UNIVERSITY OF PORT HARCOURT

RELIEVING THE BURDEN OF VIOLENCE ---- THAT OUR CHILDREN WILL THRIVE

Valedictory Lecture

By

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PROGRAMME

1. **GUESTS ARE SEATED**

2. **INTRODUCTION**

3. **THE VICE-CHANCELLOR'S OPENING REMARKS**

4. **CITATION**

5. **THE VALEDICTORY LECTURE**

The lecturer shall remain standing during the citation. She shall step on the rostrum, and deliver her Valedictory Lecture. After the lecture, she shall step towards the Vice-Chancellor, and deliver a copy of the Valedictory Lecture and return to her seat. The Vice-Chancellor shall present the document to the Registrar.

6. **CLOSING REMARKS BY THE VICE-CHANCELLOR**

7. **VOTE OF THANKS**

8. **DEPARTURE**

DEDICATION

- To my parents - Smart O. Kanu and Victoria C. Kanu for sharing love unreservedly.
- To my uncles - Chief Edward obidike Kanu, Mr Nnabuihe O. Kanu and Mr. Princewill M. Kanu. These men, together with their eldest brother, my father, taught us what harmonious living is in practical terms
- To my family for speaking out against inequities and injustice for peace and healthy living.

ACKNOWLEDGMENTS

I here publicly acknowledge GOD ALMIGHTY for preservation of my life and sustenance; I acknowledge the efforts of Prof. Gracia Eke and Dr Ginika Chioma fellow consultants of the unit whose presence made the burden lighter, Efforts of our collaborators in the various units of paediatric gynaecology led by Prof Chris Akani; the medical social welfare unit led by Mr. Tende, the paediatric surgery units, members of the hospital tumor board led by Prof. Ekeke are highly appreciated.

All my professional colleagues, that have worked with me on any projects, in the communities, the hospitals, and ministries(especially health and social welfare) or NGOs, I love you all. There was always something to learn from each other.

Special mention must be made of nurses on children's medical ward 2 and resident doctors especially those who passed through oncology and social paediatrics unit, thank you all for your commitment and sacrifices.

Finally, my gratitude goes to the Chief Medical Director and Management in the hospital. We are not there yet but the recent events show that we will soon dream big dreams to my faculty ,THE College and the University, I say thank you as I bow out.

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RELIEVING THE BURDEN OF VIOLENCE ----- THAT OUR CHILDREN WILL THRIVE

Definitions
Violence: The intentional use of physical force/power to abuse, injures, damage or destroy.

NIGERIA - THE FACTS
2006-2014 169,033 Violent deaths
2014 highest 22,873
Then Lagos, Kaduna, Zamfara, Bornu most affected, Plateau, Delta, Benue, Rivers and Adamawa
Overall prevalence
16.7% - physical
62.4% - psychological

Burden
- Economic
As the Burden of Violence built up, it affects the health and education adversely

Cost of treatment of infection is high.
Violence affects children's health, education and productivity. Moral perception and economic understand the burden as social consequences were not included due to lack of data.

This year the 30th year of the CRC, can all concerned in protecting children.

Investing education economic opportunities

Economic burden of violence (UNICEF. ORG)
In 2014 data from VAC survey showed 1/2 of Nigerian children reported physical violence, by a parent/adult/community

Commutation loss of earnings before age 18 as a result of productivity loss

Violence impacts social and economic development by impacting human capital stability

Geographical distribution
Bornu - insurgency - insurgency related facilities.
Lagos, Kaduna, Zamfara, Plateau, Delta, Benue, Rivers and Adamawa are among the most affected states.
Niger-Delta is seen as the centre of violence and criminality
How have we been considering the

TYPES AND CAUSES OF VIOLENCE
Crime 19943 - 51425 death from 2006 - 2021
6354 accidents = 27645 death

Political issues
Including cattle,
Gender hatred

Consequences
Mortality

Economic burden

Health
Education

The burden of violence is heavy and has far reaching consequences.. Physical and psychological harm,with significant strain on health care

VIOLENCE, BURDEN AND EXPOSURE

Right facts - poverty, economic inequality, ethnicity, availability of guns
Demography of young people

50252 dealing from 2288 terrorist act

Educational levels-- Niger Delta area vs the average national level
*30% Niger Delta children are enrolled in primary school (fubara 2008) compared to our national average of 76%

Unemployment - high among youth

Kell in 2008, noted that corporate responsibility would hardly exist if all governments were to act in the best interest of their people. Unfortunately, all too often governments fail or lack the capacity to provide for the essential public goods such as health, education and protection of the environment. (Kell 2008,4)

The question at hand is; oil exploration and exploitation, are they meeting the needs of the region or negatively affecting the livelihood and developmental prospects and the possibilities of the future.?

Attributes of the region: 159 oil fields, 483 oil wells, producing 2 million barrels of oil (Nna 1999 in Akiyode at 2008,8)

Thus scattered around region, the oil spills on the land and in water with hundreds of people farming and fishing, (the indegenious occupation of the people- these produce unending gas flaring which is very detrimental to the health of the inhabitants causing Ecosystem extinction and Impoverishment.

Aghalino 1998 impact of oil exploration
- Environment
- Ecosystem extinction and ways of the people
- Impoverishes the oil producing communities

SCHOOLING AND VIOLENCE IN NORTHERN NIGERIA

Every child has a right to education but with the fear of violence or attack in the North- this is not a right they can rely on due to waves of insecurity in the region. Between Jan - 2001) 5 sub attacks in Kaduna , - 200 students held for ransom none from school in which…..

NDA headquarters security was compromised 2 persons killed one abducted.

There were also attacks on schools and other structures in other parts of north e,g. Brono, kebbi, Zamfara, Bauchi and Plateau etc.

These attacks and activities of some of these unconventional and unknown groups as well as ineffectiveness of government efforts have violated the safe school declaration – political commitment to better protect students, teachers, schools and universities during armed conflict, to support the continuation of education during war and to put in place concrete measures to deter the military use of schools.

Although Nigeria government signed the safe schools declaration in 2019, the safety of schools and students is still far the assurances which has created a cloud of doubt for many students and schools across the country.

Yet quality education is supposed to be a right of every Nigerian child irrespective of the region, state and geographical background.

Teach for Nigeria (TFN) launched in 2017, placed teachers in Ogun, Lagos and Kaduna state (2018 west) 88 fellows to advocate for issues facing communities in collaboration with community leaders, heads of school and grass root leader including some individuals.

Between 2018-2020 increasing attendance from 40% - 95%. literacy skills also increased from 30 – 80%. General academic performance improved from 30% - 90%, developmental innovation/sustainable projects within the region to ensure that parent, teachers and other stakeholders would continue to develop even after TFN in Nigeria had left the region.

Kogo Knowledge Library was set by Alman Samuel Onyeledo to give stakeholders access to quality books and reading materials to empower them. The initiative led by Alman which train parents on vocational skills to help them support themselves and the children ulitize radio school, stem for nursery and primary 3 days a week on preparation.

To address learning disparities in schools and classroom geared at more children having access to quality education to save more people from joining the poverty circle in Nigeria – revitalization of Nigeria economy.

Areas of concern
Security/ safety of school
Issues in the region
Recommend findings to promote safety and protect the school environment in conflict situation and humanitarian emergencies.

Education as a political act using students leadership to ensure stability for a sustainable future.

Awagin community of wawas perkua amazon
Philosophy of good living has guided their way of life rooted in harmony with nature. This balance is now under threat from pollution, illegal mining, deforestation and improper waste disposal, endangering both the lands and the people, leaving them without clean water, deforestation, and destruction of land, displacement and absence of proper waste/sewage disposal or management system affecting the health and wellbeing of the people.

These challenges are not just environmental, they are deeply politically rooted in system neglect and exploitation. After witnessing this devastation and its impacts on the ecosystem and the community. I realize that being neutral is no longer an option.

Now believe that education is a political act with the ability to engage and empower students to be stewards of their natural environment. As responsibility that can demand their rights and challenge systemic injustice that will lead to fight for sustainable future.

Founded papdea to provide platform for students to collabusie with other student /teachers community.

Back home- what is the situation like here, same thing environmental/degradation, violence of different forms especially abuse of females, bullying, diminishing academic performances.

In the wake of widespread violence in the Niger Delta (kidnapping, sexual abuse of children, clashes of groups and the obvious impact on school performance). We decided to have a look at bullying behaviour considered to be the mildest form of violence.

Using medical students whom we expect to appreciate the eventual implication of bullying.

Findings revealed from their responses that bullying is very common among students in secondary school and exists in both unisex and co-educational institutions. Most males and females are involved as a show of power and superiority.

Forceful acquisition of what does not belong to them and ego play accounts for most of these incidents. Some actually to the point that some student are made to be so scared that the person start to drop academically and fearfully decide to stay away from school. Many of these activities happened without the knowledge of teachers and even the parents.

I was shocked at the response of one of our respondents responding to a question said he stabbed a fellow student to death. Following the question that if he has a chance would he do it again and his answer was capital YES.

We have always proposed that school health programme should include pre entry medical examination to ascertain the psychology personality or mindset of the student. However,

health record and report have indicated that young people need to be helped to achieve their maximum potential, but they can only do that if they are physically, emotionally fit.

It has also become glaring that when we send our children to school, many school do not have the ability and the well with al to meet all the psychological and emotional needs of the children. Time has come to view and institute/adopt the whole school, whole child, whole community programme. Under this arrangement, the community where the child comes from takes responsibility in ensuring the child is nurtured and represent them well, the family should take interest in what the child does this is where his first character is molded before children are sent to school to build themselves, learn and label to help themselves and society. When they pass through schools, resources spent, time spent and end up not qualifying – it is a waste of resources and manpower.

- Nothing to contribute to the society
- Bulling behavior leads to becoming a menace to the society
- Their needs must be met and they do not have the resources so, they bully friends, fight, kill destiny, rob, make violence upon violence.

It is time community got involved in knowing what their children do /how they spend the resources of the community, developments and the opportunities for the citizen.

Harmony of these elements rather than involving themselves in vandalism and acrimony. Violence destructs the system, school structures and programmes, causing injuries and preventable death. Violence consumes resources that should be used to develop the communities and make happy living.

Violence is against the law and culprits face the law, and in facing the law they lose the opportunities of good jobs, they lose time to develop themselves, they also maybe stigmatize, above all they may be castrated in correctional centre.

The implication of the Burden of Violence

1. Loss of earnings
2. Loss of resources due to violence or violent injuries
3. Social and psychological impact, fear, instability, anti-social personalities, trauma ambivalent personalities
4. Reduce quality of life, no chance to further education
5. Damage to the social fabric of the society
6. Unwanted pregnancy and abortions
7. Mental problems, depression, anxiety neurosis
8. Risk of sexually transmitted infections
9. Alcoholism, drug abuse, drug addiction and drug trafficking.

THE WAY FORWARD

The Whole School, Whole Child, Whole Community model—WSCC for short is more than an education strategy. It's a philosophy and an actionable framework that recognizes a profound truth: children don't learn in isolation. They learn—and live—within families, communities, social systems, and physical environments. In settings where resources are constrained and adversities are common, this interconnection becomes even more critical.

The necessity, sensibility, and implementation of this model, with particular attention to our context—resource-poor environments where each intervention must be thoughtful, sustainable, and impactful.

1. Why WSCC Is a Foundational Necessity

The "why." Why is the WSCC model not just ideal but essential in resource-poor contexts?

Children growing up in poverty or conflict-affected regions often face a cascade of risks: poor nutrition, irregular attendance, family instability, exposure to violence, and inadequate access to healthcare. Schools become the one consistent institution in their lives. But schools alone, focused only on academic delivery, cannot offset these challenges.

This is where the WSCC model becomes foundational. It is based on a clear premise: student health and academic success are inextricably linked. The WSCC model, jointly developed by the CDC and ASCD, builds on this by proposing a coordinated, school-led but community-supported framework for student development.

In essence, the WSCC model reframes schools from academic factories into holistic ecosystems of care, inclusion, and resilience.

This is especially important in environments where children's basic needs—safety, nutrition, emotional security—are not reliably met elsewhere. WSCC becomes a lifeline, not a luxury.

But this necessity becomes even clearer when we look at what's unfolding here in Nigeria—especially in the Niger Delta and parts of the South-South region, where children's futures are being suffocated not just by poverty, but by environmental and political crises.

The scourge of oil bunkering, illegal refining, and pipeline sabotage has not only robbed the nation of billions in revenue—it has directly poisoned communities. In areas like Bayelsa, Rivers, and Delta states, children are growing up in environments where the air is toxic, water sources are contaminated, and economic livelihoods have collapsed. Schools exist—but they are surrounded by suffering.

In such places, students show up in classrooms with respiratory illness, under nutrition, trauma, and no vision for the future. Teachers are burnt out, health services are absent, and families are disengaged—because survival takes priority over schooling.

This is not a failure of education alone—it's a systemic collapse. And in that kind of collapse, WSCC becomes the only model that makes sense: one that coordinates health, education, environmental safety, and community healing in a unified response.

Now consider the current political climate in Nigeria. With a growing recognition of decentralization, state-level responsibility, and community-based development, there's actually a policy window to push for models like WSCC—models that empower schools and local actors to lead change, even when federal systems falter.

But to make that happen, we must have intentional policies that prioritize local leadership, community education boards, and cross-sector partnerships—especially in fragile or conflict-prone zones.

2. Why the Model Is Sensible—Even in Lean Conditions
It may seem counterintuitive: how a "comprehensive" model be sensible when we're struggling with bare-bones resources?

The answer lies in integration and community leverage.

WSCC is not about building new structures or bringing in elite consultants. It's about coordinating what we already have and making it work smarter. Here's how:

Health services? These might already exist through community clinics, local NGOs, or trained community health volunteers.

Nutrition support? Local farmers or women's cooperatives may be willing to supply school meal programs or contribute to school gardens.

Mental health and emotional support? We can train trusted teachers or older peers to serve as safe points of contact for children in distress.

Instead of treating education, health, family, and community engagement as separate silos, WSCC recognizes that these are interdependent realities in a child's life. The model simply weaves them together, using existing community capital as threads.

It's sensible because it makes practical use of low-cost, high-impact strategies, fosters local ownership, and can be adapted flexibly based on context.

In fact, WSCC thrives best in resource-poor settings because of its inherent reliance on relationship-based solutions—not expensive technology or infrastructure.

3. Policy Brief – What Stakeholders Should Prioritize
What this means from a policy perspective.

For those of us shaping or influencing education and development policies, the WSCC model gives us a unique blueprint to support children comprehensively.

Here are four key policy recommendations that can anchor a WSCC-oriented approach:

1. Adopt an integrated policy framework
Move away from sector-specific planning. Education, health, and community development must be linked through joint policy goals and budgets.

2. Empower school leadership
Give head teachers and school boards the autonomy to engage with health agencies, NGOs, and local governments to form WSCC-style partnerships.

3. Build multi-stakeholder platforms
Create regular forums where schools, health workers, parents, and community leaders can collaborate, assess needs, and co-design interventions.

4. Embed monitoring and accountability
Track not only academic metrics but also student well-being indicators: nutrition, attendance, psychological safety, and community participation.

These policy shifts don't require massive investment. What they require is political will, cross-sector cooperation, and a genuine commitment to putting children at the center.

4. Implementation Plan – A Pathway for Action
To implement this in real terms—on the ground, with limited budgets and variable capacity?

Here's a 6-step implementation plan that has worked in diverse settings and can be scaled based on community context:

Step 1: Conduct a community and school needs assessment
Identify the biggest non-academic barriers to learning in your community: Is it malnutrition? Family instability? Chronic illness? This ensures interventions are targeted.

Step 2: Build a local coalition
Form a working group including school staff, health workers, local NGOs, religious leaders, youth reps, and parents. This is your implementation brain trust.

Step 3: Prioritize two or three high-impact interventions
Don't try to do everything at once. Start with the most urgent and doable—maybe safe water, school meals, and peer support groups.

Step 4: Assign champions for each WSCC component
Within the school or community, assign individuals or partners to lead on physical activity, mental health, health services, or family engagement.

Step 5: Train and mobilize
Offer focused training for teachers and volunteers in health literacy, trauma-sensitive education, or referral systems. Short, skills-based sessions are more realistic than long workshops.

Step 6: Monitor, celebrate, and iterate
Set up basic tracking tools. Celebrate wins, learn from what didn't work, and revise regularly. Make success visible to build momentum and attract more partners.

The implementation must remain adaptive, community-driven, and evidence-informed.

Real-World Echoes – Examples from the Field

From rural Uganda to urban neighborhoods in the UK, variations of the WSCC model are already being tested with promising outcomes.

For example, in Rochdale, England, Kingsway Park High School used WSCC-aligned strategies to transform one of the most challenged schools into a thriving, inclusive environment. What they did—community mentorship, enrichment clubs,

health awareness sessions—didn't cost millions. It required leadership and a shift in thinking.

In another case in northern Kenya, a simple partnership between local health posts and schools allowed for regular deworming, vision screening, and hygiene education—tripling school retention rates among girls within two years.

These stories remind us that where there's coordination and care, transformation is possible—even with scarcity.

Conclusion

A Shared Commitment to the Whole Child

I invite you to imagine a generation of children raised in systems that truly see and support them—not just as students, but as whole people—with needs, hopes, and dreams.

The WSCC model gives us the tools to make this vision real.

In resource-poor environments, this isn't just a policy option. It's a moral imperative—and one that we can act on, starting today, with what we already have.

Let's build whole schools, around whole children, in partnership with the whole community—and in doing so, create a future that's more just, more resilient, and more human.

A call to confront one of the most urgent questions facing our country: How do we support children growing up in adversity—not just to survive, but to thrive?

A presentation is centered on a framework that answers this question with depth, flexibility, and realism: the Whole School, Whole Child, Whole Community model, or WSCC.

This is not theory. It's a working model for how schools, health systems, families, and communities can collaborate to ensure that children are safe, healthy, engaged, supported, and challenged—especially in environments where resources are stretched and systems are fragmented.

1. Why WSCC Is a Foundational Necessity in Nigeria's Current Landscape

Let's begin by understanding the why.

In many Nigerian communities, particularly in the Niger Delta and oil-producing regions, we're witnessing more than just poverty—we're seeing deep environmental degradation, social instability, and loss of generational hope.

The scourge of oil bunkering—illegal refining, pipeline vandalism, and environmental pollution—has created a humanitarian disaster. Farmlands are scorched. Rivers are blackened with crude oil. The air itself is carcinogenic. Children breathe toxins, drink contaminated water, and go to school next to creeks filled with dead fish and chemical runoff.

What does that do to learning?

It creates a situation where a child is physically present in a classroom, but mentally and emotionally overwhelmed. They are hungry. They are sick. They may be grieving. And yet, we continue to judge schools by exam scores alone.

The WSCC model shifts that lens. It understands that before a child can be a student, they must first be a whole person—nourished, safe, emotionally secure, and socially supported.

In Nigeria's conflict-affected zones, IDP camps, and communities destabilized by economic exploitation, WSCC becomes not just relevant—it becomes essential. It is a bridge between education and survival.

2. The Sensibility of the Model—Even in Lean Conditions
Some may ask, "Can we afford a comprehensive model like this in a low-resource country?"

My answer is simple: we cannot afford not to.

The WSCC model is not about expensive reforms. It's about smart coordination and community empowerment.

It encourages schools to partner with existing local clinics, community health workers, and NGOs.

It recognizes religious leaders, women's cooperatives, and youth groups as critical assets in implementing social-emotional learning and mental health support.

It values peer mentorship, volunteerism, and parent participation—tools that cost little but yield much.

And let's not forget the political climate: Nigeria today is navigating a delicate balance between central governance and increasing decentralization. Many state governments are being challenged to take ownership of education, health, and local development.

This is an opportunity.
The WSCC model fits within that emerging governance space. It enables schools to become community anchors—not just

academic spaces, but safe, responsive environments that provide care, structure, and dignity.

3. Policy Brief – What Nigerian Stakeholders Should Prioritize

So, what should policy makers and influencers in our context focus on?

Here are four key WSCC-aligned policy directions that Nigeria can adopt—nationally and at the state or LGA level:

1. Integrated Education-Health-Environment Policies

Develop joint policy frameworks that address education alongside health, sanitation, and environmental safety—particularly in oil-polluted and disaster-prone regions.

2. School Autonomy for Community Engagement

Allow headteachers to form formal partnerships with community-based organizations and public health actors to co-deliver non-academic interventions.

3. Local Accountability Mechanisms

Encourage communities to track school nutrition, attendance, safety, and well-being indicators alongside academic performance. Let accountability go both ways.

4. Incentivize Multi-Stakeholder Platforms

Promote platforms at ward or LGA level where education officers, community leaders, and health reps co-design interventions and share outcomes transparently.

These are low-cost, high-trust interventions that show communities: the system is working for them.

4. WSCC as a Tool to Rebuild Trust in Governance
In many Nigerian communities, trust in government has eroded. People feel forgotten, exploited, or abandoned.

But a school that partners with a local health team to provide malaria testing… a head teacher who calls a community forum to plan school meals… a youth group that organizes peer mentorship for younger students—these small acts begin to repair the social contract.

WSCC empowers schools to become visible agents of change. And when people see government-supported institutions improving lives, trust is restored.

This is not just about education—it's about restoring dignity, participation, and hope.

5. Implementation Plan – From Framework to Action
Here's how we begin, practically:

Step 1: Conduct a context-specific needs assessment
Use simple tools to identify what non-academic factors are affecting learning in each school zone—be it nutrition, trauma, pollution, or poor hygiene.

Step 2: Map local assets
Every community has resources—elders, youth groups, churches, mosques, health workers, cooperatives. Map them and match them to WSCC components.

Step 3: Form a "Whole Child Committee"
This committee—made up of school reps, parents, and local stakeholders—will guide implementation and troubleshooting.

Step 4: Start with two priorities
Pick two realistic starting points—school health days, school meals, mental health support groups, or hygiene drives. Keep it focused.

Step 5: Monitor with community visibility
Share progress through town halls, PTA meetings, and local radio. Let the community see that this is their initiative.

Step 6: Scale based on success and funding
As outcomes improve and partners gain confidence, scale to other WSCC components and attract more support.

This process is iterative, participatory, and scalable.

6. Closing: The Whole Child, the Whole Nigeria
To close: when we talk about the "whole child," we are not using flowery language. We are naming a reality—that no child learns in a vacuum.

They learn in homes affected by unemployment, in schools affected by pollution, in communities affected by violence, and in a nation still striving toward equity.

The Whole School, Whole Child, Whole Community model is not perfect, but it is powerful. It allows us to take what we already have and make it work—together, smartly, and sustainably.

In rebuilding education, we can also rebuild trust, resilience, and nationhood—from the inside out.

Let's build whole schools, around whole children, supported by whole communities—and in doing so, heal whole nations.

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CITATION

PROFESSOR NWADIUTO AFONNE AKANI

It is with immense pride that I introduce Professor Nwadiuto Afonne Akani, a distinguished scholar, paediatrician, child health advocate, and mentor whose career has left an enduring mark on the academic and medical landscape of Nigeria.

Professor Akani was born in Umuda Isingwu, Umuahia, to the family of Smart Odinkenmere and Victoria Chijiuba Kanu. Her early education began at Wesley Methodist School, Port Harcourt, where she obtained the First School Leaving Certificate with Distinction. Her secondary education commenced at Archdeacon Crowther Memorial Girls College, Elelenwo, but was interrupted by the Nigerian Civil War in 1967. She resumed and completed her studies at Girls' Secondary School, Umuahia, where she earned both the London GCE Ordinary Level Certificate and the West African School Certificate with Grade I in 1973, becoming the first-ever recipient of the school's Prize of Excellence.

A recipient of a Federal Government Scholarship, she studied Medicine at the University of Ibadan, graduating with the MBBS degree in 1981. She completed her internship at the University College Hospital, Ibadan, and served her National Youth Service at the Comprehensive Health Centre, Orogbum, Port Harcourt. Following this, she worked with the Rivers State Ministry of Health before commencing her postgraduate training in Paediatrics at the University of Port Harcourt Teaching Hospital. In 1998, she joined the Department of Paediatrics at the University of Port Harcourt, where she rose through the ranks to become a Professor of Paediatrics and Child Health in 2011.

She is a Fellow of the National Postgraduate Medical College of Nigeria (FMCPaed), where she has served as an examiner in both Part I and Part II of the Paediatrics fellowship exams and as a two-time member of the Faculty Board. Professor Akani has taught and supervised undergraduate, postgraduate, and MPH students. Her academic contributions include two co-authored books and several book chapters, alongside an extensive portfolio of published research in both national and international journals.

Her research interests and advocacy efforts span adolescent and school health, paediatric oncology, child abuse and protection, maternal and child health, and the elimination of harmful traditional practices. She is a passionate voice for children and families and has consistently integrated community engagement into her academic and clinical work.

In service to the university and the wider health sector, Professor Akani has held numerous leadership roles. She served as Acting Head Dept of paed and child health,Uniport and then Head of the Department of Paediatrics (2005–2008),

Director of the Institute of Maternal and Child Health, and Chair of the Committee on the University HIV/AIDS Policy. She was also West African Sub-regional Coordinator for the African Universities HIV/AIDS projected serving for three years.

Before her Professorship, She was faculty representative to. Senate, the SCAPP and to STADU. and the University's 40th Anniversary Planning Committee, served on the National Child Health Technical Working Group, where she chaired the School and Adolescent Health Subcommittee and was also member of the Non-Communicable Diseases Subcommittee.

Professor Akani is a respected member of several professional bodies, including the Nigerian Medical Association (NMA), Paediatric Association)PAN Medical and Dental Consultants Association of Nigeria (MDCAN), Medical Women's Association of Nigeria (MWAN), 6the International Society of Paediatric Oncology (SIOP). She has served on the editorial boards of the Nigerian Journal of Paediatrics (NJP), The Nigerian Health Journal (TNHJ), and the National Postgraduate Medical Journal (NPMJ), and a reviews for the British Medical Journal (BMJ) and others

. She has served as Projects Adviser for TAP Nigeria, State Coordinator for the White Ribbon Alliance for Safe Motherhood (WRAN), and was honoured as a Friend of FIDA by the Rivers State branch of the International Federation of Women Lawyers. She was appointed Justice of the Peace in Rivers State in 2007, and was specially commended for her keynote address at the Paediatric Association of Nigeria (PAN)ed Conference in Calabar in 2014. She also received an Honorary Award from the Rotary Club of Port Harcourt GRA in 2015, and was further honoured with the Distinguished

Service Star of Rivers State (DSSRS), by Rivers state government in 2023.

Beyond her professional and academic achievements, Professor Akani is a woman of deep Christian faith. She is an ordained Pastor and the International Coordinator of God's Heritage Women International. She is a gifted composer with over 30 original gospel songs, and a vibrant worshipper known for ministering in song and service.

She is married to Chris Akani, Professor of Obstetrics and Gynaecology, and they are blessed with four children Wobia, Chizy, Chituru , Ugo ,their spouses and five grandchildren -- Annabelle, Amira, Azariah, Callen, and Skye.

Professor Owunari Abraham Georgewill
Vice Chancellor