

ONE PEOPLE! ONE WORLD!! UNITED IN PROGRESS!!!



CAMPAIGN TO SAVE AFRICAN WOMEN FROM PREGNANCY-RELATED DEATHS— (“SAVE”)

“Evil prevails if good men [and women] do nothing” (Burke E)

13 April 2010

To Whom It May Concern

APPEAL FOR SPONSORSHIP AND SUPPORT

Our names are Amanda Scott, International Project Officer and John Nze-Bertram, President of the Sweet Mother International, a humanitarian organization founded in 2000 to support the empowerment of rural and underprivileged women. We are writing this letter as an appeal for your sponsorship and support of the “SAVE” Campaign programs.

According to the World Health Organization, over half of the world’s 600,000 pregnancy related deaths takes place in Africa each year -- in fact, “Africa is the only region where there has been no improvement in maternal deaths for more than a decade. Indeed, the average maternal mortality ratio has increased from 870/100 000 live births in 1990, to 1000/100 000 live births in 2001.” This means that **every minute 1 woman dies from pregnancy-related causes.**

In response to this issue, we will be having rallies in various locations in Africa, followed by concerts and gala events **to call on governments, organizations and individuals to TAKE ACTION!**

By taking action, your company logo will be displayed on any or all of the “SAVE” Campaign promotion materials which you have sponsored. This includes: T-shirts, Banners, Posters, Flyers, TV adverts and other logistics. We will also post your company logo on our website.

Please, we encourage that you offer all necessary support within your capacity to the bearer of this letter, who has been appointed as a “SAVE” Campaign Coordinator in your country; verify at <http://www.sweetmotherinternational.org/coordinators-1>

Together, with your sponsorship, we shall make this campaign a resounding success. For, in our humanity, it is our duty of care to ensure that, **“In the 21st century, no woman should have to give her life to give life.”** —Ban Ki-moon, United Nations Secretary-General

Thank you in anticipation for your support and **please, complete and email the Sponsors Feedback Form included on the last page of this pack.**

Kind regards,

Amanda Scott
International Project Officer



John Nze-Bertram
President



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RALLY PROGRAMS AND GUIDELINES

PROGRAMS :

Friday-Sunday, 14-16 May 2010 : Prayers in Mosques, Churches and other religious centers

Monday, 17 May 2010: Procession to Parliament Houses (Local government, State or Federal) in all African Countries to call on the respective governments to urgently intervene in reducing Pregnancy-Related Deaths.

GUIDELINES :

1. Peaceful and Sobering Procession
2. No political slogans/signs/gestures
3. Complies with government guidelines and requirements (all rally leaders are advised to consult with their local authorities before the rally date)
4. Speech and proceedings are composed by the rally leaders and are respectful of local audience and culture
6. Dress code is White(or a uniform colour acceptable by a particular jurisdiction)

The rally leaders ensure that the campaign is PERSUASIVE and EFFECTIVE so as to achieve a best outcome

BENEFIT TO SPONSORS

Depending on your **SPONSORSHIP OFFER** you can have your **COMPANY LOGO** displayed on any or all of the campaign materials including:

- BANNERS
- T-SHIRTS
- PUBLIC RELATIONS MATERIALS—Posters, Flyers, Letter heads etc
- TV ADVERTS AND MEDIA PUBLICITY

This will promote your business in an area or regions in Africa where the events will be held.

CONCERTS AND GALA EVENTS

POST-RALLY PROGRAMS —Featuring: Popular Comedians, Musicians, Fashion and Beauty Pageants etc

DATE and VENUE: To be determined

(The leaders of the RALLY will meet to discuss the strategies for implementing the CONCERT AND GALA EVENTS.)

AIM:

The aim of the event(s) is to FUNDRAISE to support the establishment of a **TRUST FUND** to assist rural and under-privileged pregnant women in Africa.

OBJECTIVES:

The Trust Fund will be used to:

- fund cesarean operations
- equip maternity wards
- establish a mobile medical emergency unit that can quickly intervene in a complicated home child delivery situation and to transport patients to Hospitals
- provide after birth Medicare and nutrition

TIPS:

The leaders of the RALLY will appoint a CARE TAKER COMMITTEE that will manage the Trust Funds in each designated area.

The committee will be made up of representatives of the government health agencies, medical union members, community and NGO representatives.

Implementation is on phases and will be effectively monitored and reviewed to ensure expectations are met.

PHASE ONE: the a pilot program stage (may start in 2011/12).

The implementation of a pilot program to test run the TRUST FUND Scheme, which can be set up in a region which will be determined by the RALLY LEADERS and CARE TAKER COMMITTEE.

As a sponsor your ideas are welcome on how we can maximise your company exposure at the events. Email : smi@sweetmotherinternational.org

A WHO PUBLICATION ON MATERNAL MORTALITY IN AFRICA

The article below is published by the World Health Organization, and presents a heart wrenching and sobering reading. Please, read and reflect.

[Africa Records Nearly Half Of World's 600,000 Pregnancy-Related Deaths](#)

Almost half of the 600,000 pregnancy-related deaths recorded worldwide occur in Africa which has only 12% of the world's population, and only 17% of the global annual births, says a discussion paper to be reviewed at a roundtable of African health and development experts and officials scheduled for Thursday in Johannesburg.

"The main direct causes of maternal mortality in the African Region are haemorrhage during pregnancy, delivery and after-delivery complications (25%); sepsis (15%) unsafe abortion (13%); pregnancy-related hypertension (12%); and obstructed labour (8%)...the indirect causes include malaria, anemia, tuberculosis and HIV/AIDS

"Africa is the only region where there has been no improvement in maternal deaths for more than a decade. Indeed, the average maternal mortality ratio has increased from 870/100 000 live births in 1990, to 1000/100 000 live births in 2001", says the paper, prepared by the World Health Organization (WHO) Regional Office for Africa based in Brazzaville, Congo. The paper lists some of the major barriers to appropriate obstetric emergency care (EOC) in the African Region. These include:

- frequent shortages or lack of medications, essential supplies and equipment;
- inadequate blood transfusion services;
- inefficient laboratory support services;
- inadequate staffing, shortage of appropriately trained personnel and lack of staff supervision;
- shortage of operating theatres for obstetric emergencies, resulting in delays in surgical interventions;
- weak policy on delegation of authority for the management of obstetric emergencies, and
- mismanagement of obstetric complications as a result of staff incompetence, negligence or poor attitude. Timely access to appropriate obstetric emergency care (EOC) could avert 75% of these deaths, according to the paper, which enumerates the delays on the pathway to appropriate care in the Region.

These are: delay in seeking care in health facilities, delay in reaching appropriate health facilities, and the delay between a pregnant woman's arrival at a health center and the facility's response in providing appropriate care.

It also identifies three key interventions for accelerated maternal mortality reduction: prevention of unwanted pregnancy and the management of unsafe abortion, promotion of skilled attendance in pregnancy and childbirth, and improvement of access to referral care when complications arise.

It adds that improving access to emergency obstetric care would involve addressing the barriers to quality EOC at all levels through: equitable distribution of services; availability of adequate and skilled personnel coupled with delegation of authority and supportive supervision, and the creation of an enabling environment that promotes staff commitment and morale as well as client utilization.

The roundtable is being held on the sidelines of the 53rd session of the WHO Regional Committee for Africa, WHO's Governing Body in the Africa Region, taking place from 1 to 5 September.

Discussion points during the roundtable will centre on:

- steps to be taken in establishing and sustaining a comprehensive emergency obstetric care system;
- increasing awareness of the magnitude of maternal and newborn morbidity and mortality at community, national and international levels;
- skills development for health professionals;
- appropriate allocation and use of resources;
- the components of an obstetric emergency preparedness and response plan at community and facility levels, and
- the possible strategies to strengthen the role of the community in ensuring women's access to skilled attendance during childbirth.

Reference: **Samuel T. Ajibola, Public Information and Communication Unit , World Health Organization - Regional Office for Africa** , P.O. Box 6, Brazzaville, Congo, E-mail: ajibolas@afro.who.int Weblink: <http://www.afro.who.int/en/media-centre/pressreleases/525-africa-records-nearly-half-of-worlds-600000-pregnancy-related-deaths.html>

VIDEOS ON WHY MATERNAL HEALTH IS A PRIORITY

Engender Health-Every Minute Counts: Improve Maternal Health

http://www.youtube.com/watch?v=qem_-bnmFps

UNICEF on “Missing Mothers”

<http://www.youtube.com/watch?v=-2z7NH0yxCw&feature=related>

Aljazeera coverage of maternal mortality in Malawi

<http://www.youtube.com/watch?v=zD533COME4A&NR=1>

Amnesty International

<http://www.youtube.com/watch?v=oHjwc4a57Vo&NR=1>

Feel free to contact us at:

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SPONSORS FEEDBACK FORM

Thank you for your sponsorship. For our record and follow-up; please, it is **COMPULSORY** to complete this form and send via email to smi@sweetmotherinternational.org

To complete and send, copy the data below to a word document or your email compose window

NAME:

ORGANIZATION:

WEBSITE:

EMAIL:

TEL:

ADDRESS:

SPONSORSHIP OFFER:

ITEMS/LOGISTICS SPONSORED:

NAME OF COORDINATOR IN CONTACT WITH:

AREA OF CAMPAIGN COVERAGE:

OTHER INFORMATION YOU WISH TO SHARE:

THANK YOU