A MOMENT OF OBLIGATION:
A Profile of Wellbeing Foundation Africa
Founder - President, Her Excellency Toyin Ojora Saraki
“Yes, go where opportunities are already great! But, also go to places where conditions are terrible! That is where you will show what you as a midwife can truly bring to healthcare and community.”

- Dorothea Lang CNM, MPH
“We thank the Wellbeing Foundation for their commitment to the Every Woman, Every Child initiative.”

- Ban Ki-moon, Secretary General, United Nations
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‘My Moment of Obligation’ by H.E. Toyin Saraki

My moment of obligation – and the beginning of my journey from barrister to global maternal, newborn, and child health advocate – began over twenty years ago when I tragically lost one of my twin babies during childbirth, and then had to fight for the survival of the other.

Even though I was an informed woman, I was unable to save the life of my stillborn second twin daughter because of the infrastructural deficiencies in Nigeria’s healthcare system at the time, including a fatal delay in finding an anaesthetist for an emergency C-section. Although I was grateful to leave this painful experience with my first twin and my own life, I realised that this experience is an unavoidable reality for many women in Nigeria. This was my moment of obligation. I could no longer ignore the plight of so many Nigerian women. I had to stand up and use my voice – as a barrister, as an entrepreneur, as the First Lady of Kwara State – for Nigerian women and children. I have an obligation and I have dedicated my life since that moment to fulfilling it.

When I began my formal work with the Wellbeing Foundation Africa in 2004, I undertook an ‘Assessing the Needs’ tour of Kwara State to identify the depth of the problem. Over the course of the tour, I discovered that behind the intrinsic inadequacies in our public health system are human stories and human experiences. This tour reiterated the importance of grassroots participation in encouraging global innovation and forging the development partnerships that can truly affect change for mothers and children in their homes, workplaces, and schools. We launched the Positive Lifeline Programme to provide free testing, treatment, care and support to people living with HIV/AIDS as well as the Indigent Medical Fund that provided financial assistance to 120 beneficiaries in need of emergency healthcare services and resources.

Child and women’s rights have also been a key issue of mine and one that I feel is intrinsic to the health and wellbeing. In 2005, we worked to achieve the early domestication and passage of the Child Rights Act in Kwara, as well as collaborating with the Anti-Trafficking Unit of the Nigerian Police Force to rescue and rehabilitate victims. This work on female empowerment, girl education, and child rights informed our response to the Chibok Girls crisis that faced Nigeria in 2014. WBFA led the call to Bring Back Our Girls and spearheaded a campaign to raise international awareness of their plight. As institutional signatories to the Girl Effect, partners to the Girl Effect, and collaborators with the Girls, Not Brides movement, WBFA believed in the potential of young educated and empowered girls to change their communities for the better. Speaking at various events centred on female empowerment, including WIE: Africa in Lagos, the Women Leader’s Forum, and the UN Press Fellows in New York, I called for the international community to not only bring back the missing Chibok girls but to also help the millions of other adolescent girls who have been marginalised in society.

Health has always been at the forefront of WBFA’s work, and we have sought to achieve universal
health coverage in line with World Health Organisation’s recommendations. In 2008, we celebrated the launch of the Bacita One Year Health Insurance Scheme in collaboration with Hygeia PharmAccess. The success of this scheme and learning from the successes of the Kwara State Community Health Insurance Scheme, WBFA closed its Positive Lifeline Programme, Twins and Multiple Births Fund, and Indigent Medical Fund to launch the Alaafia Universal Health Coverage Fund (AUHCF). Through these three programmes, the Foundation and I had intervened to assist with out-of-pocket medical bills and the cost of specialist healthcare for patients in need. However, even we have found that this model, whilst successful, is ultimately unsustainable – we could not go to scale. We realised that fundamentally transforming how we approach primary healthcare as a nation, would require a more comprehensive and innovative financing mechanism.

During my husband’s tenure as Governor in our home state of Kwara, the state government pioneered the provision of equitable access to healthcare services through the Kwara State Community Health Insurance Scheme (CHIS) for low-income families. The donor-subsidised scheme now has 85,000 active enrollees, paying only approximately $2.50 (USD) per person, per year, in insurance premiums to receive excellent coverage. With just under 50% of Nigerians living below the poverty line¹, out-of-pocket financing at the point-of-service in hospitals can cripple families financially for years, resulting in further economic vulnerability and limited access to regular primary healthcare, setting off a cycle of poverty and poor health for generations. Access to
affordable health insurance could be the difference between life and death for these families, particularly during pregnancy.

Therefore, in partnership with Hygeia Community Health Care, a Nigerian health insurance provider, and the Dutch PharmAccess Foundation, WBFA established the Alaafia Universal Health Coverage Fund (AUHCF). Through the AUHCF, we fund the insurance premiums for 5000 Kwaran residents each year. Designed with women in mind, this fund will enable girls and mothers to access affordable, high-quality primary healthcare at the most vulnerable junctures of their life, rather than relying primarily on expensive emergency care.

In my Assessing the Needs tour in 2004, I found that Nigeria suffers from a lack of accurate record keeping, emphasised by the fact that only a third of all newborns are registered at birth. For medical staff, a lack of accurate patient records meant that they could not effectively identify health risks in pregnancy or track progress. For patients, a lack of accurate records meant that they could not track their own progress during pregnancy, leaving them without vital life-saving information, such as their blood type or medical history.

Learning from this situation, WBFA introduced the client-held Personal Health Record (PHR). The PHR has been designed to be in the custody of mothers so that they can bring them to health centres during their pregnancy and labour, and up until their child attains the age of 5 years. Keeping all of this information in this client-held PHR is an effective way of ensuring that mothers and children receive the right care throughout the periods of pregnancy, labour/delivery, and post-natal care.

Through partnering with the Midwives Service Scheme (MSS) of the National Primary Healthcare Development Agency (NPHCDA) Personal Health Records were adopted into the very frontline of the Nigerian health system. For me this was a personal standout and crucial achievement; the result of a strategic partnership between my Foundation and the Nigerian government – in line with MDG 8.

The PHR is groundbreaking in Nigeria because it is far more than a data collection tool – it is an information delivery platform. It empowers women to track their health and the health of their child, including their nutrition, immunisation, and more. It provides healthcare professionals like midwives, with an early warning signal, in case of any risks during pregnancy and in the early stages of childhood, and enables them to provide timely care and advice to mothers and their families. And as a vital audit tool, it can identify gaps in practice and improve quality of care.

In a recently released report, the World Bank, USAID and the WHO highlighted how personal health records, like WBFA’s PHR, were a critical component of effective measurement and accountability systems for health, claiming that “client-held personal health records, especially for mothers and children, can build ownership of health information as well as consistency of data over time and across different facilities.”
In the early years of my work, I found that for many women around the world, preparation for birth means nesting, painting nurseries, and attending prenatal doctors appointments. But, for pregnant women in rural areas of Nigeria, preparation for birth is ensuring they take at least 12 candles and six gallons of diesel with them to the hospital, lest the facility suffer a power cut during delivery. Included in a preparation for birth list given to women in rural areas, the candles shine a light on glaring gaps in Nigeria’s health system and infrastructure, and the need for an approach that tackles inequity of access to adequate medical resources and social determinants of health. The onus should not be placed on patients – many of whom live below the poverty line – to plug the funding and supply chain gaps for basic commodities like lighting or medical equipment. The onus should not be placed on midwives – many of whom are overworked and underpaid – to scramble to find the basic commodities that they need to do their job. My obligation became clear – I needed to help provide the kits that could overcome this challenge.

WBFA introduced ‘Safe Delivery Kits’, which we fondly termed the ‘MamaKit’. Introduced in 2010, the MamaKit contains all the necessary life-saving health commodities that can transform any incidental delivery location into the likeness of a fully equipped health facility. Over the years, WBFA has distributed MamaKits across Nigeria, including in Internally Displaced Persons camps in the northeast of the country in 2015. The success of the MamaKits led to us refining the kits for healthcare providers, including midwives. The MamaKit for Midwives includes higher specification health commodities, including oxytocin, misoprostol, and a Foley’s catheter in one handy, easily transportable kit. This will enable midwives to easily transport the equipment that they need to safely deliver babies, thus enabling them to address high maternal and infant mortality rates in rural areas.

Although my journey began in Kwara, my obligation is global for every woman and every child. In 2010, WBFA’s profile raised considerably
internationally. I was interviewed by CNN African Voices, which culminated in an invitation with the United Nation’s Secretary General, Ban Ki Moon to speak at the high profile Every Woman, Every Child initiative at the UN General Assembly in September 2011. We became a lead catalyst for the EWEC effort in Africa and worked towards the finalisation of the Every Newborn Action Plan in 2014. In 2013, we partnered with McCann Global Health – a leading global health communications agency – in a groundbreaking pilot initiative to encourage behavioural change in Kwara State, Nigeria, through effective communication. From our extensive frontline programme experience and our international advocacy, I found that an empowered and informed woman is a health-seeking woman for herself, her family, and her community.

My global journey took me even further in 2014, when I received the incredible honour of becoming the International Confederation of Midwives’ inaugural Global Goodwill Ambassador. Having worked closely with midwives since 2004, I am a firm believer that midwives are an integral part of the solution of reducing maternal, newborn and child mortality. The power and perseverance of midwives, and others involved in the safe delivery of newborns creates an energy that is palpable. This energy is reflected in the statistics, as demonstrated by the Lancet Series on Midwifery, which found that a 25% increase in midwife coverage could reduce maternal mortality by 50%.

Having attended every UN General Assembly since 2011, WBFA and I were overjoyed when we received Special Consultative Status to the United Nation’s Economic and Social Affairs Council (ECO-SOC) in 2015. This status will allow me to fully achieve my obligation to Nigerian women and children – to all African women and children – on a global scale. WBFA will work with the UN in this capacity to successfully and rapidly implement the Sustainable Development Goals in Nigeria and across the continent.

Our global reputation for integrity and dedication to maternal, newborn, and child health led to a partnership with the Johnson and Johnson Foundation and the Liverpool School of Tropical Medicine in 2015. This partnership delivered a ‘skills and drills’ training package for Emergency Obstetric Care and early Newborn Care in Kwara State. LSTM’s Centre for Maternal and Newborn Health (CMNH) has designed an innovative programme that has the potential to reduce maternal mortality by up to 15% and still birth rates by up to 20%. This ensures the improved quality and availability of skilled birth attendants (SBA) and emergency obstetric care and early newborn care (EmONC), with a measurable increase in knowledge and skills of healthcare providers. The training programme includes support to pre-service midwifery institutions to improve the competency based EmONC training components of their curriculum, in-service training for 80-100% of midwives, doctors and community health extension workers who provide maternity services in public sector hospitals, setting up skills labs in three general hospitals, and upgrading the capacity of one skills lab in a pre-service midwifery institute. This partnership enabled WBFA to bring global innovation back home to Kwara – where my journey began.
Pregnancy, birth and early childhood are crucial times in most parents’ lives. It is the time when the baby develops in response to his/her early experiences and the foundation for future life is laid down. At Wellbeing Foundation we recognise the importance of this period and provide antenatal and postnatal education programmes sometimes known antenatal classes to help prepare mothers for birth, give them confidence to go through labour, and care for their babies. The programme provides a range of information and topics include; preparation for birth, labour, coping with pain, care of the newborn and breastfeeding. The classes are fun, informative and led by a qualified midwife. Women expecting twins are encouraged to attend classes early, from 24 weeks pregnancy. The classes are a good way to make friends with other parents who are expecting babies around the same time.

The success of this WBFA’s work has garnered great praise from our peers and the people we help. In our first year, we received a merit award from the National Council for Women Society for our role in maternal and child health. In 2005, an Award of Honour by the Presidency and House of Representative Committee on Education compounded this honour. In 2009, I received the Blue Ribbon Child Survival Award, and in 2011, I won the International Women’s Society – Humanitarian of the Year Award. In 2012, I was named as the UN’s Fashion for Development Angel Award at the UN General Assembly in New York and the MNCH Champion of the Institute of Child Health in Enugu. In 2013, I received the WIE 60 Power Influencer Award at the first WIE Africa event in Cape Town, as well as The Girl Revolution III award from the University of Lagos. In 2014, I won the prestigious MM&M Platinum Award for Outstanding Contribution to Healthcare.

I am overjoyed that we have been recognised in these ways, and I remain ever humbled by the progress that we have achieved as an organisation in just 11 years. During my moment of obligation many years ago, I could never have imagined that I would have achieved so much, so quickly. However, my work is far from complete. Nigerian women still face one of the world’s highest risks of maternal mortality, with 40,000 women dying every year from preventable causes related to pregnancy and childbirth. According to UNICEF, in Nigeria, approximately 2,300 under-fives and 145 women of childbearing age die, each day. These figures regretfully place Nigeria as the second largest contributor to maternal and child mortality rates worldwide, accounting for 13% of all global deaths of children aged under-five and 14% of global maternal deaths.

As we mark the end of the Millennium Development Goals and the beginning of the new era of Sustainable Development, WBFA and I remain committed to Nigerian women and children, to African women and children, and indeed to every woman, and every child across the world. Through our frontline programmes, our many partnerships, and our global advocacy, WBFA will continue to work to save the lives of mothers, newborns, and children around the world.

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1 http://data.worldbank.org/country/nigeria#cp_fin
2 http://www.unicef.org/nigeria/children_1926.html
4 http://data.unicef.org/maternal-health/maternal-mortality

“Increasingly, visionary Africans are stepping forward and embracing strategic philanthropy and social entrepreneurship as their means of contributing to the success of Africa and fellow Africans. In so doing, they are building on a long tradition of African generosity, and are focusing their efforts on issues that are vital to the success of the Continent. Founded by H.E. Toyin Saraki, the Wellbeing Foundation has done just that, by addressing the critical issues of maternal, newborn and child health. These are not only truly important issues in their own right, but have been vital to the historic achievement of the Millennium Development Goals.”

-Jane Wales
Founder & CEO
Global Philanthropy Forum
“I’ve found Mrs Saraki to be an astute woman filled with intelligence, finesse, love and passion to impact positively on the lives of so many. May God continue to reward her work and love for people.”

- Mr Jesse Cheto
The Wellbeing Foundation Africa

For over a decade, the Wellbeing Foundation Africa founded by Her Excellency Toyin Saraki has led global efforts to reduce Nigeria’s unacceptably high maternal, newborn, and child mortality indices. Through collaboration and consultation with local, national, and international partners, WBFA has developed innovative solutions that have been adopted into the very frontline of the Nigerian health system.

These solutions include the copyrighted and trademarked WBFA Integrated Maternal, Newborn, and Child Personal Health Records, WBFA Universal Maternal And Child Health Notes and Record Books, the WBFA Clean Birth MamaKit, the WBFA BabyKit and BabyKitBox, WBFA EMONC Skills And Drills Training, #MaternalMonday Demand Creation for Birth-Preparedness, WBFA Baby-Friendly Breastfeeding Manual, WBFA Antenatal Education Curriculum, and Inclusive Access to Health Insurance Capacitation Grants.

As partners to the United Nations Every Woman, Every Child initiative since 2011 at the invitation of UN Secretary General Ban Ki Moon, WBFA has consistently worked to bring global best practice innovations back home to Nigeria including the Alaafia Universal Health Coverage Fund, which provides health insurance for 5000 Kwaran residents annually, and the recent partnership with the Johnson and Johnson and the Liverpool School of Tropical Medicine to provide ‘skills and drills’ emergency obstetric and newborn care training for health-workers in Kwara State.

The WBFA’s work as a non-governmental civil society organisation has been recognised globally by the United Nations, as demonstrated by the awarding of special consultative status to the UN Economic and Social Affairs Council, and by it’s being conferred with prestigious Board Observer status at the WHO Partnership For Maternal Newborn And Child Health PMNCH, while the WBFA also led Nigeria Health CSO’s recent Position Paper On Health, presented to The Presidential Transition Committee.

Strategic partnerships are central to the work of the Foundation and through the Founder-Presidents roles as inaugural Global Goodwill Ambassador for the International Confederation of Midwives (ICM), the Save the Children (Nigeria) National Newborn Champion, and the Chair of the Board of the White Ribbon Alliance Nigeria (WRAN), WBFA works to achieve shared goals of improving maternal and child health.

Former United Nations Assistant Secretary-General for Policy Coordination and Strategic Planning, Dr. Robert C. Orr has previously commended the Wellbeing Foundation for its life-saving interventions, writing “African philanthropy for women’s and children’s health is something that could catalyse much needed resources toward the issues that you have championed for nearly a decade in Nigeria, including the Personal Health Record (PHR) of Nigeria.”

The Wellbeing Foundation Africa does not solicit nor accept general donations. For partnership opportunities, or to support our advocacy and actions please visit www.wbfafrica.org or contact globaloffice@wbfafrica.org

For social enterprise enquiries regarding our tools and resources, please visit www.wbuhealth.com or contact globaloffice@wbuhealth.com.
A woman of compassion, elegance and grace, H.E. Mrs. Toyin Saraki has been a role model to me from the moment we met. Having dedicated over two decades to empowering others and being a voice to those in need, she has shown that selflessness, hard work and tenacity always pays off despite the odds. It is my prayer that God continues to bless her abundantly and grant her good health, long life, joy and prosperity.

-Ms Lore Dada
EXCERPTS FROM SPEECHES
Suriname - Invest in Healthy Pregnancies, Invest in Midwives
ICM Regional Conference
July 2015

Thank you to the International Confederation of Midwives and the Suriname Midwives Association for inviting me to speak here today. It is an honour and a delight to stand here before you today to close what has been a remarkable conference, with many best practices shared, and many insights gleaned. I would like to take this opportunity to congratulate the ICM and the Suriname Midwives Association on their hard work. Indeed, I would like to congratulate each and every midwife here today – and thank you, from the bottom of my heart, as the Global Goodwill Ambassador for the ICM – for making the future a better and bright place for mothers and babies, across the Americas, and indeed, the world.

The progress that has been made in the Latin American and Caribbean region on maternal, newborn, and child health over the last fifteen years has been awe-inspiring. Research has found that 11 countries in the Americas have significantly reduced their maternal mortality ratios by 40% or more since 1990, and the lifetime risk of a woman dying from pregnancy or childbirth related causes in Latin America is lower, at 1 in 570 – considerably lower than the average risk of 1 in 160 in all developing regions. Here in Suriname, the child mortality rate for children under the age of five, fell from 51 in 1990 to 21 in 2012. This progress is truly outstanding, and a large part of this is down to the hard work and dedication of midwives like you.

I hope that one day, my home country of Nigeria, can make similar progress for our women and children. Unfortunately, Nigerian women currently face one of the world’s highest risks of maternal mortality, with 40,000 women dying every year from preventable causes related to pregnancy and childbirth. Nigerian children share a similar fate with approximately 2,300 under-fives dying each day. These figures regrettfully place Nigeria as the second largest contributor to maternal and child mortality rates worldwide, accounting for 13% of all global deaths of children aged under-five and 14% of global maternal deaths.

This is not a problem that only affects Nigeria – this is a global epidemic. The 2015 State of the World Midwifery report found that despite progress made on maternal mortality, approximately 289,000 women across the world died whilst pregnant or giving birth in 2013. Globally, up to 3 million newborns die within the first 24 hours of life, and there are 2.6 million stillbirths – which Save the Children and I call the ‘invisible birth’ or the ‘uncountable death’. The overwhelming majority of these deaths occur in developing countries in sub-Saharan Africa, and could be easily prevented with better access to adequate health facilities and qualified health professionals, especially midwives.

Midwives have proven that they play an invaluable role within communities, and through their role in grassroots national organisations like the Suriname Midwives Association; in advocacy groups such as the White Ribbon Alliance and Save the Children; and in global institutions like the World Health Organisation’s Partnership for Maternal, Newborn and Child Health, midwives have proven that they have a strong voice and incomparable power.

Midwives, I call upon you to now harness this voice and power to hold decision makers to account, to urge them to invest in more midwives, devise strategies that strengthen the profession further, and work together to ensure a brighter future for mothers, babies, and their families. Investing in more midwives and more access to midwives means more lives are saved. Investing in more midwives and more access to midwives means an end to the needless and preventable deaths of women, newborns, and children. Investing in more midwives and more access to midwives means a better tomorrow, for every mother and every child.

Introduction
Thank you to the American College of Nurse-Midwives for inviting me to speak here today. It is an honour and a delight to help you mark the 60th Anniversary of your Annual Meeting and Exhibition.

I would like to take this opportunity to congratulate the entire team of ACNM on your incredible work and achievement over the last 60 years in changing the lives of so many women and children. Let us take a moment to reflect on this, and please give yourselves a well-deserved round of applause for making the future better and brighter for mothers and babies, across the United States of America, and the world.

Being invited to speak at such a special occasion for the ACNM is an exciting opportunity to express how important midwives are to me, and to all women across the world. Midwives are life-givers, caregivers, protectors and advocates. You dedicate your lives to delivering babies safely, getting newborns through those first crucial moments of life, and, of course, saving the lives of mothers the world over, easing them into the daunting new world of motherhood. So, to be invited to speak here and celebrate this moment with you is truly an honour.

Conclusion
This is why midwifery is so central to the Wellbeing Foundation and our policies. We have placed midwives at the heart of our programmes because we truly believe that your impact can be felt long before birth and long after birth. Through our policies and interventions, we work tirelessly to ensure that there are more healthcare professionals with midwifery skills, in the right place, at the right time, with the right education, the right support and the right pay.

Midwives have proven that they play an invaluable role within communities, and through their role in grassroots national organisations like the Nigerian Association of Nurses and Midwives and the American College of Nurse-Midwives, which make up the body of the International Confederation of Midwives; in advocacy groups such as the White Ribbon Alliance and Save the Children; and in global institutions like the World Health Organisation’s Partnership for Maternal, Newborn and Child Health, midwives have proven that they have a strong voice and incomparable power.

Midwives, I call upon you to now harness this voice and power to hold decision makers to account, devise strategies that strengthen the profession further, and work together to ensure a bright future for mothers, babies, and their families in the era of Sustainable Development.

More midwives and more access to midwives means more lives are saved. More midwives and more access to midwives means an end to the needless and preventable deaths of women, newborns, and children. More midwives and more access to midwives means a better tomorrow, for every mother and every child.

This is my vision for 2030. This is our collective vision for 2030. This is our vision for every woman and every child. We cannot make our vision for 2030 a reality without midwives.

We cannot make our vision for 2030 a reality without you.
Handover of Training Arm Models to Nursing & Midwifery Council of Nigeria
98 Midwifery Schools
July 2015

Introduction
I would like to thank the Nursing and Midwifery Council of Nigeria (NMCN) for inviting me to be part of such a significant occasion for midwives, in my dual roles as Founder-President of the Wellbeing Foundation Africa and Global Goodwill Ambassador for the International Confederation of Midwives. And on behalf of all of us here today, I would also like to extend my heartfelt gratitude to the UNFPA on this timely, and much-needed, donation of training arm models for 98 midwifery schools in Nigeria. I welcome this donation with open arms (!) and hope that this signals further cooperation between midwives and the UNFPA in the coming years – especially in this pivotal year for international development with the finalisation of the Sustainable Development Goals in September.

The value of skilled midwives:
Skilled midwives can provide women with vital antenatal care during pregnancy to ensure that both mother and baby remain healthy, offering invaluable antenatal advice, as well as allowing women to work with their midwife to develop a birth plan that both prepares the mother and ensures that her wishes are adhered to during childbirth, setting the course for Respectful Maternity Care.

During childbirth, midwives are invaluable resource to mothers. They provide much-needed support, and are viewed as an integral part of the labour and delivery team in hospitals due to their relationship with mothers. This relationship is maintained in the weeks following birth: with midwives providing guidance and comfort on issues ranging from breastfeeding, caring for a baby, post-natal depression, and crucially, the importance of family planning and birth spacing.

Family Planning/Injectable/Value of Midwives:
Since 2012, the Wellbeing Foundation and I have called for more reproductive health and family support for women across Nigeria. In our work with the White Ribbon Alliance, we found that 20% of women who want to avoid or postpone pregnancy were not using contraceptives in 2012. Of these women, 32% said that they would prefer to use injectable long-acting contraceptives like hormone injections or the hormonal implant. This intervention could be life-changing for so many women in Nigeria, as a Lancet Series report found, increasing contraceptive use in developing countries reduced the number of maternal deaths by 40%, merely by reducing the number of unintended pregnancies, and that a further 30% of maternal deaths could have been avoided by simply fulfilling the unmet need for contraception. It has been proven that contraception can also improve child survival rates by increasing the space between births. In developing countries, children born within two years of an elder sibling are 60% more likely to die in infancy than those born more than two years after their sibling.

We knew this in 2012. And we know it to be true now. Contraception – with a focus on the type of injectable contraceptives that Nigerian women want – is more important than ever. As the 2014 State of the World’s Midwifery Report produced by the UNFPA found, Nigeria is facing a serious population boom of 62% by 2030, placing extreme pressure on our already stretched maternal and newborn frontline health services, which may struggle to respond to 12.8 million pregnancies per year. In light of this, scaling up the provision of injectable contraceptives is an urgent priority.

Conclusion/Commending UNFPA on training arms/contraceptives
And using the power of skilled midwives to do so is an innovative initiative from the UNPA that I welcome and commend as Goodwill Ambassador for the International Confederation of Midwives. As the regulatory body for nurses and midwives in Nigeria, the NMCN is entrusted with the honour of training new midwives and ensuring the high quality of midwifery education. Going out to 98 midwifery schools across the nation, the UNFPA’s donation will ensure that every single new Nigerian midwife has the skills to safely and correctly provide injectable contraceptives to every Nigerian woman of childbearing age. By empowering every Nigerian midwife with the skills to provide family planning care, UNFPA and NMCN will in turn, empower every Nigerian woman to more effectively plan their pregnancies, thus improving their odds for survival during pregnancy and the survival of their child.
Ensuring that every midwife is armed with the skill to provide women with injectable contraceptives through the provision of actual training arms is – to me – a call to arms for our country’s health policies on family planning to include the provision of affordable, long-lasting contraceptives for every woman of childbearing age who wants it. And I look forward to working with the UNFPA and NMCN in the future to make this a reality for every woman in Nigeria.

“Her Excellency, Mrs Oluwatoyin Saraki, the beautiful, elegant and a woman of substance and my mentor. You are a unique and rare gem, willing to go the extra mile to render assistance.”

-Ms Evelyn Owamah-Adejimi
Intervention: Objective 4 – Harness the power of parents, families and communities
Every Mother, Every Newborn: Quality of Care at Birth for Mothers & Newborns, June 2014

According to the recently released Nigeria Demographic and Health Survey 2013 (NDHS 2013), close to two-thirds of all women giving birth in Nigeria are doing so without a skilled birth attendant present. As a mother myself, I can assure you that very few women choose this option. However, for many women, it’s not about choice, it’s about access. It’s about access to information – what sort of medical care do I need? What sort of medical care am I entitled to? It’s about access to resources – are there good healthcare facilities available? Do I have access to a healthcare provider? And it’s about access to high-quality and respectful care – am I sure I’ll get adequate treatment at the facility? Will the healthcare workers treat me with respect, especially at the peak of my labour pains?

At the Wellbeing Foundation Africa, we recognise the importance of engaging community leaders and women’s groups for better health outcomes for women and newborns and we have continued to work on a number of fronts, with communities, civil society, the private sector and with national and state governments, to ensure that community voices are an essential part of both the demand and supply components of the market-shaping of maternal and newborn health commodities and services.

My Foundation’s work has always been heavily concentrated in Kwara State, where I was formerly First Lady. I set up and supported the Alaafia Kwara Women’s Forum (AKWF), which was used as a vehicle to deliver the Foundation’s programmes in the areas of education and maternal and newborn health. AKWF’s success is a shining example of how grassroots efforts can make a difference to healthcare provisions. Through intra-group and inter-group meetings, women are now better informed about the central importance of ante-natal care and skilled birth attendance, creating a demand for change such as for the delivery of quality healthcare, and for increased access to information; these standards gradually become the expected status quo across Kwara State.

My Foundation’s work continues to evolve and we are now pioneering an innovative way to educate and empower parents, families and communities to demand quality care and improve home care practices. WBFA has been working on a unique and groundbreaking project with McCann Health, “Demand Creation and Preparation for Birth”. Using formative research and market analytics, we are working to change the mindsets of ordinary people, to empower them in order to be more health conscious and health-seeking. Just as communications and marketing agencies can stimulate demand for a certain brand, a similar approach can be used to transform unhealthy behaviour and lifestyles into a more conscious and health-seeking lifestyle.

Our goal is to see empowered women; an empowered and educated woman is a health-seeking woman for herself and her family. We see the community and women as key to achieving better health outcomes for women and newborns, and WBFA is working to ensure better-targeted interventions and messaging, and the deployment of skilled midwives into communities to work with families. This will need the support of everyone from community leaders to governments to private sector corporations. Everyone has a role to play, and WBFA is working with each to achieve this.
‘Education: the bridge to midwifery and women’s autonomy’
The 30th Triennial Congress of the International Confederation of Midwives, Prague, Czech Republic, June 2014

When I received the International Confederation of Midwives’ invitation to consider the inaugural role of Global Goodwill Ambassador, I was honoured and humbled. How can I express what a midwife means to me? Midwives are life-givers, care-givers, protectors, teachers and advocates. You dedicate your lives to delivering babies safely, getting newborns through those first few crucial moments of life, and, of course, saving the lives of mothers the world over, easing them into the daunting new world of motherhood. So, to be invited to be the one to raise awareness of midwives and midwifery, to extend the influence of midwives, to lobby and advocate for policy changes relating to reproductive, maternal, newborn, and child healthcare nationally and internationally, is a role I could not wait to officially accept.

The ICM’s vision that “every childbearing woman has access to a midwife’s care for herself and her newborn” is a universal target that we should all embrace. In my motherland, Nigeria, one in five women gives birth with no one present, despite it being a human right for women to give birth safely.

Maternal and newborn mortality is a global crisis. Each day an estimated 800 women die from preventable causes linked to pregnancy and childbirth, with over 99% of deaths occurring in developing countries. The wider impacts on families, communities and even the economic burden on countries are significant. For instance, children without mothers are less likely to receive proper nutrition, health care and education; it is so important for motherhood that women are health in mind, body and spirit.

Professional midwifery education provides a highly qualified workforce essential for the provision of quality care for mothers and their babies. Skilled and empowered midwives advocate to ensure that women’s voices are heard and their health-care choices respected.

Midwives should use their advocacy role for influencing and improving the health and wellbeing of women, children and families. This includes making the economic case for committing resources so that the midwife can deliver public health messages in the antenatal and postnatal periods, and ensuring that there is a midwifery contribution at policy, strategic, political and international levels.

At the Wellbeing Foundation Africa, we have worked with the federal and regional governments of Nigeria to improve the training, working conditions and remuneration of midwives, as well as deploying midwives to underserved, rural areas of the country. There is so much yet to be done to reach the levels of coverage and quality needed to reduce maternal and newborn mortality in Nigeria, and globally. But there are many lessons we can learn from each other and lessons that can be applied around the world. We need global partnerships for a global problem. While health and social progress ultimately depends on the implementation of appropriate domestic policies, global partnerships can play a critical role in facilitating national efforts. I refer to a popular African proverb, ‘If you want to go fast, go alone. If you want to go far, go together.’

I would like to thank the ICM and every single midwife across the globe for allowing me to join you on this journey to save lives, and of course for this enlightening congress. I hope everyone here is taking as much from the experience as I am.
Empowering Health Consumers - Driving Progress for Global Health Goals

Debussy Theatre, June 2014

• Worldwide, an estimated 800 women die everyday due to preventable pregnancy and childbirth related complications. Annually, 2.9 million newborns die in the first month of life and there are 2.6 million stillbirths. This means for those of us working to achieve MDGs 4 and 5 by 2015, we have quite a task ahead of us.

• The Wellbeing Foundation Africa has been working on a unique and groundbreaking project with McCann Health, Nestle, United Nation Foundation, and the Government of Norway “Demand Creation and Preparation for Birth”. We are working to change the mindsets of ordinary people, to empower them in order to be more health conscious and health-seeking. I have always said that an empowered woman is a health-seeking woman, and this project has the ability to achieve empowerment on a level we have never seen before.

• Despite a global drive to achieve MDGs 4 and 5, progress has not been as rapid as hoped. According the UN maternal mortality has nearly halved since 1990 but the levels are not even close to reaching the 2015 target of reducing maternal mortality by three quarters. The maternal mortality ratio in developing regions is still 15 times higher than in developed regions.

Creating Need

• In the field of maternal healthcare, this could have a huge impact on maternal and child mortality rates by making women more prepared for birth. Being prepared for birth might sound like common sense, but for the majority of women in my homeland of Nigeria, this is not possible. Not for want of trying but because the tools and the information just does not exist in the same way it does here or in the UK or US.

• For the private sector I see a role of catalyst, an accelerator as well as a convener of all other stakeholders. The private sector must continue to leverage its strengths and comparative advantages, to ensure that the policies of the public sector, as well as the funds, interventions and the society’s participation of the donor sectors and the civil society, are well carried through to reach the people in an equitable manner.

• In Nigeria, the private sector has leveraged its institutional capacity to act as a supplement to how much of the consumers’ demands can be met by the public sector. For instance, the financial services sector can provide supportive platforms, through savings, loans, insurance, and other means, to drive up improved financial access to healthcare. The food and beverage industry can leverage on its cast and dynamic supply chain management systems to drive improved efficiency of the cold chain of childhood vaccines in order to reach the last mile of rural areas. All these interventions can be accelerated if and when the public sector sees the private sector not as a rival, but as a partner in progress.

Maternal and child mortality seems so daunting. I want people to remember that every time a woman gets pregnant, every time a child is born, it’s a chance to start fresh.

“Her Excellency Mrs Toyin Saraki’s kindness to humanity is spontaneous and knows no bounds to - orphans, widows, single parents, the helpless, the homeless, destitute, weary, poverty stricken, rich, the sick and aged and many more- her kindness has reached and touched everyone of them. May God continue to shower His blessings upon her as she steps into this Golden phase of her life.”

- Ms Audrey Baffour
“Her incredible fortitude in turning a lifetime tragedy into a glittering opportunity to change the destinies of untold millions has made her a beacon of hope and incredible fount of inspiration to mothers around the world. Her Excellency Mrs Oluwatoyin Saraki has lived up to her name, proving that indeed to whom much is given much, much more can be expected!”

- Dr Alero Ann Roberts
What Is Needed to Ensure Maternal-Newborn Survival?
Johnson & Johnson: Partnering Beyond the Health Sector, September 2014

It is my honour to be on this panel today, as the issue of maternal and newborn health is an issue that I hold very dear to my heart.

I was led to the cause of maternal and child health through my own harrowing experience, while giving birth in Nigeria. I tragically lost one of my twin babies during childbirth, and then had to fight for the survival of the other – who I am thankful to say – is able to join us here in New York, today. Even though I was an informed and educated woman, I was unable to change the needless loss of my child, whilst under the care of the Nigerian health system. At the time, I could not pinpoint what change could have saved my baby’s life, or what I could do to save the lives of women like me in the future. Yet, I knew I had to do something.

Ten years ago, I founded the Wellbeing Foundation Africa to ensure that no mother would have to experience what I did. It has been a long road, and I am sure I have much to still learn! However, one stark lesson has been the importance of multi-sector partnerships that help address the social determinants of health, as well as the inability to succeed by working in silos.

I welcome the leadership of Johnson and Johnson in assembling this panel to address why a woman’s environment, education, and economic status can significantly affect the likelihood of her survival during childbirth, as well as the survival of her child. When 99% of maternal deaths occur in developing countries, it is clear that we must address the social factors that are the difference between life and death, for millions of women and children.

We are here to talk about the key social determinants of health – one of which is education. As we are all aware, generations of families can get trapped in a cycle of poverty. Having a low family income, means that access to food, safe water, healthcare and school is restricted; therefore, hunger, poor sanitation and poor education prevails. As a result, there are few work opportunities; disease is more likely, including malnutrition. Ultimately, a resulting lack of employment and lack of skills and knowledge means that income is low, continuing the cycle around, again. I believe that, in order to break that cycle, education is crucial. Especially so for girls. In Nigeria, and other sub-Saharan African nations, educating our girls is vital to ensuring they can not only thrive in their day to day lives but that they can also survive childbirth. 1 in 5 Nigerian girls are married by age 15 and very few married girls between the ages 15-19 are in school. The health ramifications of these early marriages amongst girls who are pulled out of education into the adult responsibilities of marriage are very troubling.

Girls who give birth before the age of 15 years are five times more likely to die during child birth than women in their 20s, and the children of child brides are 60% more likely to die before their first birthday than the children of mothers who are over 19. Put simply, education lets girls be girls. Too often, our girls are forced to grow up too soon. They are forced into marriages they did not enter as consenting adults. They take on responsibilities that no child – male or female – should have to.

Whilst formal education is extremely important to the survival of mothers and their children, access to valuable health information that can save their lives is also a very serious social determinant of health. The passage of this information can be through healthcare workers like midwives, or through effective health communications in the community. After all, an empowered and informed woman is a health-seeking woman who can act as an advocate for her child and ensure her newborn receives appropriate live-saving care.

I cannot stress the importance of midwives helping mothers and their newborn infants during the fragile first 24 hours after birth. Midwives are on the frontlines of reducing maternal and infant mortality rates. Skilled midwives keep expectant mothers informed throughout their pregnancy and labour; empower women to make healthy choices for their family; and provide medical assistance for newborns in the first few days of their life. As the Global Goodwill Ambassador for the International Confederation of Midwives, I advocate for the increased coverage of midwives across the world because a 25% increase in midwives could reduce maternal mortality by 50%. Imagine the impact that this would have on the life and future chances of every newborn child.
Global Breastfeeding Initiative Workshop
McCann HQ, September 2014

I would like to thank The Global Breastfeeding Initiative for organising this Nigeria – Public-Private Partnership workshop, and McCann Health for hosting us all here today. I am honoured to have been invited to this event as my organisation, the Wellbeing Foundation Africa, is dedicated to reducing maternal and infant mortality rates in Nigeria, and one of the simplest ways to save mothers and children is through breastfeeding.

From the very first hour after birth, through the first 2 years of a child’s life, breastfeeding offers valuable protection against infection, malnutrition, and diseases. It is one of the best investments we can make in not only the health of our children but in their futures too as one year of breastfeeding can increase the IQ at age 7 by approximately 4 points. Breastfeeding also benefits mothers – nursing mothers have longer intervals between births and consequently, are at a lower risk of maternal morbidity and mortality.

However, breastfeeding levels remain woefully low in developing countries - only 39% of children under six months old in the developing world are exclusively breastfed. In Nigeria, only 17% of babies under the age of six months are exclusively breastfed, one of the lowest breastfeeding statistics in the world. Nigeria alone also accounts for 13% of all global child deaths under the age of five. And 83% of all deaths in children under the age of five are caused by infectious, neonatal or nutritional conditions. Breastfeeding – long known to protect against infection and prevent malnutrition – could be the simple, yet radical solution we need to lower infant mortality rates in Nigeria.

As experienced individuals working within the healthcare community, we understand the benefits of breastfeeding but we must now work together to better communicate the benefits and encourage more Nigerian women to exclusively breastfeed for at least six months after birth.

Therefore, today, we must work together to develop strategies that educate women on the importance of breastfeeding, encourage workplace policies that allow women to breastfeed, and develop partnerships that can facilitate exclusive breastfeeding during the vital first 6 months of a child’s life.

As we’ve learnt during the MDGs process, progress cannot happen in silo. We need a holistic approach to development and multi-sector partnerships. I call upon the private sector, non-profits and governments to forge partnerships that can foster innovation and develop new solutions to tackling maternal, newborn and child health – starting with breastfeeding. The challenge is not small, with a population of over 170 million people and growing, we have a huge target. Which is why multi-sector partnerships are so important, in order to make us bigger and stronger in order to make the impact we desire.
ADD YOUR NAME TO THE GIRL SUMMIT CHARTER

PLEASE PRINT YOUR NAME EARLY!
I am truly grateful and humbled at the honour of receiving the MM&M Platinum award for outstanding contribution to healthcare. Healthcare is an issue that I have dedicated my life to for over 10 years now and to be recognised tonight amongst so many outstanding and hardworking medical marketing and media professionals is an incredible honour.

I became a champion for healthcare – in particular maternal and newborn child health – after my own harrowing experience of giving birth in Nigeria. I tragically lost one of my twin babies during childbirth, and then had to fight for the survival of the other. Even though I was an informed and educated woman, I was unable to change the needless loss of my child whilst under the care of the Nigerian health system. At the time, I could not pinpoint what change could have saved my baby’s life, or what I could do to save the lives of women like me in the future. Yet, I knew I had to do something.

Ten years ago, I founded the Wellbeing Foundation Africa to ensure that no mother would have to experience what I did.

You may be asking yourself - can a communications professional at a marketing agency in New York really affect maternal and child mortality rates in Nigeria, Afghanistan, and India and beyond? Well, you can – and you have – and you will. Everyone in this room can and has done so much to further healthcare communications, and in the process, created informed and empowered consumers. These informed and empowered consumers have the power to reinforce healthcare in its entirety – particularly in the developing world, where healthcare is so often mistrusted and maligned.

Just as communications and marketing agencies stimulate demand for a certain brand, with the same intensive research and analysis, a similar approach can be used to affect change in how developing countries approach healthcare.

The global challenges facing the health care industry today can feel insurmountable but they can be aided by smarter health communications. In Africa, the fear of Ebola tearing through our countries is a real, and severe threat. It has exposed weaknesses within our frontline services and health habits that were not so apparent before the crisis. Frontline services in Liberia and Sierra Leone are reaching a breaking point. There are simply not enough trained healthcare workers with the right equipment to treat and contain the virus. In fact, only 18% of Ebola patients in Liberia are being treated in hospitals or centres that reduce the risk of transmission by isolating the victims from the general population. Many victims are dying at home due to the shortage in treatment centres, infecting their family members and neighbours in a rapidly expanding circle of contagion.
In my home country, Nigeria, there are an estimated 6.5 million births every year. This figure makes Nigeria the country with the most numbers of pregnant women, recent mothers, newborns, and young children in Africa, at any given time. Of these millions of women, babies, and young children, 53,000 women die every year for several pregnancy- and childbirth-related causes, the most of which are preventable by simple solutions. Such preventable causes include post-partum bleeding, pre-clampsia/eclampsia, sepsis, and prolonged labour. Of those women that survive pregnancy and childbirth, about 1.6 million suffer injuries and disabilities, a ratio of about 30 injuries/disabilities for every maternal death. Of all children in Nigeria, about 528 die every day in their first month of life, and over 1 million children die annually, before they attain the age of five years. Aside from the fact that these are the worst death rates in Africa, and the second worst death rates in the world, what is even more disheartening is that over 90% of these child deaths are due to easily preventable and manageable causes like sepsis, prematurity, diarrhoea, pneumonia, and malaria.

Sometime in the year 1991, without ever contemplating it, I almost became one of the 53,000 annual maternal mortalities in Nigeria. In what appeared to be a stroke of fate, I was lucky to remain alive after the experience, and as I embarked on a struggle to keep my child alive, with a thankful heart, I pledged my efforts to reducing the vast numbers of preventable maternal, newborn and child deaths in Nigeria, by learning, embracing, and harnessing the little things, the little steps, those same steps that kept my child alive, and to help other women and children stay alive and attain wellbeing, ‘a satisfactory state of health, happiness and education’ that can help people look after and nurture themselves to dignity and productivity. Such it was that heralded my moment of obligation, an obligation that can never be rejected.

I started out with giving alms to the needy, literally giving out funds to pay for healthcare, including maternal care and deliveries. Alms-giving is the earliest, most basic form of philanthropy known to humanity, and although gracefully received by many, I knew in my heart that this was not enough; could not solve the many challenges; could not be efficiently sustainable; and, in many cases, was only but a remedy of solace. While it is usually said that ‘God loves a cheerful giver,’ I would rather consider myself an outraged giver. My outrage stemmed from the realisation that women and children in Nigeria did not have to suffer the unnecessary deaths and morbidities they suffered, because women and children in other countries (which I visited) did not suffer such terrible experiences, and that the major reason for this was that governments in those other countries were conscious of their responsibilities to women and under-five children, as much as they were aware of the impact of maternal and child health on overall wellbeing of their nations, for which funds and efforts were invested, through simple policies and mechanisms, to help women and children thrive.

So, I took a leap of faith, and chose to structure my giving, to model my philanthropy towards investments in bringing those little steps, those same tools I saw in developed countries, and to adopt and adapt them such that more Nigerian women and children will survive their most vulnerable periods, not least the entire 1000 days from conception till the child’s attainment of age 2 years. Such simple tools include the client-held Personal Health Record (PHR) which guides, informs, initiates, records and evaluates the care provided and received by the millions of Nigerian pregnant women, new mothers, and children; the Wellbeing Foundation ‘Mama Kit,’ a clean birthing kit used to ensure that every delivery gets all necessary materials and consumables to achieve a safe delivery, potentially transforming any incidental delivery location to the likeness of an equipped health facility; models like the Alaafia Kwara Healthpoint Resource Access Unit, a small, 6-room cottage hospital that offers a first point of healthcare access to a simple rural village in Kwara State (north-central Nigeria); and also harnessing the innovative State-wide Community Health Insurance Scheme, bringing it home to the over 7,000 inhabitants of the village and outlying communities; a model like the Al-Muwahideen Nursery/Primary School for the over 440 children in Ori-Oke Community, to ensure the integration of the usual faith-based education with the universal basic primary education curriculum that they require for proper alignment with national and international priorities, so as to set them off on the right path to success; and the greatest tool of all - advocacy - a voice that speaks out so that others can avail themselves of whatever opportunities are available, because my outrage and obligation were
driven by a strong sense of social justice, desiring equity for all.

That the organization I founded in a moment of obligation has endured throughout, and up till this very moment, and can transform simple solutions, directed by passion and purpose, to impact millions of lives, while bringing African solutions to solve Africa’s challenges, has only been made possible through the essential central point of the UN Secretary-General’s Every Woman Every Child initiative, and, for that, on behalf of the millions of African women and children, I am most grateful.

“Her Excellency, Mrs Toyin Saraki is about the most hard-working person I’ve ever met. She is always striving for excellence, completeness, and a broad-ranging approach to issues, necessitating that one has to almost always be at his/her best, every time, when working with her.”

- Dr Luther King Fasehun
It is truly an honour and privilege to be here today, to present the Wellbeing Foundation’s commitments to the UN Every Woman Every Child Initiative in response to His Excellency Mr Ban Ki-Moon, the Secretary General’s call to action on Millennium Development Goals 4 and 5.

When I was presented with the opportunity to be a part of this truly global and visionary effort to improve women’s and children’s health in Africa, I could not see how I could refuse. You see, I have experienced healthcare delivery in Nigeria at its worst. As a young, healthy, well-educated pregnant woman in Nigeria, I was looking forward to meeting my healthy baby twins for the first time. However, during child-birth I nearly died, and neither my education, nor my wealth could save the life of my child that I was never able to welcome into this world. I fought for my life, I survived, but my
child did not. I am thankful to God for the survival of one of my beautiful babies, but that experience stunned me into the recognition, in my home country of Nigeria, with all my resources at my disposal, I was still helpless against the systematic failures of Nigerian healthcare.

Upon my survival, I vowed to God that I would help others charitably, to transform their chances for survival in pregnancy and early childhood by providing them with access to the expertise, facilities and capacities that could have saved the life of my child. When I began, my first impulse was simply to give. I would see the pain on the faces of mothers and tears on the faces of children and wanted to be the one to remove their sorrow. So I handed out money and time to make things better. But of course that wasn’t enough – I was only papering over cracks.

Therefore, I founded The Wellbeing Foundation in 2003 and it has evolved over time undertaking philanthropic activities, advocacy work and implementing long-term grassroots interventions. The Wellbeing Foundation is particularly proud of our role in forging beneficial multi-sector collaborative platforms, which has resulted in the development of the Integrated Maternal Newborn and Child Health Personal Health Record, which has been adopted into the Nigerian National Health System. This has put a veritable millennium development goal attainment tool in the hands of our women and children and service providers. So far PHRs have benefitted 290,000 women and children with a planned scale up to 5.3 million in Nigeria over the next four years. We are also proud of our role in the development and piloting of the Community Health Insurance Model in Kwara State, which unusually covers antenatal and delivery provision as part of the standard care package.

As we all know, NGOs often try to fill the gap in services that governments should provide. With this in mind, when I moved to Kwara State where my husband, patron and Wellbeing Foundation Honorary Chairman, HE Dr Abubakar Bukola Saraki served as Executive Governor from 2003 until 2011, I seized the opportunity to lead successful advocacy for the Safe Maternity Services Act, and the domestication of Child Rights Act; Kwara State being the first state in the region to enact both. We have also called for a 14% budgetary commitment to women and children’s health from African Government Leaders through the Nigerian Health Campaign One Voice Alliance and campaigned for the passage of the Nigeria National Health Bill which will enshrine the rights and services which we have been fighting for, for the last two decades.

Despite our considerable effort, women and children in Africa, at all socio-economic levels continue to fall victim to the consequences of systemic failures in healthcare systems. My birth country has the unenviable position of having the second worst global maternal and newborn mortality rates for non-conflict regions. The UN MDG Report for 2011 concluded that, in the field of maternal and child health, the disparity between Sub-Saharan Africa and the rest of the world is still growing. We do not know exactly how bad the situation is because we have yet to achieve 100% coverage of birth and death registrations. More perplexing is the lack of accountability when these deaths do occur. I will restrain myself from detailing the terrible emotional impact of such deaths, but would like to highlight their hugely detrimental effect on the countries’ potential for economic growth.

We have seen through our work, that government cannot do it alone. There needs to be user responsibility, from women at the grassroots level to the CEOs in the private sector - these chasms can be decisively bridged. These factors have determined our quest in charting new territories for novel and restructured investments at all levels and sectors to deliver social, fiscal and developmental returns in a timely and sustainable manner. My personal story and the loss of my child are representative of these appalling statistics. The Wellbeing Foundation has been able to capture the story of Juwura, a young mother who bled to death in a maternity ward in Nigeria. We believe that cases like these are preventable and shall be prevented.

We call on the public and private sectors to join hands and work together. The Every Woman Every Child Initiative is the perfect platform for these partnerships. To date, global development partners and private sector organisations have been working with sustainable health strategies and successfully recording verifiable, year-on-year impacts within their specific focus areas. But how do we achieve maximally efficient outcomes in a world where many interests compete? How can we harness the combined knowledge and resources of all change-actors for beneficial action?

The UN Secretary General’s visit to Abuja in May
this year provided an unprecedented opportunity to embrace the challenge and develop an Africa-conceived, Africa-sourced, Africa-managed, Africa-delivered strategy to harness multi-sector capacities and skills under the banner of Every Woman Every Child. Since then, the Wellbeing Foundation has reached out widely, hosting a high-level private sector meeting in Lagos in July 2011 which gathered all supporters and persuaded them to commit a dedicated amount of resources to supporting EWEC Initiative targets to improve women and children’s health.

The responses have been very exciting. We’ve seen proposed strengthening of existing projects, corporate enlightenment about MDGs, the exploration of new platforms for action, strategic collaborations for innovative and practical solutions for education and training of health-workers and medical students. This is only the beginning. Our goal is to bridge gaps, share knowledge, build accurate databases, promote research and collaboration, strengthen existing public and private programs and forge new and impactful partnerships – all of this with the intention of saving lives and increasing the wellbeing of Every Woman and Every Child.

Thus, I have the pleasure of presenting, for the Every Woman Every Child Initiative Nigeria, the Wellbeing Foundation Commitments for 2011:

We will invest a further $2.5million over 5 years for Personal Health Record deployment.

We will provide grants for tertiary education for healthcare professionals.

We will engage in communication campaigns.

We will advocate for good governance and legislation protecting women and children’s rights.

We will campaign for a 15% budgetary dedication to health through strategic partnerships.

We will increase direct provision of products and services through the Indigent Medical Fund and Positive Lifeline.

We will commit to training traditional birth attendants so that mothers receive skilled care in a culturally acceptable manner.

I thank you for listening and hope you will join me in thanking His Excellency Ban Ki-Moon for spearheading this amazing new initiative that will transform the lives of every woman and every child in Africa.
Implementation of the Global Strategy for Women’s and Children’s Health
September 2011

It is truly an honour and privilege to be here today, to present the Wellbeing Foundation’s commitments to the UN Every Woman Every Child Initiative in response to His Excellency Mr Ban Ki-Moon, The Secretary General’s call to action on Millennium Development Goals 4 and 5.

As we all know, NGOs often try to fill the gap in services that governments should provide. With this in mind, when I moved to Kwara State where my husband, patron and Wellbeing Foundation Honorary Chairman, HE Dr Abubakar Bukola Saraki served as Executive Governor from 2003 until 2011, I seized the opportunity to lead successful advocacy for the Safe Maternity Services Act, and the domestication of Child Rights Act; Kwara State being the first state in the region to enact both. We have also called for a 14% budgetary commitment to women and children’s health from all African Government Leaders through the Nigerian Health Campaign One Voice Alliance, and we have campaigned for the passage of the Nigeria National Health Bill which will enshrine the rights and services which we have been fighting for, for the last two decades.

Despite our considerable effort, women and children in Africa at all socio-economic levels continue to fall victim to the consequences of systemic failures in healthcare systems. My birth country has the unenviable position of having the second worst global maternal and newborn mortality rates for non-conflict regions. The UN MDG Report for 2011 concluded that, in the field of maternal and child health, the disparity between sub-Saharan Africa and the rest of the world is still growing. We do not know exactly how bad the situation is because we have yet to achieve 100% coverage of birth and death registrations. More perplexing is the lack of accountability when these deaths do occur. Each death has terrible emotional impact and a hugely detrimental effect on the countries’ potential for economic growth.

The Wellbeing Foundation has been able to capture the story of Juwura, a young mother who recently bled to death in a maternity ward in Nigeria. Her story and my story are representative of these statistics. We believe that cases like these are preventable and shall be prevented.

Progress to date has shown that in order for African countries to meet the Millennium Development Goals, strategic partnerships are key - encompassing women at the grassroots level, to CEOs in the private sector, to governments around the world. These factors have determined our quest in charting new territories for novel and restructured investments at all levels and sectors to deliver social, fiscal and developmental returns in a timely and sustainable manner.

We call on the public and private sectors to join hands and work together. The Every Woman Every Child Initiative is the perfect platform for these partnerships. To date, global development partners and private sector organisations have been working with sustainable health strategies and successfully recording verifiable, year-on-year impact within their specific focus areas. But how do we achieve maximally efficient outcomes in a world where many interests compete? How can we harness the combined knowledge and resources of all changeactors for beneficial action?

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What is Leadership? TEDx Euston, November 2011

What is leadership?
I was stunned when I received the title of the category I would speak on, because I have never viewed myself as a leader in any way or form. I am just a Nigerian woman trying to make her way in the world and trying to make some headway on causes close to my heart.

My Story
It wasn’t till my husband became governor of Kwara State that I truly realised how alarming our mortality rates were nationally for women and children. Nevertheless, in an early tour of the state, the late Maury Albertson of Village Earth, had taught me his philosophy; that the seeds to development in each community lie within that community; every community has its own intelligence, we just need to uncover this and they will help themselves to development.

This I know to be true, even with the growth and evolution of The Wellbeing foundation as every single program started with one person.

Chinwe’s story
In 2003, a lady called Chinwe, the wife of the then commissioner for health was pregnant and went into labour while visiting family members some distance from home. She was taken to the nearest hospital. She needed a caesarean, but died while waiting for the key to be found for the operating theatre which a nurse had diligently cleaned and locked up. Why could this not have been anticipated? Because she had no health records to present at the hospital which would have revealed that her baby was in a transverse lie, and could not be turned. The Caesarean denied her in life was performed on her dead body to no avail, the baby died too.

Centre Igboro Baby 1
In 2004, I carried a baby who died in my arms because of a delay in referral for blood transfusion. Why did the baby die? Because no one knew the number for the presiding doctor and the clinic with the blood bank; so a messenger had been sent via motorcycle. A life changing or life ending delay occurred, and another life ended. That was the day I realised that humans pass water when they die, as the nappy-less baby died in my arms.

I have seen babies die because their blood types were not compatible with that of their mother. I have seen children die because their parents cannot pay the registration fees in hospitals. I have seen mothers die because vascular surgeons are not called to sew up veins during surgery, despite being in the staff room next door. I have seen lives lost, because even within the same facilities, the health of the mother is not viewed as related to that of the child.

Yet because of my education, and my experience, and my endless quest for the wellbeing of women and children, that is to say, health, education, empowerment and rights, I have also seen the good side; a delivery where all key information has been recorded and analysed, a situation where every eventuality has been anticipated, even predicted, and a caring yet competent public health attitude to help mothers prepare for the battle of a lifetime; safe delivery.

Nevertheles, I have seen countries, and health systems that have the same challenges, but their people are surviving.

So what is leadership?
Is it something one is born with? Or something one is groomed for? Or is it the quality of human response to the challenges one has faced? I can state categorically, that despite fortuitous attributes, my experience and grief, sorrow and loss were the same as that felt by any woman worldwide who has ever experienced the harrowing pain of losing a child. The frustration of knowing that child could have lived, if only, if only…

It is how we respond to these issues and how we recover that determines whether we are vanquished or victorious. And it is up to us to choose to either squander our knowledge or share that knowledge; that others may succeed.
The reason that I am here today, as well the reason I think that the acceleration of the implementation of the MDGs are important is because I have been through what so many of the pregnant women and new mothers have to go through in Nigeria, as in other developing nations of the world. Over 20 years ago, I had a tragic experience during my first delivery, losing one twin, nearly losing the other, and almost losing my life. While there has been about a half reduction in maternal mortality all over the world since my horrific experience, there still lies much to do, for which we must not relent. Through The Wellbeing Foundation Africa (WBFA), the NGO I founded about a decade ago, I am focusing on MDGs 4 and 5. While Nigeria is, at yet, not on track to meet MDGs 4 and 5, there is so much we can do to accelerate progress, and in the face of current challenges we must be inspired by the renewed commitments of global partners, as seen here at the UN General Assembly 2013, and make concerted efforts to push forward. To provide some context, there are about 6.5 million births in Nigeria annually, and about 53,000 maternal deaths from pregnancy or birth complications. From those women that survive pregnancy and childbirth, about 1.6 million suffer injuries and disabilities. Also, of all those children born, about 528 die every day in their first month of life, and over 1 million children die annually, before they attain the age of five years.

I believe that the key to accelerating the implementation of the MDGs and reducing maternal and child deaths and illnesses is something I learnt in the development of my NGO - leveraging partnerships and consolidating strengths. I had started WBFA with the traditional model of giving, which remains strong in Nigeria, as in other African countries. In my case, this was simply paying directly for healthcare and school tuition, and giving seed-funding for small and medium-scale enterprises (SMEs). It became clear to me, very quickly, that in a country of about 170 million, a more strategic and sustainable approach was necessary, not least because these issues require not just finance but a transfer of knowledge and skills. This led me to the founding of the Wellbeing Foundation Africa (WBFA), to leverage on the knowledge and solutions that are already available both locally and abroad, and to help stimulate the further development of such, in order to achieve scalable, sustainable and high-impact results, for the improvement of maternal and child health.

Another guiding principle that will accelerate the world’s progress towards attaining the MDGs is that people need to be empowered to help themselves. To this end, one of the most exciting focus for our organisation has been developing demand-creation and behaviour change communications for Reproductive Maternal Newborn and Child Health (RMNCH). We have been leading the advocacy effort in support of the UN Essential Commodities for RMNCH, in partnership with the Clinton Health Access Initiatives (CHAI). This initiative has been particularly focused on increasing access to ORS + Zinc (for diarrhea management) and pediatric dispersible amoxicillin (for pneumonia treatment). This directly supports the Nigerian Government’s Saving One Million Lives (SOML) initiative, and the UN Commission on Life-saving Commodities for Women’s and Children’s Health co-led by His Excellency, President Goodluck Jonathan. However, in partnership with McCann health and Kwara State Government in Nigeria, WBFA will be embarking on a comprehensive behaviour change and demand-creation communication solution that will enable women and their families to make informed decisions about their health, and to actively seek health. We know that partnerships are key to achieving scale, and in line with The Report of the High-Level Panel on the Post-2015 Development Agenda, the Wellbeing Foundation Africa shall continue to engender strategic partnerships with NGOs, the public sector, and the private sector, to overcome infrastructural deficiencies, tackle socio-economic inequities, and strengthen health systems. I believe that with every action we take at the Wellbeing Foundation Africa, we are erasing parts of the old picture, and painting a new one. I join the rest of the world to celebrate Ethiopia’s recent achievement of MDG 4, and hope that sessions like today’s will help bring us together to make our forces stronger and to improve more lives quicker, accelerating the world’s progress towards the MDGs.
Lancet Series Closing Address June 2014

I want to say thank you to all those that have spoken before me today, it has been an incredibly enlightening and inspiring day. I have learnt so much, and at the same time been able to reinforce my belief in the importance of midwives in improving and saving the lives of mothers and babies everywhere. It is truly a boon to midwifery for Lancet to recognise the crucial role of midwives in maternal, newborn and child healthcare and I hope that the Series is reviewed and debated widely.

Midwives dedicate their lives to delivering babies safely, getting newborns through those first few crucial moments of life, and, of course, saving the lives of mothers the world over, easing them into the daunting new world of motherhood. I am lucky enough to have been selected by the International Confederation of Midwives to be their first ever Global Goodwill Ambassador to raise awareness of midwives and midwifery, to extend the influence of midwives, to lobby and advocate for policy changes relating to reproductive, maternal, newborn, and child healthcare nationally and internationally.

The ICM’s vision that “every childbearing woman has access to a midwife’s care for herself and her newborn” is a universal target that we should all embrace, and I am glad to see that the Lancet Series’ findings supports this too. In my homeland, Nigeria, one in five women gives birth with no one present, and this is something I am working to change. At WBFA, midwives have always been, and will always remain, at the centre of our work. Our programmes focus on equipping midwives and mothers with tools to safely handle pregnancy, childbirth and the early years. One particularly successful example of this is the WBFA Personal Health Record, designed to be in the custody of mothers such that they can bring them to health centres during their pregnancy and labour, and up until their child attains the age of 5 years. Keeping all of this information in this client-held PHR is an effective way of ensuring that mothers and children receive the right care throughout the periods of pregnancy, labour/delivery, and post-natal care. This also incentivises them to seek healthcare for themselves and their children. Through partnering with the Midwives Service Scheme (MSS) of the National Primary Healthcare Development Agency (NPHCDA) Personal Health Records were adopted into the very frontline of the Nigerian health system. The Wellbeing Foundation’s interventions would have limited impact without competent, educated, and empowered healthcare professionals to utilise the tools effectively to deliver babies for mothers safely.

As the Lancet Series has highlighted and as shown in the framework for quality maternal and newborn care (QMNC), the relationship between mother and midwife is a fundamental one and should be one of mutual understanding and kindness. Caring, respectful and well-educated midwives mean more confident mothers and safer babies, healthier and happier families, and overall enhanced futures. As we have been informed today, maternal and newborn mortality is a global crisis. Each day an estimated 800 women die from preventable causes linked to pregnancy and childbirth, with over 99% of deaths occurring in developing countries. The wider impacts on families, communities and even the economic burden on countries are significant. For instance, children without mothers are less likely to receive proper nutrition, health care and education, thus potentially perpetuating cycles of poverty and inequality.

Now more than ever, we must raise awareness of the vital role that midwives play in saving the lives of women and newborns across the globe.
Welcome Address SOML Roundtable, 2012

It’s a pleasure to welcome you all to this roundtable meeting, particularly the Honourable Minister of State for Health, Dr Mohammed Pate and thank him for his continued leadership and commitment to maternal, newborn and child health, a journey that I’ve personally been on for the last 21 years, and it is also pleasing to see all the people in this room committed to saving the lives of women and children.

While child mortality in Nigeria has decreased by an estimated 33% in the last 20 years, approximately one million mothers and children still die annually from preventable causes. The Federal Ministry of Health’s ‘Saving One Million Lives’ initiative—which supports the goals of the United Nations’ Every Woman Every Child effort and Nigeria’s drive to achieve MDGs 4 & 5 BY 2015, therefore presents a proactive step in achieving the long and short-term objectives of accelerating the reduction of child mortality in Nigeria. Like the Wellbeing Foundation Africa, this initiative aims to amplify strategic partnerships between non-governmental agencies and the private and public sector in order to improve MNCH and prevent needless child deaths.

It is encouraging to see that progress has been made since the SOML’s launch, for example:

- Four private organizations have made paediatric zinc sulphate available in the Nigerian market;
- State governments are now procuring paediatric zinc sulphate solutions for childhood diarrhoea; and
- The SURE-P Conditional Cash Transfer Scheme was just launched 2 weeks ago to incentivize an increase in antenatal care (ANC) and post-natal care (ANC) attendance.

Time is very short, however, if Nigeria is to meet the MDGs 4 & 5 and, more significantly, save more lives. This meeting aims to build on the successful launch of the Saving One Million Lives initiative in October 2012, where the Wellbeing Foundation and other partners hosted a similar roundtable that received specific commitments from private and public sector organizations towards eliminating child diarrheal deaths...

I would like to encourage all partners in the room to create and/or reinforce partnerships for technologies and innovation, and sign the pledge in support of the United Nations Secretary General’s Every Woman, Every Child effort.
“I’m sure there must have been many times when you wanted to give up, or when spending time doing other things may have seemed more attractive than the care for maternal and child health care through global advocacy and philanthropic gestures, but your hard work and diligence have certainly paid off.

On behalf of my former colleagues at the United Nations Foundation, we want you to know how much we have enjoyed your humility and selfless service to the causes of humanity and wellbeing of all. We believe we will be seeing and hearing a great deal more about your achievements in the future.”

- Mr Innocent Onah
“Her Excellency Mrs Toyin Saraki is the best humanitarian I know. Her Compassion transcends gender and Social class. H.E Mrs Saraki is ever willing to offer a helping hand and lift people.”

- Ms Funso Abdullahi
EXCERPTS FROM ARTICLES AND PUBLICATIONS
Ray Chambers Become a fan
UN Special Envoy for Health
Financing:

200 Global Philanthropists and an African Mother

Last Tuesday at J.P. Morgan’s headquarters in New York, I had the opportunity to join an amazing gathering of mostly women philanthropists for the Every Woman Every Child: Taking Action Summit, which was focused on the problems of the poorest mothers and children in the developing world.

J.P. Morgan Asset Management CEO Mary Callahan Erdoes and her team had worked tirelessly for months to bring together more than 200 of the world’s top philanthropists and industry leaders. Yet among this group congregated in the financial capital of the world, the most engaging speaker was not a banker or an economist, but a beautiful woman from Africa. Toyin Saraki spoke in a mesmerizing whisper as she painfully recounted the emotional, psychological and physical devastation resulting from having her precious daughter die during childbirth. Would any Mother’s Day ever be happy with the memories of her daughter’s first day of life also being her last? The women seated in the audience were overwhelmed with emotion as they empathized with Toyin’s pain as if it were their own.

They weren’t alone. I too felt great emotion.

You may have guessed that Toyin is one of millions of poor women each year in Africa and India who lose their babies tragically during birth, or who die themselves in the midst of what is supposed to be the most miraculous event of a woman’s life. But you would be wrong.

Toyin Saraki is an affluent, well-educated Nigerian who just recently stepped down as the First Lady of Nigeria’s Kwara State and is the founder and president of The Wellbeing Foundation. In an environment where there are not adequate medical facilities and qualified health personnel and equipment, the unthinkable loss of a child at birth can happen to anyone.

Toyin has turned her pain and loss, as well as energy and knowledge, into raising awareness and resources so that all mothers and their children can celebrate every possible Mother’s Day in the future. Toyin recounted what drives her to work so tirelessly on behalf of mothers in Nigeria and beyond.

“On December 6, 1991, I got married, gave birth three months prematurely, had twins and lost a child, all in the space of 24 hours,” she told us.

“On December 6, 1991, I got married, gave birth three months prematurely, had twins and lost a child, all in the space of 24 hours,” she told us.

During this harrowing period, I experienced that which was never intended for me, but which is an unavoidable reality for the majority of the women in my country: the inadequacies of the Nigerian Health System.

In 2003, a friend with whom I worked — a woman named Chinwe, the wife of the then Commissioner for Health — was pregnant and went into labor while visiting family members some distance from home. She was taken to the nearest hospital. She needed a Caesarean, but died while waiting for the key to be found for the operating theatre, which a nurse had diligently cleaned and locked up. Why could this not have been anticipated? Because Chinwe had no health records to present at the hospital, which would have revealed that her baby was in a transverse lie, and could not be turned. The Caesarean denied her in life was performed on her dead body to no avail. The baby died, too. And this was the wife of the Health Commissioner and had access to a hospital!

I just couldn’t stand seeing any more needless deaths of women and their babies. So I decided to devote my life and public offices to be with mothers in rural health centers. I’ve seen children die, because parents can’t pay registration fees, because of a lack of medical records, and because basic medical equipment and drugs are lacking — all preventable and senseless reasons for death in and around birth.

We must educate women about prenatal programs, proper nutrition during pregnancy, the need to have a supervised birth in a clinic or hospital, the need for proper medication to be available at birth to prevent
preeclampsia and hemorrhaging, and to exclusively breast feed for the first six months of the baby’s life.

I am so grateful to J.P. Morgan and all of the participants at last week’s conference. I hope we become partners with all of those philanthropists and help mothers in Africa and elsewhere learn all that can be done to save their and their children’s lives. We can’t let 4.4 million children under the age of five die in the next 958 days.

It is overwhelmingly sad to realize that one quarter of all the world’s maternal deaths occur in Nigeria — that amounts to over 60,000 women per year. In addition, almost 800,000 Nigerian children die before the age of five each year.

Mary Callahan Erdoes and I were so moved by Toyin’s words that we asked the philanthropists present to think about coming together as a “family” or a “partnership” to work with communications professionals as we launch an unprecedented media and education campaign. The goal: Making every man and woman contemplating having a child aware of all the steps that have to be taken to optimize the survival of the mama and her baby.

Over the next several days, the emotions from Toyin’s candid talk stayed with me. What more could I do? Are we responsible for what happens to strangers on the other side of the world? Don’t we have to worry about our own families and the people in our communities instead of foreign children?

I quickly came to the conclusions that to be truly satisfied and happy, each one of us has to help anyone we possibly can -- irrespective of where they are and what they believe. Helping our friends and our family members does not preclude helping women and babies in Africa or victims of the Tsunami in Indonesia or the earthquake in Haiti. We would walk through fire to help our own children and those in our communities, but why stop there?

I am very thankful to Mary and her team at J.P. Morgan for bringing together an eclectic mix of clients, industry leaders and global philanthropists to be connected to the plight of the least fortunate mothers and babies and collectively brainstorm how we can help going forward.
Abstract

Despite its frequency, the implications of stillbirth are overlooked and underappreciated. Here we present the findings of comprehensive, systematic literature reviews and analyses of published and new data regarding the impact of stillbirth on parents, families, healthcare providers, and societies around the world. Data regarding direct costs of stillbirth are sparse, but indicate that stillbirth is more costly than a live birth both when it occurs, and in subsequent pregnancies. The indirect and intangible costs of stillbirth are far-reaching and are usually met by families, which is particularly onerous for those with fewer resources. Negative effects, particularly on parental mental health, may be moderated by empathic attitudes of care providers and tailored interventions. Efforts to prevent stillbirths and reduce associated morbidity should consider the loss of life and the irreplaceable value of the baby, as well as the associated costs and resource implications for parents, families, care providers and communities.

Key Messages

• Stillbirth is associated with significant direct, indirect and intangible costs to women, their partners and families, health care providers, government and wider society.
• Appreciation of the costs of stillbirth is essential to evaluate the cost-effectiveness of interventions to prevent stillbirth or ameliorate negative impact of stillbirth.
• Data on the cost of stillbirth in high-burden countries are inadequate. In addition, to collecting data on the number of stillbirths, data should be collected on the cost of stillbirth in that setting.
• Adverse experiences including stigma, social isolation and disenfranchised grief are common amongst parents whose baby is stillborn and need to be addressed through focussed projects involving parents, communities, care-providers and relevant stakeholders.
Just over a year ago, the International Confederation of Midwives invited me to be its inaugural Global Goodwill Ambassador. This invitation was a true honour, and a year on, I remain humbled by the role that they have entrusted me with. The Wellbeing Foundation Africa (WBFA) and I have long known the invaluable role that midwives play in changing health outcomes for women and children. When we began our journey to improve maternal, newborn, and child health (MNCH) in 2004, we placed midwives at the centre of WBFA policies. In 2010, we lobbied for the passage of the Kwara State Safe Maternity Services bill - the first of its kind - that guaranteed funding for midwives. We did this because Nigeria has a long tradition of midwifery, with a vibrant, active community of dedicated midwives that have an unparalleled understanding of community needs and community sensitivities, and we worked closely with them to develop our interventions. I learnt so much from Nigeria’s midwives, and we are grateful for their continued insight and support.
“Toyin, Thanks for all you do to champion the world’s most vulnerable women and children bringing together a passion for education, health and social justice. “

-Sara Brown / Executive Chair of the Global Business Coalition - Education
Safeguarding the Well-Being of Children

The International Day of Innocent Children Victims of Aggression, marked on June 4, is particularly poignant for Nigeria this year. Placed under pressure from violence in the north-east as a result of the Boko Haram insurgency, on-going inter-communal clashes and natural hazard-induced disasters, there are currently over 1.5 million internally displaced Nigerians, living in overrun and over-capacity internally displaced persons (IDP) camps. Many of the IDPs are children, including a large number of newborns.

In Borno State alone, over 100 babies are born daily in IDP camps with an average of five to six deliveries in each of the state’s 21 camps. As the Newborn Champion for Save the Children Nigeria, I am deeply concerned about the burgeoning newborn health crisis in these camps, with a large number of births occurring in camps that currently lack safe and clean birthing facilities. To help facilitate clean deliveries in Adamawa State, Wellbeing Foundation Africa (WBFA) donated our Mama Kits, that contain all essential health commodities that can transform any location - even an IDP camp - into a safe and clean birthing area. Scaling up access to clean delivery kits is crucial if we are to meet the challenges of this potential newborn health crisis.

Whilst there are plans from state government officials to set up a medically equipped delivery room in each of the camps in Borno State, WBFA and I believe that an international and national response to the crisis must also include ensuring these innocent newborns can access skilled emergency care from midwives and doctors in the fragile first 24 hours of life. The first 24 hours after birth are the most critical, with more than one million babies dying each year on their first and only day of life. Without immediate skilled medical attention provided by a midwife or doctor, Nigeria will struggle to save the lives of our youngest citizens in the north.
Celebrated on May 5th each year, the International Day of the Midwife recognises the invaluable role of midwives in health. As the Global Goodwill Ambassador for the International Confederation of Midwives (ICM), I would like to personally thank midwives for their inspiring work in delivering quality care to women and newborns.

Around the world, skilled midwives keep expectant mothers informed throughout their pregnancy and labour, empower all women of childbearing age to make healthy choices for their family and provide medical assistance for newborns in the fragile first days of their life. However, access to midwives varies considerably across sub-Saharan Africa, with rural communities bearing the brunt of the inequity of access. For example, in Nigeria, 14% of pregnant women give birth completely alone, and in 2013, only 40% of women gave birth with a skilled birth attendant present. And the shortage of midwives is not just a Nigerian problem. The ICM have found that if women are to receive the quality care that they need before, during, and after birth, the world needs 350 000 more midwives.

At the Wellbeing Foundation Africa (WBFA), we believe that an investment in the access to midwives and the training of midwives is crucial to the survival of mothers and babies around the world. This is why I am pleased to announce - on the International Day of the Midwife - that WBFA has forged a new partnership with Johnson & Johnson and the Liverpool School of Tropical Medicine (LSTM) to deliver an innovative global training package for local health workers in Kwara State, Nigeria, that has the potential to reduce maternal mortality by 15% and still birth rates by 20% in the state.
On April 14th 2014, a ruthless militia kidnapped over 200 of Nigeria's young girls from their school in Chibok in the dead of night. A year on, the girls have yet to be released by Boko Haram, nor rescued by our security forces, leaving their families waiting and praying for answers.

After the attack, I joined the international community in a global call to action to Bring Back Our Girls. Joining hands with Mo Ibrahim, Desmond Tutu, Bill and Melinda Gates, and others, I urged all local, national and regional governments, to dedicate their resources to #BringBackOurGirls. Yet, since that night in Chibok, Boko Haram has committed further atrocities including using children as suicide bombers, kidnapping scores of peoples from villages across northeast Nigeria, and murdering many, many more of my fellow citizens.

As a mother, I cannot imagine the pain that the families of the Chibok girls experience every day that their child remains in the hands of Boko Haram. Marking birthdays and religious holidays without their child, without knowing where their child is, and without knowing if their child will ever come home, is an unimaginable pain. Every day of their lives will be forever scared with this pain until their child is safely in their arms. Another year of pain cannot be endured -- not for the missing Chibok girls, not for their families, and not for Nigeria.

As we observe a year since the events in Chibok, with prayers and vigils across Nigeria this week, I call upon our government and its regional allies to reinvigorate efforts to Bring Back Our Girls. I urge us all to remain vigilant in the fight against Boko Haram and steadfast in the protection of the rights of Nigerian children to an education.

“It is an honor to pay tribute to a beautiful woman who makes a difference every day. H.E. Toyin Saraki combines commitment, creativity and compassion to lead the way toward a life of better health and wellbeing for thousands! Her dedication to maternal and child health and the Millennium Development Goals is helping to create a better world for so many.”

- Ms Kathy Calvin / President and CEO of the United Nations Foundation
As Nigeria decides who will lead the country for the next five years on Saturday 28th March, it is tempting to get caught up in the acidity of politics. Yet, when Nigerians head to the polls, it is vital that we - both voters and politicians - prioritise the health and wellbeing of our citizens in our decision-making.

We have faced serious challenges as a nation. We have suffered unspeakable tragedies in the last few years at the hands of Boko Haram’s militants, including the further kidnapping of 500 Nigerian children in Damasak this week. The fall in oil prices has exposed weaknesses in our economic structures that we must address as a nation. The complicated security and political environment can sometimes mar the important strides that have been in Nigeria’s development but it is important to remember that Nigeria holds great potential. We are now Africa’s largest economy, and after a complex history, are on track for landmark democratic elections.

It is in this spirit of potential that the Wellbeing Foundation Africa (WBFA) and I call for Nigerian voters and policy makers to place the health and wellbeing of our fellow citizens at the forefront of our political debate. We are at a pivotal moment in our history but by focusing on the ties that bind us - our love for our fellow Nigerians - I am sure that peace and wellbeing will prevail.
A Healthy Woman Is an Empowered Woman - The Alaafia Universal Health Coverage Scheme

Posted: 04/14/2015 5:31 pm EDT Updated: 06/14/2015 5:59 am EDT / www.huffingtonpost.co.uk

As the world gathers to celebrate International Women's Day on Sunday, this year's theme ‘Empowering women, Empowering humanity: Picture it!’ resonates with me deeply, particularly in the run up to Wellbeing Foundation Africa's (WBFA) eleventh anniversary, next week. Empowering women - with a focus on maternal, newborn, and child health - has been my mission in Nigeria and across the African continent over the past decade. Women's health has long been neglected in Nigeria, with an estimated 36 000 women dying each year in pregnancy or during childbirth.

We have faced a number of challenges in our goal to empower women in Nigeria - battling cultural stigmas towards women's health issues, battling inertia on women's rights within the Nigerian legislature, and battling a lack of infrastructure within our health systems that cannot provide adequate or respectful healthcare for our people. Yet, women - their rights and their health - remain our focus because if we can empower women, we can empower Nigeria, the African continent, and indeed, humanity as a whole.

Considering that approximately 70% of Nigerians live below the poverty line on less than USD $1 a day, subsidised health insurance can be the difference between life and death for a number of families. Out-of-pocket financing at the point of service in hospitals can cripple families financially for years, resulting in further economic vulnerability and limited access to regular primary healthcare, setting off a cycle of poverty and poor health for generations.

Learning from the success of this scheme, WBFA has decided to transform and merge our existing health financing schemes to initiate the Alaafia Universal Health Coverage Scheme (AUHCS) in partnership with Hygeia Community Health Care - a local health insurance provider - and PharmAccess Foundation. Through the AUHCS, we will fund the insurance premiums of 5000 people each year.

“Greetings and many best wishes from the whole team at the UK Perinatal Institute! We are all pleased to be working with you, and impressed by your vision and tireless pursuit of improving the care of mothers and babies in Nigeria, Africa and beyond.”

- Mr Jason Gardosi / Director of the Perinatal Institute
In a country as large and diverse as Nigeria, data collection is fraught with difficulty. Nonetheless, whether this is in elections, censuses, or health surveys, data-based evidence is a vital component that must be committed to by the country as a whole. As demonstrated during the Millennium Development Goals (MDGs) process, coherent data that can be used to set targets and benchmark efforts is crucial for success. Moving into the Sustainable Development Goals (SDGs) era will require accurate data for setting accurate goals and measuring progress.

Data and records may not be the most newsworthy election topic. It may not even seem like the most newsworthy topic with regard to the SDGs, but there is an unassailable human aspect to record keeping. After all, at a time when Nigerians are striving to secure their right to vote in a free, fair, and transparent election, the right to bear witness is increasingly important. Bearing witness to the lives of Nigerians is important because it directly correlates to evidence-based action in policy, and plays a crucial role in human dignity, especially with respect to domestic violence and population indices.

Domestic violence is a global epidemic with statistics estimating that just under a third of all women who have been in a relationship have experienced some form of physical or sexual violence by their partner. The numbers are even starker in Nigeria. One in two Nigerian women are routinely abused by their husband, and more than two thirds of women are believed to have experienced physical, sexual and psychological abuse. This number may be even higher as our woefully weak reporting structures mean that many domestic violence crimes are unrecorded. Consequently, too many victims suffer in silence. This can be resolved through comprehensive legislation that enables victims to report their abusers within a safe and supportive environment.

“You have worked so hard and diligently to help those that need your support the most. I consider it a blessing in my life to have contributed to some of your great work. Pause and appreciate how many friends you have, how many tears you have overcome and how many ways God has worked wonderfully in your life.”

- Mr John Short / Hon.FRCPCCH
Imprisoned in Hospital - The Story of Folake Oduyoye

Posted: 05/02/2015 13:13 GMT Updated: 07/04/2015 10:59 BST / www.huffingtonpost.co.uk

In early November 2014, Wellbeing Foundation Africa (WBFA) and I assisted Mr. and Mrs. Ifeanyi Benjamin Amadu in Lagos State, Nigeria. A few months into Mrs. Amadu’s pregnancy, she was told she was having triplets. The news came as a surprise and the family found themselves unprepared for the financial costs associated with having triplets. Upon giving birth, the family were not able to pay the hospital bill. Unable to leave the hospital until the bill was settled, the family appealed for urgent assistance from the general public.

Having had twins, I understand the additional costs that can accompany the blessing of a multiple birth. This is why I initiated the Twins and Multiple Births (TMB) Programme and the Indigent Medical Fund (IMedF) in 2004, which provided patients in need with financial assistance and guidance. As part of these programmes, WBFA supported the Amadus with their hospital bills and donated further funds for the feeding and care of the infants.

The Sustainable Development Goals Must Be Rooted In Reality, Not Rhetoric

Posted: 14/01/2015 16:08 GMT Updated: 16/03/2015 09:59 GMT / www.huffingtonpost.co.uk

2014 was a year of violence, heartbreak, and economic turmoil for much of the world. In my home country of Nigeria, Boko Haram threatens to engulf the northeast and endanger the lives of thousands of Nigerian men, women, and children. In our neighbouring countries, Sierra Leone and Liberia, Ebola has entrenched itself, destroying families and leaving thousands of children as orphans. In Hong Kong, students protested peacefully for a true democracy, even if it came at the cost of their health, safety, and education.

Nonetheless, as we turn to look beyond the horizon into 2015, a year that has been coined the ‘Year of Sustainable Development’; I am filled with optimism. Despite the many challenges facing the world, I believe that by maintaining our focus in the final 365-day push to achieve the Millennium Development Goals (MDGs) and asking the right questions of ourselves, the international community will define Sustainable Development Goals (SDGs) that can truly set the world on ‘The Road to Dignity.”

Can Changing How You Cook Save Your Life?


Jollof rice is a West African institution. In fact, it is so important to West Africans that even a well-intentioned spin on the dish by Jamie Oliver almost resulted in an international incident! The simple dish is a staple of our cuisine, and its taste invokes memories of home and childhood for Nigerians. Therefore, it is not a surprise that maintaining its authenticity is a priority for families across West Africa. However, is our attachment to the traditional way of cooking jollof rice contributing to household air pollution in West Africa - the world’s fourth greatest health risk?

Critics of Jamie Oliver’s recipe said that because the dish was not cooked with firewood, the smoky taste that is so central to jollof rice would surely be missing. Jamie Oliver is not alone in facing this claim. I have heard similar criticism levied against the use of clean cookstoves in West Africa. A number of families have been wary about making the transition to clean cookstoves, arguing that jollof rice does not taste the same if it is not made with firewood. Yet, burning solid fuels, like wood, in open fires or traditional cookstoves, results in household air pollution that kills 17 000 Nigerians each year.
Partnerships of Hope - Remembering Joep Lange

Posted: 07/11/2014 11:45 GMT Updated: 07/01/2015 10:59 GMT / www.huffingtonpost.co.uk

‘Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and crossing each other from a million different centres of energy and daring, those ripples build a current which can sweep down the mightiest walls of oppression and resistance.’


Robert Kennedy’s words - which always held a resonance with me - took on new meaning at the memorial of Joep Lange and Jacqueline van Tongeren, in Amsterdam, last month. Joep’s life epitomised Kennedy’s words. He stood up for HIV and AIDS sufferers, at a time when no one else would. He worked tirelessly to achieve universal healthcare, and struck out against the injustice of limited access to anti-retroviral treatment in developing countries.
Train as a doctor, Joep’s pioneering research on HIV set the course for how we treat the virus today. He was the first to recommend triple-combination drug therapy, which is now an integral factor in health programmes to treat AIDS, and his pivotal 2003 study found that giving medication to babies prevented infants from catching HIV from their mother’s breast milk. This radical recommendation reduced the rate of infection from breastfeeding from 15% to only 1%.
“We are immensely proud of you and so delighted to have you as our Global Goodwill Ambassador at last! Thank you so much for all you do to improve on maternal and newborn health. You have been instrumental in harnessing global focus on the deprived and disadvantaged especially in Africa.”

- Ms Frances Day Stirk / President of the ICM Board of Directors
Learning From the United Nations General Assembly 2014

A week after the Wellbeing Foundation Africa's (WBFA) fourth year at the United Nations General Assembly (UNGA), I am still inspired by the commitment of my fellow attendees. Over UNGA week, WBFA was honoured to attend events ranging from the African Philanthropy Forum to the Global Breastfeeding Initiative’s Workshop on Nigeria. Hearing from influential figures and partners like Graca Machel at the Social Good Summit, Mo Ibrahim at the Africa Rising Forum, and Michelle Obama at the Global Education First Initiative’s event on ‘Quality Education for the World We Want’ was an incredible experience and one that will continue to inspire the WBFA as we enter the final stretch towards achieving the Millennium Development Goals (MDGs).

Our biggest takeaway was the power of learning from one another and establishing new partnerships that could truly change the world. From little pink phones to big funding initiatives, the UNGA showcased innovative ideas and cross-sector partnerships that could save the lives of mothers, newborns and children.

Health Care Workers Need Security in Northern Nigeria

Access is already one of Africa’s biggest health care provision challenges, and the militant insurgency in the north of Nigeria is adding a layer of difficulty and hampering potential progress. In Nigeria, which is West Africa’s economic powerhouse, astonishingly, only 38 percent of births are assisted by a skilled birth attendant, and 13 percent are completely unassisted. The effects of insecurity on education, population displacement and governance, means that access to health care becomes much harder in places like Borno State, that are already very restricted due to the predominantly rural nature of the landscape.

The effects of the insurgency on education is crucial when much of health care is about access to information -- ‘what sort of medical care do I need?’ ‘What sort of medical care am I entitled to?’ The attack on educational systems undermines the ability for accurate information to be disseminated and for women to take ownership over their own bodies. For the mainly rural states, that already have only limited resources, this is hugely problematic, and results in a large-scale loss of lives.

Century of the Girl Child

“The ways of injuring a child are infinite, while the ways of being useful to them are few... the slightest mistrust, the smallest unkindness, the least act of injustice or contemptuous ridicule, leave wounds that last for life in the finely strung soul of the child...” In 1900 social theorist Ellen Key published her prescient manifesto on the future of childhood; Key recognized the importance of centering the child, not just privately but also publicly; within education, care provisions and society more broadly.

If the 20th century was the century of the child -- with the adoption of the Declaration on the Rights of the Child by the League of Nations in 1924 as both the crescendo of contemporary thought and the starting point for all future debate and actions, including granting permanent status to UNICEF in 1953 and adopting the UN Convention on the Rights of the Child in 1989 -- then the 21st century must be the century of the international girl child. There is no denying that given the current state of the world’s girls, we would be forgiven for being dubious of such a statement.
Today is the International Day of the African Child, and for 2014 the theme is ‘a child-friendly, quality, free, and compulsory education for all children in Africa,’ taking the day back to the roots of the movement. Today, nearly 30 years ago, thousands of brave children in Soweto demanded a quality education, and hundreds lost their lives as a result. Today, nearly 30 years later, we are still fighting for the rights of children to have a free and quality education. It is now over two full months ago that more than 200 girls were abducted from a school in Chibok, northern Nigeria by the Islamist militant group, Boko Haram. This terrible situation is the worst nightmare any parent can experience. To send a child to school, and for that child not to return home, is an unimaginable horror. Schools are learning spaces - children receive not only their formal education, but also an understanding of themselves, their community, and the wider world.

Many children in northern Nigeria are not in formal education and often this is a question of circumstance and access; but, increasingly, in the north of Nigeria, this is down to the fear or threat of violence. According to an Amnesty International report published in October 2013, from the beginning of 2012, at least 70 teachers and over 100 pupils had been killed or wounded in northern Nigeria. Also, at least 50 schools have either been burned or seriously damaged and more than 60 others had been forced to close. Thousands of children have been forced out of schools and more than 1,000 teachers have been forced to flee from areas in the north. As a parent, myself, I know that, sometimes, we have to make difficult decisions for our children, but no parent should have to choose between giving their child an education and keeping them safe.

As May 5th is International Day of the Midwife, I would like to take this opportunity to share some inspiring stories of midwives from around the world. In midwife-led care, women experience less preterm births, less assisted deliveries and greater satisfaction with care; contributing directly to the achievement of Millennium Development Goals 4 and 5 by 2015. Statistics, facts and figures are always useful when making a case for your cause, but I have found that it is the personal stories that highlight the difference midwives make, one family at a time...

Meet Nancy Ale: How Nancy changed a whole community by giving hope to a girl

Nancy Ale is a midwife with over 30 years experience working in a public hospital in Buenos Aires, Argentina. Buenos Aires is not only the capital of Argentina, but also a province with 24 districts, the size of Italy. The living standards between the capital and the provinces are extremely different with high standards in the capital and very low standards in the communities. Nancy says that universities need to offer courses that are centered on communities, so that students develop an understanding for the needs and stop ignoring the conditions in these underserved villages. In Argentina there is a big shortage of midwives and they are often limited in their scope of practice.
“On behalf of ICM, thank you for all the happy birthdays you make possible through your tireless commitment to the mothers and babies of the world. ICM is proud to have you as our Global Ambassador.”

- Ms Frances Ganges / CEO of the ICM
As the 2015 deadline for the Millennium Development Goals draws closer, World Malaria Day is a key advocacy date for those of us working on the ground to drive the achievement of the health-related goals, especially in the malaria endemic countries of sub-Saharan Africa.

World Malaria Day is our opportunity to champion the work being done to combat malaria, to consolidate global gains and highlight the steps that still need to be taken. There are some significant milestones that have been achieved so far - most notably a 49% reduction in the number of deaths from malaria in sub-Saharan Africa between 2000 and 2012. Unfortunately, malaria kills over 600,000 people every year and more than 3 billion people - over half of the world’s population - is at risk. These statistics do not even begin to reflect the social or economic effect malaria can have. Significant detrimental socio-economic impacts can be attributed to malaria, not just for a household - in terms of the cost of treatment or the loss of income - also on wider regional and national levels, through the loss of tourism or foreign investment or reduced economic growth.
A Life-Saving Tip, From One Mother to Another

This post is part of the Global Moms Relay. Every time you share this post, Johnson & Johnson will donate $1 (per action) to help improve the health and well-being of moms and kids worldwide through MAMA, Shot@Life, and Girl Up. Scroll to the bottom to find out more.

When I was asked to be one of the co-chairs of the Second Annual Global Moms Relay, I was delighted. I have always felt that, as mothers, we can learn so much from each other. We help each other and our wider networks of friends and family in ways that empower, comfort, strengthen and support -- saving and enriching lives.

Several years ago, a close friend of mine made the ultimate gift from a mother to her child -- she gave part of her liver in a transplant procedure to her son who was experiencing liver failure. After a nerve-wracking stay at the hospital, my friend needed a few hours of “me time,” so I offered to look after her son for the day. When she dropped him off, we were talking about healthcare facilities in Nigeria, and she remarked: “Nigeria has some incredible doctors that do incredible things,” and went on to tell me that after the birth of her youngest child she had suffered severe postpartum bleeding, which put her in a critical condition -- until one enterprising Nigerian doctor decided to administer a pill in an off-label manner.
Federal Republic of Nigeria
Integrated Maternal, Newborn and Child Health
Personal Health Record Book
Fighting to End Newborn Deaths Across the World

Last week saw the publication of Save the Children’s highly anticipated Ending Newborn Deaths Report. I was humbled and honoured to have been named the National Newborn Health Champion for Nigeria at the launch, which highlighted the newborn health crisis and called for action to end newborn deaths. Statistics indicate that an estimated 2.9million newborns die each year worldwide, and an additional 2.6million are stillborn. According to Save the Children, every year, within the first 24 hours of life, more than one million babies die.

We need to consider what newborn babies are bestowed with, and what chances they have, upon arrival into the world. Nigeria has an annual birth rate of about seven million, with a life expectancy at birth of 52.5 years. In other words, a newborn, all things being equal, is not expected to live longer than 52.5 years in Nigeria, compared to 89.6 years in Monaco, 82.8 years in Switzerland, and 80.3 years in Germany.

Although there has been progress in reducing the number of deaths of children under the age of five years, in my native Nigeria, the progress has been too slow and the death rates remain worrying. Under-five and newborn mortality rates in Nigeria are amongst the highest in the world, with the poorest households suffering even more. We cannot sit down and fold our arms at such grand wastage of life, and the unbearable pain it causes mothers and families. We need to act now to ensure our newborns not only survive, but also thrive.

“You have been such a strong advocate for women’s rights, and a huge supporter of White Ribbon Alliance in Nigeria and around the world. Thank you for all your efforts and your tremendous energy.”

- Ms Brigid McConville / Board of Directors for the White Ribbon Alliance
McCann Health Harnesses Energy & Innovation of Global Creative Community to Empower Healthy Women at 2013 Cannes Lions Festival

Posted: 06/20/2013 9:03 am EDT
Updated: 08/20/2013 5:12 am EDT / www.huffingtonpost.co.uk

This week I attended a very special meeting hosted by McCann Health at The Cannes Lions Festival of International Creativity which annually brings together over 11,000 communications professionals from across the globe to share, inspire and explore the universe of creativity in communications. Some may wonder why I was here, a woman who has devoted so much of her time and energy during these past years focused on the struggles of mothers and children fighting for survival. A woman who herself lost a child during a difficult delivery despite being in the enviable position of having access to the best medicine in my country, Nigeria.

A Step to Deliver on Family Planning: Community Based Access to Injectable Contraceptives

Posted: 07/27/2012 6:22 pm EDT
Updated: 09/26/2012 5:12 am EDT / www.huffingtonpost.co.uk

One week after the Nigerian Government committed to tripling the current funding for family planning at the London Summit on Family Planning, I had the privilege to congratulate the Nigerian National Council on Health for taking a monumental step to support this commitment. On Thursday, the National Council on Health approved a task sharing policy that will allow community health extension workers to provide injectable contraceptives in communities. Before now the country’s reproductive health and family planning service protocols and guidelines allowed only doctors, nurses and midwives to provide injectable contraceptives while community health extension workers were only allowed to provide condoms and contraceptive pills in the community. This policy prevented many women in rural communities from accessing injectable contraceptives which is the preferred method. (National Demographic & Health Survey)
CALLS TO ACTION
Save The Children - Behaviour Change

The Wellbeing Foundation Africa is engaged on an exciting cutting-edge approach towards behaviour change communication and demand creation in public health programming, an effort in partnership with McCann Health. This initiative is part of our Foundation’s commitment to improve maternal, newborn and child health (MNCH) in Nigeria, which according to your organisation’s recently published report ‘Ending Newborn Deaths’, shows that there is much work to be done. Nigeria ranks as the world’s second highest in both newborn mortality rate (at 32.7 deaths per 1000 live births) and maternal mortality (at an estimated of 40,000 per annum).

Clearly, these statistics are unacceptable, especially when the causes and solutions are well known. As we discussed, access to appropriate information, to the right person, conveyed in the appropriate mediums saves lives. As part of our commitment to the Nigerian government’s Saving One Million Lives (SOML) Initiative and the UN Secretary General’s Every Woman, Every Child effort, we aim to bring insight-driven, commercial approaches to bear on the country’s MNCH challenges. This was a formally announced commitment made during the UN General Assembly Week 2013.

Last month, our partner, McCann Health, met with members of the Save The Children UK team (Joy Riggs-Perla), who were very excited about the aforementioned initiative. Further still, off the back of the meeting, a joint presentation was made to DFID UK, who were also very keen on this project. Given the implementing structure of your organisation and that of DFID, it was felt that it is important to get country team perspective and buy-in on this project.

I was very excited to hear about some of the work that Save The Children Nigeria is doing in developing insights for Newborn care, namely your study on barriers to care-seeking behaviour for the baby and the partnership with CHAI on barriers/gaps in access to antibiotics for babies. This is clearly aligned with the Every Newborn Action Plan (ENAP), which The Wellbeing Foundation was happy to partner, with you, on the National Consultation for. Our planned behaviour change and demand creation programme also supports the strategic objectives of ENAP.
In a reaffirmation of the commitment made to the **Committing to Child Survival: A Promise Renewed** initiative, the Wellbeing Foundation Africa, a leading frontline maternal, newborn and child health empowerment organization, and other civil society organizations signed the Civil Society Pledge titled ‘A Promise Renewed: Renewing the Commitment to Child Survival which was read in Washington, DC on the 14th of June 2012. In this commitment, signatories pledged their support for ending preventable child deaths and called on all countries to reduce under-5 mortality to 20 or fewer under-5 deaths per 1,000 live births, for every segment of society, by 2035. However, the Wellbeing Foundation Africa believes that the inclusion of specific essential commodities and interventions in the commitment will serve to strengthen the pledge and further save lives.

The Civil Society Pledge, developed by the United Nations General Assembly ten years ago, requires the undersigned civil society organizations to 1) Contribute to reaching every child and empowering women, children and families; 2) Support and integrate research and innovation; 3) Champion the A Promise Renewed initiative; 4) Support mutual accountability including holding ourselves accountable; and 5) Call upon governments, donors, multilaterals and the private sector. Through strategic multi-sector partnerships and campaigns like the Wellbeing Foundation Africa 24-7-365 Millennium Development Goal Countdown to 2015 Advocacy and Action social media campaign, the foundation has been able to fulfil the mandates of the Civil Society Pledge as well as its commitments to the United Nations’ Every Woman Every Child effort.

The Wellbeing Foundation Africa commends the commitments laid within the pledge outlined above and believes that specific action-points and focused interventions championed by civil society will have the greatest impact and influence on health outcomes. While health, social, political and economic situations vary across the global community, the foundation is recommending that essential interventions implementable in limited-resource setting including family planning and health information tools such as the Personal Health Record© be included in the pledge in order to deliver direct results and save lives.

Through the Wellbeing Foundation Africa Integrated Maternal Newborn and Child Health Personal Health Record©, a simple yet effective tool that facilitates decision-making from pregnancy to delivery while capturing child development from birth to five years, the Wellbeing Foundation Africa has been able to empower the lives of over 200,000 women and children and aims to reach 5.3 million by 2015 in accordance with the foundation’s commitment to the United Nations’ Every Woman Every Child Effort in support of the Global Strategy For Maternal Newborn and Child Health.

“...the Federal Ministry of Health and partners put together the Integrated Maternal, Newborn and Child Health (IMNCH) strategy. The IMNCH strategy recognizes that the determinants of health outcomes is complex and cut across different sectors, therefore the need to establish a multi-sectoral partnership for maternal, newborn and child health...

In recognition of the impact your office (the Wellbeing Foundation) has on the lives of our mothers, newborn and children we invite you to the opening ceremony of this very important partnership.”

- Dr Nkiru Onuekwusi, Federal Ministry of Health of Nigeria
Letter to Honourable Minister of Health
Prof. C. O Onyebuchi
Chukwu On Promoting
Community Based
Access to Injectable
Contraceptives

On behalf of the Wellbeing Foundation Africa, and most importantly the women and children that we strive to represent, the organisation would like to thank you for the opportunity for the civil society to address the 2012 National Council on Health led by Her Excellency Mrs Toyin Ojora Saraki as Board Chair of White Ribbon Alliance Nigeria.

We would like to commend your leadership in recommending the policy change to enable community based access to injectable contraceptives through CHEWS. This decision, coming only a week after the landmark Family Planning Summit in London on the 11th of July 2012 demonstrates yours and Nigeria’s leadership and commitment to ensuring that the global target to provide 120 million women in the poorest countries with access to this life transforming and essential commodity is achieved.

The Wellbeing Foundation Africa stands ready to assist and partner on the next steps. As part of our commitment in response to the NCH's,
the foundation will incorporate advocacy for community based access to injectable contraceptives into its upcoming All Kwara Women’s forum workshop series as an aspect of a dedicated session on Family Planning.

We look forward to your continued leadership on these matters and the continued opportunity to work with you, particularly in improving access to health commodities such as the WBF IMNCH Personal Health Records® and Safe Motherhood Kits. The WBF 24-7-365 Advocacy Campaign platform and our broad stakeholder network remains at your disposal to champion better health delivery in Nigeria and communicate life-saving messages to women and children in our country.

Finally, I would like to assure you of the esteem support of our Founder-President H.E Mrs Toyin Ojora Saraki, who is dedicated to ensuring that Nigeria reaps the benefit of her participation on the Innovation Working Group, as well as her private sector and civil society networks that include the White Ribbon Alliance (WRA) and the Partnership on Maternal Newborn and Child Health (PMNCH).
Chibok: More efforts are required by all to #BringBackOurGirls
May 2014

The Wellbeing Foundation Africa is delighted to see how the international community is rallying together to see the safe return of the over 200 girls who were abducted from a secondary school in Chibok, northeastern Nigeria, a few weeks ago.

#BringBackOurGirls has been used more than one million times on Twitter, and there are global online discussions via platforms like Google Hangouts. The story is headlining across Western media, and countries like the U.S. and the U.K. are offering to help by sharing intelligence and other resources. Also, both U.S. President, Barack Obama and the UK’s Prime Minister, David Cameron, have publicly condemned the incident. With pressure increasing on the Nigerian government to do more, this must have contributed to the Nigerian police setting up a $300,000 reward for anyone who can help locate the girls.

This absolutely horrid incident highlights some of the tragic issues a number of young girls in Nigeria face: threats to their education, child marriage, slavery, trafficking, violence, and abuse. If this international support is a stance against all these evils, then it is a good start. However, for the sake of the future, for the sake of our girls, and for the sake of improved livelihoods, we need more strategic thinking and cooperation to help tackle the security challenges that girls face in Nigeria, and other parts of the world. Girls need to go to school, and must be encouraged (not discouraged) to do so. Currently, Nigeria is home to about 10.5 million out-of-school children—the highest figure in the world! This figure, unfortunately, mostly comprises girls.

We ask that governments across the world continue to demand an explanation from the leadership of Nigeria, asking what the critical issues are, and how best help can be served to Nigeria, so that these girls can be recovered alive and well. The Foundation also continues to renounce the section of the Nigerian Constitution that allows under-age married girls the rights of adulthood, as if promoting child marriage. We will always continue to stress that girls everywhere have citizenship rights to education, as well as to protection from slavery, violence, human trafficking, and early/forced marriage.

At the Wellbeing Foundation, we have prioritized ending domestic violence (EDV) as a core part of our advocacy portfolio, as much as we prioritize improved maternal, newborn and child health (MNCH) outcomes. Through press releases, social media and regular national and global leadership on thematic sessions, the Foundation has continued to build awareness on the need to end domestic violence, especially against women and girls in Nigeria. Also, the Foundation has continued to collaborate with the Legislative Advocacy Coalition on Violence Against Women (LACVAW), a group of over 70 organizations in Nigeria, working towards the legislation and execution of the Violence Against Persons Prohibition (VAPP) Bill, which all coalition members believe will offer some level of empowerment and protection to women and girls.

The Wellbeing Foundation is of the strong opinion that the abduction of the Chibok school girls is the highest level of violence against girls that this country has experienced in decades, and we unequivocally request that they be found and returned to their families immediately, and hale and hearty.

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Wellbeing Foundation Africa Calls for a Strategic Approach in Addressing the Challenges of Preterm Births and Highlights the Importance of Essential Commodities and Family Planning in Taking Action

With 15 million babies born too soon every year, preventing preterm births and saving the lives of preterm babies are certainly crucial maternal, newborn and child health (MNCH) priorities. So when the “Born Too Soon” report was launched on the 2nd of May 2012, the Wellbeing Foundation Africa—a pan-African MNCH empowerment organization, was excited to see almost 50 international, regional and national organizations contribute to the production of the report, which represents best practice in public health models and protocols in line with Millennium Development Goal 8: Global Partnership for Development.

The “Born Too Soon” report emphasizes the following key messages that the Wellbeing Foundation endorses:

- 15 million babies are born too soon every year, with over 1 million of them dying due to preterm complications and surviving babies facing a life-time of disability.
- Rates of preterm births are rising in almost all countries; it is the second highest cause of death after pneumonia.
- Prevention of preterm births must be accelerated, without which the global progress in child survival and health by 2015 cannot be achieved.
- Premature babies can be saved now with feasible, cost-effective care.
- Family planning and increased empowerment of women, especially adolescents, can help reduce preterm birth rates.
- All individuals have a role to play.

The Wellbeing Foundation itself was born out of the pre-term experience of its Founder-President Mrs. Toyin Ojora Saraki, commenting on this issue she stated “My personal experience of the challenges of preterm birth, and for many years seemingly acting as a lone voice on behalf of millions of women across the world going through the same tragedy, makes me wholeheartedly welcome the “Born Too Soon” report. It brings down curtain on the 2nd biggest killer of infants today. My hope is however raised daily in seeing my oldest child, who is now 20 years of age and was born as an ‘extremely preterm,’ surviving twin, thrive as a healthy young adult today. This is a testament that the solutions which will keep over a million young souls alive every year exist. The report, far from a collection of papers, is a powerful tool in informing and mobilizing all stakeholders to do their part as clearly outlined within its pages.”

Ironically, almost three weeks after the launch of the “Born Too Soon” report, the Wellbeing Foundation Africa again experienced the challenges of preterm birth in an environment lacking maternal, newborn and child health commodities. On the 24th of May 2012 to be precise, 4 pre-term babies were born to Samuel and Joy Chukwukaelo weighing 0.9, 1.2, 1.3 and 1.4 kg respectively, at the University of Ilorin Teaching Hospital (UITH), Kwara State, Nigeria through caesarean section. Asphyxiated at birth, the biggest baby died on Sunday the 27th of May, while the smallest of the quadruplets died on the 29th, despite the best efforts of the hospital’s medical team. The condition of the surviving two infants remained fragile but stable, and an SOS message was received by the Wellbeing Foundation Africa Founder, leading to the immediate dispatch of the WBFA Alaafia Kwara Twins and Multiple Births Assistance Unit which runs longstanding assistance programs at UITH as well as the Children’s Specialist Hospital Centre, Igbala—both in Kwara. Unfortunately, on the 2nd of June 2012, a third baby suffered a bleed and also passed away.

Informed by the supervising physician, the Wellbeing Foundation Africa from the onset noted that the current needs of the two surviving infants included antibiotics, fluid, diapers and most
Likewise, in saving the lives of pre-term babies, the provision of essential commodities will make a live-saving difference. Putting our efforts together, let us take action on preterm births on World Prematurity Day and everyday.

Most of these essential commodities were accessible locally, but unfortunately, the infant pre-term baby formula, which was a specialised product for hospital-use only. The mother of the quadruplets, a nursery school teacher earning N5,000 a month (approximately USD 32), and the father a petty trader, had little to no hope of acquiring this formula for her children, not only due to the lack of financial resources, but the unavailability of this formula in the Nigerian market or within the health system.

Given the current challenges within the Nigerian health system which includes lack of MNCH commodities, this tragic case highlights the importance of building global strategic partnerships in line with the UN Millennium Development goals and the Secretary-General's call to action. This has been the strategic approach that allowed the foundation to respond to the needs of the quadruplets in Kwara State, Nigeria. Only equipped with her phones, and most importantly her knowledge of maternal, newborn and child health care (MNCH) that spans two decades, the Wellbeing Foundation Africa Founder-President reached out to partners from an informed position, knowing what products were needed and where most likely to access it. An 8 hour search finally resulted in the acquisition of the pre-term formulas thanks to the world renowned Great Ormond Street hospital, London; and a fortuitous logistical arrangement allowed the product to be delivered to the hospital within 24hrs through the WBF Africa Executive Director, Mr. Temitayo Erogbogbo.

The “Born Too Soon” report, championed by the foundation, highlights the growing number of preterm babies and their increasingly high contribution to annual neonatal deaths globally and in Nigeria. In Nigeria, there are 10-15 preterm births per 100 live births. It is therefore essential that there exists a strategic approach that includes building partnerships to cater for the preterm challenge as part of the country’s on-going effort to address its poor MNCH indices. The Wellbeing Foundation Africa hopes that the appointment of President Goodluck Jonathan of Nigeria as Co-Chair of the UN Commission on Life-Saving Commodities for Women acts as a catalyst to improving access to essential live saving commodities.

The Wellbeing Foundation Africa has taken action to emphasize the strategic importance of family planning in addressing MNCH indices which also reflect the rates of preterm births.

- The foundation has advocated for policy-makers to respond to the preterm birth challenge and recently participated in the 13th PMNCH Board Meeting in Abuja, Nigeria, where government and civil society organizations were urged to expedite action and fulfill their commitments to address preterm births.
- Working with the White Ribbon Alliance Nigeria, the Board of which is chaired by Wellbeing Foundation Africa Founder-President, Mrs. Toyin Saraki, the foundation has called for the network to share the findings in the “Born Too Soon” report.
with partners who will hold their local governments accountable regarding preterm care in Nigeria.

- The foundation has also increased focus on family planning through multi-stakeholder communications as a catalyst to drive strategic long-term change.

- The Wellbeing Foundation Africa continues to invite physicians and mothers to carry out reviews of best practice guidelines for preterm care in limited resource settings for both health workers and families under

- The foundation continues to develop creative ways to communicate the importance of family planning to all stakeholders in partnership with the private sector.

**ADVOCACY AND ACTION**

Currently, the foundation disseminates life-saving health information on preterm births, the importance of family planning in preventing preterm births, and the vital role essential MNCH commodities play in saving the lives of preterm infants through the Wellbeing Foundation Africa 24-7-365 Advocacy and Action social media campaign. In addition to on-going advocacy, the foundation recently pledged to support the newly launched ‘Saving One Million Lives’ initiative, which was implemented by Nigerian President Goodluck Jonathan to combat preventable deaths and help Nigeria reach Millennium Development Goal (MDG) 4 of reducing child mortality—which also includes pre-term deaths.

This commitment was part of a series of round-table discussions and high-level deliberations which took place during the United Nations Commission on Life-Saving Commodities for Women and Children meeting in Abuja, FCT between the 14th and 16th of October 2012.

Supporters of the United Nations Every Woman Every Child effort, the foundation continues to explore strategic partnerships and private sector alliances to ensure the reduction of both maternal and child mortality. As the global community celebrates World Prematurity Day on the 17th of November, the Wellbeing Foundation implores policy-makers and health professionals in Nigeria, in Africa, and in every country of the world, to adopt a strategic approach in addressing the challenges of preterm births. From a preventive standpoint, the importance of family planning cannot be over-emphasized.
LETTERS OF COMMENDATION
LETTERS OF COMMENDATION

“I would like to thank you for the Wellbeing Foundation’s role as a co-host of the “Innovating for Every Woman, Every Child” private sector luncheon in September (2011)...Your leadership and dedication to improving women’s and children’s health is an indispensable part of this global effort, and I thank you for your active participation...I would also like to take this opportunity to commend the Wellbeing Foundation on commitment to the Global Strategy for Women’s and Children’s Health. The Wellbeing Foundation’s collaborative approach, focused on strategic grant-making among numerous partners and scaling-up successful women’s and children’s programs in Nigeria, is an inspiring example of what the private sector can and should do to improve women’s and children’s health...A uniquely African philanthropy and private sector forum for women’s and children’s health is something that could catalyze much needed resources toward the issues that you have championed for nearly a decade in Nigeria, including the Personal Health Record (PHR) of Nigeria.”

Dr Robert C. Orr, United Nations Assistant Secretary-General for Policy Coordination and Strategic Planning

“Nigerian mothers and children benefit from an already existing commitment of said influential women in your person as can be noted from the involvement of The Wellbeing Foundation in education initiatives and from your own previous involvement on the issue of MNCH through attendance at the Women Deliver Conference, advocacy towards donors and collaboration with the Ministry of Health...We encourage you in your championing of MNCH in Nigeria. We at the Partnership would be happy to facilitate discussions with partners on ways to increase your contribution. We ask you to motivate your peers to join you in this effort and to support the First Lady of Nigeria in her endeavours for the mothers and children of your country...I wish to thank you for your commitment to our common cause and wish to reiterate the Partnership’s availability to work with you on how to increase your contribution to MNCH both through some of the initiatives already under way at the Wellbeing Foundation as well as through the identification of new opportunities.”

Dr Flavia Bustreo, Assistant Director-General for Family, Women’s and Children’s Health, World Health Organization

“Dear Toyin, I want to thank you for participating in the Every Woman Every Child (EWEC) program. Your presence and the commitment you announced contributed to the success of the evening and more importantly, is an important step toward achieving the MDGs by 2015. There are so many innovative opportunities that we can take advantage of to help achieve these goals, and your partnership with Every Woman Every Child (EWEC) is helping to revitalize this critical effort, and it is happening at such a key time.”

Ambassador Raymond G. Chambers, The United Nations Secretary-General’s Special Envoy for Financing the Health MDGs and for Malaria
Your Excellency,

It was an absolute pleasure and honour to have had the opportunity to exchange with you on Thursday, March 12, 2009, in London, during the meeting organized by the Maternal Mortality Campaign. The Partnership has always been a proponent of the important role of influential women, notably First Wives, in the improvement of maternal, newborn and child health (MNCH).

First Ladies have in the past been able to exert influence at all different levels of society, making them the perfect advocates to place the issue of the health of women and children on the global agenda as well as on their own national agendas through increased collaboration with parliamentarians, ministers and through population wide sensitization campaigns. Nigerian mothers and children benefit from an already existing commitment of said influential women in your person as can be noted from the involvement of The Wellbeing Foundation in education initiatives and from your own previous involvement on the issue of MNCH through attendance at the Women Deliver Conference, advocacy towards donors and collaboration with the Ministry of Health.

The Partnership, as you noted during our discussion, has been involved with various partners in work targeting an improvement in maternal, newborn and child health and seeks to continue this work with your help. The Federal Ministry of Health, through the implementation of a grant administered by the Partnership has been working to sensitize government authorities on issues related to MNCH through advocacy. Your voice could be used in an effort to help the Ministry in moving this agenda forward.

We encourage you in your championing of MNCH in Nigeria. We at the Partnership would be happy to facilitate discussions with partners on ways to increase your contribution. We ask you to motivate your peers to join you in this effort and to support the First Lady of Nigeria in her endeavours for the mothers and children of your country. We also encourage you to continue to represent the interest of African women and children in global forums and commit to working towards identifying global and regional arenas where your voice is needed.

Again I wish to thank you for your commitment to our common cause and wish to reiterate the Partnership's availability to work with you on how to increase your contribution to MNCH both through some of the initiatives already under way at the Wellbeing Foundation as well as through the identification of new opportunities. I look forward to hearing from you on a way forward for this collaboration and wish you success in your other endeavours.

Please accept, Excellency, the assurance of my highest regards

Sincerely,

Dr. Flavia Bustreo

Mr. Robert Orr  
Assistant Secretary-General  
for Policy Planning

Mrs. Saraki  
Executive Director  
Wellbeing Foundation  
Kenya

14 November 2011
Dear Mrs Saraki,

Personal child health record – PCHR

I am sorry it is not possible for me to meet you in person to discuss the PCHR but I wanted to assure you of my interest in and support for your programme.

I am one of the paediatricians who was involved in the original design and publication of the PCHR in the UK. I chaired the UK Royal College working party that recommended its adoption throughout the country. It has been welcomed by parents and by all the staff who work in the areas of child health promotion and preventive paediatrics.

I was very pleased to hear about the project in Nigeria. It is an exciting development and I am sure that there will be real and substantial benefits in the health and health care of children as a result. Linking this with interventions to improve maternal health and reduce the morbidity and mortality associated with pregnancy is undoubtedly the right policy and I wish you all every success.

Yours sincerely,

[Signature]

David Hall.

Raymond G. Chambers

12 October, 2011

Mrs. Toyin Saraki
President
The WellBeing Foundation
Nigeria

Dear Toyin,

I want to thank you for participating in the Every Woman Every Child program. Your presence and the commitment you announced contributed to the success of the evening and more importantly, is an important step toward achieving the MDGs by 2015.

There are so many innovative opportunities that we can take advantage of to help achieve these goals, and your partnership with Every Woman Every Child is helping to reinvigorate this critical effort, and it is happening at such a key time.

Thanks again for your kind generosity, and I look forward to continuing to work together.

Sincerely,

[Signature]

Raymond G. Chambers
WE ARE ALL PEOPLE AFFECTED BY HIV AND AIDS
Invest, Deliver, Advance

In reply please refer to: C6-370-21(B)

H.E. Mrs. Toyin Saraki
First Lady Kwara State
30 Saka Tinubu Street
Victoria Island, Lagos
Nigeria

19 March 2009

Your Excellency,

It was an absolute pleasure and honour to have had the opportunity to exchange with you on Thursday, 12 March 2009, in London, during the meeting organized by the Maternal Mortality Campaign. The Partnership has always been a proponent of the important role of influential women, notably First Wives, in the improvement of maternal, newborn and child health (MNCH).

First Ladies have in the past been able to exert influence at all different levels of society, making them the perfect advocates to place the issue of the health of women and children on the global agenda as well as on their own national agendas through increased collaboration with parliamentarians, ministries and through population wide sensitization campaigns. Nigerian mothers and children benefit from an already existing commitment of said influential women in your person as can be noted from the involvement of The Wellbeing Foundation in education initiatives and from your own previous involvement on the issue of MNCH through attendance at the Women Deliver Conference, advocacy towards donors and collaboration with the Ministry of Health.

The Partnership, as you noted during our discussion, has been involved with various partners in work targeting an improvement in maternal, newborn and child health and seeks to continue this work with your help. The Federal Ministry of Health, through the implementation of a grant administered by the Partnership has been working to sensitize government authorities on issues related to MNCH through advocacy. Your voice could be used in an effort to help the Ministry in moving this agenda forward.

We encourage you in your championing of MNCH in Nigeria. We at the Partnership would be happy to facilitate discussions with partners on ways to increase your contribution. We ask you to motivate your peers to join you in this effort and to support the First Lady of Nigeria in her endeavours for the mothers and children of your country. We also encourage you to continue to represent the interest of African women and children in global forums and commit to working towards identifying global and regional areas where your voice is needed.

Again I wish to thank you for your commitment to our common cause and wish to reiterate the Partnership’s availability to work with you on how to increase your contribution to MNCH both through some of the initiatives already under way at the Wellbeing Foundation as well as through the identification of new opportunities. I look forward to hearing from you on a way forward for this collaboration and wish you success in your other endeavours.

Please accept, Your Excellency, the assurance of my highest consideration.

Dr Flavia Bustreo
Acting Head of the Secretariat
Partnership for Maternal, Newborn and Child Health
Her Excellency, 
Mrs Toyin Saraki 
The Founder President, Wellbeing Foundation Africa 
Ilorin.

THE MIDWIVES SERVICE SCHEME INSTITUTED IN KWARA STATE BY THE 
NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY (NPHCDA)

Your Excellency,

Please accept the heartfelt appreciation of the Executive Director of NPHCDA of your efforts on behalf of the vulnerable women and children of Kwara State, and indeed those of Nigeria and Africa. Yours is a continental effort, even as your foundation’s name indicates. It is heartening to see a blessed family like yours concerned about the plight of the weak members of the society. May God’s blessings continue to shower on your family now and always.

Your Excellency, the ED, NPHCDA wishes to particularly appreciate your pioneering effort in the area of documentation of the health indices of the family through the design and production of a comprehensive Family Health Card which was launched by His Excellency, Senator Abubakar Bukola Saraki, the then Governor of Kwara State. The Family Health Card has remained the master template for data tools for Primary Health Care service delivery.

In response to the high Maternal and Child mortality rates in the country, the Federal Government, through the NPHCDA initiated the Midwives Service Scheme which involved deployment of midwives to PHC centers to provide 24-Hour service for mothers and children in some of the LGAs in each of the states of the federation. The long-term plan is to extend the service to cover ALL LGAs in the country with support from all tiers of government and through Public Private Partnership initiatives.

Your Excellency, in response to a request from your Foundation, a report on the MSS program in Kwara state is hereby attached with full confidence that the scheme is poised for a new era of success, powered by support from your foundation.

I am to express the appreciation of the Executive Director of NPHCDA of your continued support and cooperation.

C. T. Amudipe (Mrs.)
Zonal Technical Officer/MSS FP, 
NPHCDA, Kwara State

Ref./FHD/184/11

23/07/15

H.E. Mrs. Toyin Saraki
Founder- President
The Wellbeing Foundation

RE: THE WELLBEING FOUNDATION AFRICA TAKES IMPROVED ACCESS TO MATERNAL, 
NEWBORN AND CHILD HEALTH TO NIGERIA’S INTERNALLY DISPLACED PERSONS (IDPs).

1. I wish to acknowledge the receipt of your letter dated 19th February 2015 on the above subject matter. The Federal Ministry of Health commends your organization’s initiative to visit the North East (Adamawa) and the donation of clean kits to the Internally Displaced persons.

2. In view of the above, the Ministry is pleased to note your comments and contributions. I am pleased to inform you that events have overtaken your observations as the Ministry has carried out the following activities in the North East.
   - The Federal Ministry of Health has conducted need assessment in the two states (Borno and Adamawa).
   - FMOH in collaboration with NEMA and other development partners (including representatives from Wellbeing Foundation) have held series of meeting in respect of needs of the IDPs and relief Health materials have been forwarded to both states.
   - The health components of NEMA’s activities are being provided by the FMOH in conjunction with States Ministries of Health.

3. The Ministry is committed to improving the health of people affected by insurgencies and willing to partner with any organization with the view to bringing succor to the victims of insurgencies.

4. Please accept the best assurances of the Permanent Secretary of the Federal Ministry of Health.

Dr. C.C Ugboke
Ag. Head Family Health Department
STATEMENT FOR NIGERIAN INITIATIVE
MARCH 2007

Dr Helen Bedford  RGN., RHV., PhD, FRCPC, FFPH.
Helen Bedford qualified and practised as a nurse and health visitor before joining the Institute of Child Health in 1986. Her work in the Centre for Paediatric Epidemiology is a combination of research and teaching. Her research interests include the epidemiology of immunisation uptake in childhood, the outcome of meningitis in infants and parents’ and professionals’ views and use of the Personal Child Health Record. Helen is the director of the MSc in Child Public Health which attracts students from the UK and overseas. She is chair of the Personal Child Health Records working group of the Royal College of Paediatrics and Child Health. This multi-disciplinary group overseas the future development of the PCHR in the UK.

Dr David Elliman, MB BS, FRCPCH, FRCP, FFPH, DCH
David Elliman is a consultant in Community Child Health at Great Ormond Street Hospital for Children and Islington Primary Care Trust. He is also an Honorary Senior Lecturer at the Institute of Child Health. His main interests are immunisation, screening in child health and child health promotion in general. He is a member of the Personal Child Health Records working group of the Royal College of Paediatrics and Child Health and of the United Kingdom National Screening Committee. David was a co-author of the 4th edition of ‘Health for all Children’ and a member of one of the working parties that advised on the English National Service Framework for Children, Young People and Maternity Services.

The future of any country depends on its children. Ensuring optimum health for children is thus fundamentally important to the welfare of any nation. We therefore commend the efforts of Wellbeing Foundation to provide free health care for children under five years. In providing and evaluating health care interventions good data are required and the child health record provides the first step in ensuring such data can be recorded.

Over 40 years ago Professor David Morley developed the ‘Road to Health’ chart in Nigeria for monitoring the growth of infants and young children. This home-based chart was originally designed to monitor growth in resource poor countries, but the concept of a record of a child’s growth and development kept by parents has been developed further. Since the late 1980s the Personal Child Health Record (PCHR) has been used widely in the UK. Many other industrialised countries now use records based on this idea. In addition to being a record of the child’s health and development, by issuing all parents with a record, preferably before or soon after the baby’s birth, it is intended to:

- encourage partnership between health professionals and parents
- improve communication between health professionals
- enhance continuity of care
- increase parental knowledge of their child’s health & development

In the UK the current record enables health professionals and parents to record details of examinations, screening tests, immunisations, growth and developmental milestones. In the UK there are many resources available to provide parents with information on health promotion and so rather than duplicate this, signposts to the information are contained in the PCHR. Research shows that mothers like having the record and they are well retained. In general they are well used by community nurses, who, in addition to recording specific information about examinations and other contacts, use the PCHR to record health advice.

Because we have alternative sources of data for epidemiological purposes in the UK, the potential of using the PCHR for these purposes has not been fully explored in UK, however one imagines that this could be extremely important in Nigeria, thus increasing the overall importance of the record as a means of improving children’s health.

We strongly applaud and would like to offer our support to the development of such a record for use in Nigeria. It would be fitting that the country in which the original idea for a home based record was developed, should revitalise and further develop the record for the benefit of children’s health. As the primary care givers, it is mothers who are most involved in their child’s health and development and such a record would assist them in this.
Founder President Her Excellency Toyin Saraki returns from India with Fayokemi Tobi. After the successful spinal operation funded by Her Excellency, Mrs Tobi safely delivered her baby and returned home to her family.
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For further information on Wellbeing Foundation Africa’s work, to learn about ways to collaborate or make donations, please visit our website at www.wbfafrica.org

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#MaternalMonday