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AJOKE AYISAT AFOLABI FOUNDATION
A NON GOVERNMENTAL ORGANISATION

CAC/IT/NO27869



KEEPING THE HOME ALIVE



Prof Pat Utomi

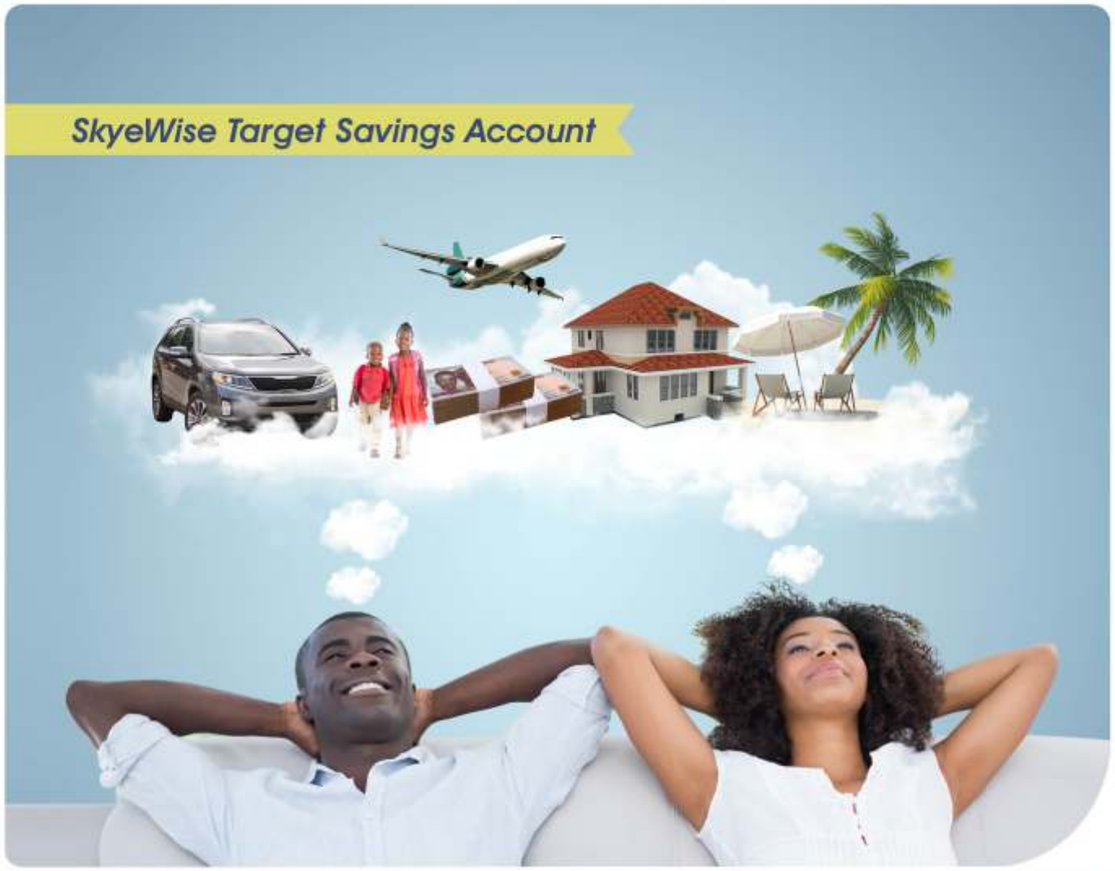
"The first strategy in keeping your home alive is being in the home"

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An Overview On Non-Communicable DISEASES





DR. OLAYINKA OLADOSU

One of the desires of every family is to have each member living healthily without medical illnesses, possibly to a ripe old age. While this can be achieved in several ways, I'd like to approach this subject from the medical perspective.

Broadly, medical ailments can be classified into communicable and non-communicable diseases. The former are diseases that can be spread from one person to another, or from an animal to a person, while the latter cannot be transferred by virtue of physical contact. This article focuses on the latter : non-communicable diseases (NCDs).

NCDs are slowly progressive, and can last for a very long time. Although they can occur in any age group, they occur more frequently in those advancing in age, usually above 40 years. They are also very common in the sub-Saharan part of Africa, threatening not only the health of the population at large, but also the economy.

According to a global study in 2013, NCDs accounted for 60% of all deaths, and also accounted for twice as many deaths as HIV/AIDS, Tuberculosis, Malaria, Hepatitis and all other communicable diseases combined.

Typical examples of these NCDs include Hypertension, Diabetes, Stroke, and others. These diseases are all preventable, leading to a longer life, and stress-free homes.

The chief causative factor for most of these diseases is physical inactivity, which inevitably leads to obesity. Global studies on nations show that the population of adults meeting the physically fit criteria is declining, and people are getting more obese, i.e adding more weight. While weight gain is an obvious pointer towards obesity, some people who regularly consume diets high in fat, or fast-foods such as meat pies, burgers and doughnuts could have a lot of saturated fat deposited in vital organs such as the heart and blood vessels, even though they don't appear obese. Medically, this is termed Hypercholesterolemia.

Hpercholesterolemia increases the workload of the heart and this, in addition to a high salt intake from diets, could have a lethal effect, by complicating Hypertension, resulting in many more severe diseases such as Kidney failure and Heart attack.

Smoking and drinking also play key roles as they increase the incidence of NCDs. In addition to increasing the chances of one having lung cancer in the future, smoking also increases the likelihood of clots forming in the blood vessels, which have the ability to dislodge and deposit somewhere else such as the brain, leading to a stroke. Alcohol on the other hand has severe consequences on the liver, damaging its functional ability, and resulting in liver cirrhosis and cancers.



So how do we prevent these diseases ?

- By engaging regularly in a variety of physical exercises such as taking brisk walks daily, jogging, running, ride a bicycle e.t.c. All these aim to keep your heart fit, by pumping more blood. It also helps to burn off excess fatty tissues in your body.
- Avoid eating fast-foods and/or high fatty diets on a regular basis.
- Avoid smoking, or being around people who smoke a lot.
- Reduce salt intake especially as you advance in age (above 40years), and ensure the salt in your meal is added when cooking, and not after cooking.
- Monitor your blood pressure and sugar levels, as these are usually the earliest indicators of an underlying problem.
- Report to a health practitioner for medical evaluation when you feel sick, rather than self medications based on your opinion.

These few tips, if practiced diligently, can help us live longer and healthier lives.

By Dr. Olayinka Oladosu MBBS (Lag), Dip. FM (Nig) FAGP, is a Consultant Family Physician, Former Chairman, Lagos State Association of General and Private Medical Practitioners of Nigeria, Medical Director, Ferguson Hospital, Egbeda. Mobile:09053966357, 08022856405

- Limited to part of the estate only and not the whole of it
- Limited as to a purpose; for example, for the use and benefit of a person suffering mental incapacity.

Contentious and Non-Contentious Cases in Administration;

Contentious cases cover various proceedings such as;

- Dispute as to who is entitled to take out a grant
- Dispute as to whether a grant should be revoked

Non contentious cases are all businesses that are non-contentious in nature in matters of intestacy which are not proceeding in any court.

Steps in Obtaining Administration in Non Contentious Cases;

- In most states, there is a duly prepared application form to be completed by the applicant.
- Death certificate of the deceased person stating where and when the deceased died.
- Declaration by oath for administration by the applicant stating that he will faithfully administer the estate of the deceased.
- Oath/ justification by sureties on behalf of the applicant in a specific penal sum to guarantee his administration of the estate.
- A duly completed bond by the applicants to pay the debts and liabilities of the deceased estate, to distribute the estate and also to make inventory.
- An authorisation by way of a bank certificate issued by the probate registrar to the applicant to inquire into the details of a bank account (where there is one).
- A duly completed inventory listing all the properties of the deceased person which the administrator wished to administer.
- Passport photograph of all the applicants

When the registrar is satisfied on the compliance of the requirements, he grants the Letter of Administration.

Steps in Obtaining Administration in Contentious Cases;

In contended cases, an application is made by the applicant along with the documents listed above. If a caveat is filed against the application, a warning or citation is also filed by the applicant, an appearance is entered and the matter proceeds to trial before a competent court.

Documents required to Obtain Letters of Administration;

The documents required for the grant of letters of administration includes;

- Oath for administration
- Administration bond
- Declaration as to next of kin form
- Inventory
- Particulars of realty
- Publication in a gazette or newspaper

The court has discretion on whom to grant letters of administration in respect of the estate of the deceased person. The court may also refuse to grant letters of administration on certain grounds;

- Where necessary documents have not been filed
- Where the court is satisfied that the applicants are outside the table of those to be considered for the grant
- Where an application is made when the testator is still alive
- Where the applicant is not such a person with the best interest of the estate of the deceased at heart.
- Where the applicant is an infant, administration will not be granted directly to him except to both of his parents jointly, or to a guardian appointed by the court.

It should be noted that grants can be revoked by the court. There are various grounds which may lead to this. Where a grant is challenged, it becomes a contentious proceeding and each administrator must be made a party.

Grounds which may lead to the revocation of a grant includes;

- Where it was made to a person in whom it ought not to have been made
- Where the deceased is in fact alive
- Where the person to whom the grant was made consents to its revocation.

Section 17(2) Administration of Estates Law of Lagos State provides that where a representation is revoked, all payments made in good faith to a personal representative under the representation before the revocation are valid discharge to the person making same. The personal representative who acted under the revoked representation may retain and reimburse himself in respect of any payments made by him which the person to whom representation is afterwards granted might have properly mad.

contd from page 16

brown envelope, it is more important to you than going into Ajegunle to find one kid who is struggling.

QUESTION: Now, how do you keep your home alive?

ANSWER: The first strategy in keeping your home alive is being in the home. Because of how busy I am perceived to be which is true, most people think that I will not have a home life. I usually shock them when I talk about being more of a home person. It takes more planning from the very beginning. There are things that are more important you must find ways of dealing with. I have written about this in the past when I usually gave talk during family sessions at LBS. You will be extremely late typical to find me somewhere at 9pm in the night. I will definitely get to work by 8am on any normal day. My day starts at 5.15am. I do my morning prayer, go to church early morning. Then, I work without stop. I don't have gossip time. I work from that 8am until about 5.30-6pm. 6.15, my car is heading towards my house. At home, I usually have very long dinner with my family and have spare time in the evening. One after the other, we talk about their dreams, issues, challenges, etc. Then, I fall asleep after a heavy dinner. I wake up to listen to the news at 10, have my shower and return to reading or writing, till I now go to sleep.

QUESTION: Widowhood is not a disease. Some widows have entitlement mentality. Does the society really owe the widows?

ANSWER: Nobody owes anybody anything. Any good society must have a safety net for its most vulnerable. Unfortunately, we are in a society where when the man is not there, there is hardly any access to things for livelihood. What they are owed is equal opportunity to pursue their dreams. One of the ways we try to help the widows is what we call mentoring. We get friends, managers in the industry to adopt widows' children. Adoption is not to provide them money but to be the man available; to make phone calls to that principal saying, 'this boy has this score in common entrance. Why is he not admitted?.' It is not that society owes anybody anything. So, society owes everybody level playing field. But then, society should notice that there are the very vulnerable. I very seldom talk about myself in this context but I am actually a product of a widow raising children. My father passed away at 52. I was already in graduate school at that time. My mother owned shops in Balogun market. I never think that she ever stopped for a minute to think about the man's absence. My mother got me a draft of one year school fees. So, women should not feel that because they are widows, they are less in value.

ABOUT AJOKE AYISAT AFOLABI FOUNDATION

Ajoke Ayisat Afolabi Foundation (AAAF) was launched in January 2008 by Barr. (Dr) Taiwo Olayinka Afolabi (MON) the GEVC Sifax Group with his siblings in memory of their late mother, Alhaja Ajoke Afolabi. The Foundation aims to alleviate poverty by providing people with the education, skills and financial support they need for self sustenance and to improve the quality of life for the underprivileged.

The prime focus of the foundation is to empower widows and orphans; however we also undertake other humanitarian and charitable activities. AAAF is committed to poverty alleviation, financial emancipation and empowerment of people.

Our Programme focus include:

- Education
- Health
- Economic Empowerment
- Humanitarian Services

Through a variety of interventions such as:

- SACK – PROVERTY (Support a child with knowledge to reduce Poverty), which promote access to education for orphans and vulnerable children through scholarships and educational competition
- VSAP (Vocational Skills Acquisition Project) to enable economic empowerment of women, girls and persons with disabilities
- Women In Agriculture Project to enhance agric business and value chain – delopment in Agriculture
- Quarterly Community Medical Outreach to promote routine medical examination, disease treatment, Counseling and drug supply by qualified health workers.
- Research and Studies for evidence –based documentation
- Monthly Prisons Mission

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Deacon (DR.) wale Afolabi	- President
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Barr. Kayode Filani	- Member
Dr. Oladosu I. Olayinka	- Member
Mrs. Iyabode Agbaje	- Member
Foluke Ademokun	- Executive coordinator

Mission:

By promoting, Skills development, Opportunities, Humanitarian Services and financial assistance to Widows, Orphans, and Persons living with Disabilities as well as, other vulnerable Persons, AAAF inspires and empowers the underprivileged.

Vision:

To be a world class foundation consistently improving quality of lives
Motto: Improving quality of Lives.

Anthem

Ajoke foundation
Ayisat Foundation
Afolabi Foundation
Improving quality of lives

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Editorial



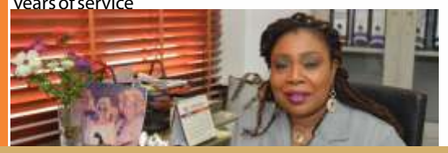
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Dr. Fola Rogers – Saliu is the Executive Director, Human Resources / Admin, Sifax Group. Prior to her appointment, she has worked at Sifax top management level with vast experience in the Education and Health Sector. She holds a PhD In Education /Counselling Psychology (University of Ibadan) Nigeria, and a Post graduate Certificate in Emotional Education (PGCEE), from University of Derby, UK, as well as Post graduate Diploma in International Health Consultancy from Liverpool School of Tropical Medicine, UK. Dr. Fola Rogers has over 25 years experience in capacity building for Education, Health and Social care projects with focus on young children, adolescents and adults in diverse communities across the globe. She has accomplished missions in numerous countries for Non-Governmental Organizations, Ministries and Private Foundations. She has also taught and worked as Education Consultant at all levels of Education in Nigeria and UK. The AAAF Management and staff congratulates Dr. Rogers and wish her more fruitful years of service



The Founder's NOTE



Barr. (Dr) TAIWO OLAYINKA AFOLABI (MON)
Chairman/Founder,
AAAF, GEVC, Sifax Group

Being in 2016 (a leap year) provides a great opportunity for efforts towards strengthening the family institution amidst global storms and challenges. Increasingly, the world is saturated with people who are in need.

The wars in Africa, economic and migration crises in Europe and Asia are leaving millions of mothers, fathers and children as refugees while the rate of Internally Displaced Persons (IDP) is on the upsurge. Kindness is becoming a scarce commodity and terrorists are making the world uncomfortable for other people.

Yet, life is not all about you. It is about your positive impact on others. From Europe to America, and, Africa to other parts of the world, people are becoming more vulnerable and frantically seeking help. Around us are the poor; a reality of poor leadership decisions. Some of these are children abandoned by parents who lack love for them, and others are school children who face uncertain future and require friendship, love and financial support.

There are elderly people who have been rejected and abandoned by family and society. There are also women currently suffering with their children, following the death of their husbands. These and more require urgent intervention for some kind of rehabilitation and replacement.

It is therefore important that you make a difference in your society.You can influence others to make a difference. Your organisation can also do so. Be the change you want to see in the world and influence others to do same.

Since God expects you to love your neighbour as yourself, you need to keep yourself busy, meeting people's emotional, psychological and sometimes, material needs. Give your heart to charity. Give it to the service of humanity, to the helpless of this earth, the poor and the hopeless.

I will remain ever grateful to my dear mother, Alhaja Ayisat Ajoke Afolabi, whom God used to inject into my siblings and I, the spirit of charity. Enabled by her vision, we set up the Ajoke Ayisat Afolabi Foundation (AAAF). This non-profit and non-governmental organisation is committed to serving the public interest, especially for common good of the poor, the less privileged, orphans and widows in Nigeria; a society where most of them are often neglected and have been left to remain below poverty level.

Since its establishment, AAAF has helped to keep the home, helping under-privileged people such as widows, orphans and indigent students, as well as other needy people.

May God bless you as you contribute your quota towards supporting homes and continue to read this magazine.

Thank you

From The President's Desk



Deacon (Dr.) ISHOLA AKINWALE AFOLABI

Dear reader,

I am convinced you will agree with me that day after day, the challenge of keeping the home has continued to increase. As you read this volume 8 edition of AAAF Journal titled KEEPING THE HOME ALIVE, I trust God that you will begin to reflect on the privileges that you have, which many others, who need them more than you, do not have.

Unfavourable and unpredictable economic situation has resulted in significant effect on roles of husbands, wives and children in keeping the home. Population of those in need of support have also surged. This is why the blessings of God and reward await those who give to ensure that the home front is protected through support of the needy.

"Pure religion and undefiled before God and the Father is this, To visit the fatherless and widows in their affliction, and to keep himself unspotted" (James 1:27)

The family is the most important institution in our society. Once there is problem with the home, the society is in trouble. I therefore urge all well meaning individuals and corporate organisations to get inspired and support the Ajoke Ayisat Afolabi Foundation (AAAF). Let us collaborate and change the lives of the needy through access to healthcare, food, clothing and social care.

By the grace of God, so many lives have been touched since the establishment of AAAF in 2008 through our numerous programmes such as

. Economic empowerment in form of setting up small scale businesses for widows and other less privileged people

. Payment of school fees from primary to university level

. Monthly free medical screening and treatment in the community

. Prison Mission

.Vocational training programmes

. Donation of materials to hospitals, schools, old people's homes, etc

. Children's Day, Independence Day and Christmas Day celebration for Orphanages, Old people's Homes, physically and mentally challenged people.

May God Almighty reward you greatly as you support our efforts to help the needy, who are all products of the family institution

LEGAL ISSUE

ADMINISTRATION OF ESTATE

Kayode Filani & Co.

Administration of estate is the carrying out of the wishes of a testator. The person making the will is called a testator. A female is called a testatrix. Where a person makes a will, the person is said to have died testate and where there is no will, the person is said to have died intestate. A will is simply the intentions and wishes of a person to be carried out after his death. The person entitled to the properties under the Will is called beneficiary or successor . Formal Will was first introduced in Nigeria by the provisions of Wills Act of 18377 and later amended as Wills Laws of the various States. The properties given under the Will may be personal (movable) and real (immovable) properties. The total of the personal and real property of the deceased is referred to as the estate of the deceased. Where a person dies leaving a Will, Personal Representatives are appointed to administer the estate of the deceased and they are called executors. Where the deceased dies intestate, administrators are appointed through the process of the Court to administer the estate. A grant is given by the court to administer the estate of the deceased; thus, a letter of administration confers representation of an administrator.

Personal representatives may be appointed expressly or impliedly or through a nominee in a Will or by court or by representation or de son tort.

Express appointment occurs where the testator in a Will clearly states the person he intends to carry out his wishes; implied appointment is an appointment that is not expressly made in a Will but may be implied by the tenor of the Will. Appointment through a Nominee in a Will occurs where the testator does not directly name an executor in the Will but nominates another person in the Will to appoint an executor after the testator is no longer living. Appointment by the court occurs in cases where the court exercises its power to appoint a person as personal representative of a Will. Appointment by representation takes place where there is more than one executor. Executors de son tort are persons who have intermeddled with the estate of the deceased person and because of this interference, they are held to be personal representatives of the estate of the deceased person.

For the purpose of this discourse, we shall dwell more on Administrators. Section 49(1) Administration of Estates Law of Lagos State, there are some guidelines on the order of priority of persons who could be granted Letters of Administration.These persons are;

- Husband or wife of the deceased
- Children of the deceased or the surviving issue of a child who died In the lifetime of the deceased
- Father or mother of the deceased
- Brothers or sisters of the deceased of full blood and the children of such brothers or sisters who died in the lifetime of the deceased
- Brothers or sisters of half blood of the deceased or the children of any such half brother or sister who died in the lifetime of the deceased
- Grandfather or grandmother of the deceased
- Uncles and aunts of full blood or their children
- Creditors of the deceased
- Administrator General (where all preceding fails)

Where a person is married under the Marriage Act but dies intestate, his estate will be distributed according to the provisions of the Administration of Estate Law and not his custom (Obusez v Obusez).

Restrictions on Persons who can be Appointed as Administrators;

Infants, until they reach full legal age cannot be made administrators; similarly, mentally challenged persons cannot be made same. Native law and customs restricts persons who could be appointed as administrators of the estate of a person who dies intestate. For instance, among the Yorubas, a widow under intestacy is regarded as part of the estate of her deceased husband to be administered or inherited by the deceased's family.

Numbers of Administrators;

Any number of persons can be appointed as administrators, a single person can also be appointed as an administrator. Usually, a minimum of two persons are often appointed, where more than four persons are appointed, only the first four would be granted letter of administration. Where there are multiple administrators, the representation is joint therefore all administrators must agree. In Ibrahim v Ojomo, two out of three administrators signed the deed of lease of the property to the defendant. The Supreme Court set aside the transaction on the ground that the third administrator did not give his consent to the transaction; therefore, they did not act jointly.

Application for Letters of Administration;

An administrator derives his powers to act from the grant of letters of administration and where such grant is not granted, he cannot act. A letter of administration confers the representation of an administrator. An administrator cannot generally deal with the estate before the grant except if his actions are for the benefit and interest of the estate, in which case and based on the doctrine of 'relation back' his act will be related back to the date of death of the deceased to validate the steps taken by the administrator.

In intestate administration in which all properties are subject to customary regulation and the deceased did not marry under the Act and there might be no reason for Letters of Administration to be obtained to manage the estate. In this case, the members of the family and elders within the community will administer and share the estate according to the relevant native laws and custom.

A grant may be general or limited. Where it is general, the personal representative has the authority to act for all purposes in the administration of the estate, extending to all the properties in the estate without time limit. A grant may be limited in three ways;

- Limited as to time, for example, until an infant reaches majority

stroke, heart attack, cancer, non-communicable diseases. But besides these diseases, the next cause of this accident does not involve only the women. You as a husband or wife, how are you keeping the home alive? Imagine a man who accommodated his family in a seven bedroom mansion and at the end of the day, the wife had to live on somebody's help. Most men live their lives like that. No one wants to talk about writing a will. After living a life of affluence, the wife has to suffer. For somebody like you who has been passionate about this for 25 years, we like you to share some outcome of your research on widows.

ANSWER: It is interesting that you raised this track. One of the things we have tried to do as part of Widows Support Centre Initiative is to run campaigns on a number of things to stop some of those widowhood rights that women are punished by. We must accept the fact that in life, anybody can go anytime. We have to plan. So, we run all kinds of campaigns-will writing, etc. We like to do stuff like that. We also run campaigns against certain kinds of diseases like cancer. I am actually Chairman of the Giving Tide of the Corporate Nigerians Committed To War Against Cancer. When we started the Widow Support Centre, the approach we took was to use churches. So, we went round churches in the mainland in Lagos. Back in the early 90s, we asked them if they had any widow groups. We found biggest concentration of widows in a church in Lawanson. We got a very large number of young widows in their 20s and 30s. We were very curious. A lot of drivers live in Lawanson area. A lot of them lose their lives to accidents. That's why you have this concentration of widows there. This informed the reason we structured programmes to give the skills like hair dressing skills. After the training, we procured hair dressing equipment to them and stuff like that. But one thing we have done that became a big hit was to give them computer ICT skills. After some while, some asked us if we could extend the training to their children. It is amazing just what we have done to people. Everywhere I go, people come to me and say, 'you were responsible for my education. I am son of a widow. That ICT scheme has helped me.' Of course, we had some scholarship programmes. Back to the question on Nigerians passing away early because of cancer and other heart disease, the problem of heart diseases is caused by a variety of factors. There is an organization called Stop Aids which I am also involved with. It is one of the diseases killing people.

QUESTION: Let us look at the situation in Nigeria. Government is always talking about settling the IDPs but today, everything is uncertain unlike in other nations where victims of violence are given priority attention. In Nigeria, we seem not to be doing that. As for women, most of them suffer because their husbands died from the on-going conflict in the north east. Is there something we should do that we are not doing to help widows considering that widows have children and their future is at stake?

ANSWER: You know, one of the biggest problems with the Nigerian experience is the invisible people. Two general philosophical foundations I have kind of defined my engagements on social issues. One of them is Steve Covey's Seven Habits Of Highly Effective People. He later wrote a book titled the 8thHabith which he said is the most important habit of the 21st century. Helping The Voiceless Find A Voice. Long before he wrote the book, that had already framed my sense of being. There are too many people that are invisible in our society. Our media does not really focus attention on them. Media celebrates the guyish, obnoxious people who throw money around whether it is acquired properly or not. There are so many voiceless. Another philosophical frame that has affected how I see reality comes from a noted socialist called C. Wright Mills. In the famous treatise in sociological imagination, he said history can only be understood if you look at the nexus between the ground issues of history. Nigeria had a civil war. Talking about the civil war, two million people died in 1967. That guy who was few hours to graduation in the university went to this war. Then, he began to lose people around him. Then, you begin to see that individual's personal struggle to the context of this war where people died. You have redefined or engaged history. In that sense, I have come to find out that truly, many of the real people are affected. You talked about Boko Haram in the north. Two to three years ago in this country, flooding displaced people in such a monumental way. Description of such people started with floods. Few reporters went to see the extent of the damage to individual lives. What we try to do here is reach out to our friends and companies with whatever resources we have or mobilize to provide support across the country in those flooded areas. I am the chairman of the board of an Indian company which supplies input for making phone mattresses. When I travelled to Yola, the confluence area where the Gongola River meets the Benue River, it was so devastating. When you stay in Lagos and you hear of flood everywhere in the north east, you don't understand until you get close to the individual. When I got to the places I went to, that is an area I don't live. They are a christian outposts in the majority-muslim north. The nature of the sour politics in that area was the Governor Murtala Nyako pretended that the area didn't exist, whereas they suffered most . When the President even finally decided to go through the place, Nyako took him to somewhere else different from where the problem exists. So, What I had was two truck loads of materials for them. I can't describe to you what happened. The Bishop met me. The people came out, including the traditional ruler. So, in looking at these IDPs, we need to retrain our journalists to understand the human interest aspect because it helps to raise the consciousness of the society and those that are invisible. Because of the invisibility, they are not really focusing properly on their problems.

QUESTION: You wrote a book on Why Nations Are poor. That came after the book, Why Nations Fail. When you brought up the issue of a governor that closed his eyes to the problems in his own state, something came to my mind. One of the reasons given in that book for the failure of leadership in Africa is the clash between personal, political and national interest. So, how do we set an agenda for the invisible, especially the widows?

ANSWER: You are civilized when the primary thing in your consciousness is the dignity of the human person. If the dignity of the human person does not have a control place in your mindset, you are not a civilized person. So, we are living with beasts. In fact, leaders have not understood the centrality of the dignity of the human person in engaging people. I look at the problem of ethnicity in our country. I have some understanding of the things that people do and I know that in my space, it is difficult for me to encounter somebody and begin to look at where the person comes from. Maybe it is because I exposed myself to be fully educated on the centrality of the dignity of the human person. Every human being is seen as a creation of God having equal and inalienable dignity before the creator. Treat people equally.

QUESTION: How do we collaborate to do something? Various organizations are doing stuff and the media is relevant. How do we collaborate?

ANSWER: One can look at the social enterprises space, Create platforms for development and training. Through The enterprises Development Centre, with the alumni associations meeting from time to time to help define some basic norms of the field of play, people can be encouraged to collaborate and coordinate like the corporate world. In social enterprise base, it should be easier to have means of collaborating in all layers. The whole social enterprise is just to provide training for media people on the human angle. Back in those days, the feature as it was called was a way of opening a story with a human interest angle. It was a powerful way of writing. I think the problem is poverty of ideas because when you go to some corporate AGMs where you get N10,000

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From The Executive Coordinator



FOLUKE ADEMOKUN
Executive Coordinator

Since 2008, Ajoke Ayisat Afolabi Foundation (AAAF) has invested over two hundred million naira (N200,000,000) in tuition payment, medical services and economic empowerment for almost 5000 beneficiaries inclusive of persons with disability, orphans and vulnerable children as well as widows.

Incidentally in 2015, the efforts of AAAF expanded in scope and culminated in exploring socioeconomic issues for the purpose of research and development. Findings from a sample of 100 widows, suggest that while 65 percent were widowed between the ages of 40 and 50 years, 23 and 12 percent are between 30 – 40 and 20-29 years respectively. The two highest causes of spousal death ranged between non-communicable diseases and road accidents. Recognizing that husbands are more likely to be older than wives in this clime, there are indications that these findings are consistent with the World Health Organisation report, which places the average at 54/55, m/f (2013).

As an organization confronted with dealing with the socio-economic consequences of morbidity and mortality at household level, the AAAF's thematic focus compels it to respond to issues bothering on the welfare and development of widows, orphans and vulnerable children (OVCs). Hence, the 2016 edition of this Journal has been designed to specifically target better quality lifestyle for households. Consequently, we have aptly themed this year's edition of the journal as "Keep the Home Alive".

The subject of longevity portends an interesting discourse at all levels. The World Health Organisation leads this discourse with a barometer for health which constantly measures Life Expectancy Ratio across nations. Similarly, at a local level, researches are becoming more revealing on the causes and effect of death. On this premise, this journal draws robustly from the strength of the findings on the Roseto Valifortore in Italian Province of Foggia shared by Malcom Gladwell in his book, Outliers. Therefore, our proposition on managing factors leading to terminal illnesses and untimely death include conscious considerations of the way we interact and engage as a family and our culture of respect. Longevity is not just a function of diet, exercise, gene or location. It is also about our social structure.

In this edition, we have brought to you a range of articles on health, nutrition, domestic violence, and interesting legal tips necessary for keeping your home alive, even beyond the demise of a breadwinner. This bumper edition also offers a peep into the world of Prof. Pat Utomi and the work he does for widows, as well as the organized efforts targeted at road safety by the Lagos State Sector Commander, Mrs Omeje.

Hopefully, reading this journal will insulate you from socioeconomic pressures and help you do what we really want you to do: KEEP THE HOME ALIVE!

We are grateful indeed to our sponsors; Sifax group, Skyway Aviation Handling Company Limited (SAHCOL), INSTARMAC and Ayoka Services for their continued support. We urge prospective sponsors to donate more generously in-kind and in-cash. Please note that all cash donations should be made payable to;

Account Name: Ajoke Ayisat Afolabi Foundation
Bank Name: Skye Bank Plc
Account No: 11770047076

WISDOM CORNER

MY FATHER IS THE CAPTAIN…

The story is told of the ship that was trapped in a severe storm at sea. All were preparing to abandon the ship, all except one young lady who was playing with her dolls. When asked why she was not afraid, she calmly replied: "No, because my FATHER is the CAPTAIN."

When the storms of life seem to trap us, let us learn to keep our eyes upon the Saviour and to say, "I am not afraid because the CAPTAIN is my FATHER."

DID YOU KNOW THAT…

When a man begins to consider himself strong, then is he weak

When a man ceases to grow, then he dies. It is because living things grow.

When a man ceases going forward, he must of necessity start going backward. That is, backsliding. When he ceases going upward, he must of necessity be heading downward. That is falling.



I CHOOSE…

To live by choice, not by Chance;
To make changes, not excuses
To be motivated, not manipulated
To be useful, not used
To excel, not compete
I choose self esteem, not self pity
I choose to listen to my inner voice,
Not the random opinion of others



NUTRITION & YOUR FAMILY



FRANCIS AMINU (PHD),
Country Manager,
Global Alliance for Improved Nutrition (GAIN) - Nigeria

What Is Nutrition?

Nutrition is the science that interprets the interaction of nutrients and other substances in food (e.g. phytonutrients, anthocyanins, tannins, etc.) in relation to maintenance, growth, reproduction, health and disease of an organism. It includes food intake, absorption, assimilation, biosynthesis, catabolism and excretion. The diet of an organism is what it eats, which is largely determined by the availability, the processing and palatability of foods. A healthy diet includes preparation of food and storage methods that preserve nutrients from oxidation, heat or leaching, and that reduce risk of foodborne illnesses. Therefore, nutrition is eating the right kinds of food in the right amount, including how our bodies use them. Nutrition also involves food production, processing, preserving, handling, selling, preparation, sharing, and also with eating and with what happens to food in the body how it is digested, absorbed, and utilized

Eating well is vital for a healthy and active life. Most people know that we need to eat in order to have the strength to work. However, not everybody has a clear idea about precisely what it means to eat well and how this can be achieved with limited resources. The problem of eating well with limited resources is a particularly important one for many people, especially those in poor resource settings. It is well known that adequate nutrition in the early years of life is an essential condition for our children to develop to their full potential. Investing in nutrition will ensure the healthy human resources our country needs for sustainable economic growth and development.

What Happens If A Family Does Not Eat Well?

People who have poor diets and do not eat the right amounts of energy-rich food and nutrients are often sick and become malnourished. Although poverty is a major cause of the nutritional problems found in poor resource settings, malnutrition also exists where people are not poor and where they can get enough to eat. This is clearly evident in the fact that there are two (quite opposite) main types of malnutrition. The first type is the result of insufficient intake of good-quality and nutritious safe foods. The second type is caused by an excessive or unbalanced intake of food or certain types of food. Both can be prevented by an adequate or healthy, balanced diet. The type of malnutrition that occurs depends on which nutrients and how much of the required food energy are lacking (or are in excess) and for how long, and the age of the person. For example, children and adults may eat too little food and become undernourished because they do not have enough food or they have a poor appetite. People may eat unbalanced diets that provide too little of a particular nutrient. People may eat more food (especially energy-rich foods with plenty of fat and/or oil) than they need. By taking in too much energy they become too fat (overweight or obese). These people are at increased risk of chronic conditions, such as heart disease, high blood pressure and diabetes.

Malnutrition (due to both lack and excess of food energy and/or nutrients) is one of the biggest health problems in the world, especially in developing countries including Nigeria. In Nigeria, although under-5 child mortality rate has decreased from 152 in 2006 to 109 in



"The First Strategy In Keeping Your Home Alive Is Being In The Home"

–Prof. Pat Utomi



In this interview with AAAF, Prof. Pat Utomi, a renowned academician, businessman, politician, author and public analyst highlights the contributions of his widows support organizations to development of the family institution as well as society's attitude to the voiceless and vulnerable

QUESTION: We can see that you work with an organization that deals with widows. How has this been and what motivated your involvement?

ANSWER: This is actually one of the first social enterprises that consider widows. Widows' Support Centre is actually close to 30 years, formerly registered and operating since 1991. But before then, we had activities we were engaged in. It started in essence in 1983 because shortly after I returned to the country in 1982, a dear family friend, very successful business person fell ill and died of cancer in his early 50s. He had a fleet of trailers for logistics in his business and his brothers were already quarrelling over his things while he was still alive. He said to his wife; 'Dear wife, I am so sorry I am putting you in the middle of this stuff. You see my brothers are already fighting for my things while I am still alive. You can imagine when I go. They won't mind going with everything. So, please, don't worry. God will take care of you.' I said to myself: How can a man say this? Few weeks later, he died. Immediately he died, his brothers took over everything. This woman went from living in 7 bedroom mansion to being homeless. In fact, a friend of her husband was fortunately, then Managing Director of Federal Housing Authority. He gave the woman one of those 2 bedroom apartments in Festac. That was where she ended up. That was how she lost everything. I found the experience so traumatic and I began to write articles about widows. The first one was published in 1983 in Concord Newspaper titled The Agony Of The Nigerian Widow. What surprised me and actually made it resonate for me was that we had a neighbour who was very cynical about everything in life and I used to write regularly. When he read my piece on widows, he said 'Ah! You have written something today, unlike those things you use to write.' I said, so this thing impressed a cynical man? That made me focus on doing more on the issues. Then, when that Air Force plane went down in Ejigbo in the 90s, in my writing, I concentrated on the women who had just lost their husbands in that crash. I wrote a series on widows. I was now determined to do something structured to help the widows. Not too long afterwards, I myself was involved in the accident of a child-my child own child. I then decided that as soon as I got out of hospital, I was going to institutionalize the process. I was already doing things for widows. I was looking for a way to do something. The then Rev. Fr. Kukah suggested to me that they had at that time, an initiative. The Bishop had given a plot of land to a woman to organize the widows because they had no access to what to do. So, the women could farm the land to take portions. He said if I was keen about widows, I should contact the woman that was organizing them, Mrs. Gwani. He gave me her phone number. So, I called her up. She talked about their needs. I said: 'okay, I will be sending you money to help meet these needs.' I never met this Mrs. Gwani. It was just on the face of a telephone conversation after she was recommended by Rev. Fr. Kukah. It was not until 2007 when I was travelling round the country during the campaigns when I went to a church in Kaduna. That was how it started and we began to do training programmes for widows. We worked closely with late Mrs. Sokenu of People's Bank. She used to come there. We provided loans through her to the widows. We also had own loan scheme. It was a very interesting experiment. Our loan scheme was without interest. People's Bank had to operate as a bank. Most people advised that to give interest-free loans was not okay because they actually needed access. So, we had an opportunity to experiment. The loans that came from People's bank, they paid. Those that came from us, they did not make efforts to pay.

QUESTION: Have there been any modifications?

ANSWER: Not really. What we tried to do is that you put in two million naira here. For your other colleagues to keep getting money, those who have taken have to repay in the interest of others. We are still running it. We focused on the poorest of the poor. We felt they needed to upgrade. So, we taught them soap making, etc. I can tell you funny things about this. My drivers didn't buy soap for a while. Any time they go for widows' programme, they give soap to my drivers. Channels TV did a documentary on the project some months ago. While they were airing it, John Momoh was in my house and we were talking. I didn't know about it. He didn't know anything about it. So, as I was seeing off John Momoh, my phone rang inside my house. It was Olorogun Felix Ibru. I picked and he said, 'I didn't know you were so passionate about these kinds of issues. I didn't know what he was talking about until he said he watched this thing on Channels.

QUESTION: You said something about wife of a friend who became homeless after the husband died of cancer. We have a journal we do at the foundation and this year, the theme for the Journal is Keeping The Home Alive. How did we arrive at this? From the data of the widows we deal with, we discovered that most of them lost their husbands as a result of hypertension,

"There Are Many Homes That Are Not Healthy" - Omeje

In this interview with our crew, the Sector Commander, Federal Road Safety Corps (FRSC), Lagos, Mr. Hyjinus Uchenna Omeje gives education on FRSC's functions as well as how current status of families affects homes

Question: Let us formally meet you sir

Answer: My name is Hyjinus Uchenna Umeje. By the grace of God, I am the Sector Commander of the Federal Road Safety Corp, Lagos. I hail from Nsuka in Enugu State; a graduate of University of Ibadan. I started my career as a Nurse. I did General Nursing and specialist course in Orthopedic Nursing at National Orthopedic Hospital, Igbobi, Lagos, before attending University of Ibadan to study Health Education in which I have a Masters Degree. Possibly, my PHD will be at the same university. I may also decide to go elsewhere.

I joined the Corp in 1992, and I have grown steadily by the Grace of God to where I am today. I served in Ogun, Anambra and a greater part of my service career is in Lagos. So, if you talk about those who have "Lagos Sense", I think Umeje fits in. I am happily married with one wife. I got into Road Safety by sheer destiny linking you to where you will do what you know how to do best. The passion has always been there, considering my training viz-a-viz my nursing background. It afforded me opportunity to come into the Corp with a mindset of quality care delivery to crash victims and serving humanity too ,and to a great extent, did it. I actualized it but not to the fullness of my professional competence because at the time I entered FRSC, the medical department was more or less non-existent, as FRSC was just a group of people recruited from all fields and all background put together, trained on the core competences of the job. So, we had people who shared different backgrounds. But then, because there was absence of clinics, it was not really easy keying into the medical dept. Like I have conceptualized it like the Army, Navy or Airforce who had full-fledged medical departments, it was when I was doing my specialist course in Igbobi, that we had a mock disaster exercise where we created scenes of road traffic crash, or auto fire and we as student nurses in training then, were meant to react on how we should tackle it. It happened that FRSC was invited. The then Head Of Training who is late now, Rtd. Major Halilu Wise was there with his men. He saw the dexterity with which we were handling this mock demonstration, and became interested in products of the Institution. He approached the principal that he would like to have the products from this course work for Road Safety. So, when we finished, the Principal gave me a referral note to him, as those that were available. Majority of us were federal or state sponsored as the class was not a large class. It was a class of 24, but I sponsored myself to the programme together with a colleague of mine who is still in the system now, Omiko Godwin. We are happy that at least, they saw people from that programme. We were made to apply and we did. I didn't see myself as an office person. I was on the road as a field operation staff while doing other duties of the FRSC, cautioning the motorist on the road, apprehending those who violate traffic rules. I was also fulfilling my dreams of taking care of patient each time I ran into crashes. I had cause to lead the team and tell them what to do, so I handled crash victims. There was always a difference on how I handled the victim by way of my professional background. That was how I started in the job and kept on growing along the rank structure to a level where I needed not be on the road. It came to a point when I became a detailing person, teaching and impacting knowledge using all my teaching competence and methodologies to work. To God be the glory. I am a young Officer and State Sector Commander now.



Mr. Hyjinus Uchenna Omeje

Question: How is FRSC different from the other road agencies?

Answer: Over a period of time, people have been confused as to the functions of other state traffic agencies. An example is the VIO whose function should not be on the highway or expressway. They are supposed to work within the state road, but Lagos is peculiar when it comes to drawing the line between a federal and state road. Bear in mind that Lagos was housing the then federal capital territory in Nigeria. But in terms of specifics as in drawing the line, the VIO as the name implies – Vehicle Inspection Officers are to ensure the road worthiness is not compromised. Also, if a vehicle has an accident, a VIO will be required to issue road worthiness, investigation report, state carriage for commercial fleet vehicles, validity of vehicle license which is a road tax and thorough inspection of vehicles.

The police today I can tell you is the most powerful uniform organization. Every other uniform organization came out of the police, including the Army. The police was the first, until we started having areas of specialization. Army is to protect the territorial integrity of Nigeria. Ideally, we would see the Army if there is an external aggression. The Customs, traffic police, Immigration Service, DSS, NSO, FRSC and NDLEA came out of the Police. It is like taking an arm of your job and creating another agency to make them more professionalized with their own area of core competences. As the country is growing, the police is now having its hands full with crime issues with referrals to other specialized agencies. But when the chips are down, you dismiss any of these other officers if they have committed a criminal offence requiring the individual to face the law of the land. They are handed over to the police for prosecution.

As these agencies become institutionalized, and start having their own training outfit, start recruiting and training their own officers like the FRSC, which is the lead traffic agency in road traffic management and administration in Nigeria and in line with the United Nations Decade Of Action, it requires that every member country must have a specialized agency like FRSC. Today, Nigeria is a lead county in road traffic management and

contd. at page 10







2015, Nigeria still ranks second in the world for child mortality with 750,000 deaths annually. In other words, one infant in eleven dies before its first birthday and one child in six dies before the age of five making these rates among the highest in Africa. From birth, poor breastfeeding practices are a major cause of neonatal and infant mortality. The World Health Organization, UNICEF, and Nigeria's Infant and Young Child Feeding (IYCF) Policy recommend that infants be exclusively breastfed from birth to 6 months. Unfortunately, only 17% of infants under six months of age are exclusively breastfed in Nigeria. Evidence abound that 21 % of infant deaths are related to poor breastfeeding practices in Nigeria. This means that if no action is taken to protect, promote and support breastfeeding, over 100,000 Nigerian infants will die annually; representing 275 infant deaths per day, every day, for every year.

At about six months of age, infants need to be fed adequate complementary foods. Locally available foods rich in energy, protein, iron, and vitamin A, and prepared in good hygienic conditions should be the base of complementary feeding. In most parts of Nigeria most young children are fed complementary foods that are inadequate in quality and quantity. For example, two thirds of infants 6 to 9 months old are currently not fed small quantities of foods of animal origin like meat, fish, crayfish, poultry, or eggs, and therefore lack in their diets essential nutrients for their survival, growth, and development.

Therefore, poor breastfeeding and inadequate complementary feeding practices explain the progressive increase of protein-energy malnutrition levels in children, as they grow older. By the age of 24 to 36 months, all the damage is done and there is little chance of recovery, which predisposes to diabetes, strokes, hypertension and heart attack in adulthood.

Available data show that almost two in five Nigerian children are stunted (short for their age) or suffer chronic malnutrition, and half of these children are severely affected. Stunting is associated with recurring or chronic illnesses and results when children fail to receive adequate nutrition over an extended period of time. Eighteen percent are too thin (wasted) or suffer acute malnutrition due to infection or severe food shortage in the immediate past, while 29 percent are underweight or suffer both acute and chronic malnutrition due to a combination measure that occurs as a result of wasting, stunting, or both.

Definitely, protein-energy malnutrition weakens the immune system of children and reduces their ability to fight infection and disease. It has been revealed that malnutrition, which contributes to an estimated 52% of deaths among children under five years of age in Nigeria, also increases children's risk of death from diseases such as malaria, measles, diarrhea, and pneumonia. Protein-energy malnutrition is the single greatest cause of child mortality. In Nigeria, this is the situation. It is important to emphasize that out of five deaths related to protein-energy malnutrition, only one is associated with its severe forms. The other four are associated with mild and moderate forms of malnutrition. If no action is taken, protein-energy malnutrition will be the underlying cause of about 250,000 child deaths annually. This is about 700 child deaths per day, every day, for every year.

Similarly, micronutrient deficiencies, that is, deficiencies of essential vitamins and minerals have an important impact on the mortality of Nigerian children and women. Vitamin A deficiency and anemia are two examples. Available data show that one out of every five children under 5 is suffering from varying degrees of vitamin A deficiency (VAD). VAD has been implicated in restricted growth, impaired immune response, and increased susceptibility to infections. If no effective action is taken to prevent and control vitamin A deficiency, over 30,000 Nigerian children will die annually.

Anaemia caused by lack of iron is the biggest nutrition disorder where 76% of preschool children, 67% of pregnant women, and 62% of women of child-bearing age (WCBA) are anaemic. It is estimated that in Africa, anemia is the underlying cause of 20% of maternal deaths. Analysis shows that if no action is taken, about 6,400 Nigerian mothers will die annually because they were anemic. This is about 18 maternal deaths per day, every day, for every year.

Adequate nutrition is essential for mental and physical development. Evidence from different countries shows that malnutrition reduces children's learning ability, school performance, and retention rates. The consequences of malnutrition on children's development can manifest themselves even before birth. Iodine deficiency is an example. Iodine is essential for the development of a child's brain from conception. Results from several studies show that 3% of babies born to iodine deficient women suffer from cretinism and present severe mental and physical retardation, 10% suffer from moderate-to-severe mental retardation and the remaining 87% suffer from some form of mental impairment. It is also well known that in populations where iodine deficiency is endemic, the average IQ is reduced by 13.5 points. The damage to cognitive development in children caused by iodine deficiency is permanent.

Available data on iodine deficiency showed that in Nigeria, 20% of the total population suffered from goiter, the most severe manifestation of iodine deficiency. However, recent surveys show that 80% of Nigerian households are now consuming iodized salt. If adequate levels of iodine consumption were confirmed and sustained, Nigeria could achieve the virtual elimination of iodine deficiency disorders in the next ten years and become an inspirational success story for Africa. On the contrary, if current levels of iodine deficiency remained unchanged, over 900,000n children born annually would suffer from varying degrees of mental impairments because their mothers were iodine deficient during pregnancy.

Iron deficiency anemia also limits children's intellectual development and learning capacity. In Nigeria, 76% of children under 5 years of age are anemic. Considering the serious consequences of malnutrition on the intellectual development of children, the improvement of the nutritional status of children and women in Nigeria is calling for action now, to maximize the dividends from the investments into basic education.

Evidence shows that if current levels of iodine deficiency in Nigeria remain unchanged, the present value of the productivity losses resulting from the intellectual impairment caused by iodine deficiency annually would exceed 300 million dollars. Stunting also has an immense impact on the future productivity of children. Stunted children grow up to become less productive adults. Available data show that 37% of all under-5 year-old Nigerian children are stunted. Analysis reveals that if current levels of stunting in Nigerian children remain unchanged, the present value of the productivity losses resulting from the stunting occurring annually would exceed 440 million US dollars.

Additionally, the consequences of anaemia in women on agricultural productivity are equally important. If adequate action is not taken immediately to reduce the unacceptable anaemia rates in women, the economic value of agricultural productivity losses associated with anaemia every year in the female labour force is estimated at 230 million dollars.

In summary, immediate action must be taken to improve the nutritional status of Nigerian children and women. If not, the present value of total productivity losses annually due to iodine deficiency, stunting, and iron deficiency anaemia is estimated at about 1 billion dollars. Such economic losses result solely from the mental impairment in children associated with iodine deficiency in pregnant women, the lower productivity in adults associated with stunting during childhood, and the decreased productivity associated with anemia in women.

What Are Causes Of Undernutrition In A Family?

They include:

Immediate causes: These include primarily a poor diet and disease. A poor diet may be due to: insufficient breast milk; meals that are too small; poor variety of food; low concentrations of energy and nutrients in meals (i.e. food is too 'watery'); and infrequent meals. Disease, because sick people may: not eat much; absorb few nutrients; lose nutrients from the body; or use up nutrients in the body more quickly (e.g. during fever).

Underlying causes: These include family food shortages, inadequate care and feeding practices, especially of children and women, and poor living conditions and poor health services. Family food shortages, which may be due to: lack of money for food; low production of family food; poor food storage and preservation; poor choices and budgeting. Inadequate care and feeding practices which may be due to: the way families feed young children and encourage them to eat; the way families care for women (especially during pregnancy, childbirth and breastfeeding) and for sick and old people; the way food is prepared and the level of hygiene in the home; the ways families prevent and treat illnesses at home and use health facilities. Poor living conditions (e.g. insufficient water, inadequate sanitation and overcrowded housing) and poor health services; shortages of medicines and skilled health staff increase the risk of disease. Inadequate environmental sanitation services increase the risk of food-borne infections.

The role of women in food production, trade and preparation is vital but is often overlooked when causes of malnutrition are analysed and nutrition programmes are planned. In Nigeria, women produce much or most of the food. The level of care and quality of diet that women can give their families (including themselves) depends largely on their workloads and their social role within the family. For example, when women have heavy workloads (which many do), they may not have time to prepare more than one meal a day (which is especially insufficient for young children). If women have little authority and little control over resources (e.g. land, money), this also affects the type of care they can give different family members. Women's workloads and social roles can be important underlying causes of malnutrition.

Basic causes: For each underlying cause there are 'deeper' causes. These may include: widespread poverty and lack of employment opportunities; unequal distribution and control of resources at community, district, country and international levels; the low status and education of women; population pressures; environmental damage; political unrest and conflict; lack of health, education, and other social services; and discrimination.

Food Needs Or Security Of The Family

To be well nourished, families need sufficient resources to produce and/or purchase enough food. They also need to understand which combinations of foods make a healthy diet and they need the skills and motivation to make good decisions on family care and feeding practices. They need to know that the amounts of different nutrients a person needs varies with age, sex, activity and whether menstruating, pregnant or breastfeeding; needs also vary during sickness and recovery. A family is food secure if it has sufficient safe and nutritious food throughout the year so that all members can meet their nutrient needs with foods they like/prefer for an active and healthy life. In times of food shortages they may receive free or subsidized food. To be food secure, therefore, people need enough food and a variety of foods.

It is important that the food we eat and the water we drink is clean and safe. So it is essential to prepare meals in a safe, hygienic way. If germs (such as harmful micro-organisms and parasites) get into our foods and drinks, they may give us food poisoning (resulting, for example, in diarrhoea or vomiting).The people most likely to become sick are young children and people who are already ill, particularly severely malnourished children, and people living with HIV/AIDS.

Nutrition education plays a vital role in promoting good nutrition. Also, it must be carried out in a way that truly succeeds in motivating people to adopt healthy diets and lifestyles.

In conclusion, to ensure food security and adequate nutrition for your family, it is important to note as follows:

- Eat a variety of vegetables and fruits to get plenty of micronutrients and fibre. Cook vegetables quickly to preserve nutrients
- Choose meals and snacks that provide a mixture of nutrients, especially if your family members regularly eat away from home.
- Share family meals according to energy and nutrient needs of family members.
- Keep food safe and clean by washing hands after contact with faeces; disposing faeces safely; using water that comes from a safe source or is boiled before drinking; covering foods to keep them clean and safe; and preventing raw meat, offal, poultry and fish from touching other foods
- Mothers should be encouraged to exclusively breastfeed until the baby is six months (180 days) old
- Weigh young children regularly and advise on feeding; a healthy child is a growing child.
- Families may become more food secure if we help them to improve

FRANCIS AMINU (PHD) is the Country Manager of Global Alliance for Improved Nutrition (GAIN) - Nigeria

* Urinary tract infection
* Vaginal pain

Signs That Your Abuser Is NOT Changing:

* He minimizes the abuse or denies how serious it really was.
* He continues to blame others for his behaviour.
* He claims that you're the one who is abusive.
* He pressures you to go to couple's counselling.
* He tells you that you owe him another chance.
* You have to push him to stay in treatment.
* He says that he can't change unless you stay with him and support him.
* He tries to get sympathy from you, your children, or your family and friends.
* He expects something from you in exchange for getting help.
* He pressures you to make decisions about the relationship.

NEWS BIT







AAAF was the recipient of an award for humanitarian service on 31 March 2016. The award was given by the Lagos State Ministry of Women Affairs & Poverty Alleviation (WAPA) Skills Acquisition Centre, Egbeda

The Hidden Scar

By: Foluke Ademokun

From 2009 till date, the Boko Haram insurgency inflicted considerable harm on Nigeria's North-east geopolitical Zone. In a variety of instances, whole villages were sacked with the aftermath of deaths, and abductions, particularly of girls and women with attendant consequences of internally displaced persons camps in tens of thousands.

The North-east geopolitical zone was characterized by tales of sorrow, tears and blood until rescue operations by the Nigerian military and the Civilian Joint Task Force teams gained momentum and villages and town previously upturned were liberated.

Now the story is different, there is relative peace even though precarious. On the surface, Maiduguri is a picture of calm and order. A spring of housing projects, well paved roads, and bubbling human interactions, exhibiting a measure of enthusiasm and a perfect reflection of reconstruction and rehabilitation. The frenzy of Boko Haram onslaught was in the past, one thought. An average observer is unprepared for the uncanny consequences of the dialogue between the insurgent bullets and the citizens' outer membrane, until the ear got entangled with the tales of victims / survivors as we call them. Guess what, the stories were as diverse as the demographical landscape of Borno.

Just with the slightest inquiry, the stories tumble. First, the doctor who lost his elder brother to ferocious gun fire and now carries the burden of additional wives and children. The man lost his life just because he was gentleman to believe terrorist do not bite the fingers that fed them. He was wrong and didn't get to know that until insurgency took the turn of death for him. They did more than bite, they silenced him…forever.

With a visit to four camps; teachers' village, NYSC, Bakassi and Dalori where over 50,000 internally displaced persons are kept, we heard the stories of unaccompanied children whose parents fell to the assailants' bullets, disappearance that has not been traced, neighbours haunted by familiar faces, wives who survived without husbands, lone survivors with truncated genealogy, and men who battled infection in agony until help came in the name of rescue. Conveniently, we could have classified them as 'behind the scene' but this is the true story of the insurgency – the hidden scar on every face and body that witnessed the atrocity of terror.

Now the process for healing has begun; applause to teaming, willing and empowered heath workers of the Borno State Ministry of Health, Hospital Management Board, UNICEF, Action Against Hunger, Voluntary Community Mobilisers (VCM) and other members of the Civil Society Organisations who are committed to ongoing rescue and rehabilitation efforts. Inspite of their commitment and dedications however, more hands are required to push the state, albeit the nation to full recovery. Now is the time to reflect on the situation in Borno and contribute meaningfully towards the reconstruction and rehabilitation process because everyone is a victim. Please join Ajoke Ayisat Afolabi Foundation (AAAF) to make a difference and make Borno state 'The Home of Peace' truly. Call +2348168248300 now



MANAGING DOMESTIC VIOLENCE

What To Do When Abused - By Bose Ironsi



Bose Ironsi
Executive Director WRAHP

What Is Domestic Violence?

· Domestic violence refers to a wide range of physical, sexual, emotional and financial abuse between partners / ex-partners – whether or not they are co-habiting

· Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

FORMS OF DOMESTIC VIOLENCE/ ABUSE

Physical

1. Inflicting or attempting to inflict physical injury Example: grabbing, pinching, shoving, slapping, hitting, biting, arm-twisting, kicking, punching, hitting with blunt objects, stabbing, shooting

2. Withholding access to resources necessary to maintain health
Example: medication, medical care, wheelchair, food or fluids, sleep, hygienic assistance, forcing alcohol or other drug use

Sexual

1. Coercing or attempting to coerce any sexual contact without consent Example: marital rape, acquaintance rape, forced sex after physical beating, attacks on the sexual parts of the body, forced prostitution, fondling, sodomy, sex with others

2. Attempting to undermine the victim's sexuality Example: treating him/her in a sexually derogatory manner, criticizing sexual performance and desirability, accusations of infidelity, withholding sex

Psychological

1. Instilling or attempting to instill fear Example: intimidation, threatening physical harm to self, victim, and/or others, threatening to harm and/or kidnap children, menacing, blackmail, harassment, destruction of pets and property, mind games, stalking

2. Isolating or attempting to isolate victim from friends, family, school, and/or work Example: withholding access to phone and/or transportation, undermining victim's personal relationships, harassing others, constant "checking up," constant accompaniment, use of unfounded accusations, forced imprisonment

Emotional

Undermining or attempting to undermine victim's sense of worth Example: constant criticism, belittling victim's abilities and competency, name-calling, insults, put-downs, silent treatment, manipulating victim's feelings and emotions to induce guilt, subverting a partner's relationship with the children, repeatedly making and breaking promises

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Economic

Making or attempting to make the victim financially dependent Example: maintaining total control over financial resources including victim's earned income or resources received through public assistance or social security, withholding money and/or access to money, forbidding attendance at school, forbidding employment, on-the-job harassment, requiring accountability and justification for all money spent, forced welfare fraud, withholding information about family running up bills for which the victim is responsible for payment

Signs And Symptoms Of A Domestically Abused Person

· Psychological signs and symptoms:
· Depression
· Anxiety
· Chronic fatigue
· Substance abuse is also more common in the person enduring domestic violence than in the general adult population. The abuse of alcohol, prescription drugs, and illicit drugs may happen as a result of the violent relationship rather than being the cause of the violence.
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Physical signs and symptoms:

* Tympanic membrane (eardrum) rupture
* Rectal or genital injury
* Facial scrapes, bruises, cuts, or fractures
* Neck scrapes or bruises
* Abdominal cuts or bruises
* Tooth loose or broken
* Head scrapes or bruises
* Body scrapes or bruises
* Arm scrapes or bruises

* Defensive posture injuries: These injuries are to the parts of the body used by the woman to fend off an attack:
* The small finger side of the forearm or the palms when used to block blows to the head and chest
* The bottoms of the feet when used to kick away an assailant
* The back, legs, buttocks, and back of the head when the woman is crouched on the floor

Noninjury physical signs and symptoms:

* Headache
* Neck pain
* Chest pain
* Heart beating too fast
* Choking sensations
* Numbness and tingling
· Painful sexual intercourse
* Pelvic Pain





Some of AAAF's Activities

INTERNATIONAL GIRLS DAY



Cross section of the participants of the 2015 international girl child organised by the AAAF



Cross section of the participants of the 2015 international girl child organised by the AAAF

INTERNATIONAL WOMEN DAY



Members of AAAF board of trustees
Mrs olushola soile presenting a gift to benefisary



Presentation of gift by the executive coordinator at the international women's day held in March 2016

INTERNATIONAL WOMEN DAY



Medical outreach: physical examination by medical experties

2016 sponsorship as presented on behalf of AAAF to Mrs. Rainat Onasanya



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administration in Africa and other African countries are taking a cue from us.

Question: How does safety affect status of the home?

Answer: I am looking at strategies and methodologies that the foundation can leverage on to drive this campaign, beyond Road Safety. We need to add value. Don't narrow yourself. I have caught the vision of your foundation. There are many homes that are not healthy. On the face validity, they look healthy but they are not healthy. So many things are wrong. The foundation is destroyed already. There is nothing the righteous can do. That is the case of Nigeria. The man is not there. The woman is not there. The children are left in the hands of the nannies, who give them what they want to give them, bath them when they want to bath them, Mondays to Fridays and some women, Mondays to Saturdays. They get to see them only on Sundays.

Some of AAAF's Activities

VOCATIONAL SKILLS ACQUISATION PROGRAMME





Facilitator- Mrs Iroah, road safety ikontun speaks at VSAP December, 2015



Excutive Cordinator on a Field Visit to Monitor a beneficiary Agric business starting



Some unaccompanied children with the executive coordinator AAAF and officials at IDP facility



Invited guest at the vocational skills acquisition programme held December 2015



Presentation of drugs for children to the commandant at the internally displaced persons camp Maiduguri



Cross section of mothers and children at a camp clinic, Maiduguri



AAAF present Starting up grant to Mrs.Oyeyinka



Dr. Fola Rogers, Dr. Owolabi olurupo, Dr. Olayinka oladosun inspecting crafts produced by VSAP graduate