



CENTRE FOR
FAMILY HEALTH
INITIATIVE
(CFHI)
...promoting health, protecting well-being

NEWSLETTER VOL. 4 EDITION 9



Dear friends and family,

Welcome to another interesting edition of CFHI Monthly Newsletters.

The Coronavirus disease 2019 (COVID-19) has brought to the fall the dangers of non-communicable diseases. However, most people who have died from COVID-19 are people with preexisting conditions of diabetes, high or low blood pressure and of heart conditions.

Despite the number of deaths recorded from COVID-19, the number one killer disease globally still remains cardiovascular disease (CVD) according to World Health Organization (WHO). These Cardiovascular diseases are caused by conditions like Diabetes, High blood pressure, Low Blood Pressure, Smoking, Air Pollution, and a number of other things. These are things we can do something about. Kindly read the article on "Cardiovascular Diseases (CVDs)" for more details.

Enclosed in this publication are project reports of CFHI in the month of September. These reports cover the following projects: Achieving Control of HIV/AIDS Epidemic Through Evidence (ACHIEVE) Orphans and Vulnerable Children (OVC) project report;

Global Action towards HIV Epidemic Control in Sub-national units in Nigeria (4GATES) Orphan and Vulnerable Children (OVC) project report; and Improving Maternal and Child Health Through Capacity Building and Community Awareness Approach in Imo State Project (CCAP).

Do have a pleasant reading.

Kind regards,

Princess Osita-Oleribe

Co-Founder, CFHI.

CARDIOVASCULAR DISEASES (CVDS)



Cardiovascular diseases (CVDs) also known as heart diseases are heart conditions that include diseased vessels, structural problems and blood clots. It is a group of disorders of the heart and blood vessels and they include coronary heart disease (disease of the blood vessels supplying the heart muscle), cerebrovascular disease (disease of the blood vessels supplying the brain), peripheral arterial disease (disease of blood vessels



supplying the arms and legs), rheumatic heart disease (damage to the heart muscle and heart valves from rheumatic fever, caused by streptococcal bacteria), congenital heart disease (malformations of heart structure existing at birth), and deep vein thrombosis and pulmonary embolism (blood clots in the leg veins, which can dislodge and move to the heart and lungs).

According to world health organization, CVDs are the most causes of death globally as more people die annually from CVDs than any other health related causes, taking an estimated 17.9 million lives

million lives each year. Also, four out of five CVD deaths are due to heart attacks and strokes, and one third of these deaths occur prematurely in people under 70 years of age.

The most important behavioural risk factors of CVDs are unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol. The effects of behavioural risk factors may show up in individuals as raised blood pressure, raised blood glucose, raised blood lipids, overweight and obesity. These “intermediate risks factors” can be measured in primary care facilities and they indicate an increased risk of developing a heart attack, stroke, heart failure and other complications in future is not properly managed.

Often times, there are no symptoms of the underlying disease of the blood vessels in CVD. A heart attack or stroke may be the first warning of an underlying disease. Symptoms of a heart attack include pain or discomfort in the centre of the chest, pain or discomfort in the arms, the left shoulder, elbows, jaw, or back. The person may also experience difficulty in breathing or shortness of breath, feeling sick or vomiting, feeling light-headed or faint, breaking into a cold sweat and becoming pale. Women are more likely to have shortness of breath, nausea, vomiting, and back or jaw pain.

Aside sudden weakness of one side of the face, arm, or leg being the most common symptoms of stroke, other symptoms include sudden onset of numbness of the aforementioned parts, confusion, difficulty speaking or understanding speech, difficulty seeing with one or both eyes, difficulty walking, dizziness, loss of balance or coordination, severe headache with no known cause, unconsciousness, and fainting.

Cessation of tobacco use, reduction of salt in the diet, consuming fruits and vegetables, regular physical activity, loss of excessive weight and avoiding harmful use of alcohol have been shown to reduce the risk of cardiovascular disease. Also, drug treatment of diabetes, hypertension and high blood lipids may be necessary to reduce cardiovascular risk and prevent heart attacks and strokes. However, health policies that create conducive environments for making healthy choices affordable and available are essential for motivating people to adopt and sustain these healthy behaviours to help beat cardiovascular diseases.

Centre for Family Health Initiative (CFHI) during the commemoration of World Heart Day 2020 with the theme “Using Heart to Beat Cardiovascular diseases (CVDs)” worked with four Medical Doctors to sensitize people to the importance of keeping the heart safe and healthy via media campaign. Princess Osita-Oleribe, the Co-Founder of CFHI also in a video presentation spoke on the need to pay close attention to the heart.

PROJECT REPORTS

ACHIEVING CONTROL OF HIV/AIDS EPIDEMIC THROUGH EVIDENCE (ACHIEVE) ORPHANS AND VULNERABLE CHILDREN (OVC) REPORT



HIV Self-Testing Training at CFHI Head Office, Abuja.

Centre for Family Health Initiative Orphans and Vulnerable Children (OVC) team in September facilitated strategic meetings and review meetings to aid the successful close out of fiscal year 2020 (FY20). Some of the achievements include the development of a Continuous Quality Improvement (CQI) tool which

were administered to target beneficiaries, continued receiving referral forms from facilities and keeping in view for FY21, continued following up with unsuppressed vulnerable children to ensure at least 95% viral suppression by project close-out, amongst others.

A total of seven thousand eight hundred and fifty five (7,855) beneficiaries across assigned communities were provided care, twenty (20) caregivers participated in better parenting meeting at Sabo-Lugbe, twenty (20) children participated in Jahi for Kiddies club activities, twenty (20) adolescents in Sabo-Lugbe participated in adolescent's club activities. In accelerating interventions aimed at improving infant and young child feeding (IYCF) at the community level, the team facilitated the IYCF support group meeting at Tundun Wada. Also, referral coordination activities continued across assigned facilities. The team had five referrals from health facilities and linked a positive vulnerable child to Tuberculosis (TB) Clinic at University of Abuja Teaching Hospital (UATH) to start her TB drugs.

Currently, it is estimated by World Health Organization (WHO) that only 79% of people living with HIV know their HIV status. Hence, the need to rapidly increase the uptake of HIV testing services, especially for populations with low access and those at higher risk that would otherwise not get tested. One approach is HIV self-testing. During the month under review, the ACHIEVE OVC team conducted a step-down training on the HIV Self-Testing for office staff in order to help reach more people with undiagnosed HIV.



Adolescents club at Sabo-Lugbe, Abuja.



Better Parenting Meeting at Sabo-Lugbe, Abuja

IMPROVING MATERNAL AND CHILD HEALTH THROUGH CAPACITY BUILDING AND COMMUNITY AWARENESS APPROACH IN IMO STATE PROJECT (CCAP) REPORT



TBA training at Owerri Senatorial Zone, Imo state.

The final phase of the CCAP training for Traditional Birth Attendants (TBAs) commenced in Owerri senatorial zone. Preparations started in earnest as the team contacted and sent out invitations to the participants, contacted the facilitators, and ensured other logistics where put in place for the training. One hundred and fifty (150) traditional birth attendants were successfully trained in the three senatorial zones in Imo state (Orlu, Okigwe, and Owerri) on basic maternal and child health care, documentation and effective referral system.

Just like the previous phases of CCAP cluster training in Orlu Senatorial zone and Okigwe Senatorial zone, the TBAs were educated on the roles of TBAs, the limitations and possible solutions. The TBAs were enlightened on the danger signs of pregnancy which can be noticed through history taking of pregnant women, early referral of women at risk to the hospital, importance of good documentation, good and proper nutrition during pregnancy and the importance of attending antenatal clinics. Rather than the obsolete practices in the communities, modern maternal health care practices were taught and participants were encouraged to adopt them. Models were used to demonstrate how to deliver babies and the resuscitation of newly born babies with difficulty in breathing.

Dr. Charles Okafor, the Program Manager of Tuberculosis and Leprosy in Imo state educated the TBAs on



TBA training at Owerri Senatorial Zone, Imo state

the causes, mode of transmission, symptoms, diagnosis, and treatment of tuberculosis as well as its prevention. They were encouraged to refer women or children with suspected cases of tuberculosis to the nearest health centre in the community, as testing and treatment is free.

The team commenced community awareness and sensitization campaigns for women of reproductive age on quality maternal and child healthcare. During the campaigns, the women were educated on the importance of attending antenatal clinics during pregnancy, maintaining good hygiene and good nutrition. They were also encouraged to do exclusive breastfeeding for 6 months and cultivate a habit of regular hand washing which is crucial in curbing the spread of the novel pandemic.



Community awareness campaign in Imo State.

**GLOBAL ACTION TOWARDS
HIV EPIDEMIC CONTROL IN
SUB-NATIONAL UNITS IN NI-
GERIA (4GATES) ORPHANS
AND VULNERABLE CHILDREN
(OVC) PROJECT REPORT**



Adolescents Club Meeting in Owerri
North

As FY20 comes to an end, the 4Gates team continued with service provision for beneficiaries, served a total of five thousand, seven hundred and seven (5707) beneficiaries, provided on the spot services for newly enrolled beneficiaries, provided birth certificates for one hundred and seven (107) vulnerable children with support from National Population Commission (NPopC). Community Volunteers continued with home visits and care plan monitoring and development for households under their care for service delivery.

The team successfully coordinated Caregivers forums at Nekede and Mbieri in Owerri West and Mbaitoli local government areas, through which the caregivers were sensitized to proper parenting skills. At Emii in Owerri North local government, the team successfully coordinated the adolescents meeting with participants who benefitted from the capacity building on life skills. Also, the kids' session participants participated in various educative and recreational activities.

In September, two thousand, four hundred and fifty eight (2458) household economic vulnerability assessment was conducted by the community volunteers. To mitigate household economic vulnerability, forty four (44) caregivers with no source of income were provided with business start-up items and cash transfers made to one hundred and eleven (111) depending on their vulnerability status. In collaboration with the Nutrition Officer at Owerri West local government the team successfully

facilitated food demonstration session for caregivers at Irete community and environs, with a total of twenty-two (22) caregivers benefiting from training on the methods of cooking healthy meals.



***Interested in helping in any
aspect of our work?***

Persons interested in donating to our activities, offering volunteer services or partnering with us, are always welcome. All CFHI's projects are community based and family-centred, so that our beneficiaries are reached with activities that proffer sustainable solutions.

Therefore, individuals or groups concerned with improving community health, sustainable socio-economic empowerment and the development of family-centred policies should kindly do so through the channels below.

For Donations and/or others:

Account details:

Name: Centre for Family Health Initiative

Number: 5080117843

Bank: Fidelity Bank PLC

Swift Code: FIDTNGLA

Or Contact us:

Address: Plot 508, Excellence & Friends Road, off Liberty Road (Arab Road), Cadastral Zone, Kubwa Extension II, Abuja (FCT) Nigeria.

P.M.B. 12 Kubwa, Abuja-Nigeria.

Mobile numbers:

+234809 608 3336

+234 809 049 2227

Emails:

director@cfhinitiative.org,

info@cfhinitiative.org

website:

www.cfhinitiative.org

Twitter: www.twitter.com/CFHInitiative

YouTube: Centre for Family Health Initiative

Facebook Page:

www.facebook.com/CFHInitiative.org/