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> Statement submitted by Diligent Care for Creative Intelligence Development, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

^{*} The present statement is issued without formal editing.





Statement

"Strategies for the Eradication of Poverty to Achieve Sustainable Development for All"

High Impact Smart Maternal Skill Education for Newborn Healthy Minds

INTRODUCTION:

Diligent Care for Creative Intelligence Development (DICIDE) in Special Consultative Status with UN ECOSOC is dedicated to promoting smart healthy minds as a tool for academic performance, attitude, wealth creation and poverty eradication through Smart Maternal Skill and Smart Student Empowerment.

PURPOSE OF STATEMENT:

To ensure smarter lives beyond saving lives of both mother and child in local communities, an innovative strategy that promotes lifestyle adaptation has been compiled to achieve SDG 1–5, 8, 13 and 16, endorsed for women by Federal Ministry of Health in Nigeria. It supports gender right education and preconception preparedness that enhances maternal skill, newborn intelligence and health. It is a healthy mind program for prospective mother including adolescents that enhances capacity to achieve pregnancy healthy outcomes for the family in addition to better academic performance, attitude and economy.

The empowerment training addresses the risk factors facing prospective mothers and children living in adversity, malnutrition, poverty, hazards, disease burden and environmental issues by promoting health through nutrition provide enrichment, nurturing and protecting against maltreatment or child abuse. It emphasizes nurturing and protection of early brain development right from the first trimester in a sustainable manner.

BACKGROUND:

According to Grand Challenges for Development every 2 minutes, a woman dies in childbirth and studies show maternal mortality rate is related to community economic output. Several studies also indicate that nutrition, disease burden and lifestyle has direct relationship with brain development in unborn child.

- a. In sub-Sahara Africa, women are 136 times more likely to die than in developed countries. (Few African women can have babies with great health and cognition)
- b. Issues from mother: haemorrhage, hypertensive disorders, serious infections etc
- c. Issues from newborn: infection (meningitis, pneumonia, and diarrhoea), preterm birth etc
- d. General Issues: poor quality care, absence of electricity, clean water, transportation, trained health professionals and interventions, limiting cultures, traditions and beliefs.

INDICES: Maternal mortality ratio (modelled estimate, per 100,000 live births) — Nigeria reduced from 1350 in 1990 to 814 in 2015, Malawi increased from 157 in 1990 to 634 in 2015, Ghana reduced from 634 in 1990 to 319 in 2015 while Kenya reduced from 687 in 1990 to 5100 in 2015 (WHO, UNICEF, UNFPA, World Bank

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Group, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva, World Health Organization, 2015)

GAP: The current health promotion has little provision for maternal skill — indirect consequence of parasitic conditions, heat stress, malnutrition and lack of fish oil or folic acid (Climate and environmental conditions influencing maternal health and newborn) prior to pregnancy. Health system places emphasis on treatment and survival. Over 75% of pregnancies are unplanned and based on culture/ belief. Africa or developing countries are worst hit due to disease burden and as a result thrives in poverty, underdevelopment, support and academic issues.

In low and middle-income countries, 25% of pregnant women and 19% of new others also experience depression. This affects not only the mother's health, but her ability to care for her child, and therefore the health of her children even from birth. Depressed women are 2.1 times more likely to give birth to a low birth weight infant. In childhood, stunting is increased by 40% among children of depressed mothers.

Adolescent and young mothers are particularly at risk, given that highest burden of poor mental health occurs just as young people are developing the social, cultural, emotional, educational, and economic resources on which they will depend to maintain health and wellbeing for the rest of their lives. Seventy five percent of mental health disorders start before age 24. Adolescence is also when people experience exaggerated forms of gender discrimination that can profoundly and negatively affect both girls and boys, but can particularly limit the ability for girls to choose their own path.

OBJECTIVE: Empowering prospective mothers/adolescents through health promotion and adaptive skill to ensure that,

- Women remain healthy throughout pregnancy to have healthy babies with high intellectual initiative.
- Recover from physiological changes that take place during pregnancy and child delivery.
- Improve preconception nutrition and health status based on environmental lifestyle need thereby reducing drastically child and maternal mortality.

DICIDE ANTECEDENTS IN NIGERIA (WORKSHOPS/AWARNESS CAMPAIGN — Over 7000 WOMEN AND MEN EMPOWERED)

- Role of UN SDG in Activating Potential and Maternal Skill Workshop, Abuja, 29th July 2017
- Role of UN SDG in Activating Potential and Maternal Skill Workshop, Calabar, 22nd July 2017
- Education Resource Centre ERC Staffs, Abuja, FCT Nov 2016
- State House Medical Centre, Abuja Antenatal Clinic- Oct 2016 till date Ongoing
- National Open University of Nigeria NOUN, Fac. of Public Health Nat. Conf. — Oct 2016
- UN International Girl Child Day. Theme: Girls Speak Out Oct 2016
- National Asso. of Catholic Nurses Guild in Nigeria, National Conference Sept 2016
- Assoc. for Good Clinical Practice in Nigeria –Clinical Trial Africa Summit Sept 2016

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- Federal Ministry of Education Counsellors in South-East Geo-Political Zone — 2014
- Counsellors Association of Nigeria Members, Enugu State Chapter 2014
- Principals of Sec. Schools in Federal Capital Territory, Educ. Board, Abuja, FCT — 2013
- Principals of Secondary Schools in Kano State, SMoE, Nigeria 2013
- Directors Federal Ministry of Education, FMoE, Abuja, Nigeria 2013
- Directors Federal Ministry of Health FMoH, Abuja, Nigeria 2013
- Directors of Federal Ministry of Niger Delta, FMoND, Nigeria 2013
- Directors of Federal Ministry of Lands and Housing, FMoLH, Nigeria 2013
- Principals of Secondary Schools in FCT, Abuja, Nigeria 2013

GENERAL OUTCOME OF SMART MATERNAL SKILL EMPOWERMENT

- a. Drastic reduction to maternal, newborn and child mortality and morbidity rate
 - b. Smarter healthy babies with high IQ points and APGAR scores
 - c. Better women health throughout pregnancy
 - d. Fast physiological recovery of mothers
 - e. Generation next disciplined adult work force
 - f. Reduction in funding need of health care
 - g. Women empowered and involved in their maternal health
 - h Improved academic excellence, reduced school dropout and repetition

SPECIFIC CHALLENGES: Specific challenges are limiting beliefs and ignorance of the need for maternal skill. Lack of available fund due to donor visions are not toward maternal skill. Most funding is tailored towards health care and saving lives and not toward preventive health.

THE WAY FORWARD/CONCLUSION: Diligent Care for Creative Intelligence Development is optimistic and hereby calls for funds and policy considerations of Smart Maternal Skill Empowerment to save the next generation from learning and attention issues which breeds maternal and child mortality, poverty, negative mindset and laxity. Thus, ultimately help generation next understand modern world and thus close the existing gap in human capital, inequality and poverty incidents. And specifically eliminate or reduce to the barest minimum maternal, newborn and child mortality issues.

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