WELLBEING FOUNDATION AFRICA

Annual report

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WBFA

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LIST OF ABBREVIATIONS

AGPMPN	Association of General and Private Medical Practitioners of Nigeria
AMC	Abuja Metropolitan Council
APHPN	Association of Public Health Physicians of Nigeria
AUHCF	Alaafia Universal Health Coverage Fund
CoBA	Community Based Adolescents programme
EBF	Exclusive Breastfeeding
EIBF	Early Initiation of Breastfeeding
FCT	Federal Capital Territory
FMOH	Federal Ministry of Health
HIV	Human Immunodeficiency Virus
IPC	Infection Prevention Control
IPC	Interpersonal Communication
IYCF	Infant and Young Child Feeding
LGA	Local Government Area
LIT	Local Government Implementing Team
NANNM	National Association of Nigerian Nurses and Midwives
NHMIS	National Health Management Information System
PHC	Primary Healthcare Centre
PSHE	Personal Sexual Health Education
QI	Quality Improvement

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RMNCAH+N	Reproductive, Maternal, Newborn, Child and Adolescent Health + Nutrition
SDG	Sustainable Development Goals
SGBV	Sexual and gender-based violence
SMOH	State Ministry of Health
STI	Sexually Transmitted Infections
TMB	Traditional Medicine Board
UNDAF	United Nations Development Assistance Framework
WASH	Water and sanitation hygiene
WBFW	World Breastfeeding Week
WDC	Ward Development Committee
WGGDT	Women, Girl, Gender Development Targets

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INTRODUCTION

As the world recovers from the impact and unintended consequences of a global pandemic, there is still the need to interpret and implement strategies and activities that define the 17 sustainable development goals. The Wellbeing Foundation Africa [WBFA] is a pan-African non-governmental organisation aimed at transforming and improving the quality of maternal, newborn, child, and adolescent healthcare. WBFA recognises the importance of recruiting, educating and training healthcare workers in Africa to be able to identify life threatening danger signs that impact negatively on the health and wellbeing of women, adolescents and children. WBFA is strongly committed to achieving SDG 3, which is targetted to good health and wellbeing for all, in Nigeria and Africa, through the continuum of care and counsel of mothers and children. WBFA is dedicated to developing and scaling up programmes that address many different aspects of health-related events that will increase the survival rates of mothers, adolescents and children. Since inception, WBFA has pioneered over a thousand training sessions through the MamaCare and now the MamaCare360 midwives programmes in a fast-growing number of health facilities across several cities and states in Nigeria. The classes and pregnancy schools have allowed mothers and midwives to be trained and educated in international best practices regarding the care and nurture of newborn babies.

Recognising the lifetime risks to reproductive health, the Foundation works to improve the health and wellbeing of every man, woman, adolescent, child and infant from birth to age. Adolescence is a crucial stage in any person's development as increased responsibility and opportunity occurs alongside physical and emotional changes. At the heart of a happy, safe and successful life are respectful relationships in every sphere of life. The Foundation has developed the Adolescent Skills and Drills Personal Sexual Health education (PSHE) curriculum to provide adolescents with the knowledge to enhance their health status in areas of nutrition, hygiene and fulfilling their academic potential.

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In the 2030 agenda for the sustainable development, monitoring of water, sanitation and hygiene extends beyond the home to cover schools and health facilities. Water, sanitation and hygiene (WASH) in health facilities is a fundamental requirement to achieving SDG 3 and 6 (ensure the availability and sustainable management of water and sanitation). A WHO/UNICEF global review (2015)[1] reported that almost 40% of health facilities lacked adequate water supplies, 19% were without sanitation and 35% had no hand hygiene materials. Pregnant women and their newborns are especially vulnerable to the consequences of poor WASH services. Among hospital-born babies in developing countries, between 4% and 56% of all causes of neonatal deaths are a result of hospital-acquired infections. Over 664 million people living in sub-Saharan Africa currently lack access to improved water supply, and 2.4 billion people have no access to improved sanitation. Projections hold that by 2025, two-thirds of the world's population will be living in severe water stress conditions.

The lack of safe water supplies, handwashing facilities, hygiene and cleaning practices has ramifications for entire communities. Basic infection prevention control (IPC) procedures are necessary to prevent antimicrobial resistance becoming a more serious issue endangering the lives of pregnant and new mothers, infants and healthcare workers by placing them at increased risk of infection and posing a significant economic and social burden. Poor WASH facilities in schools lead to lower school attendance and educational achievement particularly among girls. UNESCO has reported that 1 in 10 girls in sub-Saharan Africa do not attend school during their menstrual cycle and end up missing up to 20% of a given school year.[2]

[1] https://www.unicef.org/wash/files/WASH_2015_Report.pdf
[2] https://unesdoc.unesco.org/ark:/48223/pf0000226792/PDF/226792eng.pdf.multi

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PROGRAMMES

MAMACARE360

Spotlight on Nigeria

Close to 200 million people inhabit Nigeria, considered Africa's most populous country. Nigeria is also the country where nearly 20% of all global maternal deaths happen. Between 2005 and 2015, it is estimated that over 600 000 maternal deaths and no less than 900 000 maternal near-miss cases occurred in the country.[3] In 2017 Nigeria's estimated maternal mortality ratio was over 800 maternal deaths per 100 000 live births, with approximately 58 000 maternal deaths during that year.[4] By comparison, the total number of maternal deaths in 2015 in the 46 most developed countries was 1700, resulting in a maternal mortality ratio of 12 maternal deaths per 100 000 live births. In fact, a Nigerian woman has a 1 in 22 lifetime risk of dying during pregnancy, childbirth or postpartum/post-abortion, whereas in the most developed countries, the lifetime risk is 1 in 4900.

Inequities to health services, gaps between rich and poor remain The World Health Organization (WHO) says the high number of maternal deaths in some parts of the world reflects inequities in access to health services and highlights the gap between rich and poor. Nearly 100% of global maternal deaths occur in developing countries with more than half of these deaths occurring in sub-Saharan Africa. More than half of maternal deaths occur in countries termed fragile states with humanitarian settings. WHO adds that poor women in remote areas are the least likely to receive adequate health care. This is especially true for regions with low numbers of skilled health workers, such as sub-Saharan Africa and South Asia. Globally in 2015, births in the richest 20 per cent of households were more than twice as likely to be attended by skilled health personnel as those in the poorest 20 per cent of households (89 per cent versus 43 per cent). This means that millions of births are not assisted by a midwife, a doctor or a trained nurse.

Pregnancy and the first years of life are probably the most important stages in the life cycle. This is when the foundation for future health and wellbeing are laid down, and it is a time when parents

[3] https://www.who.int/reproductivehealth/maternal-health-nigeria
[4] https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.13450

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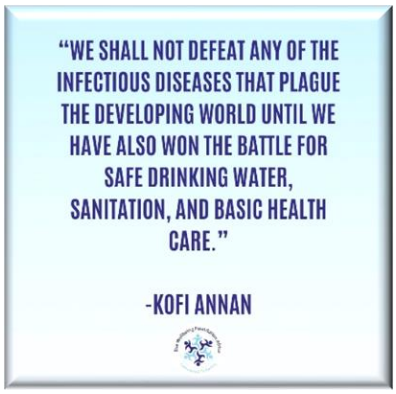
are more receptive to learning and making changes. Evidence shows that the outcomes for both children and adults are strongly influenced by the factors that operate during pregnancy and the first years of life.[5] Consequently, the health of the mother is critical to the development of their children. The mother's nutritional status, mental wellbeing, and lifestyle choices, before and during pregnancy, can profoundly affect the future health and wellbeing of the child. Antenatal education forms part of the early intervention and promotes positive perinatal outcomes and should be viewed as part of a life-long journey, and a means to help parents acquire knowledge and understanding of the physical, emotional, and psychological factors that affect their health and that of the unborn child.



The Problem

With an estimated 560 maternal deaths per 100,000 live births, Nigeria currently is the largest contributor to maternal deaths in sub-Saharan Africa and the second largest contributor, globally. Maternal mortality occurs from risks attributable to pregnancy and childbirth. The most common causes of maternal deaths in Nigeria include obstetric haemorrhage, eclampsia, sepsis, obstructed labour, and complications of unsafe abortions.

Low levels of facility-based delivery, skilled attendance at birth and use of modern contraceptive methods all contribute to the newborn mortality ratio, which is also very high, with 37 newborn deaths for every 1000 live births, and 42 of every 1000 pregnancies resulting in stillbirths. Deaths of newborns represent one third deaths of children under the age of five in the country.[6]

Over $1.5bn is lost in productivity due to maternal mortality every year in Nigeria.

A 2013 WBFA-commissioned research study[7] in Kwara highlighted several reasons why pregnant women do not utilise medical facilities during and after pregnancies. They include:

- Ignorance and lack of education
- Poor access to transportation to Primary Health care facility
- Strong cultural and traditional belief systems including financially incentivised traditional birth attendants (TBAs), and strong influence by parents and husband
- Avoidance of suturing, episiotomy, and repeated vaginal examination

[5] https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives
[6] https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality
[7] McCann Health Kwara Visit 9 -17 May 2013

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- A belief that anaesthesia hinders wounds from healing fast and naturally
- Perception that they are in better control of the delivery process, and what happens to them when they are at home, unlike the restrictions of hospital practices.

The Abuja programme

The Mamacare360 programme runs through antenatal and post-antenatal classes which hold weekly in facilities by our qualified midwives with the mission to empower and educate mothers and adolescent girls and promote the provision of basic maternal health services and information about pregnancy, maternal nutrition, birth preparedness, care of the newborn, hand wash hygiene and safe childcare practices.

Figure 1: Rita Momoh, a MamaCare360 midwife demonstrating to expectant mothers at Cedarcrest Hospital

Key activities

Keeping with the tradition, MamaCare360 classes help across 10 facilities in the FCT with 2 midwives during the year in review. As the global pandemic caused health facilities to initially close and then begin to operate in accordance with the prescribed public health safety protocols; MamaCare programmes expanded to include digital interactive sessions using social media and video conferencing. There were more visits to homes and communities to educate and support pregnant and new mothers. Online classes were started and quickly proved popular with mothers and fathers, allowing for more topics to be introduced based on client demand. In the year under review the programme reached 10,940 pregnant women attending antenatal clinics of whom 3,454 mothers (31.6%) were being reached for the first time. The postnatal programme targets women who are bringing their babies for immunisation. In the past year, the programme reached 7120 mothers and 2,799 (39.3%) were being reached for the first time.

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Scope for scale-up

There have been a lot of transportation challenges with the poor road networks in and around the Federal Capital Territory (FCT). There needs to be more collaboration with the Abuja Metropolitan Councils (AMC) to ensure pregnant and new mothers get improved access to health facilities.

The Foundation has plans to scale up the number of midwives who can deliver both remote and in-person care and support to mothers and their children.

WhatsApp conversations with mothers…

"Good morning Ma. I noticed my baby of 7 weeks poos immediately after breastfeeding. Please what's the remedy?"

"It is not abnormal"

"But he do take a long time to poo before. Since Thursday [I] have noticed the change"

"Just keep breastfeeding him"

"OK Ma. Thanks Ma".

The Kwara programme

The MamaCare360 programme provides training and education to pregnant mothers attending antenatal care.

Key activities:

The WBFA Kwara office runs the MamaCare360 antenatal and postnatal classes in nine facilities: Adewole Cottage hospital, Airforce Medical Centre, Ajikobi Cottage Hospital, Civil Service Clinic, General Hospital, Police Clinic Kulende, Sobi Barracks Clinic, Sobi Specialist Hospital

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and Tolulope Clinic. In 2020, despite the restrictions of the global pandemic, the Foundation was able to scale up the MamaCare360 to include another four health facilities: the Children Specialist Hospital, Okelele Primary Health Clinic, Police Clinic and Surulere Hospital. In total, the antenatal education reached 8,486 mothers, of whom 4,249 (50.1%) were being reached for the first time. The postnatal programme reached 6,855 mothers who brought their babies for immunisation, of whom 3,546 (51.7%) were being reached for the first time.

Figure 2: Mrs Seleem at Civil Service Clinic 08/12/2020 training the mothers on maternal nutrition and signs of labour

Scope for scale-up

As a result of the longstanding health interventions and advocacies of the MamaCare360 classes in Kwara State, the state recorded the lowest under-five mortality rate in Nigeria, reporting a rate of 45 deaths per 1000 live births. The state-owned facilities recorded more mothers per visit and they are more excited and receptive to the free lifesaving information. The classes led to improvements in hygienic behaviour, with more consistent use of facemasks at the facilities especially during the MamaCare360 classes. The mothers and medical personnel at the facilities

Figure 3: Mrs Komolafe at Okelele PHC 8/12/2020

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also appreciated our midwives for the support they give through examinations and palpitations they carry out on the mothers. There is more respectful care of mothers who are given the opportunity to ask our midwives questions in private and are happy that their conversations are kept confidential. The WhatsApp chat groups afford the mothers the chance to ask questions they consider embarrassing in a safe and private space and be sure of the response they will receive. When mothers are directed to the health facilities for further management, they are more confident of their reception and the quality of care they receive.

Lagos office

The Lagos office serves as the headquarters of the Foundation with regards to administrative oversight and governance. The MamaCare360 programme underwent a transformation from a grant-funded activity to the fully functional programme encompassing all the aspects related to SDGs 3 and 6, during the year when the Alive and Thrive programme ended and the activities were fully absorbed as part of the activities of the Foundation.

Key activities:

The MamaCare360 programme carried out classes in twenty-one health facilities in 3 LGAs in 2019. By June 2020, the classes had been scaled up to 31 facilities in 4 LGAs (Agege, Lagos Island, Ojo and Ikeja). The antenatal programme reached 6,135 women of whom 1,978 (32.2%) were reached for the first time. The postnatal programme reached 797 women who brought their babies for immunisation, of whom 188 (23.6%) were being reached for the first time. Each midwife visits an average of 3-4 facilities weekly, and during each

Figure 4: WBFA Mamacare360 midwife Mrs Opeoluwa engaging expectant mothers at Mobonike Hospital Agege

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visit she provides counselling to the mothers present. The success of the MamaCare360 classes is evident in the eagerness/willingness of the mothers to call via their mobile phones at any point in time to seek for advice and counselling.
As a result of the global pandemic, the midwives initiated virtual classes using the social media platform (MamaCare360 WhatsApp groups). This provided the opportunity to offer counselling, answer questions from the mothers, correct misconceptions and misinformation, and most importantly teach the mothers danger signs in pregnancy, early infancy and childhood. The mothers were more confident of going back to their health facilities when necessary.

With Lagos having the highest number of Covid-19 cases, there was a need to reduce community spread of the virus, and simultaneously maintain essential health services for women, children, and adolescents. Urgent priorities were focused towards achieving maternal, newborn and child health care, WASH, adolescent PSHE the pandemic require a change in the social behavioural paradigm. Midwives in the MamaCare360 programme were able to deliver education in hygiene behaviour, handwashing techniques with soap at all critical times, safe food handling and preparation to reduce the risk of transmitting the virus.

Given the constraint of face-to-face interaction in the context of social distancing our strategy has relied on alternative non-contact means to provide counselling and support with the use of mobile technology, social media or mass media and using essential outlets that remains open as an entry point.

The Foundation has developed the capacity to collect and analyze data for decision making to improve our advocacy and greater accountability.
Our vision for MamaCare360 program is to empower all pregnant women and adolescent girls with the basic information and provide quality maternal care and to reduce maternal mortality.

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Figure 5: Mrs Onanubi at Soteria Maternity Clinic lecturing on the importance of EIBF at a MamaCare360 class

Scope for scale-up

The opportunity to go to scale is very encouraging in Lagos State. There are many opportunities to leverage on the partnerships with medical officers of health across the state to improve the antenatal education and person-to-person support of mothers with regards to the importance of early initiation of breastfeeding, prolonged exclusive breastfeeding, complementary feeding and improved childcare practices; as well as strengthening adolescent PSHE programmes to empower adolescents.

The Osun programme

The MamaCare360 programme started in January 2020 in Osun state in one health facility. By February, the programme had been scaled up and a baseline assessment of twelve PHCs was approved by the State Primary Health Care Board across twelve LGAs

Key activities:

In January mamacare360 kicked off with 1 facility in Osun state, in February scale-up and baseline assessment for 12 primary healthcare centres which was approved by the state primary health care development board across 12 LGAs in the state, which include Police Hospital, Ojatimi PHC, Adedade PHC, Alaye PHC, Oke Baale PHC, Atelewo PHC, Enuwa PHC, Isokun PHC, Ifewara PHC, Itasin PHC, Igbaye PHC, Anuwo PHC. The antenatal programme reached 2,992 pregnant mothers of whom 1,544 (51.6%) were reached for the first time. The postnatal programme reached 149 mothers all of whom were bringing their babies for immunisation for the first time.

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Scope for scale-up

It is important to note that some of the facilities are quite remote and difficult to reach, requiring between 2 and 3 hours to commute. This means that there is an opportunity to expand the programme and recruit more midwives. Areas of increased programmatic activity requires the use of demonstration models, teaching aids and IEC materials about WASH and Adolescent PSHE in the local dialects

Figure 6: Mamacare360 midwife Mrs Olubukola Okediji delivering MamaCare360 class at Enuwa PHC Ile-Ife Osun state

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Table 1: Summary of MamaCare data from Abuja health facilities

	Pregnant mothers		Mothers with <2years		Others	
NAME OF FACILITY	Total	Unique count	Total	Unique count	Total	Unique count
Aliyitan PHC	2118	538	0	0	0	0
Cedarcrest hospital	886	212	0	0	0	0
Dutse Alhaji PHC	2080	803	0	0	27	20
Dutse Makaranta PHC	0	0	1170	148	107	39
Gbagalape PHC	442	108	0	0	46	28
Karu PHC	625	131	0	0	24	16
Kuchigoro PHC	3046	1169	0	0	0	0
Lugbe PHC	0	0	4299	1536	638	404
Maitama PHC	1743	493	1651	1115	143	90
Total	10940	3454	7120	2799	985	597

The ‘unique count’ refers to the number of pregnant mothers or mothers with children less than 2 years seen for the first time. The proportion of ‘unique count’ to the total number of mothers seen indicates the level of trust mothers have in the health facility and their willingness to return for repeat visits. There is scope for detailed qualitative research that can impact social behavioural change.

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Table 2: Summary of MamaCare data from Kwara state health facilities

Name of facility	Pregnant mothers Total	Pregnant mothers Unique count	Mothers with <2years Total	Mothers with <2years Unique count	Others Total	Others Unique count
Airforce Clinic	186	94	167	81	171	82
Children Specialist	107	56	75	44	60	31
Civil Service Hospital	1130	487	1005	523	792	411
Cottage Hospital Adewole	1263	675	1083	490	726	356
Cottage Hospital Ajikobi	1516	768	1164	578	967	484
General Hospital Ilorin	2659	1329	1927	1050	1735	924
Medicare	11	5	11	5	11	5
Police Clinic	234	116	198	96	180	86
Sobi Barracks	359	185	295	151	268	132
State Specialist Hospital	744	397	715	417	556	275
Surulere Medical Centre	72	34	32	19	16	8
Tolulope Hospital	205	103	183	92	154	80
Total	8486	4249	6855	3546	5636	2874

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Figure 7: Mamacare360 midwife Mrs Folarin Modupe speaking to mothers at Trust in GOD clinic, Ojo

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Table 3: Summary of MamaCare data from Lagos state health facilities

	Pregnant mothers		Mothers with <2years		Others	
Name of facility	Total	Unique count	Total	Unique count	Total	Unique count
9th Brigade	241	74	313	50	4	4
Adefemi Hospital	8	5	4	1	3	3
Ademola Hospital	122	57	0	0	3	3
Ajowa Maternity	44	20	1	1	0	0
Awoyaya PHC	638	0	0	0	0	0
Biobatam Hospital	179	53	8	8	3	3
Era Medical	46	23	0	0	0	0
Goodness Medical Centre	66	23	0	0	1	1
Holy Trinity	33	24	4	4	9	7
Iberekodo PHC	0	0	239	12	0	0
Iga Idungaran PHC	261	261	0	0	14	14
Ikeja Med Centre	44	32	4	4	15	9
Inland Specialist	291	81	19	19	28	22
Island Maternity	1143	562	0	0	562	562
Ketu Medical Centre	35	12	0	0	0	0
Leverage Hospital	919	180	39	9	38	37
Medicross Hospital	107	24	0	0	0	0
Mobonike Hospital	453	129	3	3	3	3
Mucas Hospital	176	59	0	0	0	0
New Ikeja Hospital	11	11	0	0	4	4
New St Louis Hospital	223	49	123	41	16	16
Onyems B Hospital	236	71	0	0	0	0
Police Hospital	267	15	0	0	0	0
Promise Medical Centre	90	29	0	0	0	0
Royale Hospital	64	24	0	0	0	0
Sar Victory	67	29	39	35	0	0
St Raphael	133	26	0	0	6	6
Tola Maternity	6	6	1	1	2	2
Trust In God Hospital	232	99	0	0	8	8
Total	6135	1978	797	188	719	704

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Table 4: Summary of MamaCare data from Osun state health facilities

Name of facility	Pregnant mothers Total	Pregnant mothers Unique count	Mothers with <2years Total	Mothers with <2years Unique count	Others Total	Others Unique count
Alaye PHC	312	155	0	0	0	0
Anwo PHC	47	47	0	0	0	0
Atelewo PHC	338	169	0	0	3	3
Ayedade PHC	0	0	0	0	0	0
Ifewara PHC	122	52	0	0	0	0
Igbaye PHC	30	30	0	0	1	1
Isokun PHC	560	263	0	0	0	0
Itasin PHC	293	156	0	0	0	0
Ojatimi PHC	123	95	0	0	0	0
Oke Baale PHC	340	191	0	0	0	0
Police Hospital	198	109	0	0	0	0
Popo PHC	0	0	0	0	0	0
Total	2992	1544	149	149	15	15

Table 5: Summary of MamaCare360 annual performance per state

State	Pregnant mothers Total	Pregnant mothers Unique count	Mothers with <2years Total	Mothers with <2years Unique count	Others Total	Others Unique count
Lagos	6135	1978	797	188	719	704
Abuja	10940	3454	7120	2799	985	597
Kwara	8486	4249	6855	3546	5636	2874
Osun	2992	1544	149	149	15	15
Total	28553	11225	14921	6682	7355	4190

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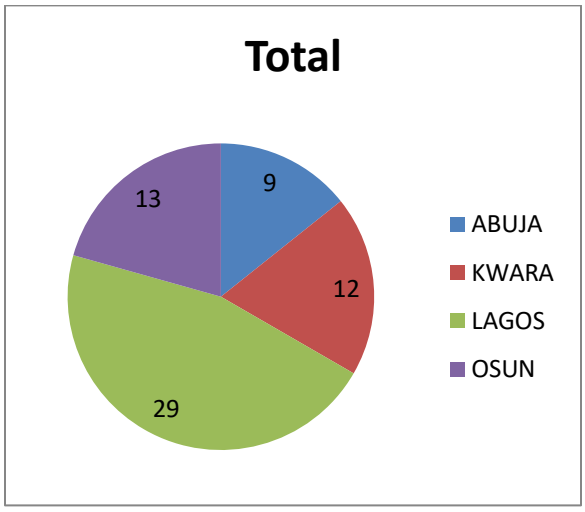

Chart 1; mamacare implementing facilities per state.

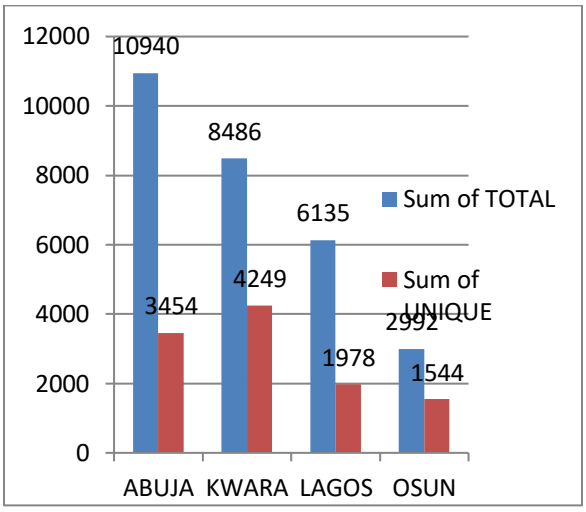

Chart 2; pregnant women reached per implementing state.

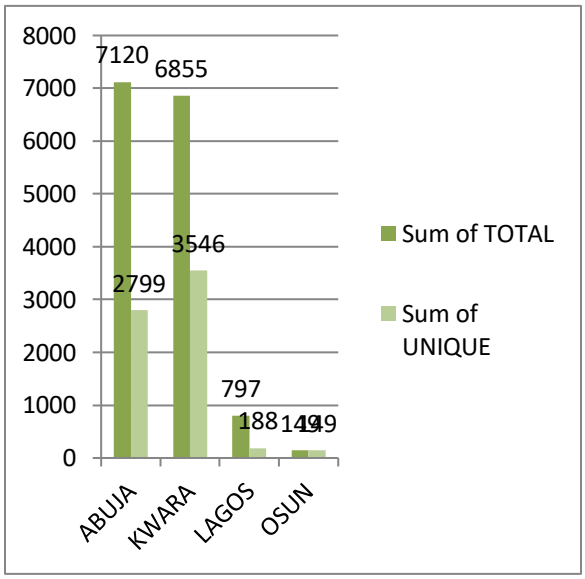

Chart 3; postnatal mothers reached per implementing state.

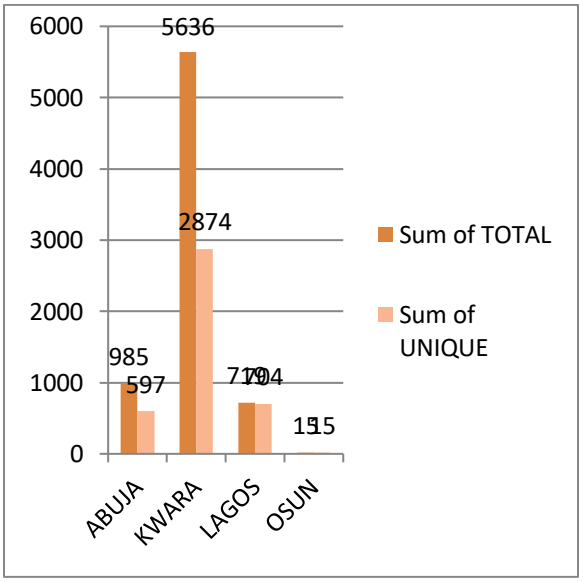

Chart 4; family members reached per implementing state.

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WASH

"We in the global health and development communities cannot allow mothers and newborns to die from preventable and unnecessary complications, simply because the most basic of WASH services are not available. The Wellbeing Foundation Africa has committed to work with its partners around the world to ensure that all countries implement the 2017 World Health Assembly Sepsis Resolution. Hand hygiene must be a quality indicator in every facility and a national marker of health care quality, with access to soap and water monitored and assessed."

HE Mrs Toyin Ojora Saraki
Founder-President, Wellbeing Foundation Africa

"My colleagues and I are inspired and motivated by the Secretary General's Call to Action for WASH in healthcare facilities, and by the initiative of the Wellbeing Foundation Africa. We have high hopes that Mrs Saraki and her team at WBFA will be able to significantly accelerate progress in Nigeria and elsewhere, and midwives are perhaps the key to success"

John Oldfield
Principal at Global Water 2020

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Spotlight on Nigeria

The WBFA midwives live and work among communities for whom this is a daily reality. The absence of access to safe drinking water, sanitation, hygiene in healthcare facilities is all too commonplace in Nigeria. Data from the Water Institute of the University of North Carolina that assessed and analysed 129,000 healthcare facilities in developing countries and reported that 65% of them lack both running water and soap for handwashing.

In Nigeria, half of healthcare facilities lack clean water, 88% are without basic sanitation and 57% lack handwashing facilities with soap. In a corroborative assessment by WaterAid in 2016 in six Nigerian states (Bauchi, Benue, Ekiti, Enugu, Plateau and Jigawa), primary healthcare centers assessed in urban, semi-urban and rural areas generally had low access to piped water within the facility; more than 20% lacked toilets. In addition, our assessment found there were no structured systems for the operation and maintenance of water and sanitation facilities.[8]

This on-the-ground reality results in the inability to implement the most basic infection control measures, a situation that not only endangers patients and staff, but also presents a danger to all. Health facilities are the epicenters for pandemic containment, but the lack of WASH can contribute to further spread of disease. Pregnant women and newborns are among the most vulnerable patients at risk of overwhelming sepsis. WaterAid found that over half the PHCs it assessed in Nigeria lacked access to handwashing facilities in delivery rooms. This problem exists in many sub-Saharan African countries and globally. Though largely solvable, it has been ignored by the international community until recently. In March 2018, UN Secretary-General Antonio Guterres recognised he need to address this as an urgent health concern and launched the Water Action Decade and made a call to action specifically challenging the global community to achieve universal WASH access in all healthcare facilities by 2030. WHO and UNICEF are committed to lead the charge.

> *"Most primary health centres in Nigeria lack good washing facilities. At the Lugbe PHC, there is no washing sink in the labour room, so water has to be fetched from the tap outside and brought to the mother. A health worker who wants to wash her hands will have to fetch a bucket. It is not possible for us to so our jobs as midwives without access to water, sanitation, and handwashing stations"* – Rita Momoh, WBFA Midwife

[8] https://www.wateraid.org/ng/blog/integrating-water-sanitation-and-hygiene-wash-and-health-for-improved-universal-health

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A nationwide survey conducted reported that although Nigeria has a national plan to improve drinking water, sanitation and hygiene promotion in health facilities[9], only the provision of safe water supplies has a targetted delivery date of 2030. The lead agency is the Federal Ministry of Water Resources, while UNICEF and other relevant agencies have a technical guide to address the lack of standards and guidelines with regards to WASH in primary health centres.

Wash in healthcare facilities

Research evidence[10] has reported that Nigeria was among 18 other countries where at least 20% of health facilities had no provision for safe water supply. The MamaCare360 programme supports classes where our midwives engage with the healthcare workers to assist strategies and activities to ensure that minimum standard handwashing and hygiene facilities and practices are put in place. They are available to educate the mothers, health care personnel and cleaners in the facilities on proper WASH and handwashing techniques. In the year under review, the Foundation leveraged on the relationship with WaterAid and other partners to get support to improve access to safe water supply, hygiene and sanitation to health facilities where our midwives work.

Wash in schools

Adequate and sustainable WASH is fundamental in preventing the spread of Covid-19 and other water-related illnesses. WBFA is dedicated to improving WASH and proper handwashing hygiene practices in schools using locally appropriate techniques. In order to achieve this objective, we have been able to educate and demonstrate how to improve access to WASH in schools, with WBFA campaigns which commenced in August 2018. We reach out to many public and private schools in Abuja, Kwara, Lagos, and in the year under review we have been able to engage the WASH program in 30 schools in 2 states and the FCT. Throughout the WASH campaign in the implementing states, a total of 30 schools were engaged in Lagos (14), Abuja (10) and Kwara (6). The global pandemic resulted in the closure of schools and the Foundation sought other means of engaging the school authorities in preparation for reopening. The Foundation had the opportunity of engaging the students of Greenwood House Academy in Lagos prior to the lockdown.

There is tremendous scope for partnership with private sector and school authorities so that the schools can continue safely in their core activity of educating students while improvements are made to water supply and sanitation to improve handwashing facilities and access to clean toilets.

[9] https://www.who.int/water_sanitation_health/monitoring/investments/glaas-2013-2014-cycle/en/
[10] file:///C:/Users/alero/OneDrive/WBFA-WASH/WHO-UNICEF%20WASH%20in%20health%20facilities.pdf

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Wash impact

As a result of the pandemic the need to intensify training and sensitization on proper hand hygiene and general personal care arose. As such the Lagos and Kwara team embarked on training in schools, training students on the proper procedure of handwash and personal hygiene. WBFA has created a programme to establish a teenage helpline to enable adolescents get assistance for any area that they have questions and concerns about.

During the year, implementation of WASH campaign in the implementing states reached a total of 7,763 students in Lagos (5,713), Abuja (1,662), and Kwara (388).

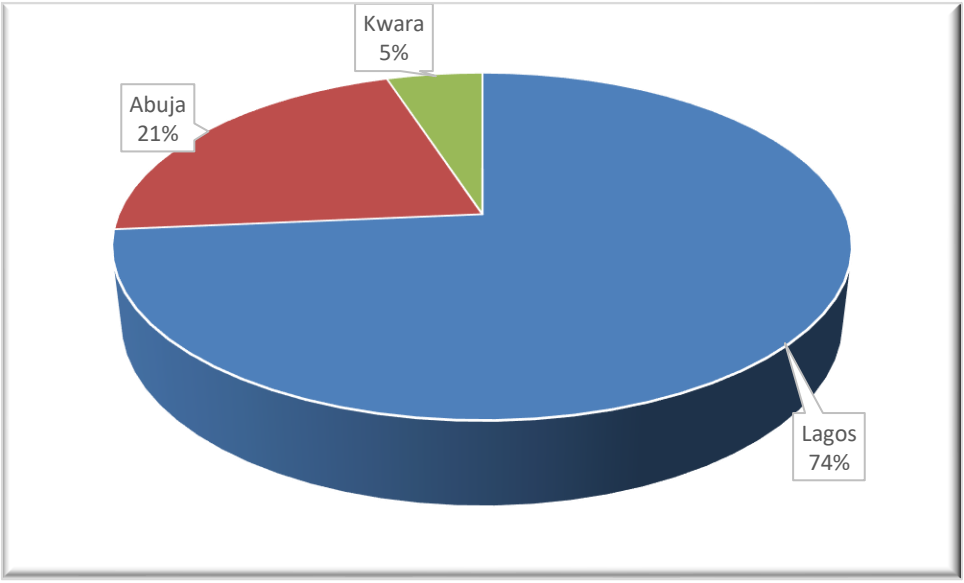

Figure 8: Proportion of total students reached by state

Scope for scale-up

WaterAid Nigeria[11], a partner of WBFA has reported that there are calculable costs to poor sanitation. Nigeria loses about 1.3% (N455 billion) of GDP annually due to poor sanitation as a result of illness, low productivity and loss of learning opportunities. Over 100,000 children under 5 years of age die each year from diarrhoea directly attributable to unsafe water and sanitation. Those that do not die suffer severe stunting or wasting, with resultant frequent episodes of from school or work. School attendance is also adversely affected by the time spent by children fetching water. The issue of open defaecation has put Nigeria in first place globally as the country with the

[11] https://www.wateraid.org/ng/get-involved/clean-nigeria-campaign

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highest occurrence. There is associated risk of insecurity and violence against women and children, and loss of dignity. In 2021, WBFA will scale up the recruitment of more schools to advocate for the improvement of WASH practices as well as access to hygiene and sanitation.

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Spotlight on Nigeria

Early and exclusive breastfeeding during the first six months of life is the single most important nutritional determinant for child survival. Yet in Nigeria where over 800,000 children die annually before their fifth birthday, the majority of mothers do not optimally breastfeed their children. Across the country 33% of mothers achieve early initiation of breastfeeding within the first hour of birth and only 17% of mothers exclusively breastfeed their babies up to five months, which is far below the global target of 50%.[12] Research has documented the role of poor infant and child feeding practices contributes to the prevalence of stunting (37%), wasting (18%) and underweight (29%) in children.[13] Reasons for not breastfeeding vary and published literature records a complex web of structural, interpersonal, and individual factors.

At the individual level, many mothers are not aware of the benefits of exclusive breastfeeding or hold cultural or traditional beliefs that contradict and outweigh these benefits. These beliefs may stem from influential individuals in a new mother's life, such as grandmothers, spouses, or traditional birth attendants. Moreover, overcoming these barriers is often difficult because such barriers are grounded in a mother's belief that she is doing what is best for her child. For example, a mother may prematurely introduce alternatives to breast milk, such as water and solid foods, because they believe breastfeeding is inadequate for infant nutrition and hydration.

Additionally, even if mothers understand the benefits of early and exclusive breastfeeding, structural and interpersonal factors, such as socio-economic status, inadequate policies, or negative social norms regarding breastfeeding outside the home, frequently prevent them from engaging in optimal breastfeeding practices. For instance, many mothers of lower socio-economic status often work jobs with inadequate or non-existent maternity leave policies and subsequently are unable to engage in optimal breastfeeding practices due to time constraints. As a result, these mothers resort to alternative, inferior feeding practices, such as formulas.

In light of this, there has been an urgent need to reframe early and exclusive breastfeeding as an essential practice for all new mothers and their infants, and to leverage the multiple touch points

[12] https://www.aliveandthrive.org/wp-content/uploads/2019/05/Cost-of-Not-Breastfeeding_Nigeria.pdf
[13] https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf

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during and following their pregnancy. Considering the complex nature of the issue, mass education and awareness efforts alone are likely not going to be successful. This issue must be approached from multiple levels, and utilise a variety of channels and measures to create an environment conducive to optimal breastfeeding practices.

With the initiative to save lives, prevent illness and ensure healthy growth and development through improved breastfeeding and complementary feeding practice, good nutrition in the first 1000 days of the infant and with a call to improve infant and young child feed practices IYCF; WBFA works to tackle the critically important problem of poor nutrition among infants and young children in Nigeria. The Foundation has assembled a world-class team that is as diverse as the issue at hand. The team combines expertise and experience from public and private sectors, marketing and academia, and implementers and thought leaders. The proven structure, developed by Alive & Thrive, is a collaborative program which emphasizes optimal breastfeeding and complementary feeding practices for infants and children, from birth to two years of age, as well as adequate nourishment and care for pregnant women. A technical approach has harnessed formative research to develop a communications strategy and media plan that can be executed through a range of channels, including interpersonal communications and mass media. Through research, design, development, implementation, monitoring and evaluation activities, including evidence-based, creative communications targeted to our audiences, WBFA has worked to overcome barriers to early and exclusive breastfeeding, improving the diets and frequency of meals in young children in two states (Lagos and Kaduna) in Nigeria, and, importantly, demonstrating that our approach is replicable and scalable across the country.

Programme objectives

Key activities

As partners in efforts to improve breastfeeding in Nigeria, through public-private partnerships, WBFA has been committed to finding opportunities to support behaviour change programs to promote appropriate IYCF practices. Having become familiar with the Alive & Thrive programmes in Bangladesh, Ethiopia, and Vietnam, WBFA was able to build upon these efforts in implementing the strategy locally. While each partner brings its expertise in private sector approaches to behaviour change communications, community engagement, health training, and private-public partnerships, we are equally committed to ensuring that knowledge and best practices established through Alive & Thrive are leveraged, adapted to local situational context and further expanded in Nigeria. WBFA aligned closely with the Alive & Thrive framework, consisting of four main pillars:

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1) Policy / advocacy
2) Interpersonal communication and community mobilization
3) Mass communication
4) Strategic use of data

WBFA strengthened collaboration and alignment with key stakeholders, such as the Federal Ministry of Health; Save the Children; the State Ministries of Health in Lagos and Kaduna; the National Association of Nigerian Nurses and Midwives (NANNM); the Association of General and Private Medical Practitioners of Nigeria (AGPMPN) and the Association of Public Health Physicians of Nigeria (APHPN).

The roles of the Wellbeing Foundation Africa, throughout the period of 2017 to 2019, were to provide orientation on improved Infant & Young Child Feeding skills to 2,335 healthcare workers in the two states of Lagos and Kaduna, through the direct engagement of 695 private health facilities in 10 highly populated local government areas, in Lagos state; and 4 highly populated local government areas in Kaduna state.

By orchestrating and empowering the logistics of this outreach, Wellbeing Foundation is also acting as the point of contact for the necessary programme leadership to support both upfront landscaping efforts as well as proper, ongoing, and measurable monitoring and evaluation to determine the impact of the programme through the target sites.

Figure 9: A&T IYCF project transition event 18/03/2020

At the end of the programme in May 2020, WBFA had worked in over 500 private health facilities across 10 LGAs in Lagos (Ajeromi, Agege, Apapa, Eti-Osa, Lagos Mainland, Kosofe, Surulere, Shomolu and Ojo) and 4 LGAs in Kaduna (Chikun, Igabi, Kaduna North, and Zaria). The Foundation provided advocacy and capacity building in the area of infant and young child feeding IYCF practices through interpersonal communication, community and individual engagement.

Transitioning the programme to a sustainable strategy that demonstrated social behaviour change, the Foundation organized an event in March 2020 for private health care facilities, during which breastfeeding stimulators was presented to promote demonstration on exclusive breastfeeding and manual expression during ANC and PNC service. WBFA continues to engage the healthcare workers in the private healthcare facilities using

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the MamaCare360 platform. This demonstrates the commitment of the Foundation to the long haul of social human behaviour change model using the health action process approach.[14]

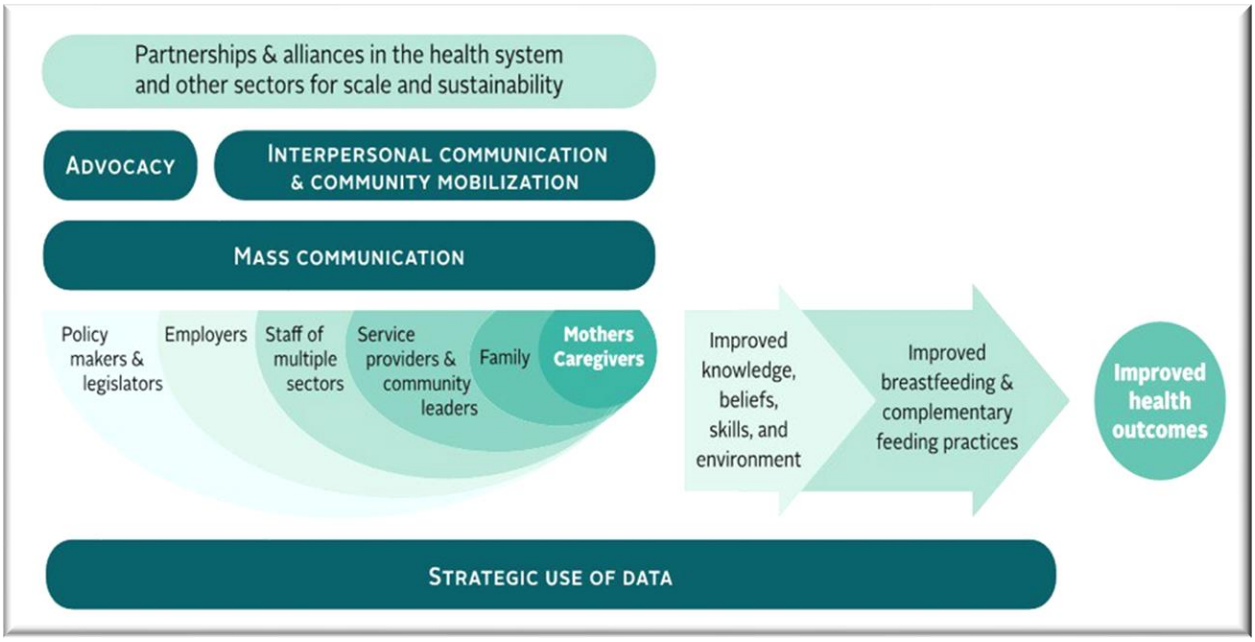

Figure 10: Framework for implementing A&T IYCF at scale

The scope of work which defined the activities of the Foundation were targetted at 745 private health facilities in Lagos (691) and Kaduna (54). The goals were to contribute to the following objectives of A&T in Nigeria:

i) Improve and maintain a high prevalence of early initiation of breastfeeding within the first hour after delivery in-facility in 745 private health facilities in A&T intervention LGAs in Lagos (691) and Kaduna (54) states.

ii) Improve and maintain a high prevalence of exclusive breastfeeding among infants 0-5.9 months in 745 private health facilities in A&T intervention LGAs in Lagos (691) and Kaduna (54) states

[14] Martinez-Brockman JL, Shebl FM, Harari N, Pérez-Escamilla R. An assessment of the social cognitive predictors of exclusive breastfeeding behavior using the Health Action Process Approach. Soc Sci Med. 2017 Jun; 182:106-116. doi: 10.1016/j.socscimed.2017.04.014. Epub 2017 Apr 12. PMID: 28437693.

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Figure 11: Breast kit presentation at Virtual hospital Chikun LGA Kaduna

The programme was concluded in August 2020, having had to slow down as a result of the pandemic and the resulting lockdowns that prevented movement. The Foundation carried out a No-cost extension, that had the deliverable to do data validation and mentoring on the new harmonized NHMIS tools, data entry DHIS (district health information system).

At the end of implementing the programme in May 2020, the prevalence of EIBF was 83% of infants delivered in the private health facilities breastfed within an hour of delivery and 60% were exclusively breastfed for 6 months in Lagos; while 95% of infants delivered in the health facilities that participated were breastfed within an hour of delivery and 64% were exclusively breastfed in Kaduna.

Using the 4-component framework for implementing IYCF, advocacy, inter-personal communication (IPC), mass communication with strategic use of data; the Foundation was able to reach and educate over one hundred thousand pregnant and nursing mothers, and train almost three thousand healthcare workers.

State	No. of health facilities	Total number of pregnant women	Total number of mothers with children < 2yrs	Number of health workers trained
Lagos	468	41,827	31,665	2,586
Kaduna	59	16,224	18,135	201

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Table 6: IYCF programme reach by state

IYCF PROGRAM REACH	Lagos	Kaduna
Pregnant women	40,628	13,626
Mothers of children < 6 months	22,827	9,296
Mothers of children 6 - 23 months	11,816	4,404
Women of childbearing age	2,906	2,232
Adult male/ Fathers	2,237	1,856
Older women/ Grandmothers	1,424	1,810
At the sick child clinic	314	13
Number of live births delivered in the health facility	23,694	7,014
Number of newborns initiated on breastfeeding within 1 hour of birth (EIBF)	20,102	6,619
Total number of children less than or equal to 6 months at the health facility during the reporting period	67,064	17,460
Number of children less than 6 months reported to be on exclusive breastfeeding during the reporting period (EBF)	40,630	10,681

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Figure 12: A&T IYCF data mop-up and validation at Adams hospital Agege

Figure 13: Data mop-up and validation at Dayspring hospital June/July 2020

Table 7: Number of women reached in the health facilities

State	No. of health facilities	Total number of pregnant women	Total number of mothers with children < 2yrs	Number of health workers trained
Lagos	468	41,827	31,665	2,586
Kaduna	59	16,224	18,135	201

Table 8: Number of women reached through IPC

State	Total number of pregnant women	Total number of mothers with children < 6months	Total number of mothers with children 6-24months	Total number of influencers reached
Lagos	65,111	320,149	14,685	7,721
Kaduna	17,033	12,557	5,681	7,015

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Figure 14: Data entry into DHIIS 2.0 platform August 2020

As a result of the project implementation, IYCF IPC has been successfully integrated into the routine MNCH services in the private health facilities. This is key to ensuring sustained quality IYCF practices. In addition, the engagement with private professional bodies (AGPMPN, APHPN and NANNM) was vital in facilitating initial entry into health facilities. The continued collaboration with major government stakeholders at all levels – SMOH, PHC Board, TMB and LGA authorities increased access of beneficiaries to IYCF/IPC at the health facilities.

Challenges and limitations

Facility selection using the Lagos state NHMIS database was not totally helpful as data from facilities during baseline assessment were far below that inputted into the state NHMIS. This resulted in a reduction in the number of health facilities that were used in the programme. Even though continuous capacity building through trainings, coaching and mentoring improved the quality of counseling on IYCF at the facilities, the high staff attrition rate, frequent transfers and redeployments of trained service providers created gaps in implementation and service provision to beneficiaries. In addition, private facilities tended to close down, relocate or undergo long-term renovations and this severely impacted service delivery and the target reach.

Documentation and reporting using multiple registers and forms posed a great challenge to data management. Programme data required from service providers need to be made less complex, in

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order to reduce non-compliance and assist the health workers to document and report data in an accurate and timely manner.

Very few private facilities provide routine immunization services, and this results in the migration of mothers to public health facilities where they get free immunization. This affected the data collection for the IYCF/IPC as many mothers were unavailable for follow-up. Private facilities using electronic medical records (EMR) presented another challenge to collating data manually at the end of the month, as the IYCF monthly summary form was not aligned with the facility-reporting template.

Scope for scale-up

During the course of implementation, the challenges WBFA encountered were overcome by employing certain innovations such as switching gears from hosting offsite orientation sessions to onsite and step-down sessions with the facility. It was discovered that onsite sessions were more effective than training conducted outside the facilities. More health workers were able to be orientated on IYCF and onsite training resulted in better comprehension of the M&E tools compared to what occurred for those orientated offsite. It was also discovered that IYCF coaches with previous experience working in the public sector were more successful at mentoring health workers in private facilities. This was due to the fact that a vast majority of matrons of these facilities also possessed experience in the public sector, and were able to relate better to the older, retired midwives than the younger ones. The Foundation plans to leverage on its network of strategic partners to further expand the engagement of healthcare workers.

Reaching IYCF “influencers”, especially the fathers proved more difficult, as private facilities do not place enough emphasis on male involvement during key moments during and after pregnancy. WBFA coaches were tasked to coincide their monitoring visits to the facilities scheduled days of the various service delivery points. During these sessions, they encouraged the health worker leading the session to encourage and incentivize the mothers to attend with the fathers

In a bid to ensure data was being documented accurately and in a timely fashion, data assistants (DA) were deployed to select facilities to support the coaches by assisting health workers to accurately fill out IYCF registers, and where necessary, provide step-down orientation session on the correct usage of M&E tools.

Using new connection mechanisms ones such as the Local Government Implementing Team (LIT) at the LGA level was effective in ensuring ownership and sustainability, also the continued involvement of various LGA M&E Officers facilitated IYCF data linkage at the health facilities. Leveraging on existing coordination mechanisms available at the implementing LGAs in Kaduna

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state, LGA cluster (M&E meetings) were set up in all the implementing LGAs to make data validation and submission of reports easier, as well as establish a forum to improve the capacity-building of healthcare workers in the LGA on a monthly basis. During off-site, onsite, step-down, supervisory, monitoring, and data validation visits, emphasis was laid constantly on the use of national tools for documentation stipulated by FMOH. WBFA also facilitated connections at the LGA level for easy pick-up of required tools. This changed the orientation of using facilities using notebooks for documentation.

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EMONC

Spotlight on Nigeria

Nigeria still accounts for close to 20% of all global maternal deaths with an over 800 deaths per 100,000 live births and about 37 newborn deaths per 1000 live births.[15] Common causes of maternal death are pre-eclampsia, haemorrhage, sepsis, complication from abortion and obstructed labour, and 80% of these causes are preventable. In August 2017, WBFA alongside its partners Johnson & Johnson, and the Centre for Maternal and Newborn Health (CMNH) of the Liverpool School of Tropical Medicine (LSTM), expanded their groundbreaking programme to train healthcare workers across the entire Kwara State. The pilot phase began in 7 of the 16 LGAs and was expanded to include all the LGAs following the successful completion of first two phases. The present programme has the sole agenda of improving maternal and neonatal health by building the capacity of health care workers in basic and comprehensive emergency obstetrics and newborn care (BEmONC and CEmONC) respectively. The project began in 2015 and in 21 facilities across 7 local government areas (LGAs). Currently, it is expanded to additional 9 LGAs, in 27 facilities thus benefiting the entire 16 LGAs in Kwara State as a scale up program to consolidate on achievement in previous LGAs. By the end of the state-wide programme all 48 facilities would have been supported to provide emergency obstetrics and newborn care services. Following the resounding success of the comprehensive project's first and second phase (EMONC) competency-based training, Quality Improvement (QI), and Data management, which ran from 2015 to 2018, WBFA's partnership with the Liverpool School of Tropical Medicine (LSTM) and Johnson and Johnson, incited the third phase of the "Improving the Availability and Quality of Maternal and Newborn Care" project in Kwara State Nigeria.

Figure 15: QI follow-up training held at Cottage hospital Ilofa Feb. 2020

[15] https://www.who.int/reproductivehealth/maternal-health-nigeria/en/

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The first-quarter activity of EMONC in January which was aimed at improving skill sets and knowledge, took place at Sobi Specialist Hospital Ilorin with attendance of health care personnel from Crescent Gold Crown Hospital, Adewole Cottage Hospital, Balm Hospital, Civil Service Hospital, Eyitayo Hospital.

Key activities

QI follow up training in February, held at different LGAs in the state following the inauguration of the QI team (Ilofa, Idowa, Afon, Obo Aiyegunle, Osi, Ira, Ilemona amongst others).

Figure 16: QI follow-up training held at Cottage hospital Ilofa Feb. 2020

During the year under review, WBFA continued to share the details and updates of activities on its social media platforms – Twitter and Facebook handles @wellbeingafrica. Up until the lockdown necessitated by the global pandemic, WBFA shared tweets and pictures of activities using the @wellbeingafrica and @maternalmonday. On the other handles #MaternalMonday, #EmONC, #EmONCSkills, the social media campaign raised discussion around topics focused in improving the availability and quality of maternal and newborn care. The Foundation leveraged on its high social media engagement rate, and large online audience, to increase awareness about improving the availability and quality of maternal and newborn care, as well as our trainings, reach and impact in Kwara State.

Table 9: Summary of Twitter activity January to March 2020

Twitter activity	January	February	March
Tweets	112	109	130
Tweet impressions	234,200	250,100	193,000
Engagements	2,416	2,533	1,448
Likes	1,100	1,000	756
Re-tweets	670	584	512

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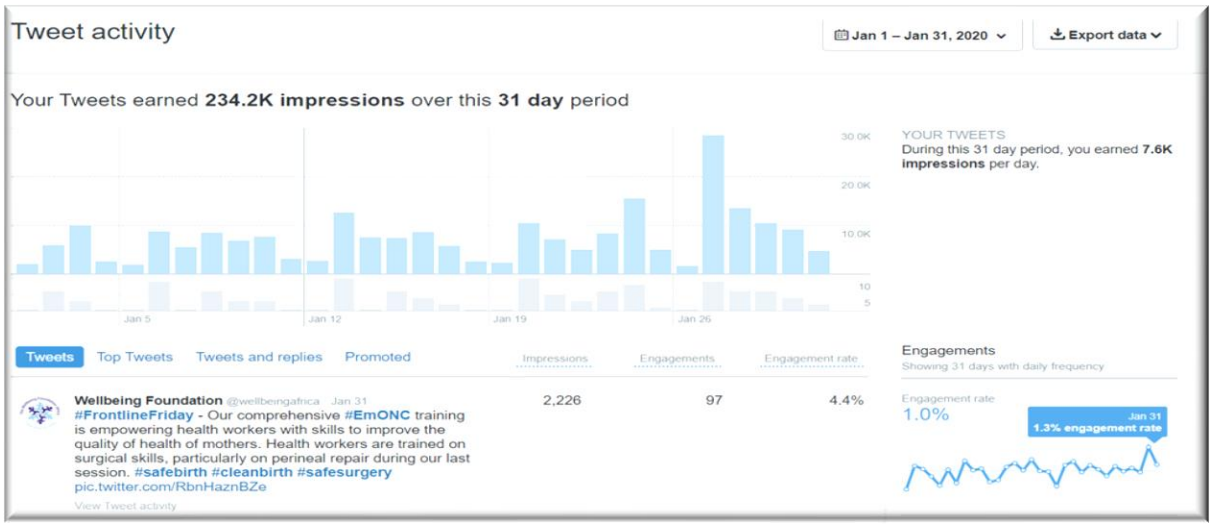

Figure 18: Graphical representation of our Twitter audience activity/engagement and reach from :1st of January to 31st of January 2020

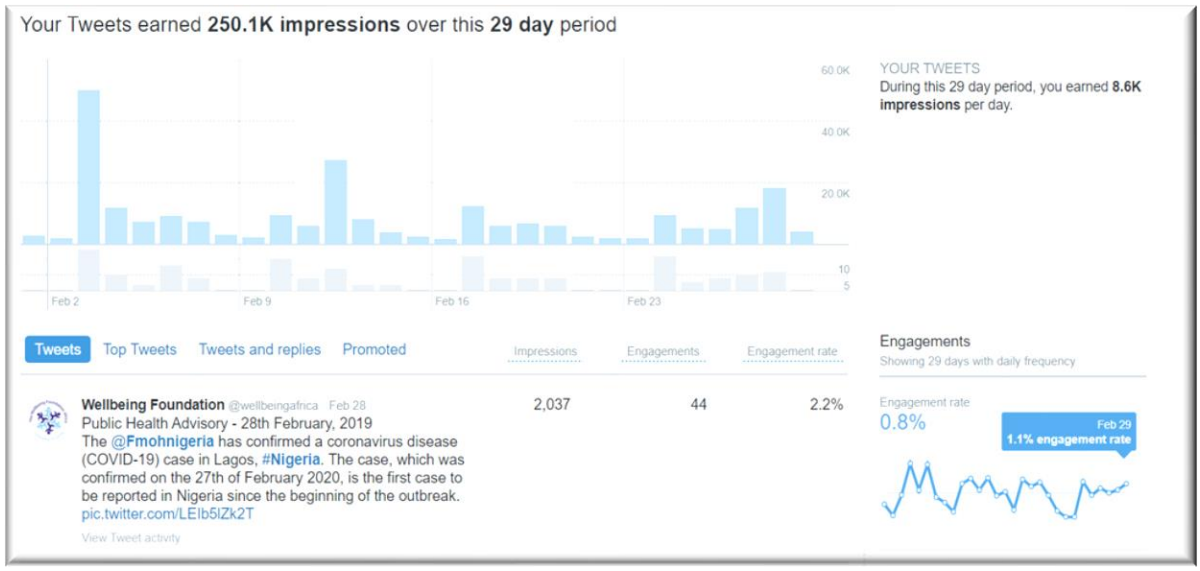

Figure 17: Graphical representation of our Twitter audience activity/engagement and reach from 1st of February to 29th of February 2020

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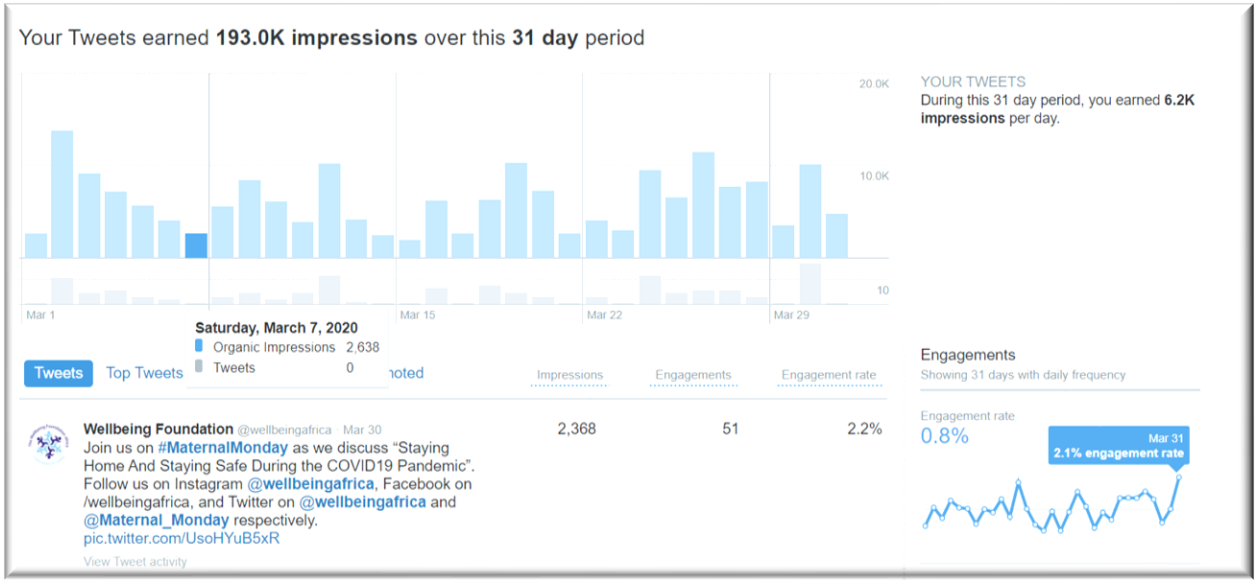
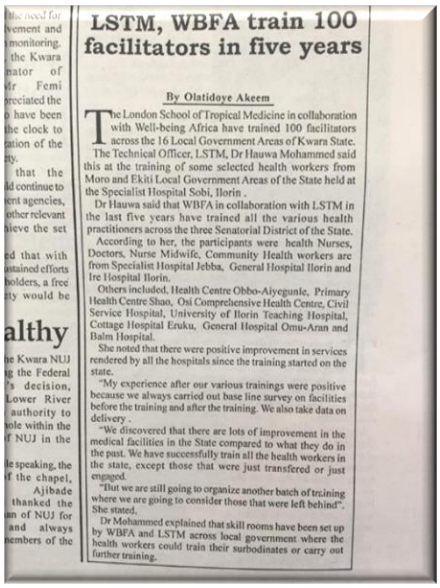


Figure 19: Graphical representation of our Twitter audience activity/engagement and reach from 1st of March to 31st of March 2020

In addition to our Twitter campaign, WBFA also took advantage of our Facebook audience to share updates of the QI training workshops in Kwara State and improving the availability and quality of maternal and newborn care. During the course of the period under review (January 2020 to March 2020), the Foundation was able to successfully mirror our offline activities on Facebook, using brief write-ups and photographs taken during training workshop sessions. We also followed this up by posting #MaternalMonday messages and posters depicting the improvement of availability and quality of maternal and newborn care and showcasing the work being done in Kwara, in the area of improving the capacity of healthcare workers. The intention is to highlight this as advocacy for improvement in procedures and infrastructure of healthcare facilities across the country.



LSTM, WBFA train 100 facilitators in five years

By Olatidoye Akeem

The London School of Tropical Medicine in collaboration with Well-being Africa have trained 100 facilitators across the 16 Local Government Areas of Kwara State.

The Technical Officer, LSTM, Dr Hauwa Mohammed said this at the training of some selected health workers from Moro and Ekiti Local Government Areas of the State held at the Specialist Hospital Sobi, Ilorin .

Dr Hauwa said that WBFA in collaboration with LSTM in the last five years have trained all the various health practitioners across the three Senatorial District of the State.

According to her, the participants were health Nurses, Doctors, Nurse Midwife, Community Health workers are from Specialist Hospital Jebba, General Hospital Ilorin and Ire Hospital Ilorin.

Others included, Health Centre Obbo-Aiyegunle, Primary Health Centre Shao, Osi Comprehensive Health Centre, Civil Service Hospital, University of Ilorin Teaching Hospital, Cottage Hospital Eruku, General Hospital Omu-Aran and Balm Hospital.

She noted that there were positive improvement in services rendered by all the hospitals since the training started on the state.

"My experience after our various trainings were positive because we always carried out base line survey on facilities before the training and after the training. We also take data on delivery .

"We discovered that there are lots of improvement in the medical facilities in the State compared to what they do in the past. We have successfully train all the health workers in the state, except those that were just transfered or just engaged.

"But we are still going to organize another batch of training where we are going to consider those that were left behind". She stated.

Dr Mohammed explained that skill rooms have been set up by WBFA and LSTM across local government where the health workers could train their surbodinates or carry out further training.

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Improving the Availability and Quality of Maternal and Newborn Care (ABC Maternal Resuscitation)

Since 2015, The Wellbeing Foundation Africa (WBFA) and the Liverpool School of Tropical Medicine (LSTM) have trained healthcare workers across Kwara State, Nigeria. This involves Emergency Obstetrics and Newborn Care (#EmONC), #Data Management, and Quality Improvement (QI). Frontline progress from @wellbeingafrica and @CMNHLSTM shows zero #maternal & #perinatal mortality, with increased donations of #SkillsLab equipment #KwaraState #EWECprogress #Nigeria @JNJGlobalHealth @JNJCares @world_midwives #momandbaby #wellbeing4all #midwivessavelives #safedelivery

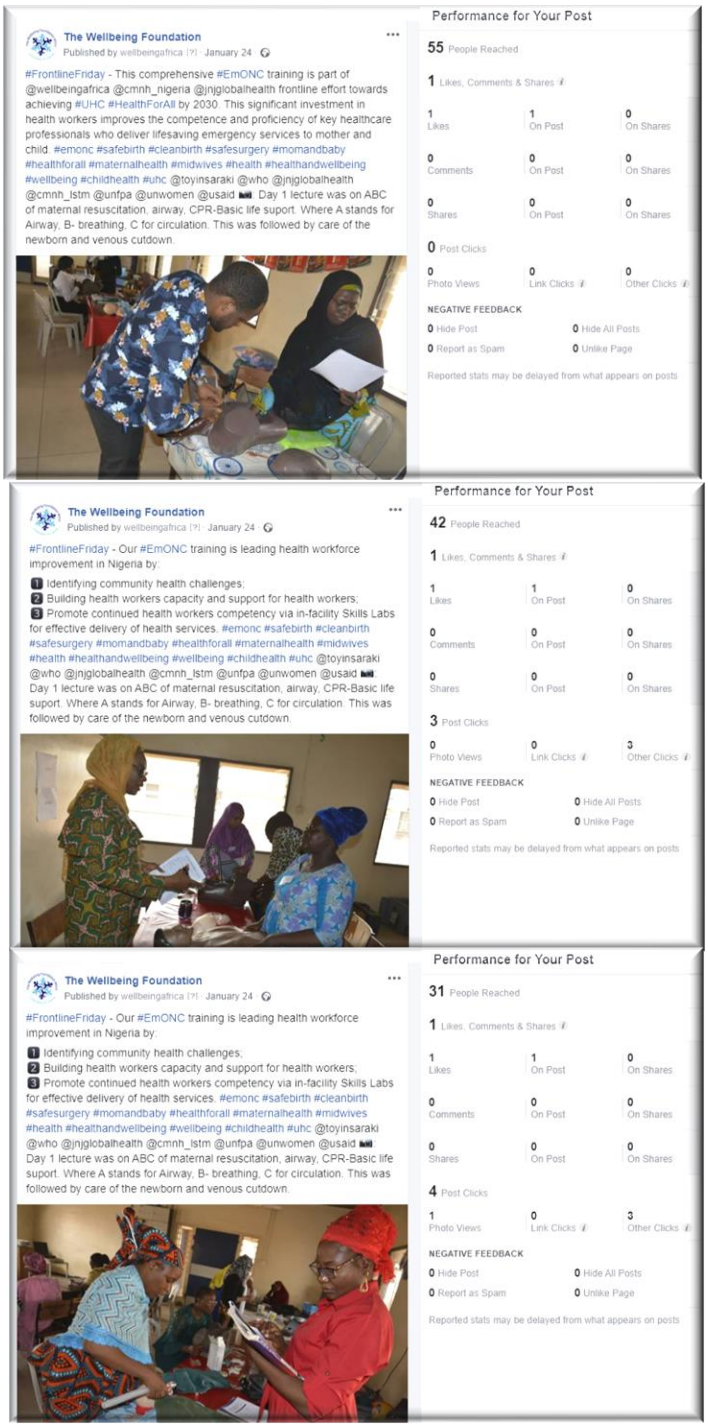

Figure 20: Facebook posts of EmONC training workshops

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UNFPA RMNCAH + NUTRITION

Spotlight on Nigeria

WBFA works to improve the sexual, reproductive, maternal, newborn, child and adolescent health and nutrition indices of Nigeria, as well as much of sub-Saharan Africa; and to eliminate, all forms of gender-based discrimination, neglect, abuse and violence. We do this by evidence-based policy analysis and development; healthcare promotion and provision through healthcare workers, particularly midwives; private sector engagement; advocacy, social and community mobilization and awareness creation; and strategic philanthropy and impact investment in healthcare.

WBFA sought to achieve further progress by leveraging on its implementing partner status with the United Nations Population Fund (UNFPA) in Nigeria, given UNFPA's shared interests and objectives, for the advancement of women's health and wellbeing. At WBFA, we have demonstrated a synergistic relationship with UNFPA, based on our core competencies, measurably impactful track record, broad reach within Nigeria, and our mutually held belief that all women and girls deserve access to the highest quality of health and wellbeing, including the elimination of maternal death and disability, as well as optimal and high-quality nutrition. Through its midwives and support from United Nations Population Fund (UNFPA), WBFA implements the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) + Nutrition program in thirty (30) selected health facilities in six (6) Area councils in the FCT.

Nigeria's Maternal Mortality ratio (MMR) according to NDHS 2018 report stands at 512 deaths per 100,000 live births while Neonatal Mortality rate (NMR) stands at 36.3 deaths per 1000 live birth.[16] With UNFPA's technical assistance, WBFA is ensuring a robust, data-driven strategy that deploys and evaluates a midwives-led approach to improving maternal health and survival through the provision of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) and Nutrition counselling to pregnant and postpartum women. With an estimated 7 million births occurring in Nigeria, every year, only 38% of these are attended by skilled birth attendants (midwives, nurses and doctors), and only 29.8% of these births are covered by civil registration. According to the 2013 Demographic & Health Survey, at least 37% of children in Nigeria, who

[16] https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf

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are under the age of five years, are clinically stunted, and about 18% of these children suffer from wasting.[17] This is compounded by the fact that only 33% of babies are breastfed within the first one hour; only 17% enjoy exclusive breastfeeding for the first 6 months of life; and at least 57.9% of pregnant women suffer anaemia, with about 11% of women of reproductive age being clinically undernourished. If Nigeria must attain the Sustainable Development Goals (SDGs), and improve the livelihoods of its people, surely, concerted efforts are crucially needed to address these stark numbers. Efforts at such improvements must take the cross-cutting importance of nutrition into consideration, for overall improvement of maternal, newborn, child and adolescent health.

WBFA's theory of change outlines the major strategic interventions that guides our collaborative work with UNFPA, for the achievement of the proposed outputs and outcomes, recognizing the assumptions and risks related to them. WBFA works within UNFPA's strategic priorities of ending preventable maternal death, as part of a broader guiding principle of improving access to timely, affordable, quality integrated sexual and reproductive health and rights services. While we accept the risks as well as the context of recommending improved nutrition against the backdrop of possible socio-cultural association of inadequate nutrition with poverty, we assume that, with consistent engagement and negotiation, especially around expanding our already-existing antenatal and postnatal engagement platforms, we can create a favourable socio-cultural environment and full civil society engagement (including traditional family members) however slowly, and discretely continue to advocate for increased public spending on reproductive health and nutrition-related commodities and services, that will effectively mitigate maternal mortality and morbidity.

Figure 21: Volunteer midwife counselling women on RMNCAH+N

Key activities

The annual workplan for the Foundation required that the programme delivered on the outcome of UNDAF to ensure that Nigerians enjoy improved well-being through sustainable, equitable and quality basic social and protection services which fulfill their human rights and contribute to greater social cohesion and economic development. The projected outcomes were improved knowledge of and access to services that supported sexual and

[17] https://dhsprogram.com/pubs/pdf/fr293/fr293.pdf

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reproductive health and strengthening the capacities of healthcare workers to deliver delivering quality integrated family planning, comprehensive maternal health and sexually transmitted infections (STI) and HIV information and services, in particular for adolescents and youth in humanitarian settings. Towards this end, WBFA was to conduct joint monitoring and supportive supervision to thirty healthcare facilities providing RMNCAH+N education and counselling.
RMNCAH+N Counseling: WBFA through its Midwives provided RMNCAH+N counselling to women of reproductive age in Antenatal, Postnatal and Family planning clinic in 30 different facilities within the 6 Area council of the FCT. The project is estimated to reach 11,000 women of reproductive age annually via ANC, PNC and Family planning clinic.

Figure 22: ANC attendees at Gbagalape PHC receiving RMNCAH+N counselling

Ward Development Committee Sensitization (WDC) as part of the Foundation's commitment in ensuring improvement on health outcomes to women of reproductive age, WBFA engaged members of WDC in the six Area Councils and sensitized them about the importance of RMNCAH + N counselling to the health of the women. This is necessary for each WDC member to be able to create demand for RMNCAH + N in their various wards. This sensitization was carried out regularly in the three quarters: the first and second quarter between 19th February 2020 to 17th March 2020 while the third quarter was between 2nd to 18th August 2020. The strength of this programme was greatly enhanced by the midwives in the MamaCare360 programme. The number of WDC members we were expected to reach was 30, but the programme eventually reached 450.

Table 10: The table below shows the number of WDC members reached in the three quarters

Quarters	Number of WDC members trained
Q1&2	255
Q3	195
TOTAL	**450**

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Table 11: Distribution of the six Area councils and the corresponding facilities

AREA COUNCIL	FACILITIES
ABAJI	Nuku PHC
	Naharati PHC
	Abattoir PHC
	Agyana PHC
	General Hospital Abaji
KUJE	General Hospital Kuje
	PHC Kuje
	PHC Kwaku
	PHC Gaube
	Gudun Kariya
GWAGWALADA	Gwako PHC
	Gwagwalada Town PHC
	Kutunku PHC
	Ibwa PHC
	YimI PHC
BWARI	Bwari General Hospital
	Ushafa PHC
	Dutse Makaranta PHC
	Kuchubiyi PHC
KWALI	Igu PHC
	DABI BAKO PHC
	Dafa PHC
	Yangoji PHC
	Kilankwa PHC
	Kwali General Hospital
AMAC	Gwarimpa General Hospital
	Lugbe PHC
	Karu PHC
	Gbagalape PHC
	Burum PHC

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Table 12: Total number of women of reproductive age reached within the year in all the 30 health care facilities in the 6 Area Councils of the FCT.

Facilities	ANC unique count	ANC revisit	PNC unique count	PNC revisit	Family planning unique	Family planning revisit	Total reached unique	Overall total reached
Abbatoir HC	101	250	185	494	45	133	**331**	**1208**
Agyna HC	70	107	187	534	110	52	**367**	**1060**
Burum PHC	67	163	121	430	90	425	**278**	**1296**
Bwari PHC	1337	3175	1874	4165	1296	3028	**4507**	**14875**
Dabi Bako PHC	285	738	663	822	121	483	**1069**	**3112**
Dafa PHC	206	332	438	589	75	54	**719**	**1694**
Dutse Makaranta PHC	929	2198	1198	5449	2616	727	**4743**	**13117**
Gambe PHC	94	159	443	805	57	69	**594**	**1627**
Gbagarape PHC	599	1319	754	3330	131	292	**1484**	**6425**
General Hospital Abaji	765	2709	1080	2057	79	114	**1924**	**6804**
Gundu Kariya	88	186	331	583	125	268	**544**	**1581**
Gwagwalada TC	1120	3039	1226	1270	374	353	**2720**	**7382**
Gwako HC	192	363	436	795	147	228	**775**	**2161**
Gwarimpa GH	1505	3892	2205	3322	679	1989	**4389**	**13592**
Ibwa Clinic	105	157	260	367	75	74	**440**	**1038**
Igu Clinic	211	577	549	2309	165	318	**925**	**4129**
Kilankwa Clinic	85	141	157	585	65	70	**307**	**1103**
Kuchibuyi PHC	71	132	81	395	57	62	**209**	**798**
Kuje GH	2423	8739	3256	7642	1770	2338	**7449**	**26168**
Kuju PHC	951	2694	2046	6986	276	1305	**3273**	**14258**
Kuru PHC	1049	2553	937	4444	358	1238	**2344**	**10579**
Kutunku PHC	293	684	401	879	166	376	**860**	**2799**
Kwaku PHC	58	77	30	332	74	41	**162**	**612**
Kwali GH	1089	3695	783	944	353	1371	**2225**	**8235**
Lugbe GH	1171	2371	1191	4852	266	719	**2628**	**10570**
Naharati Model PHC	78	156	173	391	149	314	**400**	**1261**
Nuku HC	27	39	87	212	51	123	**165**	**539**
Ushafa PHC	419	1191	569	3141	181	641	**1169**	**6142**
Yangoji PHC	88	152	459	821	60	93	**607**	**1673**
Yimi HC	140	266	271	977	110	159	**521**	**1923**
Overall Total	**15616**	**42254**	**22391**	**59922**	**10121**	**17457**	**55464**	**167761**

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Figure 23: Dr Otun Adewale – FCT coordinator during a RMNCAH+N session

Figure 24: A WDC member asking question after a RMNCAH+N session

The project was estimated to reach 11,000 women of reproductive age annually via ANC, PNC and Family Planning clinic while the data in the above table shows that the total number of women reached within the reporting year was 167,761. The chart shows a graphical representation of the Targetted Vs. Achieved number of women.

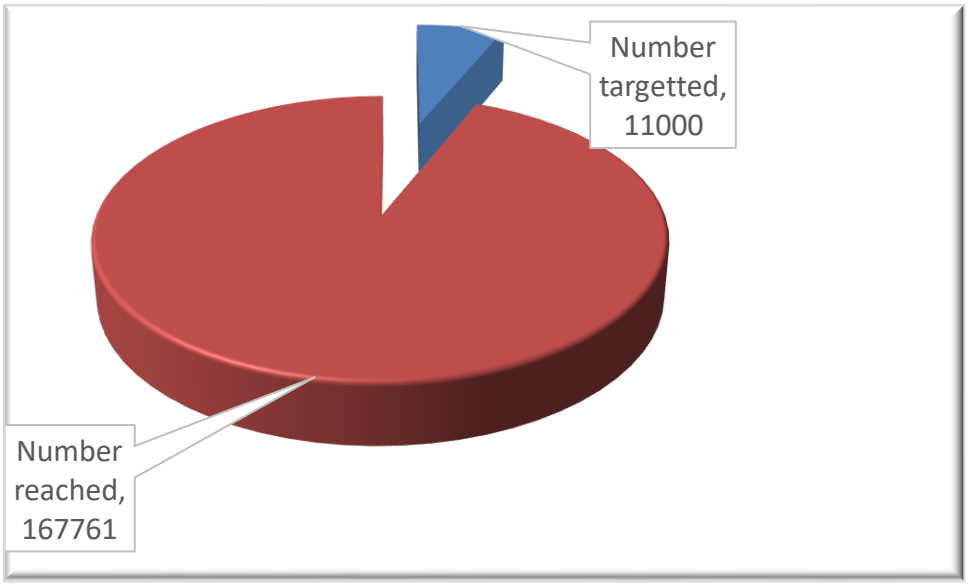

Figure 25: Proportion of women targetted and reached

Four hundred and fifty (450) WDC members were reached with the RMNCAH + N message within the reporting year while the project estimated to reach thirty (30) WDC members annually.

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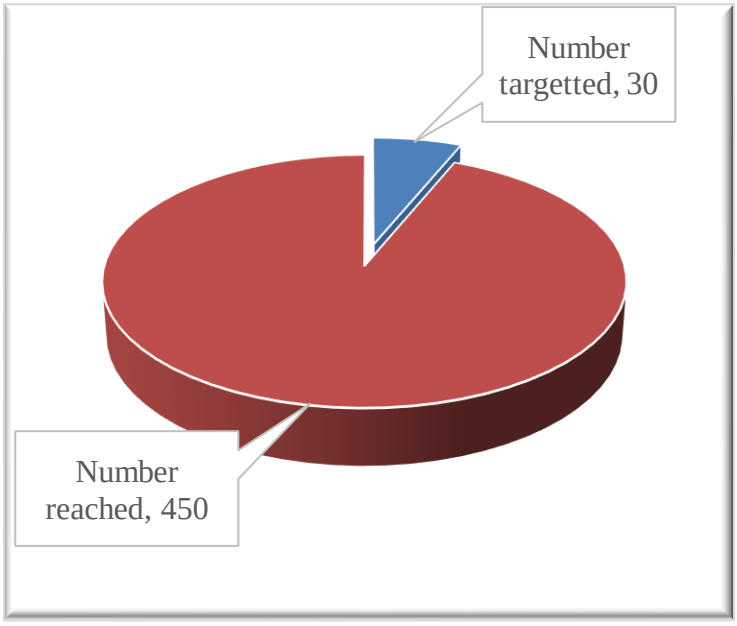

Figure 26: Graphical representation of WDC members targetted and reached

Scope for scale-up

The Wellbeing Foundation through its Midwives ensured the continuous provision of RMNCAH + N counselling to women of reproductive age in all the Area Councils in FCT thereby helping them to make informed decisions that are beneficial for their wellbeing and that of their babies. The continuous engagement with the Ward and Village Development Committees has led to strengthening of the networks for introducing discussions about access to and uptake of family planning, recognition and reduction of sexual and gender-based violence, water, environmental and sanitation hygiene issues relevant to the community. Presently, the Foundation is exploring acceptable women empowerment campaigns through the setting up of sub-committees that involve mothers to address these matters.

Figure 27: WBFA midwife Mrs Komolafe counselling expectant mothers at Federal Civil Service clinic

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POLICY AND PARTNERSHIP

Spotlight on Nigeria

Nigeria's health indices have remained unacceptably poor despite numerous strategies to improve the statistics. The mortality rates for mothers and infants are still abysmal and additionally there are wide disparities regionally and nationally, across geopolitical zones, rural/urban areas, educational and socio-economic strata. Non-communicable diseases are compounding the impact infectious diseases are making in the public health space. Into this, the global pandemic came and highlighted the gaps and inequities in the Nigerian healthcare system in 2020, erstwhile health service delivery challenges were heightened, demanding new approaches to communications, partnerships and policy frameworks between frontline organisations, policymakers and beneficiaries. COVID-19 has made it necessary to build new alliances, strengthen existing ones and collaborate with a wide range of partners. In the wake of the pandemic that ravaged the entire globe, bureaucratic bottlenecks and other similar issues further compounded crucial supply chains and logistics that affected the availability of critical maternal, infant and child health services. These challenges and barriers remain paramount as the world adjusts to the new reality. It has become unwise to assume any issue is too small, and as such health service delivery institutions cannot be left to bear the brunt of navigating a post-Covid world in isolation.

Presently Nigeria faces multiple public health events and WHO has graded two such emergencies: The North East humanitarian crisis and the Lassa Fever outbreak. These are major challenges to meeting the SDGs when coupled with the pervading poverty of 53.5% of the population living in <$1.90 per day. To augment the efforts to meet the targets, there are various innovative approaches to increase access to services. Nigeria has implemented the Midwives Service Scheme which increases the proportion of skilled birth attendants. There are also opportunities for the revitalization of the PHC programme.

The Policy and Partnerships department of the Foundation has kept the reality of improving availability of, and access to relevant MNCH services front and centre as it worked to strengthen ties with state actors, donor organisations and strategic partners. As a result of the pandemic, there was a determined shift to online conversations on strategies to implement interventions. Impact made was also monitored and evaluated remotely relying heavily on the reports from the brave work of our midwives in the field who filed holistic submissions in form of content that was shared on our social media platforms.

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Key activities

World Breastfeeding Week 2020

With restrictions on movement only lifted a month to the World Breastfeeding Week (WBFW)2020, WBFA Abuja implemented its planned campaign for the week with great success. The plan was simply to increase the awareness of key influencers in the community to the environmental benefits of exclusive breastfeeding.[18] The message highlighted the impact of infant feeding on the environment/climate change and the urgent need to protect, promote and support breastfeeding for the health of the planet and its people. The theme aligned with SDG 3 and highlighted the links between breastfeeding and the environment/climate change. During the week, the team visited the communities of Ushafa, Yangoji, Dafa, and Gbagalape. In recognition of research evidence that pointed to the value of considering local gender norms in the roles of men, emphasis was placed on the male members of the communities to support the women in providing their children with the best chance at survival through the benefits of exclusive breastfeeding.[19] During each visit the team members carried out focus group discussions to find out how to better support the women in their communities to initiate and continue exclusive breastfeeding without the addition of water and other liquids. Even though the support and level of understanding displayed by the WDCs was very encouraging, it was clear that wider dissemination would require the engagement of the village development committees that are within the community.

Women, Girl, Gender Development Targets (WGGDT)

Reports show that the world has made significant progress in the last 25 years towards amplifying the voices and rights of the girl child, but unfortunately the gains of gender equality have been unevenly distributed globally, especially in developing nations, which calls for expanded reach of efforts targeted at upholding the rights of the girl child.

The Wellbeing Foundation Africa (WBFA), on Sunday, October 11, 2020, released its Women, Girl, Gender Development Targets to mark the International Day of the Girl Child. Since 2012, October 11 every year has been celebrated to create awareness for the rights of the Girl Child worldwide. The blueprint for this particularly important day can be traced back to the Beijing Declaration and Platform for Action adopted in 1995. This year's theme: *"My voice, our equal future"* aims to reimagine a better world inspired and led by adolescent girls to ensure equality across all sectors. Statistics still show that 1 in 5 girls is still subjected to early child marriage, 140,000 girls between the ages of 10 and 19 of new HIV infections, 1 in 4 girls between the ages

[18] https://worldbreastfeedingweek.org/

[19] Yourkavitch, J.M., Alvey, J.L., Prosnitz, D.M. et al. Engaging men to promote and support exclusive breastfeeding: a descriptive review of 28 projects in 20 low- and middle-income countries from 2003 to 2013. J Health Popul Nutr 36, 43 (2017). https://doi.org/10.1186/s41043-017-0127-8

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of 15 and 19 are neither employed nor in education or training compared to 1 in 10 boys, 1 in 20 girls between the ages of 15 and 19, around 13 million globally have experienced forced sex in their lifetime, 132 million girls are out of school, and each year, over 4 million girls are at risk of female genital mutilation.

The Foundation acknowledges the fundamental necessity of gender equality and the empowerment of all women and girls. Throughout our multi-layered strategy of research, advocacy, policy development, community engagement, philanthropy and education, we have prioritized women, adolescent girls, and children within our various programs mainly focusing on maternal and infant health, as well as sexual, reproductive, mental, and social health to empower and strengthen girls and women from birth to old age.

In line with our mission to advocate for gender equality with the acknowledgement that the status of women, children and families in Africa require improved resources, support, and advocacy, the WBFA remains passionately and unrelentingly committed to the rights of women and the girl child, as evident in our 17-Women, Girl, Gender, Development Targets informed by the Girl Declaration launched in 2013, as a call to action that aims to ensure that adolescent girls are included in the post-2015 agenda; the Nairobi Statement on ICPD25: Accelerating the Promise, with its asks and commitments; and the G7 Recommendations for Action from the Gender Equality Advisory Council (2019).

The WGGDT are:

1. Planning and designing with women and girls in mind
2. Making women and girls visible, making them count
3. Giving women and girls a fair share of the money spent to fix things because they give more back
4. Think of women and girls now, because now is when they need us most; and now is when it will make the most difference
5. Not forgetting women and girls that are poor, distant, or too silenced
6. Not holding women and girls back
7. Advocating for fair laws; they should be made to enforce, respect and protect women and girls
8. Drawing on demographic diversity to drive economic growth and achieve sustainable development
9. Ensuring that all women and girls living with disabilities have the right to social, cultural and economic benefits including the right to protection, healthcare, appropriate facilities, education and vocational training and employment
10. Advocating for the rights of women and girls to live in dignity free from all forms of intimation and gender-based violence
11. Protecting the sexual and reproductive health and rights of all women and girls

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12. Challenging harmful gender stereotypes and norms
13. Advocating for the right of every woman to leadership and political participation
14. Institute equal pay, affordable childcare, and paid parental leave
15. Stand up for women and gender equality across the world every day
16. Ensuring that every woman and girl has a fundamental human right to access safe, clean water, sanitation, and hygiene (wash) in homes, schools, health facilities and public spaces.
17. Every child has a right to be registered at birth and the right to individual identity.

WBFA & APHPN SGBV Webinar

The global Covid-19 pandemic with the attendant lockdown had the unintended consequence of increased rates of home-based violence against women, girls and children. The Secretary-General of the United Nations reported this was happening at the same time that social and welfare services that provide legal assistance, health services and shelters were being diverted to address the pandemic.[20] He made a call for creativity in the global and local response that should match the unique crisis that had overcome the world.

The 16 Days of Activism against Sexual and Gender-Based Violence is an international campaign that takes place annually between the 25th of November, the *International Day for the Elimination of Violence against Women*, to 10th December, *Human Rights Day*, indicating that violence against women is the most pervasive breach of human rights worldwide. In line with the core principle of of the Foundation to translate policy to practice,[21] the Foundation partnered with the Association of Public Health Physicians of Nigeria (APHPN) and hosted a webinar with high level panelists to discuss strategies to implement management of sexual and gender-based violence (SGBV) at the PHC level. HE Toyin Ojora-Saraki (Founder/President WBFA), Dr Muna Abdulah (UNFPA East-Africa Representative), Prof. Clara Ejembi (Consultant Public Health, ABUTH), Drs Alero Roberts and Otun Adewale all spoke about issues that highlighted the opportunities to embed training for healthcare workers to recognise and initiate management for those affected at household and facility level. The attendance for the closed event was high and credits for continuing medical education were awarded by the APHPN.

Pre-validation seminar for the FMoH new guidelines for the baby-friendly initiative

In the course of the year, the Foundation worked on strengthening its partnerships with key state actors including the **FMoH** and the **FCT Primary Health Care Board.** After several months of discussion, WBFA's partnership with the board is now official, placing the Foundation in the

[20] https://unsdg.un.org/sites/default/files/2020-03/SG-Report-Socio-Economic-Impact-of-Covid19.pdf
[21] https://www.unwomen.org/en/what-we-do/ending-violence-against-women/take-action/16-days-of-activism

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database of registered partners making programme implementations much straightforward. This led to WBFA playing a crucial role in the deliberations on the new baby-friendly guidelines, revealing field findings to the panel to improve the efficiency of the new policy.

Neonatal Intensive Care Unit (NICU) Programme

The Foundation has maintained a strategic partnership with Medela Cares, which is dedicated to improving the support to new mothers to improve lactation, EIBF and longer EBF. Nigeria is currently in 6th position globally for infant mortality, and by delivering NICU-specific education and training on the value of human milk and how to build sufficient milk supply for long-term breastfeeding. As a supporting member of the UN Global Compact and the UN's Every Woman Every Child initiative, WBFA serves society through its expertise and passion and by partnering with like-minded organisations like Medela to drive change and improve long-term health outcomes.[22] The Foundation and Medela are carrying out this innovative education and training programme in six health facilities in FCT, Lagos and Kwara with the plan to scale nationally using existing networks of healthcare providers.

Local partnerships in FCT

The Foundation recognises the importance of local partnerships to cover the gaps between community needs and availability of public services. Strategic engagements with the Primary Health Care Board (PHCB) led to the expansion of our MamaCare Classes to four more facilities during the year under review, bringing the total for Abuja to forty healthcare facilities. The MamaCare classes were vital to bridging the access gaps created by the disruption of services during the lockdown and created the opportunity for the creation of WhatsApp groups led by the frontline midwives to extend care to pregnant and nursing mothers.

Community Based Adolescents (CoBA) Programme

The Foundation conceived and launched the Community-Based adolescent programme programme in FCT, Abuja targeting out of school adolescents, especially girls. The CoBA programme took off in Dutse Alhaji community and is a programme that aimed to improve the education and training of out-of-school adolescents on water and sanitation hygiene practices, and enhance their knowledge and practices in personal and sexual health. This was done because the global pandemic had led to the closure of schools and truncated the Foundation's Adolescent PSHE campaign. The Foundation identified opportunities to design and develop online learning packages that can be easily accessed offline on low-tech devices.

[22] https://www.medela.com/company/medelacares/partnership-with-the-wellbeing-foundation-africa

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Alaafia Universal Health Coverage Fund (AUHCF)

Access to affordable healthcare continues to be a challenge for most Nigerians due to high levels of poverty and significant reliance on out-of-pocket payments. Health insurance coverage throughout the country has barely scratched the surface relative to the country's rapidly growing population. The development of the Nigerian healthcare system has been hindered by several notable challenges, including limited public funding, a high communicable diseases burden, rising incidence of non-communicable diseases, elevated rates of infant and maternal mortality. The World Health Organisation (WHO) notes that there is high reliance on out-of-pocket (OOP) health payments as a means of financing the health care system in Nigeria and that this has continued for many years in spite of a consensus to move closer to Universal Health Coverage (UHC) and sustain it when achieved. Although the healthcare system in Nigeria has evolved since independence in 1960, over 90% of the Nigerian population is still living without health insurance coverage. A number of healthcare reforms have been implemented, aiming to address the country's public health challenges with very limited effect.

Figure 28: Financial assistance presented to Mrs Abdulwasiu Risikat (Blue eye lady)

In response to this, in the last 10 years of its operations, the WBFA has provided financing and healthcare provision through the Indigent Medical Fund, The Twins and Multiple Birth Program, and the Positive Lifeline Program. Since 2015, we have reviewed our operations to ensure our impact continues to be effective and far-reaching, in line with the Sustainable Development Goals (SDGs) by 2030, specifically SDG3, good health and wellbeing for all, SDG5. The Foundation transformed and merged its existing health financing schemes to initiate the Alaafia Universal Health Coverage Fund (AUHCF) in partnership with Hygeia Community Health Care (HCHC) – a local health insurance provider, PharmAccess Foundation and the Kwara State Government. Through the AUHCF, we funded the insurance premiums of 5000 people each year.

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The AUHCF served enrollees with an estimated percentage representation at the following levels: infants 35%, under-five children 30%, pregnant women 13%, persons living with HIV/AIDS and/or disability 12%, the elderly 3%, girls (aged 6-13 years) 7%. This was the planned spread across specific low-income communities in Kwara State, north-central Nigeria, in order to ensure that healthcare got to more people who lack the financial and geographical access to healthcare. In total, three thousand nine hundred and seventy-one (3,971) enrollees were registered on the scheme between March 2015 and December 2015 (ten months). The total number of lives registered was 96% of the set target (4,128) during the same period. 864 pregnant women, 876 infants, 1,039 under five children, Young girls (6-19 years) were 562 were registered in the programme in addition to 201 elderly, and 424 persons living with HIV/AIDS (PLWHA) and persons living with disabilities.

Figure 29: Financial aid provided to Mr Bashir Ashura and family

The beneficiaries had access to comprehensive maternal services and child healthcare services on the AUHCF. The programme reached twenty-four healthcare facilities across nine (Asa, Edu, Oyuin, Kaiama, Oke Ero, Ekiti, Isin, Baruten and Moro) out of the sixteen LGA in Kwara State.

The concept note for this programme has been updated to reflect the impact captured in the programme report and position the programme for scaling up to reach more communities across Nigeria.

Figure 30: WBFA presenting gift items to Mr Alabere Yusuf and family

Policy to practice updates

The Personal Health Records (PHR), Alaafia Universal Health Care Fund, and WBFA Gender policies were updated to reflect global practices. The WBFA women and girls gender development target was drafted and shared with partners and the press as part of the

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Foundation's activities to mark the International Day of the Girl Child 2020 and published as a press statement in the Leadership Newspaper.

Figure 31: Financial support provided to Mr Abdulkareem Babatunde and family

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COMMUNICATIONS AND SOCIAL MEDIA

Spotlight on Nigeria

Health and wellbeing are the innate aim of every individual and the attainment of both is dependent on the individual's access to information that can educate about healthy lifestyles, nutrition, shelter and security. Information determines the perspectives of people and shapes cultural norms and values and accurate information is needed to help people and communities understand the effects of lifestyles, occupations and even life events (pregnancy and births) on their health and wellbeing. WHO has been strategic in ensuring there is a global framework for effective health communication to provide information, advice and guidance to key decision-makers – individuals, healthcare providers, policymakers, communities, international organisations and stakeholders. The opportunities identified by the Foundation are mostly related to access to communication channels, content and availability of two-way communication.

In prioritising communication channels, it is necessary to consider the reach as well as whether the channel supports the hearer's ability to receive, recall and respond to the message in a way that leads to the desired human behaviour change.

Key activities

Capacity-building

The Foundation immediately leveraged on its installed capacity to build the capacity of its staff to strengthen communication efforts. Capacity building was rolled out to frontline midwives to improve their monitoring and evaluation of the MamaCare programmes and the other grant programmes currently being carried out.

Health campaigns

The Foundation continued to raise awareness and understanding about critical health issues as well as passing on information relevant to local context. Following the global public health days gives the Foundation opportunities throughout the year to highlight those health issues that impact maternal, newborn and child health outcomes. The Foundation pays particular attention to the following days and publishes messages on all the relevant communication channels.

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Internal communications

A strong internal communication framework is crucial to supporting the external communication initiatives. The Foundation runs several frontline programmes in different states and facilities while remaining steadfast to its core principle of translating global policy to local practice. The internal communications framework developed during the year under review has built credibility and trust in the WBFA brand as all team members are able to contribute to the design, development, implementation, monitoring and evaluation of the programmes.

Building internal communications capacity means providing timely and effective information to all team members, connecting offices across the states, and promoting stronger team member engagement. The weekly meeting serves to facilitate dialogue and information exchange. The headquarters team also manages the website homepage: ensuring it contains critical, up-to-date information for staff about programmes and grant opportunities. As the Foundation continues to build capacity, team members will be strengthened by the fact that they are all connected to the Foundation's mission and become brand ambassadors with a shared sense of identity.

News media

The Foundation has had the unique opportunity during the period of the pandemic to contribute to the education of the nation about Covid-19. The Foundation has released op-eds about the PHC revitalisation, press releases about ensuring the frontline midwives have right of passage to continue rendering services to pregnant and nursing mothers. The Foundation has been represented locally and globally in both print and electronic media.

Social media

The social media landscape has assumed even greater importance with the lockdowns that were necessitated by the global pandemic and the need to continue to render service and carry out the Foundation's frontline programmes. The Foundation engages social media subscribers on Twitter, Instagram and Facebook platforms and has been running daily campaigns associated with its programmes. The campaigns run by the Foundation are:

- Maternal Monday – focuses on issues related to maternal health
- Teenage Tuesday – is directed towards the adolescent PSHE programme
- WASH Wednesday – highlights the importance and gains of the WASH programme
- Thrive Thursday – passes on education and information about infant and young child nutrition
- Frontline Friday – is dedicated to the work of the frontline healthcare workers

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Initiating and participating in social media conversations assists the Foundation to disseminate credible and accurate information which also drives traffic to the WHO website which has more detailed content.

The number of subscribers accessing the social media platforms has risen in the year under review. Over a 4-month period (August to November 2020) the number of Instagram followers rose marginally from 6084 to 6336. There were 46,627 impressions and 2,621 content interactions. The gender distribution was slightly more women (56%) than men (44%). The predominant age group that engaged were 25 to 34 years and the top engaging locations were Lagos and Abuja.

The same period saw 32,800 followers on Twitter that increased by 600 followers. There were 484,700 impressions, 229 link clicks, 2,092 retweets, 4,122 likes and 181 replies. Facebook followers went up by 342 new followers. The posts reached 20,719 with 3,899 post engagements, 320 page likes and 1,915 page views.

WBFA's COVID-19 Health Check tool

In response to the global pandemic the Foundation recognised there was a gap in the comprehension of its audience regarding messages of personal risk. WBFA leveraged on its strategic partnership with PocketPatientMD® to launch a health check tool linked to its bio in Instagram which allowed anyone to answer a series of questions and receive an immediate result assessing his/her risk of infection, then directing the person to the nearest centre where care could be escalated.

WBFA WhatsApp Chatbot

The growth and success of the remote consultations the Foundation was able to use to continue delivering services to pregnant and nursing mothers encouraged the development of a chatbot that will further the reach of the midwives and be useful in more accurately triaging services and education. The online application was developed based on recommendations from the frontline midwives with approved content sent by them. Suggestions to ensure data capture from the backend, and linkage to WBFA's Maternal Monday Instagram page were made and pilot roll out commenced in the field with mothers to determine acceptability and functionality.

WBFA e-learning platform

The idea behind this initiative is to leverage on the existing situation to extend training and education to frontline healthcare workers in order to strengthen the provision of maternal and child health services in the country. This platform will be used in training community health extension

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workers, midwives, nurses, environmental health officers and other relevant healthcare providers on key areas of maternal and child health, thereby expanding the reach of the organization. This will further strengthen our efforts to build the capacity of health workers through the EmONC program, and also, serve as an avenue for adolescent empowerment.

University of Nottingham pilot project

The University of Nottingham has proposed a perinatal virtual-human health advice system, an online study where the participant (pregnant women) will be invited to use and assess the application through a camera phone or a laptop. The project which will be implemented in a Wizard-of-Oz fashion which means the virtual-human response to participate will be controlled by a 'wizard' (i.e. the researcher). The goal of this project is to use the data collected to train the virtual-human system to handle user interventions relevant to local context.

Scope for scale-up

There are many opportunities to scale up and grow the ICT department as a tool for expanding service delivery, training and education.

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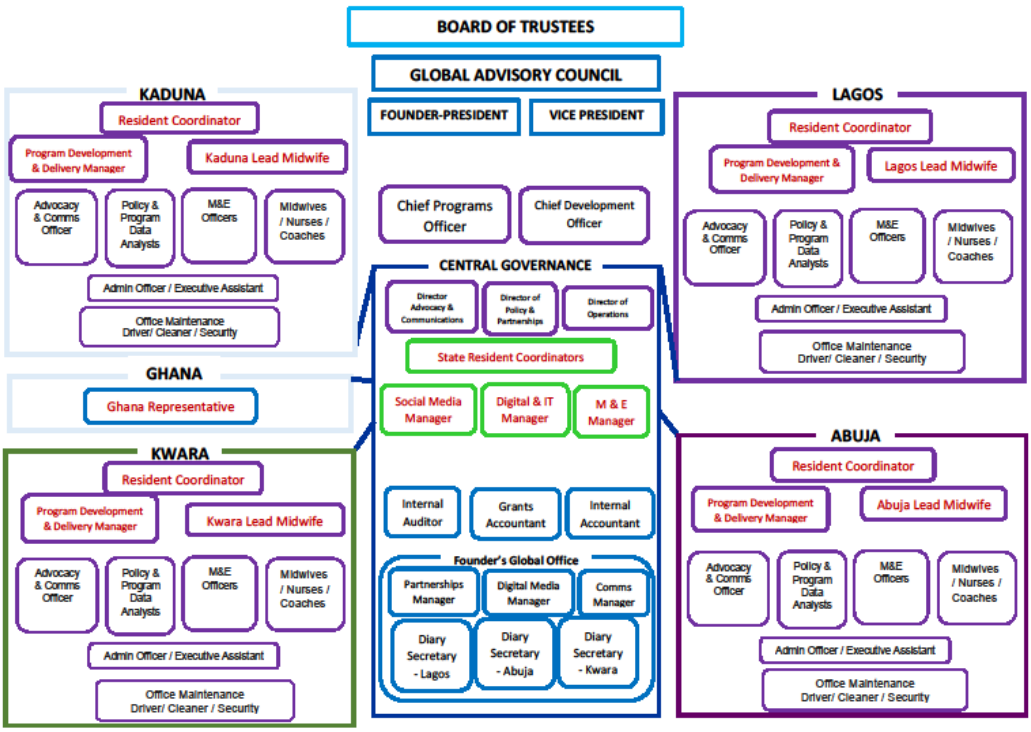
HUMAN RESOURCE REPORT

The year 2020 began with a sense of newness and wellbeing when WBFA welcomed back Dr Alero Roberts as the Vice President and Ms Lucy Ikonne as the Director of Operations in November 2019. At the time there were plans to round up three grant programmes with great applause and use their performance to apply for the next round of grant funds. The new direction of the Human Resource and Operations department was to provide a better employee experience across the Foundation and strengthened service delivery. To achieve the goals collectively with a vibrant team ready to take up new responsibilities.

A new organizational structure was set up



Recruitment process

The recruitment process in the Foundation was adjusted to reflect international better practices. Individuals interested in joining the team were required to apply in line with the UN global standard and interviews were conducted in three tiers from the global office and then by the local office before the final recruitment is established. In the year under review nine new employees

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joined the WBFA team across the Nigerian offices in the frontline programmes. A new global team was set up in October following the end of contract between the Founder/President and Global Office Consulting.

Programme Staff

In January, the team welcomed Dr Otun Adewale as the new Head of Mission (FCT, Abuja) who has led the state team on all frontline activities carried out in Abuja who will as function as the National Programmes Lead going forward.

Following the conclusion of the Alive and Thrive programme in March and the no-cost extension in August, the contract of all the programme staff ended. In September, Mr Anselm Ezeanya and Mr Chiedozie James were rehired as Monitoring and Evaluation officers and Ms Joy Oforka as a programme officer.

The global pandemic required strengthening the Communications aspect of the Foundation. Mr Henry Oqua came on board as lead Policy and Partnership; and Ms Kerin O as the lead for Social Media. Ms Bunmi Bakare was hired to handle internal audits and grant accounting. Due to the Covid -19 pandemic the world was forced to experience, the Foundation had to undergo some restructuring which necessitated the termination of employment of some staff not directly involved in programmes. This leaves the current staff strength of the Foundation as follows:

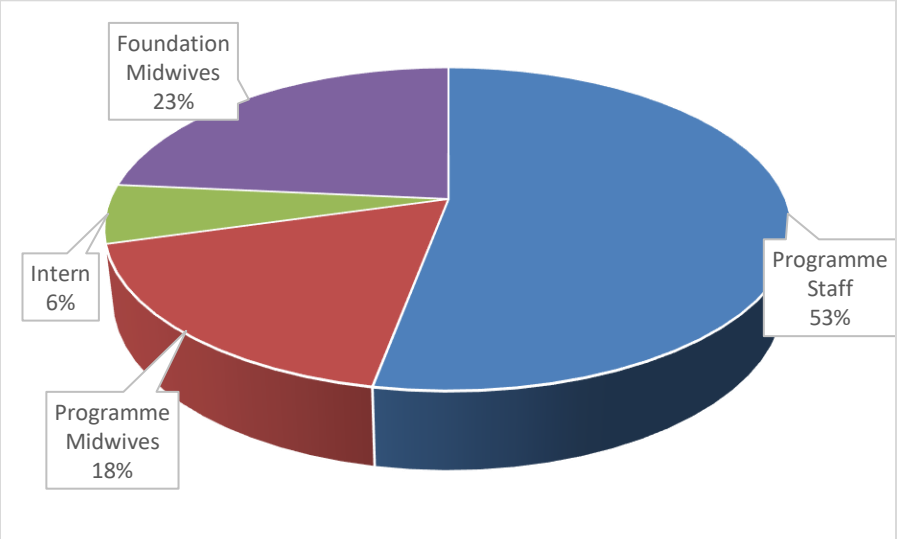

Figure 32: Foundation programme staff

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Training, development and appraisal

In July 2020 WBFA in collaboration with Circle of Blue developed a unique model that showcased the approach and WBFA's contribution to WASH especially during the pandemic. WBFA Midwives undergo a monthly capacity building workshop that helps to tackle the issues they face on the field as well as re-train them on the Monitoring and Evaluation reporting tools

Appraisals are carried out as an ongoing task; reports are sent in at the end of each week and activities are measured. Overall, the WBFA team has pulled their weight and has been exceptional in their work.

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