

Inside this Issue

- **Editor's Note**
Inside Cover
- **Continued
Medical
Education**
Page 1
- **Professional Staff
Development**
Page 2
- **Community
Outreach Activities**
Page 3
- **Recruitments**
Page 5
- **Featured Staff of
the Quarter**
Page 6
- **Let's Talk Health**
Page 7
- **Social Diary**
Page 9

HIFASS

Signs 2-year Contract Agreement for HAF Grant Implementation in Benue State and the FCT

Benue State Agency for Control of AIDS (BENSACA) in partnership with the World Bank and NACA has awarded HIFASS a N5,941,000 contract to provide demand creation for prevention of mother-to-child transmission of HIV (PMTCT) amongst pregnant women in 35 Benue State communities. The goal of the project includes increased uptake of Antenatal Care (ANC) services, increased number of women who know their HIV status during pregnancy and, eventually, increased facility based deliveries amongst these same women. It is estimated that by the end of 2015, HIFASS would have reached 2,800 beneficiaries within 4 LGAs in Benue State - Vandiekya, Tarka, Otukpo and half of Makurdi - with demand creation for PMTCT services and project administration.

Similarly, the FCT Agency for Control of AIDS (FACA), in partnership with the World Bank and NACA has also awarded HIFASS a N21,743,000 contract to provide demand creation for PMTCT amongst pregnant women in 7 wards within the Federal Capital Territory. It is projected that by April 2016, 1790 beneficiaries within 4 LGAs in the FCT - AMAC, Bwari, Gwagwalada and Kwali - would have enjoyed PMTCT services and project administration.

EDITOR'S NOTE



Dear Readers,

Happy New Year! Most of our issues this year will keep you abreast of activities that cover a wide range of public health topics within and outside our organisation. It is absolutely wonderful that our staff so willingly share the results of their hard work. I never take your cooperation for granted, so I say a BIG THANK YOU to all!

I have recently developed an interest in a disease called Asthma, particularly as it occurs in children. I am sure we all know something about asthma, whether from personal experience or through the experience of a close family member, friend or acquaintance. Initially, I acquired a fairly basic understanding of the disease, but decided to do an in-depth research to gain a deeper understanding of how asthma affects children. Asthma is a medical condition that defies easy explanation as no one really knows why some people's airways are more sensitive than those of others; but we do know that asthma tends to run in families. So if a child suffers from asthma, he or she may also have a parent, sibling, uncle, or other close relative who has asthma or had it as a child. A number of papers have proposed race and social status as variables which may be partly responsible for the patterns observed in asthma cases, but it has been difficult to determine the actual effects of these largely intertwined variables.

Asthma is more common than most of us are aware. Amazingly it is among the top 20 causes of death in Nigeria. According to the latest WHO data published in April 2011, asthma deaths in Nigeria were up to 10,871 or 0.64 percent of total deaths recorded. The age-adjusted death rate is 15.55 per 100,000 of the population which ranks Nigeria number 37 in the world.

Watch the Triggers!

For most kids, breathing is simple: They breathe in through their noses or mouths and the air goes into the windpipe. From there, it travels through the airways and into the lungs. But for kids with asthma, breathing can be a lot more difficult because their airways are very sensitive. The triggers in children differ from one child to another. Some common allergens for asthmatic children include: dust mites (tiny bugs that live in dust), mold (if you've ever been in a damp basement and smelled something funny and unpleasant, it was probably mold), pollen (from trees, grass, and weeds), and animal fur. Cats and dogs both have something known as animal dander in their fur which

is a trigger that can cause a powerful reaction in the airways of asthma patients. Some substances like perfume, chalk dust and cigarette smoke can trigger flare-ups because they really irritate the airways. Even an infection can be a trigger that sets off an asthma attack. Sometimes when an asthmatic child develops a cold or the flu, his or her airways may become more sensitive than usual. In some children, cold air and sometimes even strenuous exercise can lead to an asthma flare-up.

How is Asthma Treated?

The thing to do so is to ensure that your child avoids the triggers!!! Regular use of prescribed medication is also a must in managing an asthmatic child. It is important to note that not every child's asthma is the same, so there are different medicines for treating each case. It's not like a sore throat or earache, where everyone can be cured by taking the same medicine. With asthma the doctor has to determine what causes the asthma flare-ups in each case, as well as how quickly the flare-ups happen, and how serious they are. This is the only way the physician will be able to identify the best kind of treatment. Whatever medication is eventually prescribed, the goal is always to get the asthma flare-ups under total control, and to ensure that the triggers don't create problems.

A lot of children find their asthma disappears or becomes less serious with age. Some doctors think this is because as a child grows physically, the airways gradually widen. Consequently, air has an easier time getting in and out.

People who still have asthma as adults should not allow it to slow them down. Many Olympic athletes and other sports stars manage their asthma and keep on playing! I hope I've been able to shed some light on asthma and trust that you will walk away with some new tips on how to manage it better.

Have a great 2015!!

Omatsola Oritsejafor,
Editor HIFASS Newsletter

A handwritten signature in green ink, appearing to read 'Omatsola'.

*Send your comments and suggestions to omatsola@hifass-hfi.org

For most kids, breathing is simple: They breathe in through their noses or mouths and the air goes into the windpipe. From there, it travels through the airways and into the lungs. But for kids with asthma, breathing can be a lot more difficult because their airways are very sensitive.

CONTINUED MEDICAL EDUCATION

HIFASS

Organises a
One-Day Symposium
on Ownership and
**Sustainability of
Health Programs**

A one-day symposium themed “Ownership and Sustainability of Health Programs: HIV in Focus” was organized by HIFASS/NMOD-EPIC as one of the events under the Strategic Integration of Nigeria Military HIV/AIDS Response (SINM-HAR). The symposium which held at the Reiz Continental Hotel, Abuja on Tuesday, 17th June, 2014 brought together senior military officers in the Ministry of Defense and Defense Medical Corps, Senior US DoD staff, and HIFASS staff. The forum's objective was to evaluate the extent of military HIV programs ownership and to propose recommendations for its sustainability. Presentations and discussions focused on such themes as background, goals and objectives of HIFASS in relation to the ownership and sustainability of the NMOD HIV response, Site level ownership and sustainability, NMOD role in ownership and sustainability of the Military's HIV Response and Nigeria Private Sector opportunities for ownership and sustainability of the National Health Services — the HIV challenge.

Site Improvement

through Monitoring Systems (SIMS)
in the Implementation of
**Strategic Integration of
Nigeria Military HIV/AIDS
Response (SINM-HAR)**

The United States Department of Defence (DoD) visited HIFASS to administer a tool designed in OGAC to assess areas where the DoD is supporting HIFASS. The goal of SIMS is to increase the impact of PEPFAR programs on HIV care and treatment through standardized monitoring of quality services at the site, community, and above-site level with a focus on key program area elements. The assessment took place on the 8th January, 2015 at the HIFASS HQ. Although the module contained 27 domains, only 3 were administered based on the above mentioned site positions of HIFASS.



▲ Cross section of staff during assessment

◀ Cross Section of participants



PROFESSIONAL STAFF DEVELOPMENT

During the last year, HIFASS personnel engaged in several training programs. Here are highlights of some of the programs:

HIFASS attends a Start-up Workshop for the Implementation of HAF 2 Project in Benue State

Three of HIFASS personnel attended a 5-day start-up training program organized by the Benue State Agency for the Control of AIDS (BENSACA). The workshop which held in Gboko, Benue State between 13th to 17th January, 2014 was designed to train selected CSO's, including HIFASS, on the implementation of the HAF 2 project. Workshop facilitators were drawn from BENSACA and NACA.

Some of the training objectives were: to increase knowledge on the HPDP 2 and HIV/AIDS Fund (HAF 2) operations, systems and processes; to develop skills on the concept and operationalization of Minimum Prevention Package Intervention (MPPI); increase knowledge on MARPS programming and implementation; build skills on M&E System for prevention, utilization of data and collation tools; and to sensitize participants on the concept of environmental safeguard/ waste management.

The workshop also focused on the need for all awardees to implement prevention projects in accordance with the National Prevention Program guidelines (NPP 2012-2015).

Financial Management and Procurement Training

On the 16th to 17th June 2014, HIFASS's account assistant, Blessing Inyang attended a financial management and procurement training in Gboko, Benue State. The training was organized by the Benue State Aids Control Agency (BENSACA) to educate participants on procurement and financial procedures, and financial reporting template. The training also focused on monthly reports, i.e. bank reconciliation, statement of cash position, statement of sources and uses of funds and procurement processes/stages/principles.

NUC Grant Writing Workshop

Two HIFASS staff, Kehinde Areago and Murphy Opadotun, attended a 3-day Grant Writing workshop between 10th to 12th March, 2014 at the NUC auditorium, Abuja. It was organised by the National Universities Commission (NUC) in conjunction with Morehouse College, Atlanta Georgia USA and Gregory University, Ufuru. The aim of the workshop was to build participants' capacity in Strategic Grant Research, Strategic Program Planning and Effective Proposal Writing. At the end of the training, participants had gained the knowledge required to successfully create professional grant submissions.

"My experience in the training has taught me that I do not have to wait for RFA's announcements. Organisations should think of ideas, develop concept notes and source for funding to fund the project."

Kehinde Areago, Business Development Officer

StanbicBTC Pension Managers Employers' Forum

Mr. Simeon Adede and Mrs. Edore Ossai attended a forum on the 12th of November 2014. The forum was of immense benefit to HIFASS because it provided further understanding of the employers' role in the payment of employees' retirement benefits as well as in capacity building. It also addressed other remittance-related issues, while there was a live demonstration of the industry-wide Electronic Pension Contribution & Collection System.

Quick Book Training

A 3-Day Quick Book Training was organized and conducted for the Finance and Admin Department staff of HIFASS in Calabar on the 20th to 22nd December 2014. They were trained on how to use Quick Book to register day-to-day transactions with vendors, and applications to accounting activities in line with USAID policies on accounting and administrative procedures. They also learnt the role of Finance and Admin in the LOPIN 3 project and activities. Participants were drawn from Abuja, Ebonyi and Cross River States.

COMMUNITY OUTREACH ACTIVITIES

PMTCT Project Kicks Off in Benue

HIFASS and the Women's Right and Health Initiative (WRAHI) paid an advocacy visit to Tarka, Vandeikya and Otukpo Local Government Areas of Benue State in February 2014. The visit was to seek support of stakeholders to carry out activities on prevention of Mother to Child Transmission of HIV/AIDS Project (HAF 1) also known as the Safe Pregnancy Project (SPP) to work in their communities and seek their support for their activities. It was also to validate the communities and primary health centres, to identify specific women who will be trained as mentor mothers, to identify hot spots for campaign events and to engage with the local health workers towards continued involvement in subsequent projects. In spite of the level of illiteracy, under-development and cultural/traditional inclination in the rural areas, the people showed a high level of zeal, optimism and enthusiasm towards the execution of the Prevention of Mother to Child Transmission of HIV/AIDS project in their communities. This was a good indication of the likely success of the project and any other developmental activity that would be brought to these communities.



From Left: Community members in Tarka and HIFASS/WRAHI Team



2nd Left; Team leader Mrs DooshimaAgur with HRH Dr J.O Eimonye (OON), the traditional leader in charge of traditional rulers in Otukpo LGA and other HIFASS/WRAHI staff

Training for People Living with HIV (PLHIV) Support

Armed Forces Programme on Aids Control (AFPAC) with support from the Emergency Plan Implementation Committee and DoD organised a 3-days training on prevention and Orphans and Vulnerable Children (OVC) which was targeted at people living with HIV and AIDS drawn from EPIC sites. The training was conducted from 19th to 21st February 2014. The first two days, the training was focused on Prevention and on OVC the last day. Participants learnt how to live a healthy and productive life; they were also told the criteria for choosing OVCs, and given information towards their future plans.

The OVC programme was flagged off at the Defence Medical Centre and has spread to five other EPIC sites making it a total of six sites where OVC activities took place. About 89 OVC are being provided with school support, medical care, care giver support, nutritional support and occasional trainings.

"This training is important as it makes people living with HIV to see clearly and understand that they can live a healthy life and can be productive in their community instead of waiting for hand-outs, they can add value to their communities."

Pat Matemilola, Prevention Manager, HIFASS (Facilitator at the training)

HIFASS implements HIFASS-FACA Project

The implementation of the HIFASS-FACA project started in June 2014 with the execution of Community Entry Strategy. The following activities were carried out under this strategy in accordance with the Minimum Package Prevention Intervention approach:

- Advocacy visits to community gatekeepers in 7 wards spread across 4 LGAs in the FCT
- Pre-intervention dialogue with key influencers / stakeholders in 7 wards spread across 4 LGAs in the FCT
- Baseline studies in 7 wards spread across 4 LGAs in the FCT

- Community dialogue with gatekeepers, leaders of various groups and religious leaders in 7 wards spread across 4 LGAs in the FCT
- Selection of mentor mothers as community front-line health workers in 7 wards spread across 4 LGAs in the FCT.

The community entry implementation was concluded on the 15th of August, 2014.

Celebrating World AIDS Day 2014

HIFASS joined the rest of the world to celebrate the World AIDS Day 2014 in the FCT and Benue State. The on-going theme is "Getting to zero" - zero AIDS related deaths; zero new infections; and zero discrimination. The opening ceremony in Abuja brought together several dignitaries including the Commandant of the Mambilla Barracks, Chairman HIP, DG of NACA, several military personnel, HIFASS staff as well as the general public. The 3-day event which held at the Mambilla Barracks Abuja gave military personnel and civilians in and around the barracks the opportunity to get tested and know their HIV status.

A similar one-day event was carried out at Wannune market in Taarka Local Government Area, Benue State. Activities that took place included community awareness on HIV, condom usage demonstration, HIV counselling and testing (HCT) and presentation of gifts to pregnant women and nursing mothers who delivered at the facilities after graduating from our peer sessions.

The two events reached out to a total of about six hundred and thirty three people who benefitted from health talks, condom demonstration/distribution, counselling and HIV testing.



Entire Working Team

HIFASS gives Mentor Mothers Mobile Phones

On the 4th of February 2015, a team from HIFASS visited the AMAC council which covered Karishi, Orozo and Nyanya. After the payment of monthly stipends to the Mentor Mothers, mobile phones were also handed over to the lead mentor mothers in each ward courtesy. The mobile phones will facilitate communication between

mentor mothers and their wards to enable them more effectively share information and ease their work load. The same exercise was also carried out in the 3 other wards.

"I have been a mentor mother for 10years, I enjoy volunteering to save lives; I appreciate this mobile phone as it will ease our work especially not having to pay to communicate with other mentor mothers. Thank you HIFASS!"

Lovina Christopher, Lead Mentor Mother Nyanya, FCT



Community mobilization officer, presenting Lead Mentor Mother Nyanya ward with a mobile phone

HIFASS organises community outreach program for pregnant women

To mark pregnancy awareness week, HIFASS visited the Ushafa Primary Healthcare Center to carry out Health Talks on "Promoting the health and wellbeing of pregnant women" and also presenting baby gift packs to new mothers, short videos were played to educate pregnant women on HIV care and treatment during pregnancy and information packs were also given to pregnant women. The event took place on the 25th of February reaching 41 pregnant women.



JohnBosco Ubason, Program Technical Assistant HIFASS, presenting gift to Mrs Kalu Ngozi a new mother

RECRUITMENTS

New Employees for the SINM-HAR

For 8 years, HIFASS's in partnership with Nigeria Ministry of Defence (NMoD) and United States Department of Defence Walter Reed Program-Nigeria (USDoD WRP-N), has been recruiting skilled health professionals to establish free and comprehensive HIV care and prevention services for the benefit of all Nigerians in 24 NMoD program sites across the country.

HIFASS recently employed 8 new staff to cover 5 sites which include 68NARH Yaba, 45NAFH Makurdi, 345AMC Kaduna, MH Port Harcourt, and 82DIV Enugu. The newly filled positions are 2 Medical Officers, 1 Pharmacist Technician, 2 Pharmacists, and 3 M&E Officers. The staff documentation meeting/interaction was held on the 3rd of February, 2015 at the Health Implementation Program (HIP) office and hosted by the Director General of HIP, Major Gen. Ajemba Life.



Susan Oporum, HR Manager HIFASS, briefing newly employed



HIP & HIFASS Staff

On behalf of the other new employees, I would like to thank the management and accept the job with all humility promising to give hard work, nationally and internationally to meet program's need.

Dr Achusim,
Medical Officer II,
82 DIV Hospital,
Enugu

FEATURED STAFF OF THE QUARTER



Master Warrant Officer Musa Andrew Emmanuel (Rtd)
- Prevention/Community Mobilization Officer

Emmanuel Andrew Musa is retired from the Nigerian Navy and happily married with four children. For over 15 years, he has been a great advocate both at the state and federal level in the fight against discrimination experienced by people with HIV/AIDS and also in empowering them. In 2001, he started the first HIV support group in the Armed Forces at the Mogadishu Cantonment Asokoro Abuja. It was called the "Defence Health Club." From 2006 to 2008, he was the FCT Secretary of the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN); also mentoring some members of Defence Health Club to become pioneer state coordinators of NEPWHAN in Nassarawa, Benue, and Kaduna states. In 2007, he started the Orphans and Vulnerable Children program in the Armed Forces which was later adopted by the NMOD/EPIC, now HIP program. Also he advocated for the establishment of various types of income generation/demand creation activities for Defence Health Club with support from NMOD/EPIC/USDOD including the establishing the first income generating business (a ginger farm) for People Living with HIV/AIDS (PLWHA) in Kwoi Jaba LGA which was internationally recognized, PLWHA was later invited to present the best practice in Netherlands Geneva. Above all, he has also been a member of several HIV prevention committees in the Armed Forces program on AIDS control.

Mallam Musa as he is popularly called joined HIFASS team in 2014 as the Prevention/Community Mobilization Officer for the HAF 11 Grant Implementation in the FCT. Over the next one year, he will be working in line with the HIV/AIDS Funds II (HAF II) grant awarded to HIFASS with the aim of increasing the uptake of Prevention of Mother to Child Transmission (PMTCT) services to pregnant women in 7 wards within 4 Area Councils in the Federal Capital Territory (FCT). He will work with women living with HIV/AIDS to help mobilize the community towards the prevention of Mother-to-Child Transmission of HIV/AIDS.

“**Being HIV positive for almost 19 years, I have often looked for opportunities to support people living with HIV/AIDS. I appreciate this particular project as it meets some of my personal goals; it empowers PLWHA by reducing their dependency on the community, which helps them overcome stigma. Also it grants children being born to HIV positive mothers the opportunity to lead HIV negative lives which therefore lessens the possibility of preventable mortality.**”

Mallam Musa,
Prevention/Community
Mobilization Officer, HIFASS

LET'S TALK HEALTH



NON COMMUNICABLE DISEASES (NCDs) IN NIGERIA

Dr. Pat O. Matemilola
Prevention Manager, HIFASS

Non communicable diseases (NCDs) such as hypertension, diabetes mellitus, coronary heart disease, sickle cell disease, cancers, G6PD deficiency anemia, mental health issues, obesity, stroke, and osteoporosis represent an increasing share of Nigerians' burden of disease. Ill-health among the populace can lead to absence from work due to sickness, reduced productivity and increased health costs. There is increasing evidence that workplace wellness programs and behavioral change interventions can help employees get healthier through adoption of healthy lifestyles. Employees are the greatest asset of any company or business. Indeed, no company - whether large or small - can operate effectively or excel in its business without a healthy workforce.

The life expectancy for both men and women is still less than 55 years in nine sub-Saharan African countries – Angola, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Lesotho, Mozambique, Nigeria and Sierra Leone.” According to the 2012 NDHS report [National Population Commission; Nigeria Demographic and Health Survey 2012], Nigerians' life expectancy at birth is 52.11 years. This is below that of other Low-Income Countries (LIC) which have an average of 53 years.

Increased blood pressure, increased cholesterol, tobacco use, alcohol consumption and excess weight are key risk factors of Non-Communicable Diseases (NCD). If these primary risk factors can be eliminated, 80 percent of cases of heart disease, stroke, type-2 diabetes and 40 percent of cancers will be prevented. Given that these risk factors are becoming increasingly prevalent in the population and consequently affecting the workplace, wellness programmes have gained increased prominence as part of the overall effort to control NCD and achieve a healthier workforce. The burden of chronic diseases (hypertension, coronary heart disease, diabetes, HIV, cancers, etc.) is increasing steadily in developing countries, including Nigeria. This is largely due to increasing prosperity and attendant lifestyle changes that promote such non-communicable diseases. Contributing risk factors include a sedentary lifestyle, smoking, unhealthy eating habits, unsafe sexual practices among others. People's lifestyle and the choices they make commonly lead to avoidable illnesses especially those associated with unhealthy eating habits. Management of these conditions goes beyond health education to include all measures taken deliberately to promote health and prevent disease.



Life Expectancy at Birth



2012

For instance, obesity and being overweight are direct consequences of poor eating habits and waist circumference measurement can be a useful guide for monitoring appropriate body weight. Prevalence of obesity in both adults and children is rising in most developing countries. This is associated with an increased risk of developing type-2 diabetes, cardiovascular disease, and some cancers. A combination of increased physical activity and a suitably nutrient rich, but energy

controlled diet is recommended for overweight/obese adults who wish to lose weight.

Appropriate policy changes and environmental control facilitate healthy choices. Health promotion along these lines is “the process of enabling people to increase control over, and to improve, their health” (Ottawa Charter, WHO 1986). This process views health as the collective responsibility of the society which needs to be prioritized by governments and organizations when making decisions. Education and awareness regarding health issues need to be actively promoted. Making physical activity conveniently accessible to all and creating opportunities that enable employees to integrate physical activity into their work day is of great value. Walking, jogging and exercising regularly need to be promoted. Also there must be increased focus on healthier eating habits, while access to healthier options for staff needs to be made a priority. There should be an emphasis on weight control and nutrition programs alongside setting goals for healthier eating and weight control.

Another important consideration is the ageing process which has become more noticeable with increased life expectancy. The aging process results in increasing incidence of chronic illnesses such as arthritis, visual and hearing disorders, and organ diseases such as cancers and so on. There are, also, genetic factors which are fixed at birth that causes various hereditary diseases and which little or nothing can be done by individuals to change. Environmental factors such as housing and sanitation are also involved in causation of some NCDs, while social factors such as sex, economic class, income, education, social networks, living and working conditions do have an impact on people's health status. Individuals respond differently to life situations and social circumstances with varying degrees of adaptation and failure of body systems sometimes resulting in development of non-communicable diseases. 63% of global deaths are attributed to NCDs; and at least 70% of these deaths occur in developing countries (WHO, 2011). All of the processes mentioned above result in NCDs that are common among the elderly. Environmental hazards which increase with industrialization, urbanization and modernization are associated with another class of NCDs. Finally, our rapidly changing environment results in varying degree of mental stress, often affecting mental health which is how we think, feel and behave.



SOCIAL DIARY



"Unveiling a New Look"

They say that change is the only constant in life. That's certainly true for us here at HIFASS, we have experienced new and exciting changes over the past year from leadership transitions to welcoming new hires working tirelessly to restructure the organization for the better. The entire team has worked hard to develop and launch a new website. Check out the elegant, eye-catching and easy to navigate design at www.hifass-hfi.org. We hope you like what you see! One of the most obvious changes to the HIFASS brand, as you've probably already noticed in this edition of our newsletter, is our new logo, though we chose to keep our tagline, "Passion and Partnership," which we think is the most appropriate motto for us.

Congratulations on your new role!

We wish to send our warm congratulations to Mr. Tuedon Uweja, who recently transitioned to the role of the Managing Director of HIFASS. Tuedon Uweja is a graduate of the University of Benin, where he obtained a Bachelor degree in Law, LL.B. He was called to the Nigerian Bar in 1991. He did his Youth Corp Service with the Law Firm of Emeonina B. Ukiri & Co in Port Harcourt and since then had worked with various private law firms in Nigeria notably amongst them are Akindelano Legal Practitioners and A & E Law Firm in Abuja. He is presently a Partner in Jurisconsensus Law Firm.

Since joining HIFASS in 2007, he has held several leadership positions. Commenting on his new position, Mr. Uweja, Managing Director HIFASS said: *"I am delighted to be the incoming Managing Director for HIFASS. I look forward to continue working with the team and our partners throughout the world building on the success that has been achieved to-date."* Please join us in congratulating Mr. Tuedon Uweja as he accepts this new role!!!

Congratulations Col. Felix Adeoye (Rtd) on your success at the WHO-AFRO/AMREF Health Africa External Competency Assessment of Malaria Microscopists

It is with great joy we congratulate you Col. Felix Adeoye (Rtd), Laboratory Advisor, HIFASS on your certification on WHO AFRO Level 1 Expert Malaria Microscopists.

The course was organised jointly by the World Health Organization Regional Office for Africa (WHO AFRO) and Amref Health Africa. It took place in Amref Health Africa's Central Laboratory, Nairobi, Kenya on February 23 – 27, 2015. Throughout the course, participants were examined to determine the acquisition of knowledge, skills and competence assessing participants according to WHO Grades 1 (Expert) to 4 (lower level), based on performance, and at the end receiving a certificate.

According to Amref records 302 people have taken the course worldwide only 15 have actually been certified as Level 1 Malaria Microscopists. We are proud to announce that our very own Col Adeoye is one of the fifteen and the 2nd Nigerian to attain this feat.

"This Training has given me the necessary certification of competence in Malaria diagnosis (Microscopy). I have been strengthened in the area of capacity building for malaria microscopists, external quality assurance of malaria diagnosis in various tertiary and secondary health facilities where malaria diagnosis is being conducted in Nigeria."

Col. Felix Adeoye (Rtd), Laboratory Advisor, HIFASS

Group Picture



The Director of the AMREF Health Africa Centre Dr Jane Carter congratulating Col Felix Adeoye (Rtd)

SOCIALDIARY

Congratulations to the following staff on their weddings



Gift Eselejoor, Program Pharmacist at 82 DIV Hospital Enugu, got married on the 13th of December, 2014



Jude Aondoaver Agur, M&E Officer HAF 2 Project in Benue State married his heartthrob, **Esther**, on 7th February, 2015

ACKNOWLEDGMENTS

HIFASS acknowledges the role and support of various stakeholders particularly:

- United States Agency for International Development (USAID)
- United States Department of Defence Walter Reed Program-Nigeria (USDOD WRP-N)
- Health Implementation Program (HIP)
- The World Bank
- Benue State AIDS Control Agency (BENSACA)
- FCT Agency for the Control of AIDS (FACA)

We would also like to thank the following individuals for their contributions in this edition:

- **Mr Tuedon Uweja**, Managing Director, HIFASS
- **Dr. Pat O. Matemilola**, Prevention Manager, HIFASS
- **Col Felix Adeoye** (Rtd), Laboratory Advisor, HIFASS
- **Musa Andrew Emmanuel** (Rtd) - Prevention/Community Mobilization Officer, HIFASS
- **Lovina Christopher**, Lead Mentor Mother, Nyanya, FCT

CONTACT US



Suite 32 SillaZeka Plaza,
29 Adebayo Adedeji Crescent,
Utako, FCT
Abuja Nigeria
Tel: +234 (0)70-4299-9862
Email: info@hifass-hfi.org

Branches

USAID LOPIN-3 Project,
Plot 206, 1st Avenue, MCC Road,
Opposite 5-2-0 Hotel,
State Housing, Calabar,
Cross River State, Nigeria.
Tel: +234(0)803 788 0803

We are on web!!!

www.hifass-hfi.org

 www.facebook.com/hifass.hfi

 @HIFASS

 HIFASS