

CAC/IT/NO 137817



**CORPORATE AFFAIRS COMMISSION
FEDERAL REPUBLIC OF NIGERIA**

Certificate of Incorporation

of the Incorporated Trustees of

ABUBAKAR KUSHU FOUNDATION

I hereby certify that

KUSHU RUKAIYA ABUBAKAR , BAPPAH HARUNA AHMED , SALEH DR WAZIRI ,
SHUAIBU BALA , AMINU SAFIYA

*the duly appointed trustees of **ABUBAKAR KUSHU FOUNDATION** have this day been registered as a corporate body, subject to the below mentioned conditions and directions.*

Given under my hand and the Common Seal of the Corporate Affairs Commission at Abuja this 23rd day of October, 2019

CONDITIONS AND DIRECTIONS

This certificate is liable to cancellation should the objects or the rules of the body be changed without the previous consent in writing of the Registrar General or should the body at any time permit or condone any divergence from or breach of such objects and rules.

Note:

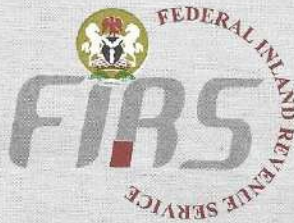
This certificate does not bestow upon the Organization the right to establish any institution, engage in any business and the like without permission from the appropriate authority



AZUKA OBIAGELI AZINGE

Registrar - General

1239420



MICRO & SMALL TAX OFFICE BAUCHI

Federal Low Cost Estate, Bauchi
Tel: 08069339741, 08115902262
E-mail: bauchi.ito@firs.gov.ng
www.firs.gov.ng

Our Ref No. TIN:- 23015198-0001

Date: 6th November, 2019

The Managing Director,
ABUBAKAR KUSHU FOUNDATION
NO 9A Gombe Road GRA Bauchi.
Bauchi State.

Dear Sir,

VALUE ADDED TAX IDENTIFICATION NUMBER

I wish to inform you that you have been duly registered as a VAT collecting agent of the Federal Inland Revenue Service in line with the Provision of Section 8A of the Value Added Tax Act 1993. Your VAT identification number is **TIN;- 23015198-0001** as VAT collection Agent; you are expected to carry out the following duties:-

- (I) Collect VAT on behalf of the Federal Inland Revenue Service,
- (II) Render monthly returns to the Small and Micro Tax Office. This is mandatory whether you engaged in any business activity or not for the month,
- (III) Monthly returns should be filed latest 21st day of the preceding month.
- (IV) Remit the amount collected on monthly basis.

Be informed that failure to carry out any of the above duties attracts penalty.

Please quote the above number in all your correspondence with this office.

Yours faithfully,


D.G Shehu
Tax Controller



**SPECIAL CONTROL UNIT AGAINST MONEY LAUNDERING
(SCUML)**



051400149
RN: SC 073131

Certificate of Registration

I hereby certify that

ABUBAKAR KUSHU FOUNDATION

Has been duly registered in accordance with the provisions of
Section 5 (1) (a) and (4) of the
Money Laundering (Prohibition) Act, 2011.

Director

Date of Issue: 20th **NOVEMBER** 20

CORPORATE AFFAIRS COMMISSION



FORM CAC/IT/1

INCORPORATED TRUSTEES APPLICATION FORM

NAME OF THE ASSOCIATION

ABUBAKAR KUSHU FOUNDATION

REGISTERED OFFICE ADDRESS

NO. 9A GOMBE ROAD, OLD GRA (BAUCHI, BAUCHI)

AIMS AND OBJECTIVES OF THE ASSOCIATION

SN	AIM/OBJECTS
1	To Assist Patients with Gyneacology and Obstetrics Cases with Possibly shouldering the costs of Surgery, Drugs and other Hospital and Medical needs and Consumables;
2	To Reduce Infant and Maternal Mortality rates by Assisting Pregnant Women with Financial and other Support to help successful delivery;
3	To Assist the Less Privilege Women Suffering from Vesicovaginal Fistula and Myomectomy for Fibroid Cases;
4	To Partner with Local and International Non-Governmental Organizations in providing Support and Assistance to Less Privilege People in need of Medical Care in Areas of Gyneacology, Obstetrics and other Cases;
5	To Offer Public Enlightenment on Health Issues Relating to Gyneacology and Obstetrics;
6	To Liaise with Hospitals and Health Centres with a view to Identify Less Privilege Women and Children with Gyneacology, Obstetrics and Other Cases;
7	To Partner with Governments on the Provision of Support for Less Privilege Patients with Gynea, Obstetrics and other Medical Cases;

PARTICULARS OF TRUSTEES

1.



SURNAME: KUSHU

OTHER NAMES: RUKAIYA ABUBAKAR	
NATIONALITY: NIGERIAN	
AGE: 37 years	GENDER: FEMALE
CONTACT ADDRESS: No. 9A GOMBE ROAD, OLD GRA	
CITY: BAUCHI	STATE: BAUCHI
PHONE NUMBER: 08069081383	P.O BOX.: N/A
EMAIL: rukaiyakushu@gmail.com	



Signature: *Rukaiya*

Corporate Affairs Commission
 Certified True Copy
 25 OCT 2019
 Date: 25/9/19
 Name.....
 Designation.....
 Sign.....

2.

SURNAME: BAPPAH	
OTHER NAMES: HARUNA AHMED	
NATIONALITY: NIGERIAN	
AGE: 39 years	GENDER: MALE
CONTACT ADDRESS: No. 9A GOMBE ROAD, OLD GRA	
CITY: BAUCHI	STATE: BAUCHI
PHONE NUMBER: 08036772023	P.O BOX.: N/A
EMAIL: harunabappah@yahoo.com	



Signature: *Haruna*

Date: 25/9/2019

3.

SURNAME: SALEH	
OTHER NAMES: DR WAZIRI	
NATIONALITY: NIGERIAN	



AGE: 72 years	GENDER: MALE
CONTACT ADDRESS: No. 6 MAIDUGURI ROAD	
CITY: BAUCHI	STATE: BAUCHI
PHONE NUMBER: 08038676582	P.O BOX.: N/A
EMAIL: wazirisale@gmail.com	

Signature: Mol

Date: 30/9/19



4.

SURNAME: SHUAIBU	
OTHER NAMES: BALA	
NATIONALITY: NIGERIAN	
AGE: 44 years	GENDER: MALE
CONTACT ADDRESS: No. B 39 POLYTECHNIC STAFF QUARTERS	
CITY: BAUCHI	STATE: BAUCHI
PHONE NUMBER: 08035809896	P.O BOX.: N/A
EMAIL: balash4@gmail.com	



Signature: [Signature]

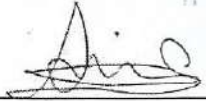
Date: 25/09/2019

5.

SURNAME: AMINU	
OTHER NAMES: SAFIYA	
NATIONALITY: NIGERIAN	
AGE: 30 years	GENDER: FEMALE
CONTACT ADDRESS: RAILWAY ROAD ADJACENT UNITY PRESS	



CITY: BAUCHI	STATE: BAUCHI	
PHONE NUMBER: 08073787101	P.O BOX.: N/A	
EMAIL: saminudabaka@gmail.com		

Signature: 

Date: 30/9/19

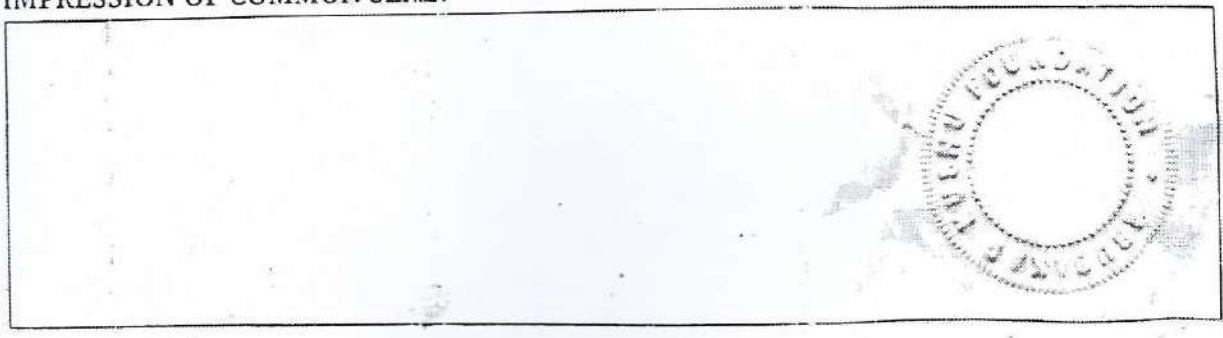
PARTICULARS OF SECRETARY:

SURNAME: SHUAIBU		
OTHER NAMES: BALA	AGE: 44 years	
CONTACT ADDRESS: No. B 39 FEDERAL POLYTECHNIC STAFF QUARTERS		
CITY: BAUCHI		
PHONE NUMBER: 08035809896	EMAIL: balash4@gmail.com	

Signature: 

Date: 25/9/2019

IMPRESSION OF COMMON SEAL:



ENCLOSURES

YES NO

- 1 Copy of the Relevant Minutes of the Meeting whereat the Trustees were appointed and Special Clause Rule adopted for the incorporation into the Constitution
- 2 Details of current or past affiliation with any existing organisation/association

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

[Handwritten Signature]

Signature of Chairman

[Handwritten Signature]

Signature of Secretary

A. Kusiu 08069081383
Name of Chairman & Tel. No.

Bala Shuaibu 0803580958
Name of Secretary & Tel. No;
08035809586



PRESENTED FOR FILING BY:

NAME: OWOICHO PATRICK

ACCREDITATION NO. NBA/IND/21783

ADDRESS: NO. 10A YANDOKA ROAD (BAUCHI, BAUCHI)

PHONE NUMBER: 08035504919

E-MAIL: patri.kowoicho1@gmail.com

PRESENTER TYPE: PRESENTER

Signature: *[Handwritten Signature]*

Date: 25/9/19

**THE CONSTITUTION
OF
ABUBAKAR KUSHU FOUNDATION**

PREAMBLE

We, the members of ABUBAKAR KUSHU FOUNDATION a not for-profit and non-political organisation do firmly and solemnly resolve to provide for ourselves a constitution and to be governed by the provisions therein contained.

ARTICLE 1: NAME

The name of the Association is INCORPORATED TRUSTEES OF ABUBAKAR KUSHU FOUNDATION.

ARTICLE 2: ADDRESS

The address of the Association shall be :
NO. 9A GOMBE ROAD, OLD GRA (BAUCHI); BAUCHI



ARTICLE 3: AIMS AND OBJECTIVES

The aims and objectives of the association are:

- 1 To Assist Patients with Gyneacology and Obstetrics Cases with Possibly shouldering the costs of Surgery, Drugs and other Hospital and Medical needs and Consumables;
- 2 To Reduce Infant and Maternal Mortality rates by Assisting Pregnant Women with Financial and other Support to help successful delivery;
- 3 To Assist the Less Privilege Women Suffering from Vesicovaginal Fistula and Myomectomy for Fibroid Cases;
- 4 To Partner with Local and International Non-Governmental Organizations in providing Support and Assistance to Less Privilege People in need of Medical Care in Areas of Gyneacology, Obstetrics and other Cases;
- 5 To Offer Public Enlightenment on Health Issues Relating to Gyneacology and Obstetrics;
- 6 To Liaise with Hospitals and Health Centres with a view to Identify Less Privilege Women and Children with Gyneacology, Obstetrics and Other Cases;
- 7 To Partner with Governments on the Provision of Support for Less Privilege Patients with Gynea, Obstetrics and other Medical Cases;

ARTICLE 4: TRUSTEES

- A. The Trustees of ABUBAKAR KUSHU FOUNDATION for the purpose of the Companies and Allied Matters Act CAP C20 LFN 2004, shall be elected at a General Meeting charged with responsibility of selecting the Trustees with 2/3 majority votes of members present.
- B. Such Trustees (Hereinafter referred to as, "The Trustees") shall not be less than 3 and more than 15 in number.
- C. A Trustee may hold office for 100 years but shall cease to hold office if he:
- Resigns his office
 - Ceases to be a member of the registered Trustees of the body.
 - Becomes insane
 - Is officially declared bankrupt
 - Is convicted of a criminal offence involving dishonesty by a Court of competent jurisdiction
 - Is recommended for removal from office by a board of Governors and Trustees majority vote of members present at any General Meeting of the body
 - Ceases to reside in Nigeria
- D. Upon a vacancy occurring in the number of Trustees a General Meeting will be held to appoint another eligible member of the Association.

ARTICLE 5: COMMON SEAL

- A. The Trustees shall have a Common seal.
- B. Such seal will be kept in the custody of the Secretary who shall produce it when required for use by the Trustees.
- C. All documents to be executed by the Trustees shall be signed by such number of them and sealed with the Common seal.

ARTICLE 6: MEETINGS

For effective administration of the Association, there shall be the following meetings

SN	MEETING NAME	MEETING QUORUM
1	ANNUAL GENERAL MEETING	2/3 MAJORITY OF THE USUAL MEMBERS
2	MEETING OF THE BOARD OF TRUSTEES	2/3 MAJORITY OF THE USUAL MEMBERS
3	EXECUTIVE COUNCIL MEETING	2/3 MAJORITY OF THE USUAL MEMBERS
4	EMERGENCY MEETING	2/3 MAJORITY OF THE USUAL MEMBERS

ARTICLE 7: GOVERNING BODY

EXECUTIVE COUNCIL AND BOARD OF TRUSTEES

ARTICLE 8: SOURCES OF INCOME

The sources of income for the Association shall include:

- 1 CONTRIBUTIONS AND DONATIONS FROM MEMBERS OF THE ORGANIZATION, INTERESTED MEMBERS OF THE PUBLIC, INDIVIDUALS AND CORPORATE BODIES
- 2 SPECIAL LEVIES WHICH SHALL BE MADE AS THE NEED ARISES
- 3 DONATIONS (WHETHER CASH AND/OR KIND) FROM INDIVIDUALS, CORPORATE BODIES, SOCIETY AND ORGANIZATIONS IN NIGERIA OR ELSEWHERE
- 4 RECEIVE GRANTS OR ASSISTANCE FROM INDIVIDUALS, TRUSTS, ASSOCIATIONS AND OTHER CHARITABLE OR PHILANTHROPIC ORGANIZATIONS IN NIGERIA OR ELSEWHERE
- 5 AND ANY OTHER LAWFUL SOURCES

ARTICLE 9: DISBURSEMENT AND APPLICATION OF FUNDS

ALL MONEY'S ACCRUING TO THE FOUNDATION SHALL BE UTILIZED FOR THE REALIZATION OF ITS OBJECTIVES IN THE MANNER PRESCRIBED BY THE TRUSTEES.

ARTICLE 10: KEEPING ACCOUNT

THE FOUNDATION SHALL OPEN BANK ACCOUNT/S IN REPUTABLE NIGERIAN BANK/S WHERE HER MONIES BE KEPT AND THE FOUNDATION SHALL ENSURE ACCURATE KEEPING OF RECORDS OF ALL INCOME AND EXPENDITURE.

The Association shall ensure the accurate keeping of record of all income and expenditure

ARTICLE 11: APPOINTMENT OF AUDITOR(S)

1. Independent qualified and licenced Auditors shall be appointed by the general meeting to audit the financial records of the Association annually and submit an audited report to the Annual General Meeting of the Association.
2. The audited financial statements (balance sheet and income and expenditure account) duly certified by independent auditors shall be annexed to the annual returns and file



with the Corporate Affairs Commission.


ARTICLE 12: AMENDMENT OF CONSTITUTION


The Association may alter the provision of its Constitution at a General meeting by a resolution passed by a simple majority of its members and approved by the Commission.

ARTICLE 13: SPECIAL CLAUSE

1. THE INCOME AND PROPERTY OF ABUBAKAR KUSHU FOUNDATION shall be applied solely towards the promotion of the objective of the body as set forth in this RULES AND REGULATION/CONSTITUTION; and no portion thereof shall be paid or transferred directly or indirectly, by way of dividend, bonus or otherwise howsoever by way of profit, to the members of the Association.
2. PROVIDED that nothing herein shall prevent the payment in good faith, or reasonable and proper remuneration to any officer or servant of the Association in return for any service actually rendered to the Association:
 - a. With the exception of ex-officio members of the Governing Council, no member of the Council of Management or Governing Body shall be appointed to any salaried office of the Association or any office of the Association paid by fees; and
 - b. No remuneration or other benefit in money or money's worth shall be given by the body to any member of such Council or Governing Body except repayment of out of pocket expenses or reasonable and proper rent for premises demised, or let to the Association or reasonable fees for services rendered.
3. If in the event of a winding up or dissolution of the corporate body there remains after the satisfaction of all its debts and liabilities, any property whatsoever, the same shall not be paid to or distributed among the members of the Association but shall be given or transferred to some other institutions, having objects similar to the object of Association, such institutions to be determined by the members of the Association at or before the time of dissolution.
4. If effect cannot be given to the aforesaid provisions, then the remaining property shall be transferred to some charitable object.

Dated this 25 day of SEPTEMBER 2019

 25/9/19
Signature of Chairman

 25/09/2019
Signature of Secretary & Date

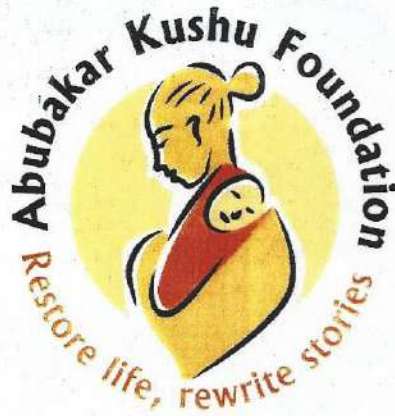
Rattaiy S. A. KUSHU 08069081383

Name of Chairman & Tel. No.

Bala Shuaibu 08035809896

Name of Secretary & Tel. No.





CARING FOR WOMEN

WITH GYNECOLOGY AND

OBSTETRIC AND CHILDREN

SURGERY CASES

Historical Background

The Abubakar Kushu Foundation was found by the intention of one lady, **Hajiya Rukaiya Abubakar Kushu** who had passed through the same situation.

It all started in 2008 during her first pregnancy. Within the first few months, she started noticing blood coming out her body. When she consulted the doctor, she was told to have had a threatened abortion. She was put on a weekly hormonal injections. 35 weeks after this incident she went for Antenatal Checkup where she was told that she had Liquor Drainage, so she had to deliver through Caesarean Section. These events confirmed the first gynecology case. On the same note in 2011, after the first CS she opted in for Implanon family planning. After 2 years she got pregnant for the second time, hoping to deliver by herself. But to her dismay after 1 month she had the same complications. When she went for checkup, she was told she had BP which was caused by another Liquor Drainage. She delivered via CS for the second time. This confirmed her second gynecology case. After the delivery, she developed a lot of complications like spine pain, migraine and ulcer. She had to see an orthopedist who recommended an MRI scan - took a lot of finance. Yet she did not feel better and decided to head to UAE. This time around she had Endoscopy which they found out that she had an abdominal mass. Subsequently, in 2017 six years after her second child, she attempted

third pregnancy. But like the previous ones, the pregnancy was marred with the same pregnancy complications of adhesion, liquor drainage etc. So she delivered via CS for the third time. After this pregnancy she had low calcium deficiency, BP; trauma and kidney issues among others. These fateful pitiful incidences made her resign, and optioned for tubal ligation.

After escaping this catastrophe that nearly cost her life, she found it gruesome for any mother-child to undergo the same. This concern quickly turned to passion that came to reality. Hajiya Rukaiya Abubakar Kushu is happily married and blessed with 3 children.

Introduction

Sexual and reproductive health is important to us all, at all stages of our lives. Yet far too many people are denied the right to sex and reproduction health services. However, to our dismay, millions more lack access to good sex and reproduction information and services. The vast majority are poor uneducated women and young mothers in developing and under developing countries.

As a result of this, millions of women are living with Gynecological and Obstetrics cases like vesicovaginal fistula and fibroid etc. To say the least, these cases has led to death, broken homes, and STDs that could have been prevented earlier. Every minute a woman dies from pregnancy complications and childbirth. Moreover, about 15 million women have unintended and unwanted pregnancies each year. This leads to unsafe abortions that cause fatal damages and in some instances, death. Women specially need more choice and control over their sexual and reproductive lives.

Aim/Objectives

Our Aim: is zero pregnancy and post-pregnancy complications to mother-child and after pregnancy complications

Our Objectives:

1. To assist patients with gynecology and obstetrics cases, by shouldering the costs of surgery, drugs, and other medical needs;
2. To reduce infant and maternal mortality rates, by assisting pregnant women with financial and other supports necessary for successful delivery;
3. To assist less privileged women suffering from vesicovaginal fistula and myomectomy fibroid cases;
4. To partner with government; national and international NGOs, in providing assistance to less privileged people in need of medical supports in the areas of gynecology and obstetrics;
5. To offer public enlightenment on sex and reproduction; and other related issues related to gynecology and obstetrics;
6. To liaise with hospitals and other health care providers with a view to identifying less privileged mother-child with gynecology and obstetrics cases.

Our Population: is Nigeria, the most populous country in Africa. Current data indicates that the population reaches very close to 200 million, and it grows at 3.2% a year. This warrants that the population will multiply to

about 402 million by 2050. On serious notes, this indicates growth in poverty too - unless emergency activities are entertained. Be that as it may, the most to suffer from the negative effects are poor uneducated communities.

Therefore, as a starting point, Northeastern states are selected, in order to meet with the most urgent objectives of the foundation. However, in order to help monitor and curve early challenges, Bauchi state is selected out being the headquarters of the organization, other states follow soon after.

Our Target: is by 2050 pregnancy and post-pregnancy complications reduce to 30%; most especially in Northeastern states where the problem is currently highly deteriorating. However, we want 75% availability of education on sex and reproduction across those areas.

The Framework

Every human has the right to standard mental and physical health services. Yet, approximately 830 women die around the world and 10% of these women are from Northeastern Nigeria, due to preventable causes related to pregnancy and childbirth ie illiteracy, poverty, insurgency etc. For us to tackle these issues, we need to know what barriers that lead to maternal and neonatal mortality.

- (1) Delay in deciding to seek medical care
- (2) Delay in reaching proper health care facility
- (3) Delay in access to the adequate qualitative care at the facility

The AKF keeps at the forefront support to government and other partners to guarantee rights to sexual and reproductive health services. Although these rights are opposed and threatened, we must continue to explain why they are important and relevant to everyone. However, we have seen considerable achievements from national and international NGOs on sexually reproductive health services. Recently, Nigeria has also turned its commitments to policies and actions to increase access to family planning options. Nevertheless, faster progress is needed as we face new challenges. In particular, the devastating impact of VVF, fibroid, cesarean sections and, the biggest ever population of young people entering their reproductive years without prior knowledge to sex and reproduction. Therefore, demands in sexual and reproductive health services increasingly grow.

Health systems remain weak in many Northeastern states. This includes inadequate health workers and facilities due to insurgency and instability, particularly in the poorest areas. Therefore, we have to make use of opportunities to integrate solutions to sexual and reproductive health services. AKF will work with governments, national and international organizations and partners to:

Advocate

- To reduce infant and maternal mortality rates by assisting pregnant women with financial and other supports for successful delivery;

- To assist patients with Gynecology and Obstetrics cases possibly by shouldering the costs of surgery, drugs and other medical needs;
- To assist less privileged women suffering from Vesicovaginal Fistula and Myomectomy Fibroid cases;
- To liaise with hospitals and other health care centers with a view to tackling the above issues.

Enhance

- To improve access to standard services that are responsive to the rights and needs of the vulnerable groups;
- To offer public enlightenments on health issues relating to gynecology and obstetrics;
- To advocate nationally and internationally for policies and resources that address women's rights to sex and reproduction, and continue to address other controversial issues such as safety, harmful and coercive practices;
- To address social, cultural and economic barriers, using rights-based approaches

Evaluate

- To support research, monitoring and evaluation, and apply knowledge and lessons learnt in policymaking and policy planning.

Like any other organisation, AKF has proposed the following troubleshooters viz. identifying area of weakness, timely recognition of

danger signs, access to emergency transportation, strong communication and, referral networks. Moreover, to reduce maternal mortality and support equitable qualitative maternal health care services, we need systematic approaches that support community members' ability to recognize emergency cases; provide means of transportation to the facilities, and receive timely medical interventions at the facilities. But, these interventions must be connected. After recognising the dangers, individuals should know how to access transportation, the transportation services should know which facility to go, and the facility should know what to do and should provide qualitative respectful response.

To bring things into reality, AKF has come up with an initiative called.

The Three Way Handshake which is made up of the foundation, the community, the facility and the mother-child. This initiative is aimed at connecting the above mentioned angles together to achieve successful pregnancy, delivery and post-pregnancy issues like nursing etc. However, to achieve this objective, these four protocols mentioned above need to work hand in hand designed as follows:

The Foundation

In this case, AKF vows to achieve all the items listed under aim and objectives; provides other related materials needed for successful execution of the projects, all and sundry.

The community

In this respect, AKF has chosen community-based approach. Thus it becomes more collaborating with other CBOs in the community. We generate demands for qualitative maternity, sexual and reproductive health services through community-based health volunteers; education and awareness campaigns ie cases of gynecology and obstetrics, malaria, and HIV/AIDS campaigns.

As a CBO (community-based organization), we aim to train and monitor community health volunteers to increase maternal and newborn health awareness — including identification of danger signs — and to link community members to the health care centers. The volunteers would be selected based on literacy, ability to speak local languages, prior health-related experience etc. These volunteers will be trained on community interventions to address the followings: (i) identification of danger signs in pregnancy and postpartum (ii) principles of contraception counseling, and (iii) ways to support and improve referrals. After the training, the volunteers will conducted household visit to pregnant women and first-time mothers. They will facilitate group discussions and serve as representatives for development committees.

To increase education and awareness, we will engage town criers to broadcast safe motherhood activities; disseminate information through

posters, banners, fliers etc. However, there should be biannual community meetings at which participants would receive information and discuss birth preparedness, healthy timing and spacing of pregnancies, and signs of complications in pregnancies.

The Facility

(i) Traditional Birth Attendants (TBAs)

Traditional birth attendants (TBAs) refers to traditional, non-formally trained community-based healthcare providers during pregnancy, childbirth, and the postnatal period, While TBAs are not often connected to the formal health system, we recognized the key roles this cadre can play in creating links between communities and the formal facilities ie hospitals. As a result, the foundation incorporated TBAs as referral agents; by helping, encouraging and sending the women to the formal health facilities. We also collaborate with the TBAs to train on infection prevention and control, early identification of danger signs, and referrals.

(ii) Public Health System

Public health system here means community hospitals or health care centers that are situated in villages and communities in order to help, protect and improve health and wellbeing of people of the communities. But this can only be achieved if they are supplied with the proper training,

equipment's and providing them with other clinical materials for proper execution of services. In this respect, AKF research findings show that many of these public health facilities lack equipment's, including proper supervision and accountability.

But this problem will be tackled under the new national task-shifting and sharing policy which permits community health extension workers (CHEWs) to provide certain midwifery services, and certain contraceptive methods within communities, making these services more accessible to women at the primary health care levels. Other related issues are introduction of digital record keeping, and CHEWs would refer cases they were unable to address to higher-level facilities.

(iii) Secondary & Tertiary Health Systems

The secondary & tertiary health system comprises of hospitals that are usually located at the urban/metropolitan areas either owned by government or privates. The public clinics refer cases they were unable to address to higher-level facilities, these hospitals are more equipped and have specialist doctors and nurses. This simplifies the issues of where to send different patients to.

• The Mother-Child

We recognize that many women and teenagers do not have the necessary

information regarding sex and reproduction. Therefore making right decisions becomes quite difficult. This initiative demands for proper awareness on sex and reproduction; and qualitative maternity services through community-based health volunteers. To connect women with the appropriate health care services, AKF comes up with a digital referral system ie telecommunications. This will help the facilities easily refer to other facilities in the event that the original facility does not have the means to provide the services needed. Along the lines, AKF also supports tracking the referrals issued and strengthened the relationships across different types of facilities.

On the final note, unhealthy pregnancy leads to automatic child deficiency physically and mentally. However, such factors as poverty automatically affects the child after delivery. One key aspect is malnutrition. Despite efforts by UNICEF, WHO and other NGOs in recent years, malnutrition remains widespread. Nutrition deficiencies of iron, vitamins (vitamin A, D, B12) folic acid, calcium etc are prevalent worldwide, especially in children from poor families. The lack of sufficient amounts of micronutrients affects physical and mental health development throughout the life cycle. Many diseases and morbid conditions have been described to result from malnutrition ie meningitis. These include developmental defects, such as birth defects, physical and mental development delays, increased risk of infectious diseases, as well

as increased risk of poor health in adulthood. Majority of some of these issues are prevalent due to poverty, illiteracy, insurgency etc in such areas. Almost 2/3 mortality rates around the world are related to malnutrition.

Conclusion

However, in order to support the initiatives for the SDGs in providing good health and wellbeing, the AKF took the mandate to liaising with primary health care centres, general hospitals, specialist hospitals, and Abubakar Tafawa Balewa University Teaching Hospital; with a view to identifying less privileged women and children with cases of Gynecology and Obstetrics who cannot afford the cost of surgeries and other medical needs.

Testimonies



Team



CMAC Specialist Hospital Bauchi

