional proverbs, sayings and poetry were integrated into training program of the Community Prevention Agents to enhance information knowledge.

Project Outcome

S/N	ACTIVITIES IMPLEMENTED	TARGET	OUT-PUT	M	F
1	PMT set up	4	4	1	3
2	Formative research	1	3	11	25
3	Community Square Forum/sensitization	100	121	16	105
4	Schools health education	200	265	70	195
5	Re-orientation of health service providers	30	40	6	34
6	CCPA trained	40	48	7	41
7	Out-reach activities	1,920	2,220	700	1520
8	BCC materials produced:				
	Jingles	3 Slots	10 Slots		
	Posters	1,000	2,000		
	Hand Bills	2,000	4,000		

Successes

- ♣ Even though the project started late due to swift code issues, all project activities however progressed successfully and project activities implemented as planned, targets were even exceeded. Involving men brought better understanding of women nature especially reproductive health issues and rights
- ♣ The secondary stakeholders supported CHIEF cancer initiative at the community level and as the chairperson Lekki Local Development Authority (LCDA) donated five thousand naira equivalent of fifty dollars towards training of the Community Cancer Prevention Agents (CCPA).
- ♣ The trained peer educators counseled peers one-on-one and in group, in the community on breast and cervical cancer, referrals were made and encouraged setting up of support group.

Lessons Learned

- ♣ Community perceive health as wellness and important and being healthy means having it all; he who is healthy has everything, Health is wealth, Health is the most important, but were excited to learn that health; is a state of physical mental, social wellbeing of an individual not merely the absence of disease (WHO definition)
- ♣ Community perceived cancer as deadly and a curse but do not understand exactly what is cancer, the predisposing factors and the rationale behind early detection
- ♣ Women gender roles contributes to late cancer detection and treatment
- ♣ Rural women are willing to learn about reproductive health systems and rights
- ♣ Health workers had low knowledge on breast and cervical cancer especially cervical cancer and low integration into routine clinic services as, ante-natal care, general physical examination and Family Planning
- ♣ Disadvantaged women and even health service providers are learning for the first time about HPV linkage to cervical cancer
- ♣ Training communication in Local Language made meaning clearer to beneficiaries and brought home the cancer message

Challenges

- ♣ Delay in grant release due to swift code issues
- ♣ Ministry of Health (MOH) Nutritional supplement campaign clashed with already planned re-orientation of health workers
- ♣ Fuel scarcity
- ♣ Socio-cultural event e.g. series of recorded deaths of important Agbowa son and daughters on the first day of CCPA training resulted in low attendance so training had to be postponed till the following day with the incidence of fuel scarcity

Recommendation

- ♣ The community cancer prevention program should be scaled up in same LGAs and others in Lagos State
- ♣ Radio jingles or program should be scaled up
- ♣ There is need to introduce Gadersil (HPV prevention injectable) to Nigeria adolescents in and out of school
- ♣ There should be continuous re-orientation of health service providers on integration of cancer detection into existing services
- ♣ Increased funding
- ♣ Greater involvement of government in cancer control

Testimonies

I learnt about cancer, early detection through self breast examination and referral to the hospital immediately. Also how to care for the cancer patient at home in collaboration with family members (Palliative care)

- *Easter Kokoroaiye*

"I now understand the communication process, how to care for someone with cancer, women empowerment and my role as a cancer prevention agent"

- *Talabi Funmilayo*

"I learnt the skills of communication; one must be a patient person and a good listener especially communicating cancer prevention messages to others"

- *Bola*

"I learnt about male involvement I learnt about coping skills for people living with cancer; we must show love, support them and encourage them to eat balanced and nutritious food semi-solid when unable to swallow whole food"

- *Abidat Ogunoiki*

"The role of cancer prevention agents can be likened to the Jehovah Witness we must tell others about breast and cervical cancer prevention"

- *Kadijat Ibrahim*

5.2. AMERICAN CANCER SOCIETY SUPPORTED INTERNATIONAL CONFERENCE. “AFRICA UNITES IN ACTION MOBILISING POLITICAL AND FINANCIAL SUPPORT TO STRENGTHEN CERVICAL CANCER PREVENTION THROUGH INTEGRATION”.

Introduction

Held in La Palm Royal Hotel, Accra Ghana from July 25th-27th, 2010, the conference was organized by the Government of Ghana in collaboration with Princess Nikky breast Cancer Foundation; the Forum of African First Ladies against breast cancer, African parliamentarian and health Ministers against cancer and the following supporting organizations, GTE FOUNDATION, GAVI, PATH GSK, MERCK, QUAGEN, JHPIEGO, ACS. The two-day conference drew over 1500 participants; international and local.

To set the scene for the conference, Prof. Groesbeck Parham made presentation on Burden of cancer in Africa. The supporting organization gave up-dates on their company goods and services by their representatives. There were remarks and good will messages from Ghana Minister of health, WHO, UNFPA. The Ghana Honorable Minister of Health gave the keynote address The role of Government in cervical Cancer Prevention not forgetting the amiable AVI Board chair and Former president of Ireland-HE Mary Robinson who gave an address on the; International support for Africa.

The highlight was the participation of the following African First Ladies who are members Forum of First Ladies against breast and Cervical Cancer; HRH: Queen Nomsa LaMatsebula; the First Lady of Swaziland and member, gave an address on the Swaziland Experience, HE: Madame T. Salou: First Lady of Niger Cervical gave an address in French on Niger Experience through the Niger Minister of Health, HE: Mrs. Thandiwe Banda, First Lady of Zambia also a member sent an address read by her representative on the Zambia experience, HE: Madam Tobeka Madiba-Zuma: First Lady of South Africa, gave an address on South African Experience, HE: Hon. (Mrs.) Janet Museveni: First Lady of Uganda, Minister of State for Karamoja and the out-going chairperson of African First Ladies Against Breast and Cervical Cancer, who was absent due to the recent meeting of the African heads of State in Uganda which she was the chief hostess gave her address through the deputy speaker Uganda parliament, The official opening was by HE: Mrs. Naadu Mills-First Lady Gbana and incoming vice-chairperson, Forum of African First Ladies Against Breast and Cervical Cancer. They all in unison gave their commitment to fight the two cancers mobilizing local and international resource to help womenfolk of countries they represent. Many African First Ladies also attended the African heads of State Submit in Uganda, which also centered on women and children’s health. The first ladies were at almost every sessions of the conference a plus and new lesson learned,

The conference was packed full of different plenary sessions topics which ran

Lessons Learnt

- ♣ The Sub-Saharan Africa has the highest burden of breast and cervical cancer
- ♣ Gender roles , socio-economic conditions affect early detection and treatment
- ♣ Primary prevention is vital; start screening with locally available resources; use of mobile phone or digital camera to take picture during vaginal examination for assessment of cervix and using mobile to transmit the photograph by mobile phone to radiologist at city hospital or sending an e-mail with pictures taken with digital camera to aids early detection
- ♣ Breast and Cervical Cancer Control program should be driven by Africans with support from international agencies
- ♣ The African First ladies could be the driving force for national cancer control programs
- ♣ Many countries are yet to start immunize girls age 10-15 with HPV vaccine

- ♣ The cost of HIV vaccine is still major issue for many African countries
- ♣ Many African countries are yet to have national control program
- ♣ Breast and cervical cancer have socio-economic impact
- ♣ Breast and cervical cancer and Women's Health is not on priority list of political leaders/policy makers
- ♣ African need to walk the talk in cancer control program

Establishing national cancer Control program

Establishing a National Cancer Control Program or Cancer Control program by NGO, the following must be taken into considerations; the program or project must be;

- ♣ Evidence based
- ♣ Have achievable strategic plan
- ♣ Have action plan – National Control plan

Resources Required

- ♣ Basic
- ♣ Collaboration
- ♣ Content
- ♣ Action
- ♣ Evaluation
- ♣ Checklist
- ♣ Cancer picture

Programming requirements

- ♣ Timing
- ♣ Energy
- ♣ Sacrifice
- ♣ Quitting is not the option
- ♣ Make your case; data presentation is very vital
- ♣ Locate your champion
- ♣ Map your asset; staff, Health Facility etc
- ♣ Visualizing the program; the solution is buried in the problem
 - Nurse-led screen and treat
 - Modern and affordable mobile technology
 - Digital Camera
 - Laptop Computer

Barriers should be anticipated

- ♣ Initial- getting started
- ♣ Fear of failure
- ♣ Fear of success
- ♣ Acceptance of present circumstances
- ♣ Unfamiliarity with empowerment
- ♣ Over planning
- ♣ Supplies
- ♣ Things breakdown
- ♣ Things disappear
- ♣ Patient demand outstrip capacity

- ♣ Burnout
- ♣ All day, every day, things try to unwind
- ♣ Money issue

Build a system

- ♣ Advocacy; support on non interference
- ♣ Community mobilization and peer education
- ♣ Program manger
- ♣ Primary screening
- ♣ 2nd tier services (LEEP, Surgery, radiation, pathology)
- ♣ Follow up strategy
- ♣ Data management
- ♣ Supply chain manage
- ♣ Quality assurance
- ♣ Continue medical education
- ♣ Reviewing your outcome

Role of CSOs in cervical cancer integration

Who are CSOs?

They are registered unregistered NGO, CBO. Professional Association, Technical/professionals Association, Faith based organization (FBO) Role

- ♣ Service delivery
- ♣ Policy and Advocacy
- ♣ Support Global Initiatives through social mobilization
- ♣ Watch dog function

Where are CSOs

- ♣ Available at all level of society
- ♣ Bring field experience
- ♣ Can CSOs be trusted? Are they trusted? Are they transparent? The answer is for you and me.

How do we work with CSOs?

- ♣ Partnership (Which has its own challenges)
- ♣ Open communication
- ♣ Increase trust

What can CSO do to enhance cancer control program?

- ♣ Involvement; maximize the benefits
- ♣ Social mobilization
- ♣ Reach the unreachable
- ♣ Utilize technical skills

Way forward

CSO with developed capacity and resources could;

- ♣ Advocate and create awareness
- ♣ Organize and educate parents
- ♣ Organize and educate adolescent/youths
- ♣ Educate HPV vaccine beneficiary

- ♣ Support CSO in Health Field
- ♣ Collect data and analyze
- ♣ MIS
- ♣ Maximize benefits of childhood immunization

The conference with many closing addresses by the First ladies, and the official closing ceremony by the vice chairperson: Forum for African first ladies against breast and cervical cancer; HE (Mrs.) Naadu Mills. The way forward for Africa, Vote of thanks and declaration of Stop cancer in Africa by the Hon. Minister of Health of Ghana: Hon. Benjamiin Kunbuor. Princess Nikki made the announcement of the 5th SCCA conference in Malawi 24th-26th 20100. Thereafter was Joint world media briefing on outcome of the 4th SCCA by the Honorable Minister of Health Ghana: Dr. Benjamin Kunbuor.

5.3. NATIONAL AGENCY FOR THE CONTROL OF AIDS (NACA)/NIGERIA BUSINESS COALITION AGAINST AIDS (NIBUCAA)/ WORLD BANK HAF3 SUPPORTED PROJECT ON WORKPLACE AIDS POLICY DEVELOPMENT/BEHAVIORAL CHANGE COMMUNICATION (BCC) ON AIDS TUBACULOSIS AND MALARIA (ATM)

Introduction

CHIEF was a beneficiary of NIBUCCA/WORLD BANK HAF 3 funding for Workplace HIV/AIDS prevention and policy development project. Four-member project management team attended the project initiation training workshop, after which project implementation started in February 2010 among 10 small and medium enterprises (SME) in Lagos.

Objectives

- ♣ Train 30 participant from 10 Small Scale Enterprises (SME) on policy development and as peer educators in their organization on ATM
- ♣ Increase capacity of policy makers from 10 Small Scale Enterprises (SME) and train as volunteer peer health educators
- ♣ Review AIDS policy of SME as applicable
- ♣ Guide organization to develop AIDS policy as applicable
- ♣ Facilitate zero stigmatization and non-discriminatory gender sensitive HIV/AIDS workplace policies and programmes by 50% among organizations
- ♣ Reduce the prevalence rate of HIV infections among employees in workplace
- ♣ Increase demand for condom use and HCT up take among male and female employees

The project was short, quite challenging but very interesting. Advocacy visit was paid to 21 organizations in Lagos to solicit for their support to select participants for of the workplace AIDS prevention training, the importance of having work place policy on AIDS to guide the organizations.

Organizations visited include United securities, Visafone, Mega Plaza , The palms shopping mall (Game), Mama Cass, Nan do, Hyundai Motors Nigeria Institute of Management, Coscharis Motors, Link serve, Bravo Alfa Travels Consultant, Sanya Asaolu Consultant, Gbara Association of car part seller, V.G.C. Waters, Timber Hotels, Agmon NIG. LTD, Travel Hotel, Ajah Welder Association LASAPA Consult NIG. LTD., Alesh Hotels, Langbasa private school, Nikon Hotels. However, the **10 organizations that turned up for the training** were; Gbara Association of car part sellers, Victoria Garden City (VGC) Waters, Timba Hotels, Agmon (Nig Ltd) Travel House, Bravo Alfa Travels Consultant, Sanya Asaolu Consultant, Ajah Welder Association, LASAPA Consult NIG. LTD and Langbasa private school

Project Strategies adopted were advocacy, sensitization, training of policy maker, training of peer health educators, distributions of BCC materials, inters personal communication, group discussion to disseminate information in their various organizations.

Training of policy makers/peer health educators training: The training held 10th -12th of February at CHIEF corner stone complex Gbara CHIEF NGO hall. 30 participants from 10 SME were in attendance. Although majority of the participant were educated but their AIDS awareness level and workplace prevention was low based on pre-test result, so based on this finding, training proceeded, taking a step

at a time for better understanding and assimilation, it was participatory. Drama and poetry was also adopted for participant to internalize. **SMART WORK** workplace policy on HIV/AIDS curriculum was adopted, topics covered included; what is a policy? HIV/AIDS work place policy, why create a workplace based HIV/AIDS policy and prevention programmes, grievance procedure, what are values? and facts about HIV/AIDS, transmission of HIV and sexually transmitted infections (STI).



Success

- ♣ Awareness level on policy development and HIV/AIDS increased based on pre and post test evaluation
- ♣ Participant's attendance was good in consideration of the fact that they have to leave their daily work schedule to attend the program
- ♣ Participants level of interest was high related to the new subject matter at the end of the training workshop, participants understood why the organization represented need a workplace policy on HIV & AIDS.
- ♣ Participants confirmed they would be the first people to go for HCT so that when they go back to their organizations, other staff members would be motivated to take HCT as important and also promote behavioral change.
- ♣ Senior staff of the organizations that attended the training workshop agreed to have organization HIV&AIDS policy and to abide to it, also to employ or retain people living positive with HIV, for as long as they are fit to carry out their task and duties

Challenges

- ♣ Late release of fund
- ♣ short notice to selected organizations as it affected their routine schedules, organizations that were willing to participate could not fit in as there was no much time for our invitation letter to get through their organization bureaucratic process and before the training date
- ♣ Traffic delays on Lekki axis due to major road reconstruction affected participants daily resumption for workshop training

Recommendations

- ♣ Workplace policy on HIV/AIDS should be scaled up to every sector to other organization in Eti-Osa, LGA, Lagos State, because stigma and discrimination is on the high side in working environment.
- ♣ There should be more affordable HCT centers in all commercial environment for easy access
- ♣ Stakeholders should promote workplace bill and policy and enforce law for stigma and discrimination reduction
- ♣ Greater involvement of multiple-stakeholders to increase awareness on workplace AIDS prevention and policy development

5.4. LAGOS STATE AIDS CONTROL AGENCY (LSACA) WORLD BANK HAF3 FUNDED PROJECT ON PSYCOSOCIAL SUPPORT OF ORPHANS AND VULNERABLE CHILDREN (OVC) IN IBEJU LEKKI LGA

Introduction

Psychosocial support of orphans and vulnerable children in Ibeju Lekki LGA was a short and rapid project and implemented in March 2010. The aim of the workshop is create awareness on psychosocial support of Orphans and Vulnerable Children (OVC) and to build capacity of care-givers. Beneficiaries of the care givers capacity building training were: Women of Reproductive Age (WRA), widows, nannies/guardians, grandmothers, widower, single parent, matured orphans heading his/her own house, OVC age 0-18years and other secondary stake holders from Iberikodo, Museyo, Magbon Alade, Orimedu, Akodo, Okunraye, Tiye, Oshoroko, Awoyaya, Lakowe, Adeba, and Ide communities in Ibeju Lekki LGA

Four Member Project Management Team (PMT)

A four member project management team was set up for effective project coordination and management. The team comprised of the Project Manager, Program Officer, Monitoring and Evaluation Officer and Field Officer. No salary attached.

Advocacy

On the 18th march 2010 the Project Management Team (PMT) planned and conducted advocacy visit to Ibeju-Lekki LGA, The advocacy visit is to create awareness and solicit political support for the psycho-social support of OVC, the chairman was away on official duty. The information officer was met and said the report of activities should be forwarded to his department to create awareness in local media. The supervisor for health, the medical officer for health and the AIDS action manager were also met and briefed and were invited to the community square forum.

The team also visited Iberikodo PHC to brief the senior health workers who were also invited to stakeholders' community square forum. The PMT also visited Lekki LCD the chairman was on official duty letters of Invitation to stakeholders' forum was left for him and the chairperson. The LCD MOH was also visited but also away on official duty. The senior health workers were met and the letters of invitation was left for the MOH and Chief Nursing officer. Two community leaders were also visited.

Formative Research conducted

Focus Group Discussion was held at Iberikodo Community School ground on the 18th march 2001. Representative of nine communities were in attendance, the FGD was to understand community perception of OVC, care and challenges.

After introduction of the PMT, the nine participants were assigned numbers for anonymity and questions structured around who are orphans? What are traditional perceptions of orphans? What are traditional ways of caring for orphans? What were the most common causes of death? What are challenges of OVC? How can the challenges be addressed?



Findings revealed community from generations, believed that double orphans are most vulnerable as survival rate is low, they are referred to as 'Omo Arukan" and must not be maltreated in order not to incur God's wrath. Causes of death of orphan parents were listed as child birth related deaths, accidents, diseases, drowning, violence and AIDS.

Challenges of orphans are listed as kidnapping, malnutrition, high school dropout rate, early marriage, teenage pregnancy, abortion, Streetism, STI/HIV/AIDS, low level of education, engage in robbery, they were of the opinion that the government at all level could do more, they made recommendations that; orphanage or motherless babies home be built at Ibeju-Lekki, Free Education/scholarship to University level and medical care for orphans, and basic and nutritional needs be supplied regularly to orphans and they suggested capacity and empowerment programs for care-givers as increased burden of orphans is adding to an already poor economic situations.



Community Square forum/sensitization seminar held

The Community square forum was an avenue to disseminate the finding of the formative research, sensitize primary and secondary stakeholders on the rising problems or Orphans and psychosocial support OVC. 60 participants exceeding the 50 target were sensitized at the one day community square forum held under the tree at Iberikodo community school ground.

In attendance were policy makers, traditional community leaders, policy makers at the local government, health workers, care givers and adolescent orphans and community.

Discussed at the interactive forum was AIDS overview, OVC situation in Nigeria and Ibeju-Lekki LGA, Challenges of OVC, supporting services, mobilizing community resources. Awareness heightened as participants promised to advocate for psycho-social support of orphans at the community based organizations they represent and in the community.

Care –Givers capacity training held

Two care givers representing each of the 10 communities, total of 20 participants were supposed to be trained; Instead 38 participants were trained because of high demand and interest.

The topics were; Overview of AIDS, traditional perception of OVC, OVC situation in Nigeria, Response to OVC issues, who is an Orphan or Vulnerable? Introduction to Psycho-social support of OVC, what is family and who is a child, Communication; why do we communicate, communicating and confiding in children, children and discipline, types and abuse, what is grief ? What is mourning?

Do children grief? , Coping with stress and trauma, Child rights, family and community care, Child and Adolescent health, Referrals for special services, Establishing support group, Roles of care-givers in psycho-social support of OVC, Mobilizing community resources for OVC, Drama presentation by 5 groups on different topics of OVC. At the end of training plan of action on establishing community support group was drawn

Testimonies

"I'm very happy to be part of the care-givers program, I learnt a lot on how to take good care of OVC, ensure their rights to birth registration, education and health services, provision of basic and essential needs, protection and security, how to care for their emotional needs, I also learnt we should teach them the way of God so they would not become vagabond"

- Mrs. Arolawun O

"I learnt that it is good to give psycho-social support to orphans, to love them, must not allow them to grief too much, so that they could turn out to be future leaders as doctors, lawyers"

- Oseni Kunbi

"I learnt about the needs and challenges of OVC and how to assist like providing basic needs education and health support"

- Taofik Omotayo

"I learnt how to observe OVC, discipline without abuse and the damage abuse can cause"

- Folashade West

"I like and have interest in all I learnt today I will inform other care givers in my community that we must train this children like our own"

- Beatrice Agbaje

"I learnt from the drama is care-giver stress the importance of education to OVC"

-Dare Balogun

Basic items distributed to OVC

Basic items as food stuff, detergents and back to school items as back packs, rain coat for due raining season, stationeries and notebooks were distributed to 200 orphans., according to age group under-fives, primary schools and those in high schools



Donation at Iberikodo by Deola Olajolo



Donation at Iberikodo



Donation at Awoyaya



OVC and care-givers at Awoyaya

CASE STUDY

Shola (Not real name) is widowed at 19years with two children this is a special case seen at Awoyaya during donation of basic item to OVC, you can see her licking ice cream, this is fun other adolescents indulge in as adolescent mother developmental stage prevails. Her children are half orphans, she has no job and she can't return to school due to poverty. If you are touched by her situation and challenges and wants to offer support please contact CHIEF at the address stated.



BCC materials distributed

Different educative materials as basic facts on AIDS, youths and AIDS, Lagos State yellow card, what community should know about child health, posters on immunization schedule, prevention of teenage pregnancy and other learning aids to reinforce lessons learnt. They were advised to distribute among other community care-givers and important community spots as, viewing centers, community squares,

Successes

The success of the project is the enthusiasm of primary and secondary stakeholders. The project was what they have been waiting for this showed in the over attendance at both community square forum

and care givers training and willingness to establish community support group and the need to mobilize community resources for project sustainability and ownership

Lessons Learnt

The increase in number of OVC is adding to economic burden of care-givers families, the present economic situation is challenge to care of orphans making their situation complex.

Challenges

The implementation period was constrictive; risk assumption of fuel scarcity would have made it near impossible

Recommendation

- ♣ The project should be scaled up considering the magnitude of orphans and their numerous needs, also a mode for new LGAs
- ♣ The participants at both FGD and training suggested orphanage set up to address the burden of care-givers and OVC
- ♣ One year follow-up is necessary for orphans and care-givers

5.5. SOCIETY FOR FAMILY HEALTH (SFH) SUPPORTED FEMALE CONDOM SOCIAL MARKETING

Introduction

In May 2010 the executive director and a program officer attended the stake holders forum on female condom at Ibeju Lekki after, was refresher training attended by the assistant program officer and CHIEF trained peer educators/volunteers on STI, HIV/AIDS and family planning as their training related to female condom.

Community intervention

STI, HIV/AIDS and family planning and female condom awareness creation took place at; Jakande Okada, National Union of Road Transport Workers (NURTW) Taxi Park, and Ife-Oluwa Health Center in Eti Osa LGA, Lagos State. Volunteers' intervention took place at Akodo, Magbon Alade, Awoyaya, Ibeju, in Ibeju Lekki LGA, Lagos State.

Topics covered were: Sexually Transmitted Infections (STI), HIV, AIDS, signs and symptoms of STIs HIV and AIDS, How is HIV Transmitted and not, preventing HIV infection, Family planning and female condom as means of protecting women and AIDS prevention.

CHIEF and volunteers has been able to create and increase awareness on the importance of female condom using IEC materials sponsored by SFH, reaching 700 people in all of the above mentioned rural and semi rural communities.

Successes

- ♣ Awareness on female condom is gradually increasing creating demand
- ♣ Men are aware of STI, HIV/AIDS and purchase female condom for their partners
- ♣ Women are more open to discuss STI/HIV&AIDS as it affects them and freely request for condom



Challenges

- ♣ Irregularity of SFH officer review meetings appointment
- ♣ Monitoring volunteers peer activities was a challenge due to poor geographic and financial accessibility



Recommendations

- ♣ More awareness creation on radio, television, road shows, bill boards, and production of IEC materials
- ♣ To increase awareness, key female condom social marketing into socio-cultural events as; community day celebrations, traditional festivals, Christmas and valentine Scale up grant for female condom awareness creation in the communities
- ♣ Increase awareness at recreation sites as the; beaches, eateries, video centre, cinemas and recreation clubs

5.6. GLOBAL FUND/ARFH/AOON PSYCHOSOCIAL SUPPORT OF ORPHANS AND VOLNERABLE CHILDREN (OVC) IN IBEJU LEKKI LGA, LAGOS STATE

Introduction

The one day activity for psychosocial support of OVC took place on the 26th October 2010. Prior to education of care-givers and the distribution of basic items donated by GLOBAL FUND/ARFH /AOON, advocacy visits was planned by the Project Management Team (PMT) headed by the assistant project officer made advocacy visits to the head masters of schools listed below on the 18th and on the 26th October 2010; the Local Government and Local Education District (LED) policy makers.

The aim of the advocacy visit was to acquaint the secondary stakeholders with different OVC programs Community Health Information Education Forum (CHIEF) implements and raise awareness on increasing and the plight of Orphans and Vulnerable Children (OVC) in Ibeju-Lekki LGA, especially those in primary and secondary schools. Also the visit was to invite secondary stakeholders to the sensitization and presentation of basic and back-to-school items to the Orphan and Vulnerable Children (OVC). Visited were the under-listed; Supervisor for Health and Medical Officer of Health (MOH), Ibeju-Lekki LGA, Education Secretary Local Government Education Area Ibeju (LGEA), Head Master Iberikodo primary school Ibeju Lekki, Head master Magbon Alade Anglican primary school, Ibeju Lekki LGA.

Project Activity

The venue of the project activity was Iberikodo PHC which stated at 11:00 am. In attendance were the beneficiaries; OVC and the care-givers, representative of the Local Education District Education Secretary in person of Mr. James Onobela, The Apex CHO and CNO of Iberikodo Primary Health Centre (PHC) and the RED CROSS Coordinator for Ibeju-Lekki LGA. The opening prayer was said by Mrs. Temisan Hassan a care-giver.

The project Director Mrs. Remi Akinmade welcome the OVC, the care-givers and other policy makers to the event and expressed her utmost joy in participating in psychosocial support of Orphan and Vulnerable Children (OVC) she encouraged the children to continue their studies in spite of challenges and that most great people today are from poor homes and background with rough and humble start but because they are determined and focused achieved their dreams in life. She gave an example of a popular man who was adopted and has become successful in life.

Today he is a man people respect and honor and he also honors his foster mother and gave back to the society. She also encouraged the care givers to continue their good deeds and that God is the rewarder of those who care for the needy.

Key note address by: Mr. Onobela James

The Education Secretary Representative Mr. Onobela encouraged the Orphan and Vulnerable Children (OVC) to endeavor to do well in their school activities to make their parent or care-givers proud and that the care givers should not relent in their efforts in giving the deserved care, he told care givers that none of the children should be out of school during school hours, no child should hawk



during school hours and non should be given capital punishment the penalty for child abuse or maltreatment is two hundred thousand naira (=N=200,000) fine or six month in prison, according to the Lagos State child rights law. He also commended CHIEF for its effort in making sure that the hard-to-reach are reached with basic needs and prayed that God will continue to strengthen the Organization.

OTHER SUPPORTING REMARKS

Mrs. Adaramaja (Chief Nursing Officer)

Mrs. Adaramaja thanked the care-givers for caring for the children and encouraged care-givers to give more love because the children will in future make them proud, she told the OVC to always be positive in their thinking and acting. She taught them to always profess "I AM THE BEST" she told them that they are the best because they are leaders of tomorrow and they are created for a purpose, she gave an example of how ants gather its food during the dry season and eat when it is raining season. She translated it to being focused in all that they do and not be distracted



by peer pressure instead they should engage in reading their books at all times, they should try and be satisfied with whatever their parents, guardian or care-givers offers them so that they will not be enticed by money or material things. She also gave the care givers an assignment to always watch their wards and ask them question when they notice any changes.

Mr. Ade Aloba (Coordinator Red Cross Society Ibeju-Lekki)

Mr. Aloba implored the OVC to be grateful to God for being indigenes of Ibeju-Lekki LGA because they are lucky children who would be in charge of the development coming to Ibeju Lekki in a short time. He advised the children to concentrate on their studies so that they can be leaders in future development as the free trade zone is established in the LGA. He said that anybody who drops out of school would get a job but would not be satisfied with the meager salary and that only those successful academically and reached highest potentials would be on top and live better life therefore every child should endeavor to read well and finish their education for greater things are coming ahead for them.



Presentation of basic and back-to-school items

The following secondary school stake holders made presentation of the basic and back to school items Mrs. Adaramaja, Mr. Onabela James, Apex CNO, and Mrs. Akinmade. Items distributed were; Rice, Kline detergent, Dettol Soap, Sponge, Tooth paste, Tooth Brush, Set of Combs, School Bags, School Sandals, Exercise Books, Mathematical Set, Pencils, Eraser, Sharpener

Gratitude and appreciation

The children and care-givers expressed their profound gratitude to God and to the Global fund/ARFH/AOON for their support with basic and back to school items
30 Children 20 F13, M7 benefited, and Adult 10 M3 F7 were in attendance



5.7. ENR/UKaid INSTITUTIONAL CAPACITY BUILDING TRAINING AND SUPPORT OF AIDS PREVENTION AMONG KEY TARGET POPULATION (KTP) IN EPE LGA, LAGOS STATE

Introduction

The Enhancing Nigeria's Response to HIV/AIDS (ENR) programme is a 6-year DFID funded programme. The specific purpose of the project is "...to improve access to, and coverage of, effective HIV and AIDS prevention, treatment, care and support information and services reaching the most vulnerable populations/ Outputs 2 and 3 focus on institutional capacity building for HIV prevention using CSO

- Improved and increased institutional and resource capacity of civil society organizations engaged in HIV & AIDS
- Improved appropriate behaviors conducive to safer sexual practices as a result of increased knowledge and access (availability and affordability) to safer sex products including condoms, and improved access to HIV prevention, treatment, care and support services among poor and vulnerable groups

ENR Objectives

- ♣ Clarify the organizational focus, vision and mission and the contribution of activities to the organizational focus
- ♣ Determine in a participatory way, the capacity needs of your organization, reviewing strengths, weaknesses and existing opportunities.
- ♣ Assess organizational progress in relation to objectives and agree on strategies for improvement in areas of need
- ♣ Assess the organization's technical skills in delivering its programs
- ♣ Facilitate the development of a plan to address the strategic issues needed for organizational growth, particularly in relation to programmes and impact

Methodology

- ♣ Familiarization/pre-assessment phase: This phase establishes the organizational identity
- ♣ Participatory Organizational Self Assessment Process: This phase looks at the programming capacity of the organization

Participatory Tools

- ♣ PADEF frame work
- ♣ Body map
- ♣ Organizational level of development
- ♣ Organizational development
- ♣ Gender analysis
- ♣ PPIAM
- ♣ History of staff
- ♣ SWOT analysis
- ♣ Baseline and visioning



Selected CSOs

- ♣ Epe division: CHIEF
- ♣ Ikeja division: NYAP

- ♣ Ikorodu: Humanity Family Foundation for Peace and Development
- ♣ Badagry: De Family House Initiative
- ♣ Lagos: JAKINS NGO

Recommendation for Partnership

- ♣ Developed values, vision ,mission and goals
- ♣ Strong organizational structure
- ♣ Demonstrated commitment and focus on the part of leadership and staff
- ♣ Community recognition and experience in peer education
- ♣ Programs focused on the poor, vulnerable and excluded
- ♣ Potential to adopt and implement PEP , PLACE and STAR tools

With ENR mission chief organization was visited for a three-day PADEFF on sight training attended by all CHIEF Project Management Team (PMT); topic covered were; organization profiling, developed values, vision ,mission and goals, history of staff training, organization Strength, Weakness, Threats and Opportunities (SWOT), organization purpose and impact. The organization capacity building training workshop led to CHIEF making few amendments on our vision, and mission to reflect our targets. It is also a reflection of who we are presently and clearly showed Project Management Team (PMT) on what to put in place to build organization values, culture and strengthen the organization and towards sustainability. Below is CHIEF profiling:

CHIEF's Purpose-Problem-Impact-Activity Matrix

Purpose	Statement of Fundamental Problems	Impact objectives and indicators	Specific Behavioral objectives and indicators	Supporting Activities and Indicators
What is your organizational purpose or mission?	What are the fundamental problems to be addressed by the programme?	What measurable impact will the programme achieve in addressing the problems?	What measurable change in behavior or practice by people directly is required to make progress towards achieving this impact?	What supporting activities will the organization undertake to bring about these changes in behavior or practice?
To bring Health Information Education Communication and Primary Health Care [PHC] services, communication, care and rights to disadvantaged women, children and youths	<ul style="list-style-type: none"> • Harmful Traditional Practices (HTP) • High prevalence of communicable and non communicable diseases among target group • Women's Health issues • Childhood diseases • Poverty • Youth health issues • Poor Women's, child health and rights • Low RH knowledge and 	<ul style="list-style-type: none"> • Increase attendance at capacity training workshops • Increased Health Facility Utilization • Increase immunization up take • Early detection and treatment of minor ailments • High uptake of HCT • Increase access to ARV • Increase home based care • Gender mainstreaming of HBC 	<ul style="list-style-type: none"> • Increased no of pregnant women attending ante-natal clinic • Increased no of children delivered at HF • No of women who exclusively breast feed • No of children completing immunization • Increases uptake of Family Planning device • No of early breast and cervical cancer detected and prompt treatment 	<ul style="list-style-type: none"> • Baseline research • Advocacy • Community sensitization • Community Mobilization • Social Marketing • Peer education • Re-orientation of HW • Media; mass media, arts, • ICT training • Network and partnerships, alliances

	AIDS among disadvantaged women and youths	<ul style="list-style-type: none"> Increased OVC care-givers 	<ul style="list-style-type: none"> Increased uptake of HCT Decreased incidence of HIV Decreased morbidity and mortality among under-fives and women 	
How does organization understand disease and health promotion	What are the fundamental problems that leads to diseases	What indicators does YOUR ORGANISATION use to determine whether or not poor women have become better off?	What new behaviors or practices will help poor women get better off?	
Disease is caused by micro-organism and could be communicable or none which frequency might be prevalent among the disadvantaged. Health promotion is offering Behavioral Change Communication (BCC) and PHC services for behavioral change	<ul style="list-style-type: none"> Ignorance Low level of education Harmful Traditional Practices Accessibility Acceptability Affordability 	<ul style="list-style-type: none"> Pre and post test MIS Health facility Utility No of visits to the HF in a year Noticeable behavioral change Research 	<ul style="list-style-type: none"> Peer education Attendance at behavioral change health trainings Hand washing Self breast examination HF utility Knowledge of diseases, signs and symptoms of childhood illnesses and RH issues Attendance at continuing education Empowering skills training attended Access to micro-credit facility Economic empowerment 	
What are criteria of Health? Or what are your indicators for measuring disease?	What are the fundamental problems that make women, children and youths vulnerable?	How does YOUR ORGANISATION assess the extent to which women have become politically empowered?	What numbers of women (as a percentage of totals of poor women) have adopted these new practices? Individual village or group of villages	

<p>Health is a state of physical, mental, social and spiritual wellbeing not merely the absence of disease. Health could be preventive, promotive curative and rehabilitative</p> <p>Malnutrition</p> <ul style="list-style-type: none"> • Childhood disease • Poor immunization coverage • High incidence of teenage pregnancy • High utilization of TBAs • Poor utilization of HF • Hard to reach communities • High incidence of Maternal Mortality and Morbidity • High incidence STI/HIV&AIDS • • Poor uptake of HCT • Low knowledge on disease control 	<ul style="list-style-type: none"> • Lack of will power • Poor cultural perception of women • Gender Ascribed roles • Women are economically disempowered • Ignorance • Low level of education • Peer Influence • Children are vulnerable • Low awareness on health and other rights 	<ul style="list-style-type: none"> • Research • No of women serving at local, state and national level 	<p>Estimated 95%</p>	
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CHIEF's Organization SWOT

<p>STRENGTH</p> <ul style="list-style-type: none"> • Team spirit and cohesion (Unity of purpose) • Annual programmatic and financial report • Skilled personnel with passion • Registered with relevant bodies • Good documentation • Good office facility • Ability to mobilize resources and people • Networking • Low staff attrition rate • Existence of human resource manual/policies • Developed manuals for training 	<p>WEAKNESS</p> <ul style="list-style-type: none"> • Inadequate number of staff • Financial constraints • Inadequate ICT • Policy not fully implemented • Low level of fund raising activities
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Political will • Stakeholders involvement • Presence of private sector • Media • Democracy • Presence of Donor Agency • Partnership with other NGOs • CHIEF assets 	<p>THREATS</p> <ul style="list-style-type: none"> • Donor fatigue • Increased number of NGOs competing for funding • Accessibility to the community • Climate change • Increased cost of running office administrative, • Power outage • Sustainability

Other capacity training organized and attended by CHIEF PMT include; Inception training on the 27th October 2010, gender mainstreaming workshop on the 8th -13th November 2010, Intensive TOT training on Peer Education Plus Model for AIDS control among KTP 14th- 20th November 2010 and report writing 22nd-27th November 2010.

Community Health Information Education Forum (CHIEF) an ENR sub-grantee was selected to implement AIDS prevention project in Epe, Lagos State, therefore conducted formative research among. Key Target Population (KTP), Female Sex Workers (FSW), Transport Workers (TW), Female-Out-Of-School (FOSY), and Male-Out-Of-School (MOSY) the research aimed to assess Key Target Population (KTP) knowledge and prevention of AIDS with view of bridging identify gaps through Peer Education Plus (Model) when the project starts January 2011.

5.8. PARTNERSHIP FOR TRANSFORMING HEALTH SYSTEMS 2 (PATHS 2)/UKaid PARTNERSHIP WITH CHIEF

Introduction

The Partnership for Transforming Health Systems Phase Two (PATHS 2) is a six year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals (MDG). Funded by UKaid, through the UK's department of international Development, PATHS 2 is working in partnership with the Government of Nigeria and other stakeholders, to improve the planning, financing and delivery of sustainable health services for those in most need.

PATHS 2 Goal

Ensuring that Nigeria's own resources are efficiently and effectively used to achieve the MDGs

Purpose

To improve the planning, financing and delivery of sustainable and replicable pro-poor services for common health problems in six state of Nigeria.

Vision

To see transformed Nigerian health care system providing sustainable, accessible and responsive health care services. To effectively do this PATHS 2 felt the need for a wide consultation to gather the views and perspective of all stakeholders in the health sector. As a result of this PATHS 2 Lagos invited Community Health Information Education Forum (CHIEF) to its consultative meeting on the 15th June 2010. At the meeting the UKaid consultants and PATHS 2 team introduce to participants the vision of PATHS 2 and the meeting was to seek opinion of stakeholders on health system situation in Lagos State.

CHIEF PATHS 2 partnership

CHIEF Representatives reiterated the need for strengthened health systems and reforms. Also the NGO consultative forum she commented needs to be more knowledgeable about health planning, because health policy needs experts input and must be decoded for legislators understanding.

Later in the year CHIEF Executive Director was invited to the Lagos State Budget development workshop which started on the 21st -23rd December 2010 at De Ritz Hotel. After the form session on Concepts of Strategic and Operational Planning, the participants went into groups representing the various units of the ministry. The CHIEF Executive Director was in the disease control budget plan team.

Lessons learned

The Lagos State budget development plan is to make strategic planning operational and to be sustainable in Lagos State. While the workshop was in session it was learnt that the 2011 budget was passed at the Lagos State House of Assemble with few budget cuts. We wondered what then we were doing but made to understand that the workshop is to acquaint participant with the process in anticipation for the medium term plan stating 2011.

It was also learned that baseline research to inform the budget development was very weak especially health systems research; existing and proposed health facility, health workers, data equipment, people's health needs assessment, therefore there is still a huge gap and there is need for capacity building of ministry of health policy and decision makers in the area of conducting health systems, community health and development needs assessments to inform health policy decision and budget planning.

Conclusion

The workshop process was to set in place policy guideline for future budget development plans towards health reform and sustainability and ministry of health institutional strengthening. The forum

was an avenue to contribute my skills and experience and to contribute to body of knowledge as an advocate of health system reform. There is need for capacity building of ministry officials in the area of conducting evidence based research, advocacy to inform decision and budget planning. CHIEF looks forward to a continued partnership with PATHS 2 UKaid in 2011.

6.0. 2010 FINANCIAL REPORT

Auditors' Report

For the period ended December 31, 2010.



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INDEPENDENT AUDITORS' REPORT OF COMMUNITY HEALTH INFORMATION EDUCATION FORUM

We have audited the financial statements of Community Health Information Education Forum for the year ended 31 December 2010 which comprise the accounting policies, statement of financial activities, the balance sheet, the cash flow statement and the related notes to the financial activities.

These financial statements have been prepared under the accounting policies set out therein.

This report is made solely to the NGO Company's members, as a body, in accordance with Companies and Allied Matters Act 1990.

Our audit work has been undertaken so that we might state to the Organizations' members those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditors

As described in the statement of trustees' responsibilities, the trustees, who are also the directors of the NGO for the purpose of company law, are responsible for the preparation of financial statements, which are required to be prepared in accordance with applicable law and Nigeria Accounting Standards (Generally Accepted Accounting Practice).

Our responsibility is to audit the financial statements in accordance with relevant Nigerian legal and regulatory requirements and Generally Accepted Standards on Auditing.

We report to you our opinion as to whether the financial statements give a true and fair view in accordance with the relevant financial reporting framework and are properly prepared in accordance with the Companies and Allied Matters Act 1990. We also report on the consistency of the trustees' report with the financial statements, if the NGO has not kept proper accounting records, if we have not received all the information and explanations we require for our audit, or if information specified by law regarding trustees' remuneration and other transactions are not disclosed.

We read the trustees' report and the other information contained in the annual report for the above year as described in the contents section and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements.

Basis of opinion

We conducted our audit in accordance with Generally Accepted Accounting and Auditing Standards issued in Nigeria. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements and of whether the accounting policies are appropriate to the NGOs' circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion, we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion:

- The financial statements give a true and fair view, in accordance with Generally Accepted Accounting and Auditing Practice, of the state of the NGO company's affairs as at 31 December 2010 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended; and
- the financial statements have been properly prepared in accordance with the Companies And Allied Matters Act 1990; and
- The trustees' report is consistent with the financial statements.

Dare Olaonipekun

Dare Olaonipekun and Co.

Chartered Accountants

Maryland-Lagos, Nigeria.

6 June 2011



INCOME:	NOTES	2010	2009
		N	
Direct Public Support		1,275,300	1,064,893
Indirect Public Support		1,935,700	1,788,000
Program Income		336,300	-
Total Supports	7	<u>3,547,300</u>	<u>2,852,893</u>
Operation Expenses		34,131	3,024
Contract Services		100,000	50,000
Facilities and Equipment Maint.		951,300	798,000
Payroll and Ad-hoc Staff Welfare		945,000	986,000
Travel, Education and Training		2,207,539	2,230,000
Total Expenses	8	<u>4,237,970</u>	<u>4,067,024</u>
Operations' Surplus/ (Deficit)	6	<u>(690,670)</u>	<u>(1,214,131)</u>

For the period ended December 31, 2010

1. Executives' Current Account	2010 N	2009 N
As at January 1,	1,214,130	-
Increase / (Decrease) during the year	468,830	1,214,130
Balance as at December 31,	1,682,960	1,214,130

This is an additional cash flow provided by the Chief Executive to meet up with the organisational expenses and it is as a result of insufficient fund received from various donors to run the affairs of NGO for the year in view.

2. Operating Surplus / Deficit	2010 N	2009 N
As at January 1,	(1,214,130)	-
Surplus/ (Deficit) for the year	(690,670)	(1,214,130)
Balance as at December 31,	(1,904,800)	((1,214,130))

This is obtained after charging Auditor's remuneration.

50,000

50,000

3. Operating Support/Income	2010 N	2009 N
American Cancer Society (ACS)	100,000	
NIBUCA/NACA	589,800	
LSACA OVC	440,000	
Society For Family Health (SFH)	80,000	
Global Fund/HAF/AOON	65,500	
Board of Trustee	1,935,700	1,496,000
Program Participation	336,300	
COMPASS		271,027
Y-CARE		246,184
ACS		739,910
MOWA		18,000
ARF		60,800
Donation		292,000
Grand Total for the year	3,547,300	3,123,921

Notes To The Financial Statements Contd.

For the period ended December 31, 2010

4. Operating Expenses	2010 N	2009 N
Bank Charges	34,131	3,024
Audit Expense	50,000	50,000
Secretarial Service Charge	50,000	
Cleaning Expense	30,000	
Depreciation	198,000	198,000
Equipment Rentals	10,000	
Office Rent	600,000	600,000
Computer Repairs	24,000	
Equipment Repairs	62,000	
Utilities	27,300	
Accommodation, Hall and Space	75,000	
Conference and Meeting	163,400	50,000
Education and Training	155,020	1,820,000
Transport	408,604	360,000
Books, Reference and Periodicals	37,400	
Meal and Entertainment	400,600	
Office Supplies	14,280	
Printing and Reproduction	35,360	
Public Awareness	285,195	
Public Supplies	427,680	
Telecoms and Subscriptions	205,000	
Salaries	945,000	986,000
Grand Total for the year	4,237,970	4,067,024

7.0 Internally Generated Financial Reports

INCOME	AMOUNT
Local Resource Mobilized:	
Board of trustees	<u>1,935,700</u>
	<u>1,935,700</u>

Donor Support:

American Cancer Society (ACS)	100,000
NIBUCA/NACA	589,800
LSACA OVC	440,000
Society for Family Health (SFH) Female condom IEC event	80,000
GLOBAL FUND/HAF/AOON	65,500
Workshops attended	336,300
	<u>1,611,600</u>

TOTAL INCOME**3,547,300****ADMINISTRATIVE EXPENSES****AMOUNT****Salaries:**

Executive Director	-
Senior program officer	-
Program/Finance officer	300,000
Youth Coordinator	15,000
Office Assistance	50,000
Cleaner	72,000
Driver	360,000
Security	63,000
	<u>860,000</u>

Office & Utility:

Rent	600,000
Telephone bill	96,000
PHCN bill/electrical repair	22,300
Toiletries	5,500
Internet	84,000
PSP office waste collection	30,000
Office refreshment	7,600
Generator maintainance	62,000
	<u>907,400</u>

Stationery/ Equipment Maintenance:

Printing paper	900
photocopies	2,700
Print out	1,000
Computer repair	24,000
	<u>28,600</u>

Documentation:

Annual report	50,000
Annual audited report	45,000
	<u>95,000</u>

Transportation:

Meetings	32,900
Advocacy visits	13,000
	<u>45,000</u>

TOTAL EXPENSES1,935,700**DONOR SUPPORTED EXPENSES****QUANTITY****UNIT
COST****AMOUNT****1. AMERICAN CANCER SOCIETY BUDGET EXPENDITURE****Personnel:**

Program manager	2	10,000	20,000
Program officer	2	10,000	20,000
Account officer	2	10,000	20,000
Field officer	2	5,000	10,000

70,000**Materials:**

Utility	4 dozens	-	10,000
Internet bill	2 months	-	20,000

Total100,000**2. NIBUCA BUGDET EXPENDITURE****Personnel:**

Facilitators	2	25,000	50,000
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Travels:

Transportation for PMT	10	5,000	50,000
Transportation for participants	30 parts/3 trips	2,000	180,000

230,000**Communication:**

Internet	3	1,000	3,000
Phone bill	4	500	2,000

5,000**Stationeries:**

Books, biro, folders	30 packets	750	11,500
Photocopies	2,000	10	20,000
Flip chart	2	1000	2,000
CDRWs	12	150	1,800

35,300**Refreshments:**

Tea break	35	-	21,000
Lunch (policy dev.)	35	-	42,000
Tea break	35* 2days	600*2	42,000
Lunch (BCC)	35*days	1200*2	84,000

189,000**Rentals:**

Hall rent	25,000	3	75,000
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MOV

Photographs	55	100	<u>5,500</u>
Total			<u>589,800</u>

3. LSACA OVC PROJECT EXPENDITURE

Community Square Forum:

Transportation	60	500	25,000
Tea break	60	400	24,000
Photographs	10	100	<u>1,000</u>
			<u>55,000</u>

Care-givers Training:

Transport	35 *3days	500	52,500
Tea break	40* 3days	400	24,000
Lunch	40 *3days	500	60,000
Stationeries; Books ,pens, files	3 dozens	750	4,800
Video coverage	1	5,000	5,000
photographs	10	100	<u>1,000</u>
			<u>148,300</u>

OVC Basic Needs:

Rain coats & School Bags	-	350	152,500
Books	24dz	-	18,000
Pens	4pks	-	3,000
Pencil	24dz	-	2,800
Eraser	4pks	-	480
Sharpener	4pks	-	480
Rice	4bags	9,000	36,000
Toiletries	2pks	750	1,500
Photographs	14	100	<u>1,400</u>
			<u>216,160</u>

Others:

Transportation for PMT			<u>20,000</u>
Administration			<u>6,540</u>

Total

446,000

4. GLOBAL FUND/ARFH AON FUND DISBURSTMENT EXPENDITURE

Uniforms

Primary school	17	1,700	28,900
Junior /senior secondary	3	2,000	<u>6,000</u>
			<u>34,900</u>

School Sandals:

Primary school	17	600	10,200
Junior /senior secondary	3	800	<u>2,400</u>
			<u>12,600</u>

Food Item:

Rice	2	9,000	<u>18,000</u>
Total			<u><u>65,500</u></u>
Other Donated Items			
School bags	20 of each		
Dettol soap	"		
So kleen	"		
Bathing sponge	"		
Close up	"		
Ruler	"		
Pencil	"		
Sharpener	"		
Eraser	"		
Biro	"		
Pencil case	"		

7.0. 2010 CHIEF Implemented Activities

SN	2010 CHIEF Implemented Activities	Theme	Date	No of Participant/ Target	Venue	Key Responsible
1	American Cancer Society cancer awareness program	Radio Jingles	January 10	4 million Radio listeners	Radio Lagos (Tiwantiwa)	Consultant/ PMT
2	Workplace Advocacy visit	Workplace AIDS prevention	1 st – 5 th February 10	20 2 F 18M organizations Eti-Osa LGA,	Organization HQ	PMT
3	Work-place policy development workshop	Organization AIDS policy development	10 th February 10	30 (23M 7 F)	CHIEF Multi-purpose Hall	PMT
4	Work-place AIDS prevention workshop	Workplace AIDS prevention	11 th -12 th February 10	30 (23M 7F)	CHIEF Multi-purpose Hall	PMT
5	OVC advocacy visit	Psycho-social support of OVC	18 th March 10	20 stakeholders 7F 13MA	Ibeju-Lekki LGA	PMT
6	OVC formative research	Assessment of care-givers knowledge of OVC	18 th march 10	10 stakeholders 7F 3M	10 representative of communities at Iberikodo	PMT
7	Community Square Forum	Psycho-social support of OVC	9 th March 10	60 stakeholders 50F 10M	Iberikodo	PMT
8	OVC Care-Givers training	Psycho-Social Support of OVC	22 ND -24 TH March 10	37 30F 7M	Iberikodo	PMT
9	Distribution of back to school and basic items to OVC	Basic essentials for OVC	24 th March 10	110 orphans	Iberikodo	PMT
10	Distribution of back to school and basic items to OVC	Basic essentials for OVC	25 th April 10	78 orphans	Awoyaya	PMT

11	OVC Advocacy	Enlist support of policy makers at Ibeju-Lekki LG Psycho-social support of OVC	4 th May 10	6 4M 2F	Igando- Oloja, Iberikodo	PMT
12	OVC Advocacy	Enlist support of private sector to the plight of OVC and	6 th July 10	1 M	CHEVRON Chevron Drive Lagos-Epe Expressway	PMT
13	OVC Advocacy	Enlist support of private sector to the plight of OVC and	6 th July 10	1 M	The DOMM this present House Admiralty Way Lekki	PMT
14	OVC Advocacy	Enlist support of private sector to the plight of OVC and	6 th July 10	1 M	City of David Oniru	PMT
15	OVC Advocacy	Enlist support of private sector to the plight of OVC and	6 th July 10	1 M	SHOPRITE Oniru	PMT
16	OVC Advocacy	Enlist support of private sector to the plight of OVC and	7 th July 10	1 M	<ul style="list-style-type: none"> • MTN Aromire Ikoyi, Falomo • ZAIIN Banana-Island • ETISALAT Banana-Island 	PMT
17	OVC Advocacy	Enlist support of private sector to the plight of OVC and	7 th July 10	1 M	NESLTL FOODS, PZ, GLAXO SMITH KLIN Ilupeju	PMT
18	OVC Advocacy	Enlist support of private sector to the plight of OVC and	14 TH July 10	1 M	CADBURY', COCACOLA Ikeja	PMT
19	OVC Advocacy	Enlist support of private sector to the plight of OVC and	15 TH July 10	1 M	OK FOODS, COWBELL	PMT
20	OVC Advocacy	Enlist support of private sector to the plight of OVC and	16 th July 10	1 M	UNILEVER, SO KLEEN, BIMBO Agbara	PMT
21	Advocacy	Enlist support for ENR/CHIEF STI/HIV/AIDS prevention among KTP; FSW,TW.MOSSI, FOSSI	11 th October 10	8 3F 6M	Epe LG, Aiyetoro quarters	PMT

22	Focus Group Discussion (FGD)	KABP, BASIC NEEDS among Transport Workers (Okada)	11 th October 10	11M	Motorcyclist/Okada Riders Association Aiyetoro Quarters	PMT
23	Focus Group Discussion (FGD)	KABP, BASIC NEEDS among Transport Workers (Union leaders and Drivers)	11 th October 10	7M	ROAD TRANSPORT EMPLOYERS ASS EPE garage Aiyetoro Quarters	PMT
24	Focus Group Discussion (FGD)	KABP, BASIC NEEDS among Female Sex Workers (FSW)	11 th October 10	7M	PRESTIGE HOTEL Aiyetoro Quarters	PMT
25	Advocacy	Enlist support for CHIEF /ENR STI/HIV/AIDS prevention among KTP; FSW,TW.MOSSI, FOSSI	11 th October 10	3 2M 1F	Aiyetoro market, SATOLA Hotel Epe	PMT
26	Focus Group Discussion (FGD)	KABP, BASIC NEEDS among Female Out-of-School-Youths	12 th October 10	7M	Aiyetoro Market	PMT
27	Focus Group Discussion (FGD)	KABP, BASIC NEEDS among Male Out-of-School-Youths	12 th October 10	6M	Aiyetoro Market	PMT
28	Focus Group Discussion (FGD)	KABP, BASIC NEEDS among Female Sex Workers (FSW)	12 th October 10	6 F	SATOLA Aiyetoro Quarters	PMT

8.0. CHIEF 2010 Attended Programs

S/N	2009 Programs attended by PMT	Theme	Date	No of Participant/ Target	CHIEF Participants	VENUE	Key Responsible
1	ACOMIN meeting	Malaria prevention	Monthly	30 18M 12F	Patience Ubah	Health Matters	ACOMIN
2	AONN	OVC	Monthly	20 14M 6F	Patience Ubah	WHON	AOON
3	West African Women Association (WAWA)	Network/partnership meetings, program planning	Monthly	30F	Remi Akinmade	ECOWAS Commission Lagos Office, Onikan	WAWA Executives
4	National Council of Women Societies (NCWS) Eti-Osa LGA	Monthly meeting, Women and Children Development programs	Monthly	30F	Remi Akinmade	Eti-Osa LG & other LCDA	NCWS Executives
5	National Women Coalition on AIDS (NAWOCA) Lagos State Chapter	Advisory Committee Policy and Women & AIDS Development Meetings & Programs	Quarterly	20F	Remi Akinmade	Lagos State Government House, GRA, Ikeja	LSCACA
6	Min of Women Affairs/ ACCOMIN	Active management of Malaria	23 rd - 24 th February 10	35 20F 15M	Patience Ubah	Austria Hall	MOH
7	LSACA M&E Workshop	M&E	15 th March 10	20 12F 8M	Patience Ubah	Elephant House	LSCA
8	Society for Family Health	Orientation on Malaria	29 th March 10	20 12M 8F	Patience Ubah	Zeezer Grill Awolowo rd	Society for Family Health
9	Human Rights Spaces round table discussion	Pulling together HR: Roles, Resources & responsibilities	30 th - 31 st March 2010	30 20M 10F	Remi Akinmade	CLEEN Foundation	SERAC
10	AHNI/FHI	Home management of malaria	22 nd March 2010	24 15F 8M	Patience Ubah	AHNI/FHI Office TISCO Building CBD, Ikeja	Dr. Kuti
11	Society for Family Health (SFH)	Female Condon Social Marketing	4 th May	20 12F 8M	Patience Ubah	Iberikodo PHC	SFH program officer

12	LS 2 nd Summit on Climate Change	Trans-Boundary effect of climate change	4 th May 2010	200 120M 80F	1. Remi Akinmade 2. Patience Ubah	Eko Hotel	LS Ministry of Environment
13	SFH	Social Marketing female Condom	13 th - 14 th May 2010	25 13F 12M	Patience Ubah	Peninsula Hotel Igando-Oloja	SFH AAM Ibeju-Lekki LG
14	TB Network meeting	Setting up TB Coalition	18 th May 2010	104f 6M	Patience Ubah	LSACA Office	NGOs working in LS
15	TB Network meeting	Setting up TB Coalition	27 th May 2010	206M 14F	Patience Ubah	WOPO office	NGOs working in LS
16	RED CROSS Ibeju-Lekki	Children's Day Celebration	27 th May 2010	100 60M 40 F	Patience Ubah	RED CROSS Office Ibeju-Lekki	RED CROSS Ibeju-Lekki
17	TB Coalition (LS Chapter)	Inaugural meeting	31 st may 2010	27 7F 21M	Patience Ubah	WOPO Office	TB Coalition (LS chapter)
18	LSACA Meeting	Monthly meeting	27 th May 2010	110 F60 50M	Remi Akinmade	LIMH	LSACA
19	AONN meeting	Monthly meeting	3 rd June 2010	15 F10 5M	1. Patience Ubah 2. Helen Egeregor	WHON Office	AONN (Lagos Chapter)
20	PATH 2	Health System Strengthening	15 th June 2010	15 10F 6M	1. Remi Akinmade 2. Helen Egeregor	PATH 2 Office	PATH 2
21	WAWA	Conference on Climate Change & Office	15 th June 2010	180 170F 10M	1. Remi Akinmade 2. Patience Ubah	ECOWAS (Lagos Liaison Office)	WAWA (Nigeria Chapter)
22	AONN	African Child	16 th June 2010	200 160F 40M	Patience Ubah	Ogba	AONN
23	PATH 2	Research	15 th June 2010	15 10F 5M	1. Remi Akinmade 2. Patience Ubah	PATH 2 Office Ikeja	PATH 2
24	ENR	Meeting	5 th July 2010	14 6F 8 M	Remi Akinmade	CHEERS HOTEL	ENR
25	SFH	Female Condom promo	7 th July 2010	15 7F 8M	Patience Ubah	PHC Iberikodo	SFH
26	TB NETWORK	Meeting	8 th July 2010	32 14F 18M	Patience Ubah	HUDPHI Yaba	TB NETWORK
27	ACCOMIN	Meeting	13 th July 2010	25 15F 8M	Patience Ubah	HMI	ACCOMIN

28	ENR	Project Initiation	15 th – 28 th July 2010	20 12F 10M	1. Helen Tabita-Egeregor 2. Patience Ubah	Cheer Hotel Ikeja	ENR
29	4 TH STOP CANCER IN AFRICA CONFERENCE (SCCA)	AFRICA unite in action mobilizing political and financial support to strengthen cervical cancer prevention through integration	25 TH -27 TH July 2010	1500 FM800	Remi Akinmade	LA PALM ROYAL HOTEL, ACCRA GHANA	Ghana Government in collaboration in collaboration with Princess Nikky Breast and Cervical Cancer Foundation and other stakeholders
30	WAWA	Meeting	3 rd August 2010	8 7F 1M	Remi Akinmade	C/o ECOWAS Lagos Office	WAWA
31	AOON	Meeting	6 th August 2010	22 12F 10M	Patience Uba	WHON Yaba	AOON
32	ENR	STAR training	15 th - 28 th Aug 2010	53 25F 28M	1. Helen Tabita-Egeregor 2. Patience Ubah	Cheer Hotel Ikeja	CHEERS HOTEL
33	SFH Condom social marketing project meeting	M&E	On-going	30	Patience Ubah	Iberikodo PHC	SFH project coordinator
34	HIV/MICROBICDE& VACCINE GROUP	Training	30 th Aug-3 rd September 2010	15 5F 10 M	1. Chidinma 2. Patience Ubah	JAAIDS Office	HIV/MICRO BICDE& VACCINE GROUP
35	ENR	PEP training	27 th -30 th September 2010	30 15F 15M	1. Remi Akinmade 2. Helen Tabita-Egeregor	CHEER HOTEL	ENR
36	AOON	Meeting	12 th October 2010	22 16F 6M	Patience Ubah	WHON	AOON
37	ENR	Capacity Building training on Gender Mainstreaming	8 th -13 th November 23, 2010	34 18F 16M	1. Remi Akinmade 2. Patience Ubah	ROCKVIEW HOTEL FESTAC LAGOS	ENR
38	ENR	Intensive TOT training on Peer Education Plus Model for AIDS control among KTP	14 th - 20 th Nov. 2010	34 18F 16M	1. Remi Akinmade 2. Bimpe Adu 3. Saheed Mabadeje	A-Three Hotel Iwo Road Ibadan	ENR

39	ENR	Report Writing	22 nd — 27 th Novem ber 2010	30 14M 16F	Patience Ubah	CHEERS HOTEL ALLEN AVENUE IKEJA	ENR
40	PATHS 2	Lagos State Budget development plan	21 st - 23 rd Decem ber 2010	25 !OM 15F	Remi Akinmade	De Ritz Hotel, GRA Ikeja	PATHS 2/UKaid

9.0. Contact, Donation and Volunteer Information

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