



# APHPN NEWSLETTER

Quarterly Newsletter of the Association of Public Health Physicians  
of Nigeria - Golden Jubilee Edition

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### EDITORIAL BOARD

Omosivie Maduka – Editor  
Ulunma Mariere  
Terkaa Bitto  
Victor Ahoma Mbanuzuru  
Blossom Maduafokwa

### EDITORIAL ASSISTANT

Caroline Momoh

## From the Golden President

### PROF. ALPHONSUS ISARA

Dear colleagues, I have received so many messages and phone calls congratulating me for a very successful 40th Annual General Meeting and Scientific Conference tagged Ondo 2024 and the golden jubilee celebration of our great Association. I alone cannot take the glory for a successful conference and golden jubilee celebration. First, we give glory to God for a wonderful and fruitful conference and jubilee in Akure. Secondly, the glory goes to the Chairman of APHPN Ondo State Branch Dr. Demilade Ibirongbe, the Chairman of the Local Organizing Committee (LOC), Dr. Isaac Aladeniyi, the Chairman of the golden jubilee committee, Prof. Vivian Omuemu, and the wonderful team they assembled to execute the conference and jubilee projects. They were awesome. Lastly, the glory goes to all APHPN members who actively participated in the conference activities either physically and virtually. The commitment and enthusiasm displayed by members during the celebrations was unprecedented. I urge members to strengthen and propagate these positive attributes because they are invaluable to the repositioning Public Health in Nigeria.

In the course of preparing for the golden jubilee celebration, we interacted with senior members of the APHPN to give a detailed history of our Association from when it started in 1974 till date. The major challenges we encountered were lack of documentation and issues of recall on the part of those who were supposed to give an in-depth overview of the history of the Association. To overcome these challenges in future, we have constituted the APHPN Archive and Documentation Committee. The committee which is headed by my humble self, with Prof. Omosivie Maduka, Dr. Demilade Ibirongbe, Dr. Terkaa Bitto, and Dr. Adegboyega Oyefabi, as members, is charged with the responsibility of filling in the gaps that are yet to be covered in the history and development of APHPN as contained in the golden jubilee magazine, especially for the periods between 1974 and 1983. The committee will henceforth prepare and maintain appropriate documentation of our developmental milestones for future references and utilization. The committee will also take the responsibility of telling the story of APHPN periodically. If we do not tell our story, nobody will tell it for us.



Once again, I congratulate all our golden jubilee awardees and our collaborating partners/organizations who have supported APHPN over the years. I pay maximum respect to all the departed members of APHPN especially our founding members and past leaders, who having toiled so hard to promote health and prevent diseases in Nigeria and outside the shores of the country, answered the inevitable call of nature before APHPN attained the landmark age of 50 years. As we set out to face the next fifty years, we look forward to a vibrant Association that will maintain her voice in the Nigerian healthcare delivery system. We also look forward to, and hope that we will be alive and well to witness the diamond, platinum, and centenary jubilees of APHPN in the near to distant future.

I encourage APHPN members to contribute to the newsletter and give regular feedback to the publicity committee.

### CONTACT US:

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## UPDATE FROM THE SECRETARIAT

**Dr Alphonsus Aigbiremolen**

Here are some important updates from the National Secretariat for the first quarter of 2024:

The 10th APHPN/WCEA Capacity Building Webinar was held in February 2024. The theme of the webinar was Meta-analysis using JAMOVI software: hands-on experience, and was facilitated by Prof. Patrick Oyibo. APHPN/WCEA webinars present unique opportunities for learning and acquisition of skills relevant to the practice of public health in diverse settings.

The 40th Annual General Meeting (AGM) and Scientific Conference of APHPN which coincided with the 50th Anniversary of the Association was hosted by the Ondo State branch from 10th to 15th March 2024. The theme of this year's Conference was Public Health Practice: New Opportunities and New Challenges. The Golden Jubilee featured a press conference and presentation of Golden Jubilee awards to deserving individuals and organizations. In the course of the Conference, APHPN Board of Trustees (BOT) and National Executive Committee (NEC) meetings as well as the AGM were held.

Additional two caucuses of APHPN have been activated following discussions from the just concluded AGM. The additional caucuses, Public Health Nutrition (PHN) Caucus chaired by Prof. Priscilla Utoo, and Health Education, Information and Communication (HEIC) Caucus chaired by Prof. Muawiyya B. Sufiyan, brings the number of functional APHPN Caucuses to six.



Prof. Ladele Kale graciously receiving his APHPN Golden Jubilee award as Past National Chairman of APHPN 1985-1987, from Prof. Kayode Osungbade (APHPN Secretary General 2005 -2009)



## NECROLOGY



**Prof. Wilfred Okey Ndifon**  
APHPN Cross River State Branch

# PUBLIC HEALTH SPOTLIGHT

## KEY CONCEPTS IN MONITORING AND EVALUATION OF PUBLIC HEALTH PROGRAMMES

### Prof. Muhammed S. Ibrahim

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Prof. Muhammed S. Ibrahim

### Introduction

Every programme is made up of five essential components: inputs, processes, outputs, outcomes, and impacts. Inputs represent the resources used, while processes denote the actions taken with these resources to achieve objectives. Outputs are immediate results, whereas outcomes signify short to medium-term changes resulting from outputs. Impacts denote long-term changes stemming from outcomes. For example, health workers, salt, water, etc. (inputs), are needed for the activities (processes) of teaching mothers how to prepare ORS. Through these activities, mothers acquire the knowledge and skill (outputs) for making ORS. This leads to outcomes, where mothers correctly use ORS when their children have diarrhea, resulting in fewer deaths from diarrheal diseases (impacts)

**Monitoring** and evaluation (M&E) simply measure the increase or decrease in any or all of these programme components to assess the progress, performance and outcomes of health interventions. This is crucial for evidence-based decision making to ensure interventions are effective, efficient, and impactful.

This article explores M&E in public health, outlining the significance of M&E, types of indicators, frameworks, challenges in Nigeria, and the strategies for strengthening M&E practices. However, due to space constraints, some concepts will be discussed without accompanying examples; therefore, readers are encouraged to refer to a more comprehensive text for in-depth understanding.

### What is Monitoring and Evaluation?

Every programme is made up of five essential components: inputs, Monitoring involves ongoing data collection and analysis to ensure programme adherence and progress towards objectives. This includes tracking inputs, activities, outputs, and some outcomes, such as the distribution and utilisation of health resources and services. Examples of monitoring results include the number of LLINs distributed and households reached, obtained from programme records.

**Evaluation**, on the other hand, is not continuous but periodic, assessing programme objectives' achievement and attributing observed changes to interventions. It measures population-level changes like knowledge, behaviour, and health status, offering feedback on health outcomes and broader effects. Utilising various study designs, including experimental and qualitative approaches, evaluations yield results such as LLIN usage by pregnant women and under-five mortality due to malaria, derived from field data.

### Significance of Monitoring and Evaluation in Public Health Practice

M&E is a fundamental aspect of Public Health Practice, serving as a critical tool for **assessing intervention effectiveness and impact**. This meticulous assessment ensures that resources are efficiently allocated and interventions produce optimal outcomes for the communities they serve. Additionally, it enables **real-time tracking of programme effectiveness**, facilitating swift adjustments and informed decision-making.

Additionally, M&E plays a crucial role in **facilitating timely adjustments** to interventions. This ensures that strategies evolve effectively to address evolving health needs, thereby enhancing the overall impact of healthcare initiatives. Furthermore, it serves as a pillar for **evidence-based decision-making**, providing policymakers and practitioners with meticulously gathered data, thereby ensuring targeted interventions to maximise health outcomes.

Furthermore, M&E **upholds accountability and transparency** standards in Public Health Practice. By offering a framework for systematic assessment and reporting, it ensures stakeholders' trust in health care delivery. This commitment to accountability and transparency reinforces the integrity of Public Health Practice and promotes confidence in the effectiveness and efficiency of health interventions.

### Monitoring and Evaluation is Based on Indicators

Indicators are like signposts, signals or markers that help us know if our programme is going in the direction that we want it to. They show us if we are achieving the objectives or goals of our intervention.

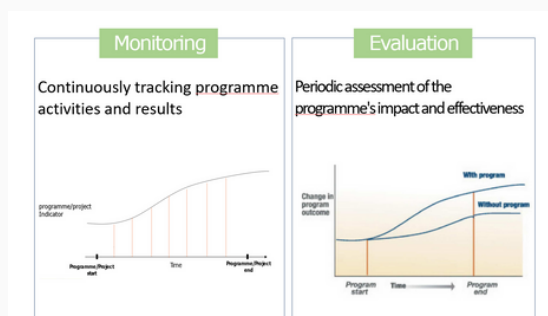


Figure 1: Illustration of the difference between monitoring and evaluation. (Source: Frankel N, Gage A. M&E Fundamentals: A Self-Guided Mini-Course. 2006.)

For example, if we want to know if a health programme is helping more people to embark on preventive practices against malaria, we might determine if there is increase in the percentage of persons who slept under LLIN everyday in the last one week. Then, this percentage of persons will serve as our indicator of progress.

Nonetheless, for an indicator to really serve its desired purpose, we must make sure is these qualities:

1. **Valid:** measures the concept it intends to measure
2. **Reliable:** data collected for it is consistent over time and across different data collectors
3. **Sensitive:** it is able to detect meaningful changes as they occur
4. **Feasible:** considering available time and resources, collecting data for it should be possible
5. **Specific:** it is clear, without ambiguity in its meaning or interpretation
6. **Timely:** the data for computing it is available within the time that decision-making is to be made

### Types of Indicators

While indicators can be categorised in various ways, the predominant classification method focuses on the specific aspect of the programme being measured by the indicators. Indicators that measure input are called input indicators, those assessing process or activities are process indicators, those gauging output are output indicators, those evaluating outcome are outcome indicators, and those appraising impact are impact indicators.

On the other hand, a target is a specified level set to be achieved for an indicator within a given time.

### To Serve Their Purpose, Indicators Rely on Quality Data

For indicators to be effective, they depend on accurate data, akin to a thermometer measuring body temperature correctly to diagnose fever. This underscores the importance of collecting high-quality data initially to ensure accurate project tracking and decision-making. Identifying quality data remains a crucial aspect.

Quality data provides an accurate depiction of programme activities, enabling informed decision-making. To ascertain the quality of data quality, specific criteria must be considered, including:

1. **Accuracy:** free from errors and represents the true values of what is being measured
2. **Reliability:** reproducible, i.e., it yields similar results when collected under the same conditions
3. **Completeness:** captures all relevant information needed to assess being measured
4. **Timeliness:** available within the time it is needed for decision-making
5. **Relevance:** directly related to the objectives and indicators of the programme or intervention
6. **Consistency:** compatible and harmonised facilitate comparisons and trend analysis
7. **Accessibility:** stakeholders easily obtain and use it while ensuring confidentiality and security
8. **Validity:** accurately represent the concepts they intend to measure

### Monitoring and Evaluation Frameworks

Frameworks are essential parts of M&E plans, mapping out project elements and actions needed for desired outcomes. They clarify programme goals, implementation factors, and potential impacts, aiding in operational analysis. No single framework is appropriate for all situations and programs should choose the frameworks that best suit their needs. We will take a brief look at each of the three common types: conceptual framework, results framework and logic model.

1. **Conceptual framework** visually depicts the key concepts and relationships influencing a study or analysis, outlining factors affecting the desired outcome. For example, UNICEF's conceptual framework of malnutrition illustrates socioeconomic, environmental, and individual determinants. While not directly used for M&E, it informs programme design.

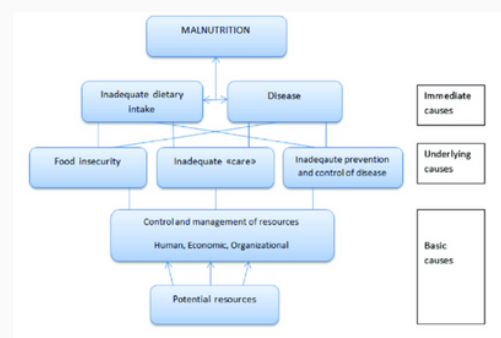


Figure 2: Adaptation of UNICEF's Conceptual Framework for the cause of malnutrition (Source: Vogt et al. BMC International Health and Human Rights (2016) 16:10 DOI 10.1186/s12914-016-0086-y)

2. **Results framework** illustrates the direct causal relationships between incremental results of key activities, leading up to the overall objective and goal of the intervention, thereby delineating points within the intervention where results can be monitored and evaluated. In the generic illustration below (Figure 3), at the top of the framework there are the main goal and strategic objective. Before achieving this broad strategic objective, a series of smaller intermediate results must be achieved. Under each intermediate result are subordinate intermediary results, known as sub-IRs, which directly relate to the intermediate results. For example, under IR1, you will find sub-IRs like IR1.1 and IR1.2. Note that this illustration is generic.



Figure 3: A generic results framework (Source: Frankel N, Gage A. M&E Fundamentals: A Self-Guided Mini-Course. 2006.)

**3. Logic model:** A logic model is a diagram that shows the logical connections between programme inputs, activities, outputs, outcomes, and impacts. It helps public health professionals understand how interventions are expected to bring about desired changes in health outcomes. In the example below (Figure 4), the input consists of trainers and a training manual, which will be used to conduct training workshops as the process or activities. The output will be trained health workers, leading to the outcome of clients being served by these trained health workers. Ultimately, the impact of the programme will be reflected in declining morbidity and mortality rates within the target population. The logic model shows the linear relationships between the various aspects of the programme or project.

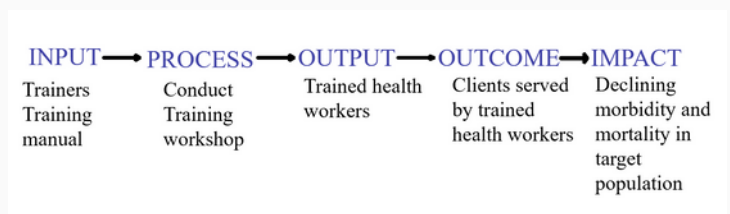


Figure 4: An illustration of logic model

**Challenges of Monitoring and Evaluation in Nigeria**

In Nigeria, public health professionals encounter challenges such as limited resources and capacity for M&E activities, inadequate data collection systems, and difficulties in accessing remote populations. Cultural and language barriers hamper communication, while insecurity disrupts M&E efforts. Ensuring sustainability and conducting long-term impact assessments are difficult, exacerbated by weak stakeholder coordination. High staff turnover rates and insufficient funding further impede M&E.

**Strengthening Monitoring and Evaluation Practices in Nigerian Public Health: A Call to Action**

Considering the critical role of M&E in advancing public health outcomes, it is imperative for public health professionals in Nigeria to take concerted action to strengthen M&E practices. Firstly, prioritising investment in M&E capacity-building initiatives, including training programs and skill development workshops, is essential to enhance technical expertise and proficiency among practitioners. Moreover, promoting collaboration and partnership among stakeholders, including government agencies, NGOs, and academic institutions, can facilitate knowledge sharing and resource mobilisation for robust M&E implementation. By embracing innovation and leveraging technology for data collection, analysis, and reporting, public health professionals can overcome logistical challenges and enhance the efficiency and accuracy of M&E processes. Ultimately, by committing to continuous learning, collaboration, and innovation, public health professionals can collectively drive improvements in M&E practices, leading to more effective and evidence-based public health interventions across Nigeria.

**References**

- Frankel N, Gage A. *M&E Fundamentals: A Self-Guided Mini-Course*. 2006.
- Vogt LE, Rukooko B, Iversen PO, Eide WB. *Human rights dimensions of food, health and care in children's homes in Kampala, Uganda – a qualitative study*. *BMC International Health and Human Rights* (2016) 16:10 DOI 10.1186/s12914-016-0086-y

**NEWS IN BRIEF**

The Association of Public Health Physicians of Nigeria (APHPN) Borno State Branch paid an Advocacy visit to the Commissioner of Health at the Borno State Ministry of Health on Thursday 25th of January 2024.



From L to R: The Executive Secretary, Borno State Contributory Health Management Agency, Dr. Saleh Abba Kaza, Treasurer, APHPN Borno State, Dr. Aisha Aliyu Abdulfathi, Secretary, APHPN Borno State, Dr. Taofiq Oloyede, Medical Director, Borno State Hospitals Management Board, Prof. Abubakar Kullima, Chairman, APHPN Borno State, Dr. Zara Wudiri, Borno State Commissioner for Health, Prof. Baba Mallam Gana, Permanent Secretary, Borno State Ministry of Health, Dr. Mohammed Guluze, Executive Director, Borno State Primary Health Care Development Agency, Prof. Mohammed Arab Alhaji, and Vice Chairman, APHPN Borno State, Dr. Tahir Bolori

**MEET THE NEW EXCO OF APHPN BAYELSA STATE BRANCH**



From L to R: Public Relations Officer, Dr Joseph Tonbara Golbador, Treasurer, Dr Juliet Oyinemi Okaniba, Assistant Financial Secretary, Dr. Douye Lorreta Indiamawei, Chairman, Dr Enebipamo Amba-Ambaiowei, Secretary, Dr Sandra Osaremen Edeki, Financial Secretary, Dr Tuebi Moses, and Vice Chairman, Dr Esinte Daminabo Inenyo

**MEET THE NEW EXCO OF APHPN EBONYI STATE BRANCH**



From L to R: Chairman, Dr Irene Eze, Secretary, Dr. Sunday Nnaji, Treasurer, Dr. Onyinyechukwu Oka, Assistant Secretary, Dr. Adaeze Stephen-Emeya, Financial Secretary, Dr. Marycnythia Otta, and Public Relations Officer, Dr. Jude Ugwu

# PHOTO STORY

## APHPN 40TH ANNUAL GENERAL MEETING AND SCIENTIFIC CONFERENCE

### Day 1: Press Conference and Scientific Sessions



President APHPN - Prof Alphonsus Isara reading the press statement for the 40th Annual General Meeting and Scientific Conference and 50th Golden Jubilee Celebration



Prof Adesegun Fatusi (Isaac Oluwole Memorial Lecturer) and other participants during a plenary session



The Golden President - Prof Alphonsus Isara granting an interview after the Golden Jubilee press conference



Presentation of the SPARKLE project during a plenary session of the conference



Session Chair, Prof Oby Emelumadu Co-chair Dr. Terfa Kene and presenters taking a group photograph after a plenary session



Dr Glory Worgu presenting an abstract at the conference.



APHPN Journal Editors, past (Prof Vivian Omuemu) and present (Prof Ololade Wright) with a cross section of conference participants.



Female participants making photo memories at the conference.



APHPN Admin staff at the APHPN stand with memorabilia on display during the conference

# APHPN 40TH ANNUAL GENERAL MEETING AND SCIENTIFIC CONFERENCE

## Day 1: Courtesy Visit to the Executive Governor of Ondo State



Group photograph of APHPN delegation with Governor Lucky Aiyedatiwa



APHPN President welcoming the Special Adviser to the President on Health, Dr. Salma Ibrahim Anas



Prof Zoakah exchanging pleasantries with Governor Lucky Aiyedatiwa



APHPN President addressing the Governor



The Governor addressing APHPN delegation



Governor Lucky Aiyedatiwa and the Special Adviser to the president on Health



A cross-section of APHPN delegation

# APHPN 40TH ANNUAL GENERAL MEETING AND SCIENTIFIC CONFERENCE

## Day 2: Scientific Sessions and Opening Ceremony



Special Guests and members of the High Table enjoying a tour of the exhibition booths after the opening ceremony.



The Dr Isaac Ladipo Oluwole Memorial Guest Lecturer - Prof Adesegun Fatusi, Vice Chancellor of the Ondo State University of Medical Sciences giving the keynote address.



Dignitaries and members of the High Table at the opening ceremony.



Prof Omosivie Maduka receiving a special Appreciation award on behalf of the Shell Petroleum Development Company of Nigeria Ltd



Special adviser to the President on Health Dr Salma Ibrahim Anas felicitating with APHPN members before the opening ceremony.



Dr Pelumi Adebisi chairing a scientific session at the conference



Dignitaries and Awardees in a group photograph after the Opening Ceremony



Dignitaries visiting the APHPN stand during the tour of exhibitions



# APHPN 40TH ANNUAL GENERAL MEETING AND SCIENTIFIC CONFERENCE

## Day 3: Scientific Sessions and Annual General Meeting



Dr Ibirongbé - Ondo State Chairman and other conference participants



Dr B Osaro presenting an abstract during the abstract presentation breakout system



Celebrating Professor Oby Emelumadu's birthday with a cake during the conference.



Group photograph of abstract session chairs and presenters after a scientific session



Group photograph of abstract presenters and session Chairs after an abstract presentation session at the conference



Prof Steve Abah giving a presentation during the strategy session of the conference



President APHPN presiding over the Annual General Meeting



Cross section of AGM participants



State Chairman APHPN Taraba - Dr Garba actively participating in the AGM proceedings

# APHPN 50th Annivesary and Golden Jubilee Celebrations

## Day 4: Tour of Nibanola Agricultural and Nature Resort



At the foot of the 536-step Nibanola mountain just before the mountain climb



The Golden President leading the charge to climb the mountain



Mountain climbing in progress - first few steps



Prof M.C Asuzu astonishing everyone with his resilience all the way to the top of the mountain



We made it to the mountain summit - tired but victorious

# APHPN 50th Annivesary and Golden Jubilee Celebrations

## Day 4: Golden Jubilee celebrations and awards luncheon



Chairman of the Golden Jubilee Committee - Prof Vivian Omuemu giving some remarks at the event.



Prof Benjamin Uzochukwu receiving an award of meritorious service as past president of APHPN from Dr Olusegun Mimiko



Prof Clara Ejembi receiving an award of Meritorious service as member Board of Trustees at the event



Members of APHPN Plateau state Branch receiving an Award of special commendation as the Most Active APHPN State Branch from the Golden President



Prof Ayuba Zoaka receiving an award of meritorious service as Past Chairman of APHPN



APHPN Golden Jubilee Celebration Cake



The cutting of the APHPN Golden Jubilee anniversary cake



Group photograph of APHPN members at the Golden Jubilee celebrations which held at Nibanola resort.

# Global Public Health Dates of Significance: April - June 2024

CULLED FROM THE WORLD HEALTH ORGANIZATION AND UNITED NATIONS WEBSITES

