A-KINS ANALYSTS AND PROJECT MANAGERS

Mission:

To build a network of international workforce, mobilizing communities to be self-sufficient, executing effective and efficient assessments, feasibility studies, and implementing projects for the complete physical, mental and social wellbeing of all.
–Optimal Wellbeing.

What do we do?

A-Kins Analysts and Project Managers, a minority woman owned community based small business, is a specialty provider of Health Consulting Services including:

- Health Care Advisory & Support Services
- Health Care Strategic Plans/Project Management
- Business Plan Development/Financial Resource Planning/Analysis

…….Health Care Systems Development; Research; Analytics; and community based social determinants of health -Economics.

"Successfully implementing challenging projects in challenging places".

INSIDE THIS ISSUE:

A-Kins Newsletter 2018

VOLUME 4, ISSUE 2 NOVEMBER 9, 2018

Africa: A Sustainable Economy, Means a Sustained Health Care System……

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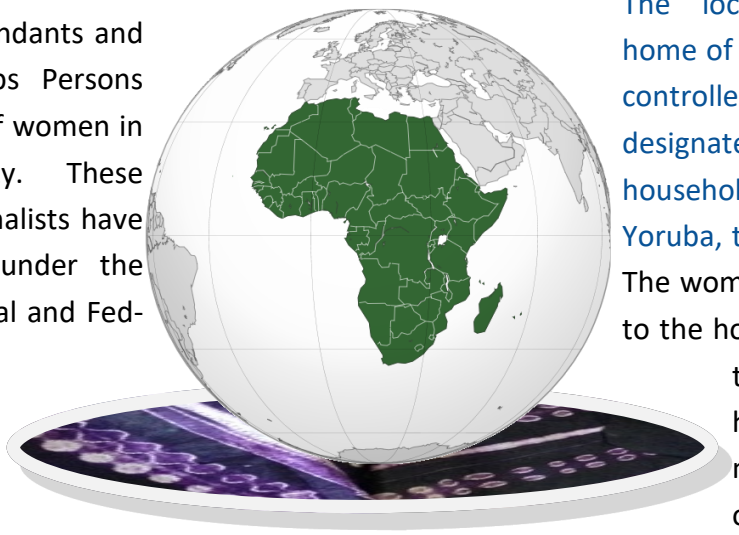
Africa: Improving Maternal Health Care System

Women's' Health in Africa has always revolved around maternal care, hence the Maternal Life Course approach to health care of African women. Each Community has trusted Traditional Birth Attendants and Traditional Herbs Persons who take care of women in the community. These trusted Traditionalists have been scooped under the wings of the local and Federal Government Health Care systems in most African Nations. However, a strong trust of mutual respect must be built in order to carry the Traditionalist along, a fine blend between the past and the future of Health Care in Africa. Over 60% of women in Africa patronize and trust these Traditionalists. The Traditionalist have the trust of the African Women! I remember the Federal Teaching Hospitals, trying to get all the Traditionalists under their wings, with frequent meetings of mutual understanding, in order to build and improve on the limitations of African Traditional Health Care. These limitations include simple medical remedies and maneuvers like, reducing fever in under five-year-old children with febrile convulsions; and how to prevent maternal death due to blood loss or blood diseases. These are lifesaving treatments that early referrals to the local General or Federal Hospitals will help reduce both maternal and child deaths.



The traditionalists must be trained regularly by the local health care systems and vice versa, in order to help women in the communities, who entrust their lives to them.

The local community and home of the African woman is controlled by the man, or the designated male figure for the household –called "Ba-ale" in Yoruba, the lord of the house. The woman has no right to go to the hospital, or take any of the children to the hospital, without permission from the man of the house, or the designated male figure (head of the household). The only time the woman is allowed to seek such help, "with some-choice" is when she is with-child, that is, pregnant. The life -Course of the African Woman's health, therefore, begins with the preparation for the birth of a child. Here, the mother has been given permission and some-choice to seek help for herself and the unborn child.

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The World Health Organization -WHO came up with strategies to engage the communities including training local Community Health Workers -CHWs and CHAs. These are Community Health liaisons, making needed connections between the Communities and the Medical Health Care Systems. These worked well to establish Basic Health Education within the communities. However, the Traditionalists were left behind, and were not trained as CHWs and CHAs. The women still trust the traditionalists! The top causes of death in the African maternal and child population are complications of disease that the Traditionalists are yet to find treatment for. These Traditionalists often refer the patients to the hospitals, but the referrals are too late. Maternal mortality is a complex combination of signs and symptoms, which are often transient and passing -*till the women dies*. In the Medical Health Systems, the focus is saving the child at birth, but in Africa, the focus is saving the mother at birth, as the saying goes, "the young mother will have another child". One can replace the child, but not the mother.

LIFE COURSE OF THE AFRICAN WOMAN'S HEALTH

- **Peri Natal Period**: Right before, During and After Delivery
- **Post Natal Period**: Within 6 Weeks of Delivery
- **Pre-Natal Period**: After the 16 Birthday of the Woman
- **Adolescent Period:** Between Childhood (Seven years of age, when the African child is weaned from his mother) and right before the 16 Birthday of the Woman
- **Sustaining the Life-Course** by Monitoring and Evaluation, improving on the process

Life Course of the African Woman's Health: Adolescent Period

An African girl, born into an African home is not weaned from her mother till the age of seven. After this age, she is given small chores in the house and often sent on small errands. By the age of 8 and between ages 8-16 years, the child will develop and be taught to clean, cook, and take care of younger siblings, cousins or younger children in the community; in preparation for her own home. There is a right-of-passage ceremony for each child as they begin their menstrual period and the child is deemed "WOMAN", eligible for marriage. Most of the girls are sent off, during the day, to learn a trade or go to school. By the age of 16 years, the African girl-child (female), is now a fully-grown woman and can have healthy children and run a home by herself. The lag-time between childhood and adolescent menstruation hav-

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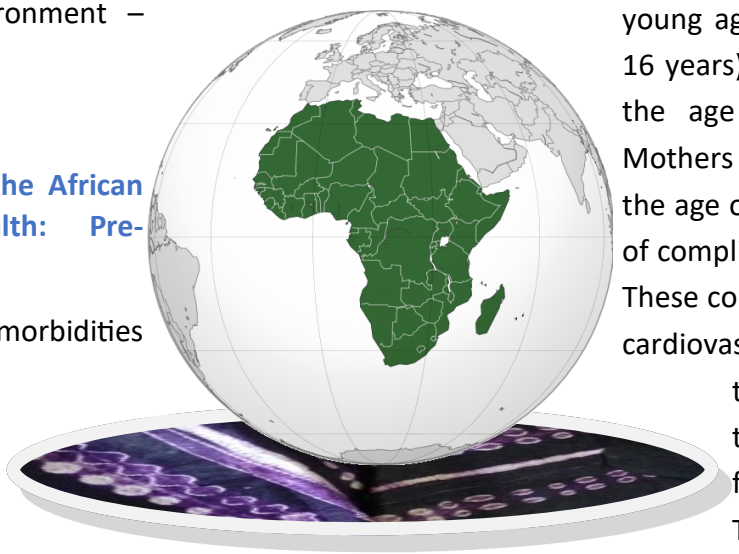
ing reduced from 16 years to 11years, and now 9 years over the years. This in -part is due to acculturation of foods, increase in processed food and hormone ridden produce, and changes in the environment – STRESS…..

Life Course of the African Woman's Health: Pre-Natal Period

Due to the co-morbidities that afflict the Black woman with age, complicating pregnancies, the African Woman is encouraged to have her children early in life. It is fun practicing medicine in small African communities, seeing these 16-year-old young women come by, accompanied by their young husbands, to seek medical help. The most common question the young husband and wife have: 'is she with-child?'….. and then they giggle, in excitement. It is so important to build a relationship and trust with these young families, at this point; both mother and child MUST survive in order to gain trust. As stated before,



most of the women seek help from the traditionalists and so it is also important to have a good relationship of mutual respect with the local Traditionalists and local Birth Attendants. This helps with Continuity of Care of the African woman.

Life Course of the African Woman's Health: Post Natal Period

The post-natal period is critical for the African maternal out-layer group of women, those who give birth at a very young age (before the age of 16 years) or later in life (after the age of 35 years). The Mothers who give birth before the age of 16 years, have a lot of complications in pregnancy. These complications affect the cardiovascular system, and the reproductive system that is yet to be fully developed. There is a high rate of Eclampsia and Pre-Eclampsia among these children, apart from complications of underdeveloped reproductive systems. There is also a tendency for those mothers pregnant over 35 years to have had several pregnancies and hence, higher risk of bleeding wombs after birth. These older mothers also die from co-morbidities. Co-Morbidities include the risk of Cardiovas-

Africa: Improving Maternal Health Care System

cular (hypertension) and Endocrine complications (diabetes). The risk of blood related, and associated complications also increases with age. Treating and monitoring these high-risk ages is critical to the health outcome of the life-course of the African woman, before, during, and after pregnancy.

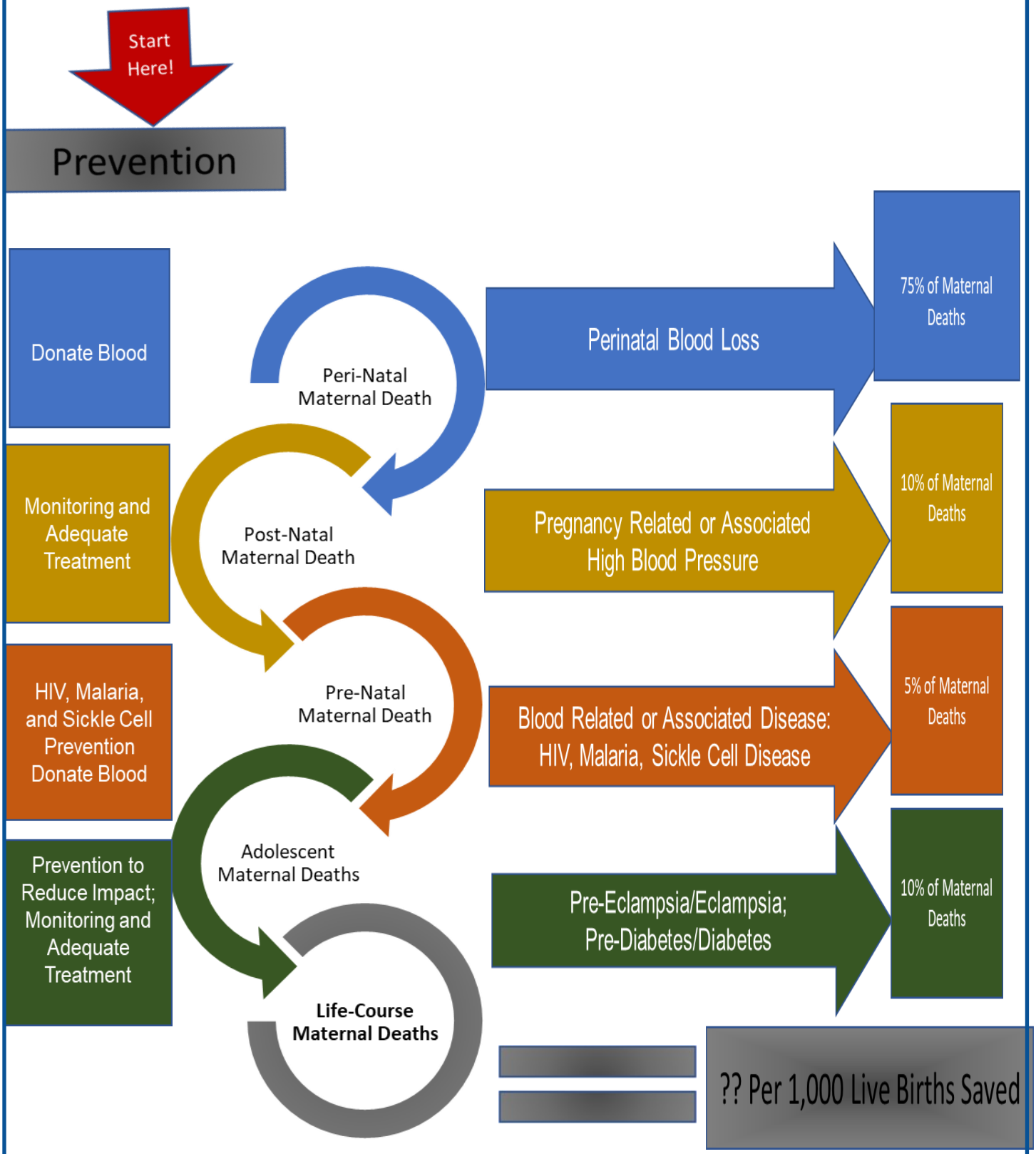
The Neonatal period of the child is a good period to catch up on the Life-Course Health of the African Woman. The catching up with the physical, emotional, and mental health apart from the health of newborn. The social help received by the African Woman with-child is great. The Communities looks upon the woman with-child as sacred, to be treated with great care and respect. Fed, and helped in whatsoever way possible by community members. Every member of the community is designated help to the woman with-child, "áboyún" -ábo-oyún –which means a woman an protecting the child in the womb with covers of maternal love. The culture looks upon these women as "the bearer of the future of the Community"; -sacred. You err very easily in an African Community if you disrespect a woman with-child. Once the child is born, the new mother is taken care of by the elderly women in the community. These new mothers are called "Abiamọ" -Abi-amọ, which means the fruitful one who just delivered a child and is healing from childbirth.

Life Course of the African Woman's Health: Peri Natal Period

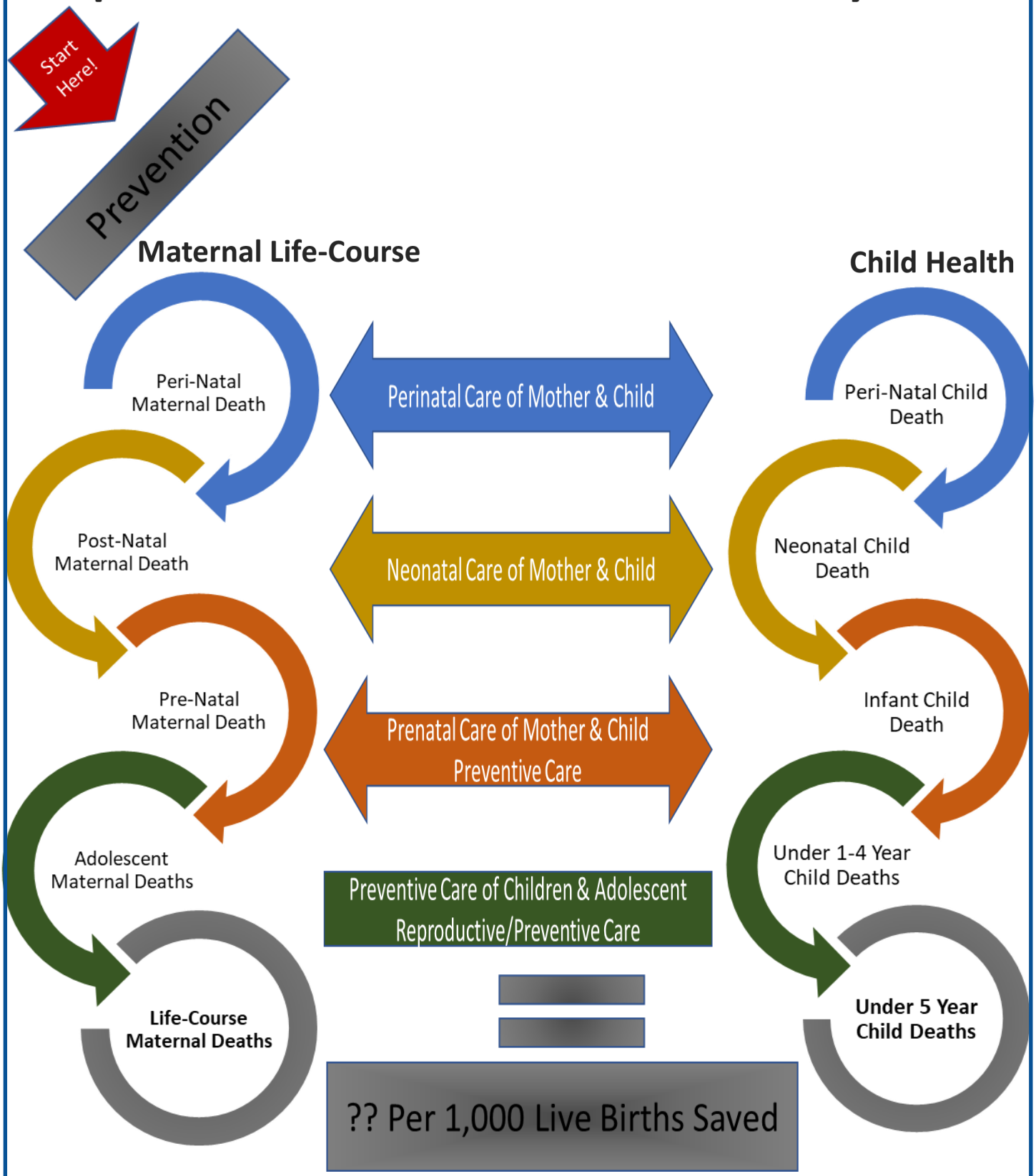
The Perinatal period is the most crucial in African communities. Nerves are high in the community when a woman goes into labor and only the expert and well trusted community birth attendant is called in. All the other women gather to support the mother. The men stand back with the father to be, waiting for the news. The communities still trust the traditionalist over the medical health care systems.

The Medical Health Care System encourages new mothers and elderly Primips - Primiparous/Primigravida,

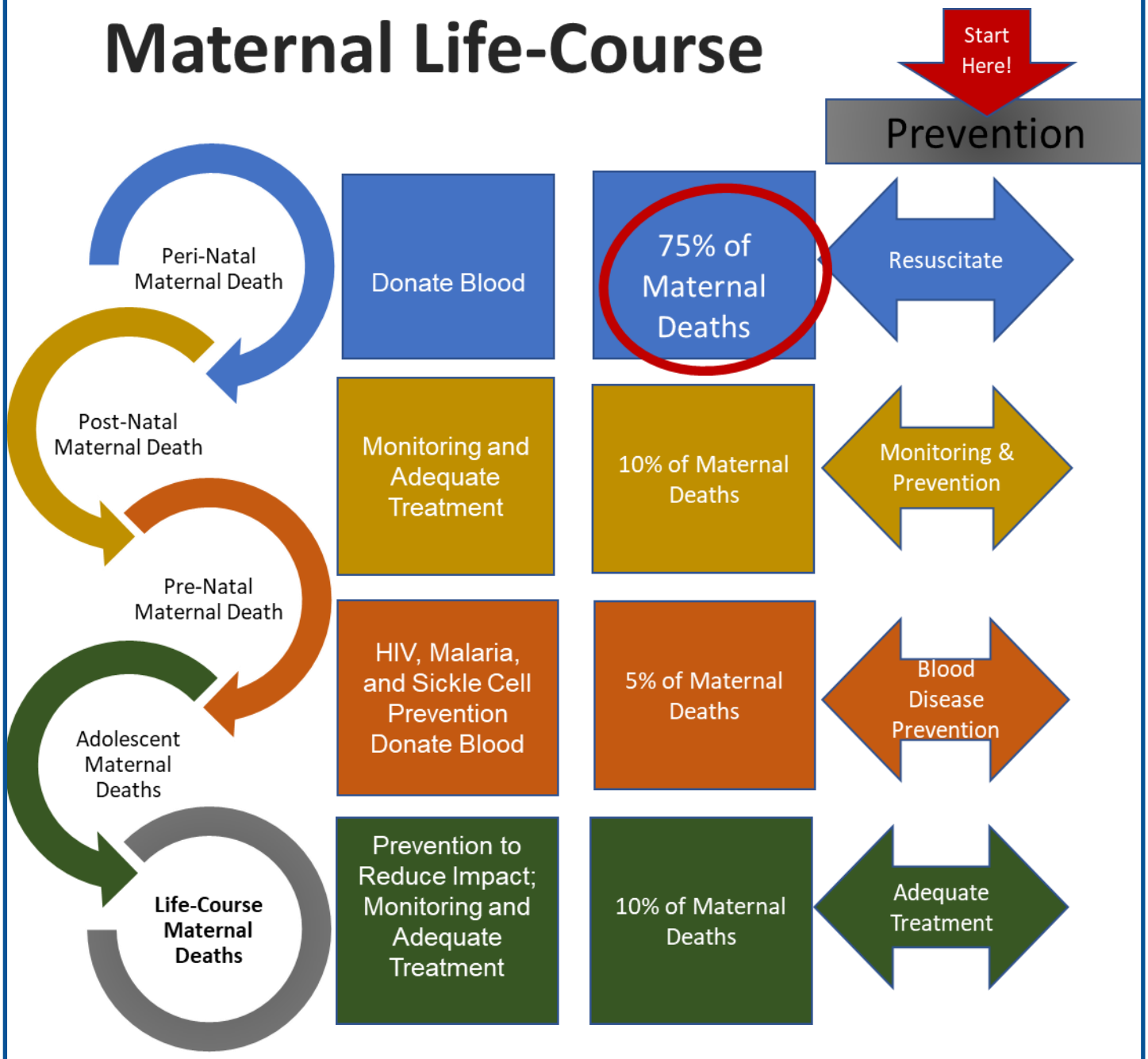
Improve Maternal Life-Course Mortality Rate



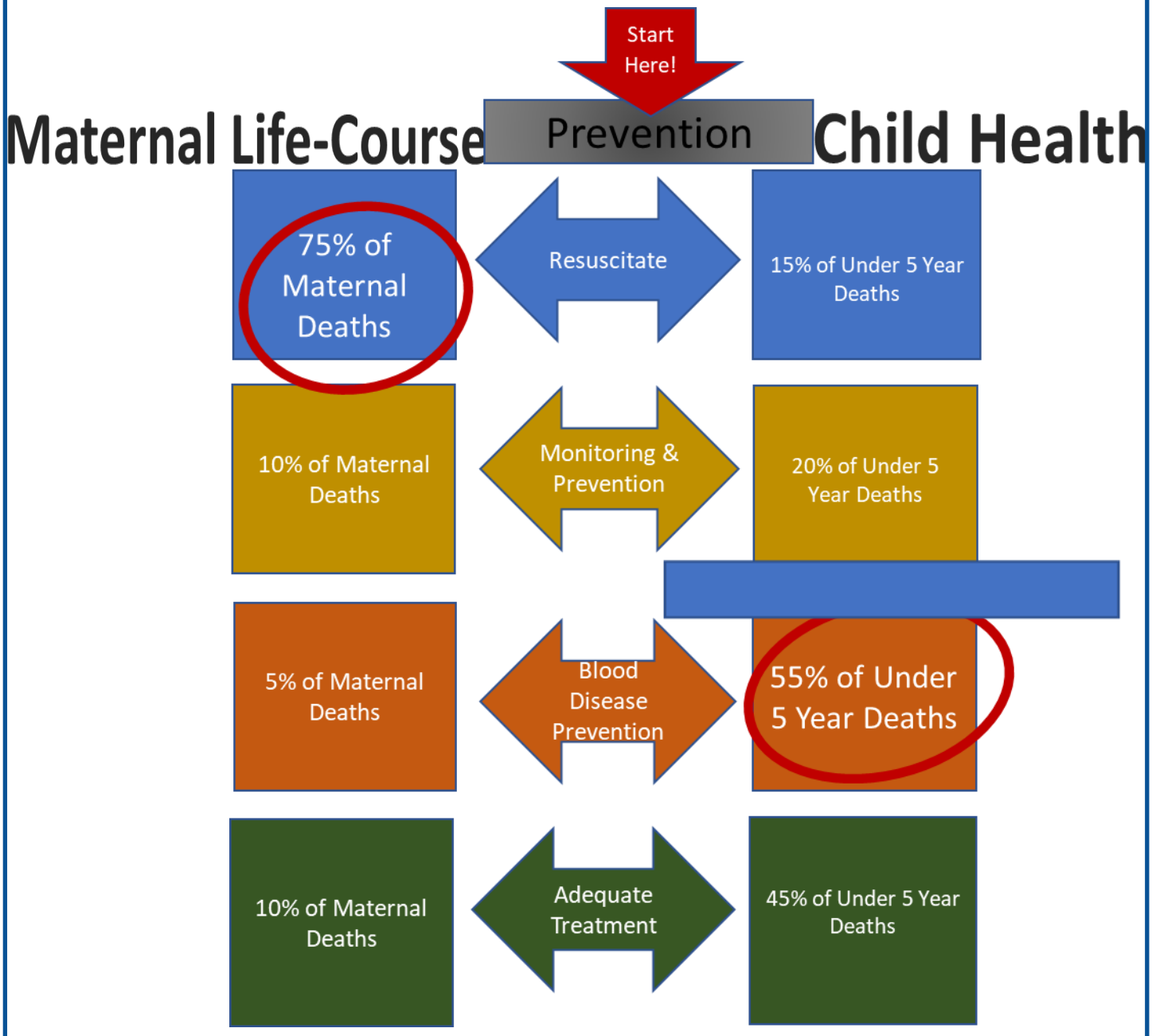
Improve Maternal Life-Course Mortality Rate



Improve Maternal Life-Course & Child Mortality Rate



Improve Maternal Life-Course & Child Mortality Rate

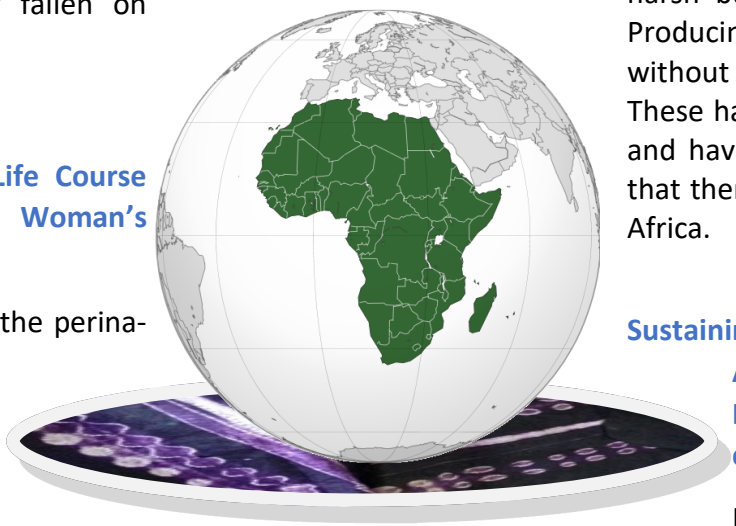


Africa: A Sustainable Maternal Health Care System

and older new mothers (over the age of 35 years) to visit the bigger hospitals, at least for the first child (as a primip). This rule of thumb by the medical health system has so far fallen on deaf ears.

Sustaining the Life Course of the African Woman's Health

The outcome of the perinatal period depends on so many indicators, including: The mutual respect between the Traditionalists and the Medical Health Systems determines the number of maternal deaths or live mothers per live birth. Improving the Maternal Mortality Rate in Africa using the Maternal Life-Course Model is the initial step reducing the Maternal Mortality. There are systems and traditions that already exist, that can be **improved** on, before we start counting the **reduction in Maternal Mortality Rate**. In essence, in order to move the "meter-needle" of Maternal Mortality in Africa, simple improvements and a mutual understanding between old and new systems must be laid as a foundation. The Life-Course of the African Woman's



Health depends on the community. The African community takes care of its pregnant women, those with-child. Each community's Traditionalist and the Community Medical Health System, with Community liaisons -CHWs and -CHAs, working with the Medical Professionals and Paraprofessionals, take care of the Community women.

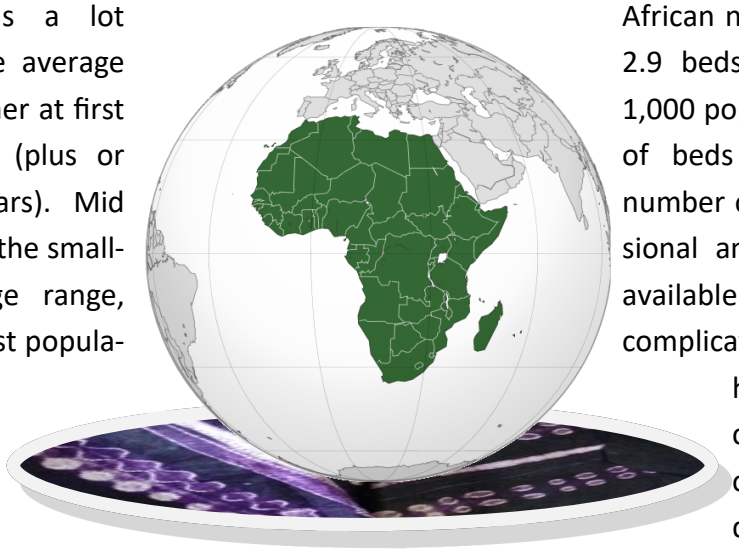
The Government should fully fund these communities with funds from Taxes paid by the Rich. The Rich, who are entrusted by the people to trade in the Global Economy, are those who have stayed back in Africa, and have been able to Trade in Africa, "Creating Wealth" in such a harsh business environment. Producing reliable results without being fraudulent. These have tested the waters and have been able to show that there is good business in Africa.

Sustaining the Life Course of African Women's Health: Dividing Africa into 3 Populations

By dividing the population of African women into three (3), it is easy to know which nations in Africa have been able to overcome poor economies and take care of their women. Here, the African women-population has been divided into: North Africa; Mid Sub-Sahara; and South of the Sub-Sahara. It is clear that the Mid Sub-Sahara population, comprising of West, Central, and East Africa, have the greatest needs.

Africa: A Sustainable Maternal Health Care System

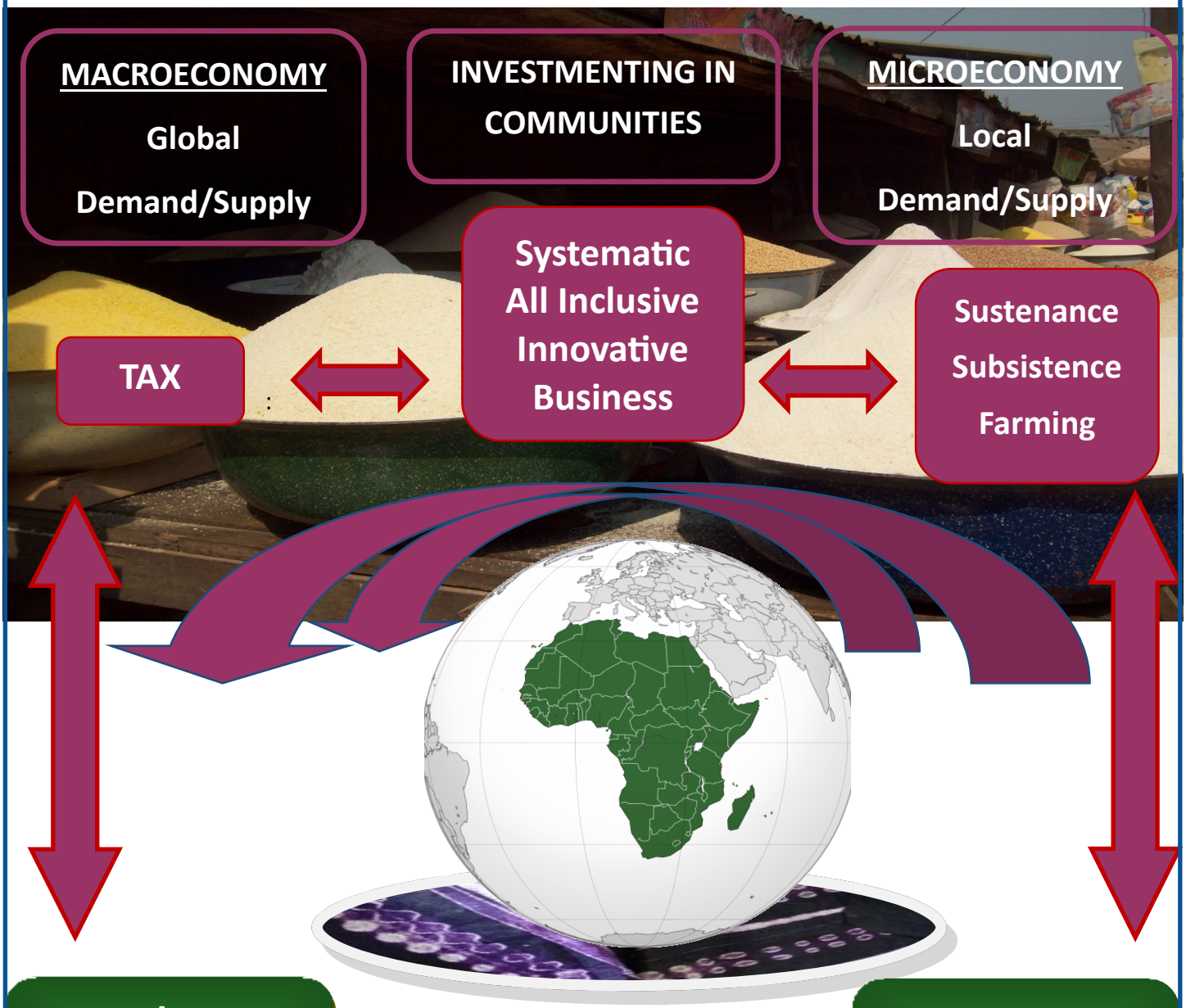
North Africa has been able to move ahead with improving the health of the women in their communities. The median age of the female population tells a lot about what the average age of the mother at first birth could be (plus or minus two years). Mid Sub-Sahara has the smallest median age range, and the youngest population of women. The life expectancy of women from birth is tied to the maternal mortality of the country in question; and tells a lot about the Life-Course of Health of the Woman in each African nation.



Sustaining the Life Course of African Women's Health: Rate of Poverty Versus Maternal Mortality

Maternal mortality per 100,000 population, -means we hold each country in Africa constant at a 100,000 population and calculate the maternal deaths. We find the Mid Sub-Sahara population, once again, have the highest maternal mortality rate, and double the maternal mortality range of both the North and South of Africa (north and south of the Sub-Sahara portion of Africa). One would assume the Hospital Density (number of beds available per 1,000 population) has a lot to do with the number of mothers who die at childbirth (maternal mortality), but that is not the case. The number of bed when all the population in each nation in Africa are held constant at 1,000, is between 1.5 to 1.8 beds per 1,000 population. These is no significant difference in these African numbers. America has 2.9 beds, and India 0.7 per 1,000 population. The number of beds correlate with the number of health care professional and para-professionals available to help with the complications of pregnancy in hospitals. Merely increasing the number of hospitals in Africa, does not mean the maternal deaths will reduce, hence the quality improvement of the fine blend between the Traditional and Medical Health Systems, strengthening the foundation of health care of the African Woman, -which beginnings in the community.

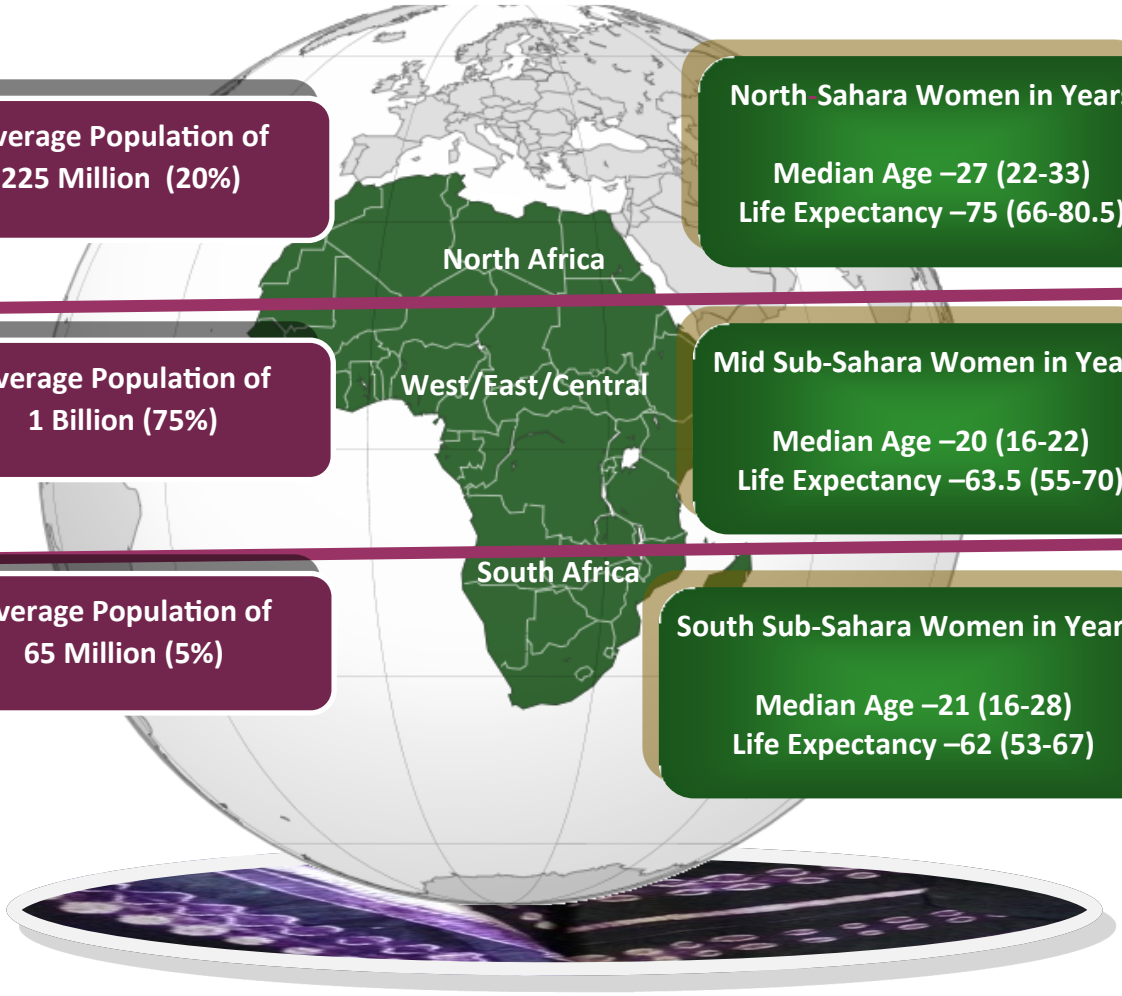
Sustaining the Life Course of African Women's Health: Trade with Western World Versus Fertility Rate/Birth Rate


MACROECONOMY
Global
Demand/Supply
INVESTMENTING IN COMMUNITIES
MICROECONOMY
Local
Demand/Supply
Systematic
All Inclusive
Innovative
Business
TAX
Sustenance
Subsistence
Farming
The Community
Traditional Rules of Engagement
Poor Women
The Community takes Care of Its Poor Women, working with Traditional Birth Attendants & the Medical System.

Africa: A Sustainable Maternal Health Care System

Dividing Africa into 3 & Estimating Population

Data ranging from 2015-2018

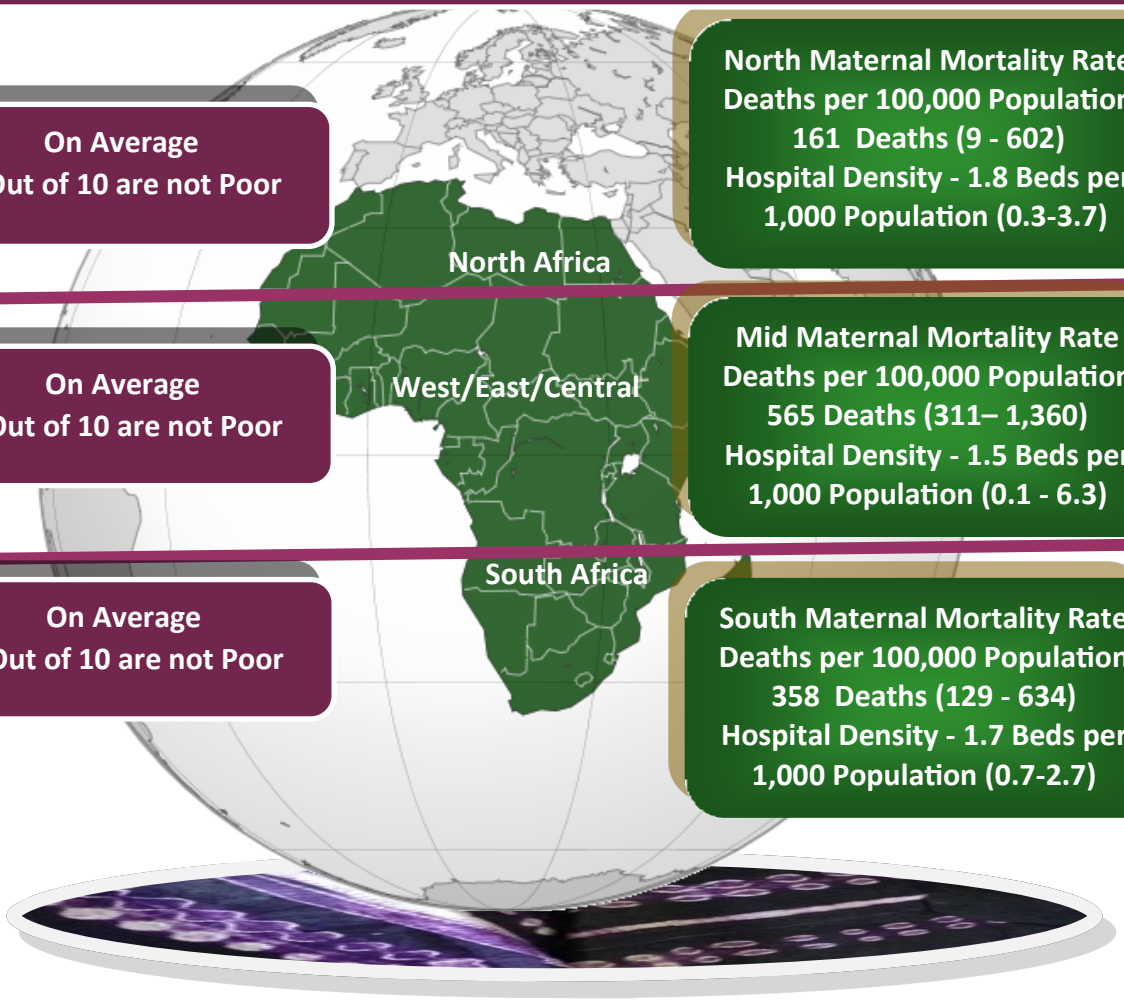


For the purpose of this comparison analysis, Africa is divided into 3: North-Sahara, Mid Sahara and South-Sahara. The North of Africa comprise of Seven (7) Countries: Egypt, Libya, Algeria, Morocco, Mauritania, Tunisia, and Western Sahara; the South Sub-Sahara comprise of Ten (10) Countries: Botswana, Angola, Namibia, Zambia, Zimbabwe, Lesotho, Mozambique, Malawi Rwanda and South Africa; and the Mid Sub-Sahara: comprise of African Western, Eastern and Central nations.

Africa: A Sustainable Maternal Health Care System

Rate of Poverty Versus Maternal Mortality

Data ranging from 2015-2018



On Average
7 Out of 10 are not Poor

North Africa

North Maternal Mortality Rate
Deaths per 100,000 Population
161 Deaths (9 - 602)
Hospital Density - 1.8 Beds per 1,000 Population (0.3-3.7)

On Average
3 Out of 10 are not Poor

West/East/Central

Mid Maternal Mortality Rate
Deaths per 100,000 Population
565 Deaths (311– 1,360)
Hospital Density - 1.5 Beds per 1,000 Population (0.1 - 6.3)

On Average
8 Out of 10 are not Poor

South Africa

South Maternal Mortality Rate
Deaths per 100,000 Population
358 Deaths (129 - 634)
Hospital Density - 1.7 Beds per 1,000 Population (0.7-2.7)

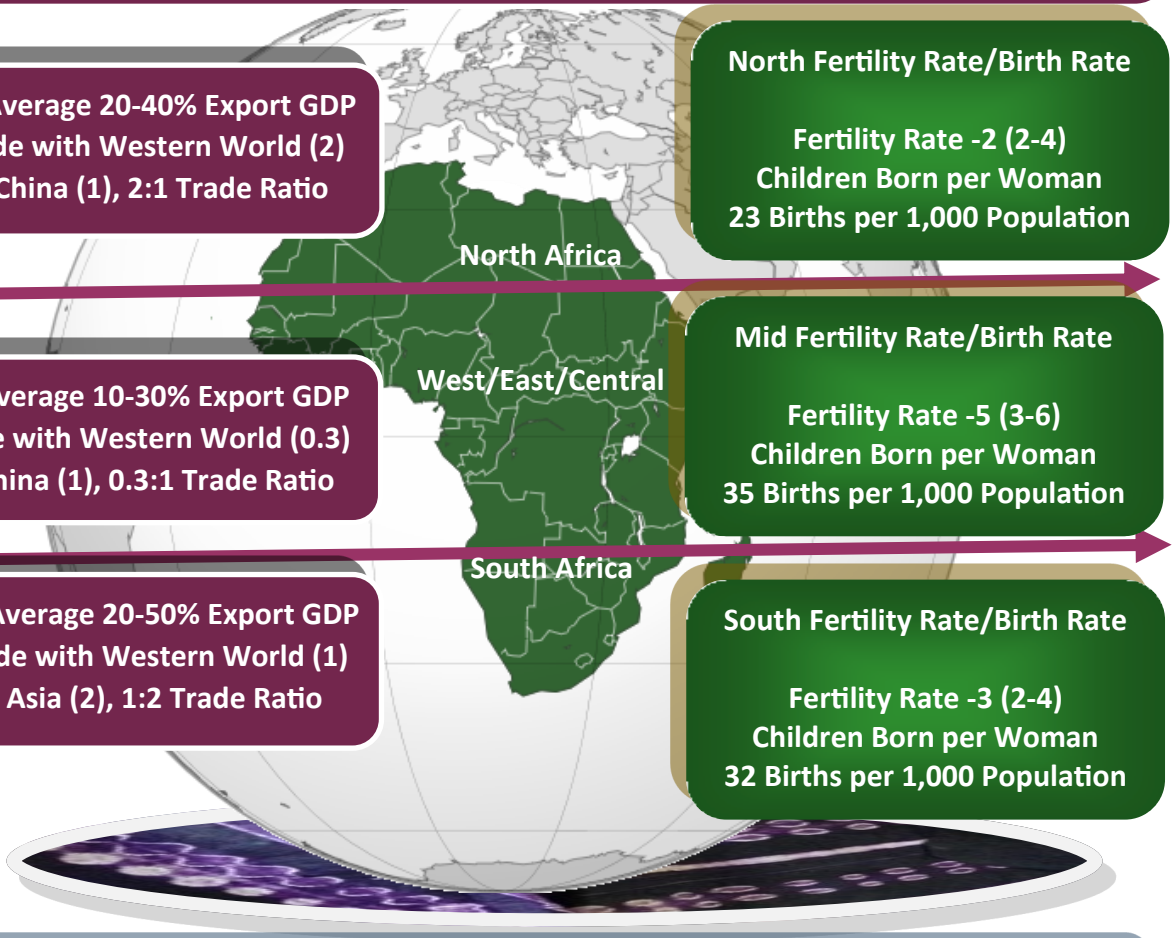
In US, on Average 9 Out of 10 are not Poor, Maternal Mortality Rate is 14 per 100,000 Live Birth; Live Expectancy of Women is 82.3 Years; and the Hospital Density is 2.9 beds per 1,000 Population

In India, on Average 8 Out of 10 are not Poor, Maternal Mortality Rate is 174 per 100,000 Live Births; Live Expectancy of Women is 70.5 Years; and the Hospital Density is 0.7 beds per 1,000 Population

Africa: A Sustainable Maternal Health Care System

Trade with Western World Versus Fertility Rate/Birth Rate

Data ranging from 2015-2018



On Average 20-40% Export GDP Trade with Western World (2) & China (1), 2:1 Trade Ratio

North Fertility Rate/Birth Rate

Fertility Rate -2 (2-4)
Children Born per Woman
23 Births per 1,000 Population

On Average 10-30% Export GDP Trade with Western World (0.3) & China (1), 0.3:1 Trade Ratio

Mid Fertility Rate/Birth Rate

Fertility Rate -5 (3-6)
Children Born per Woman
35 Births per 1,000 Population

On Average 20-50% Export GDP Trade with Western World (1) & Asia (2), 1:2 Trade Ratio

South Fertility Rate/Birth Rate

Fertility Rate -3 (2-4)
Children Born per Woman
32 Births per 1,000 Population

In US, On Average 12.2% Export GDP; Trade with Western Americans (2-Canada, Mexico) & China (1), 2:1 Trade Ratio. The Fertility Rate is about 2 Children Born per Woman; and Birth Rate is 12.4 Births per 1,000 Population.

In India, On Average 18% Export GDP; Trade with Western World (2-USA, United Emirates) & China (1), 2:1 Trade Ratio. The Fertility Rate is about 2 Children Born per Woman; and Birth Rate is 18.7 Births per 1,000 Population.

Africa: A Sustainable Maternal Health Care System

The fertility rate of the Women in Africa ranges from 2-5 children born per woman, a great change and a far cry from an average of 6-12 children per woman, centuries ago. The male fertility rate is however more than double that of the woman, since African men are allowed, by culture, to marry more than one wife at a time. The Contraceptive Prevalence Percent is however 52.7% (17% in Mauritania-67.4% in Morocco) in North Africa; 48.9% (13.7%in Angola- 66.8% in Zimbabwe) in South of the Sub-Sahara Africa; and 20.7% (4% in South Sudan -61.6% in Kenya) in Mid Sub-Sahara. There is a statistical relationship between the prevalence of contraceptives and the number of beds per 1,000 population in Africa.

Finally, the beginning of maternal mortality rate reduction in Africa is an improvement of the rate. By improving on the already existing systems, the foundation of Women's Health in Africa, which begins in the Community. **Monitoring and evaluating the process can lead to sustaining the reduction in number of deaths**. The Health of the African Woman is a Life-Course, and the perinatal period should be taken advantage of, for entry into the health care system. Connecting women and their families to the health care systems and training the Traditionalists in each community to help women survive the most crucial point in the Life Course of the African woman, maternal peri-natal health, which begins with **Resuscitation**!

References

Source #1: US Central Intelligence Agency -*CIA*
https://www.cia.gov/library/publications/resources/the-world-factbook/
Source #2: World Bank
https://datacatalog.worldbank.org/

The Best of Two Worlds: Bar Beach, on the Island, Lagos Nigeria

Published Letters to the Editor

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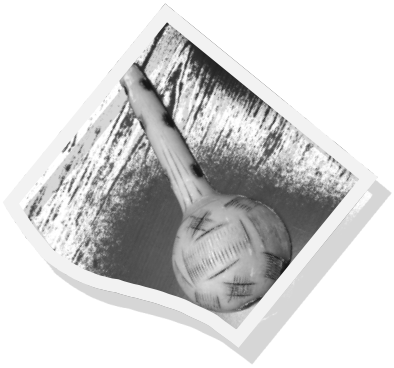

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