CHRICED Policy Brief

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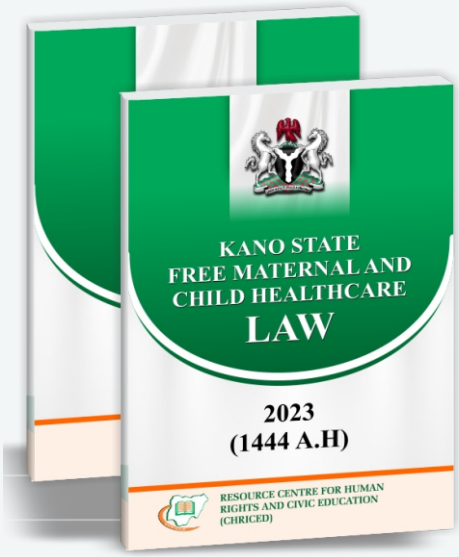
KANO STATE FREE MATERNAL AND CHILD HEALTHCARE LAW (2023):

A Landmark Reform at Risk of Neglect

Introduction:

A Transformative Legacy in Need of Urgent Stewardship

On 20 May 2023, Kano State took a historic step by enacting the *Kano State Free Maternal and Child Healthcare (MNCH) Law*, the first legislation of its kind in Nigeria. The law was designed to guarantee free, comprehensive maternal and child health services for all women and children in the state, irrespective of socio-economic status. Its provisions, if fully implemented, would significantly reduce the structural barriers that contribute to Kano's high maternal and child mortality rates—barriers such as inadequate infrastructure, shortages of skilled health personnel, delayed access to emergency care, and high out-of-pocket expenditures.



Despite its promise, implementation of this landmark law has not commenced more than two years after its passage and assent. This prolonged delay has created uncertainty and has left the state's maternal and child health system in a fragile condition. While citizens continue to wait for the benefits of the law, the quality of MNCH service delivery remains deeply concerning.

Current State of MNCH Facilities: Persistent Gaps Hindering Progress

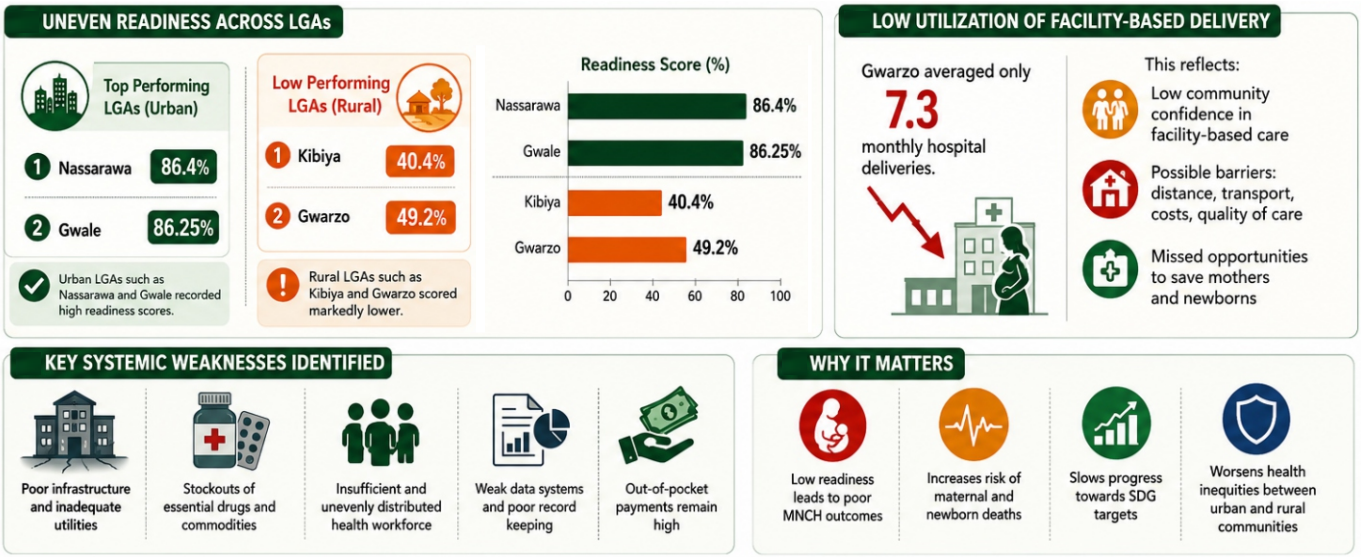
A recent Maternal, Newborn and Child Health Readiness Assessment conducted by CHRICED across 91 Primary Healthcare Centres (PHCs) in 11 Local Government Areas (LGAs) highlights significant disparities and systemic weaknesses.

Uneven Readiness Across LGAs

- Urban LGAs such as Nassarawa and Gwale recorded high readiness scores (86.4% and 86.25%).
- Rural LGAs such as Kibiya and Gwarzo scored markedly lower (40.4% and 49.2%).
- Gwarzo averaged only **7.3 monthly hospital deliveries,** reflecting low community confidence in facility-based care.

Infrastructure and Utility Deficits

- Infrastructure readiness in Kibiya and Gwarzo stood at **14.1% and 23.6%,** respectively.
- Only **63 facilities** had dedicated delivery rooms, and just **38.1%** of these were in good condition.
- Only **47.2%** of facilities had reliable 24-hour power supply.



- Running water in delivery and postnatal areas was available in only **47.4%** of facilities.
- Accessible private toilets for women and persons with disabilities were available in only **38.6%** of facilities.
- Only **14 out of 91** facilities had functional ambulances or referral transport arrangements.

These gaps undermine infection control, emergency response, and the overall safety of mothers and newborns.

Shortage of Skilled Health Personnel

- Across **91 facilities, only 11 doctors** and **129** nurses/midwives were available—an average of **1.4 skilled personnel per facility.**
- Facilities rely heavily on Community Health Extension Workers (CHEWs), averaging **4.5 per facility**, placing pressure on mid-level cadres and limiting emergency obstetric care capacity.

Continued Out-of-Pocket Payments

Despite the law's guarantee of free MNCH services:

- **70.3%** of facilities charged for drugs and supplies.
- **76.9%** charged for laboratory tests.
- **31.9%** charged for antenatal care.
- **9.9%** charged for normal delivery.

Delivery fees ranged from **₦3,500 to ₦15,000**, while essential drugs could cost up to **₦35,000.** These charges disproportionately affect rural and low-income households and contradict the intent of the law.

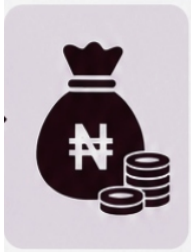
Implications of Continued Delay in Implementation

The prolonged delay in operationalizing the Free MNCH Law has several far-reaching consequences:

- **Widening Inequities:** Rural and low-income families continue to face financial and geographic barriers to essential care.
- **Underfunded PHCs:** Without the law's structured funding mechanism, PHCs remain inadequately resourced.
- **Fragmented Interventions:** Government and donor efforts lack a unified framework, reducing overall impact.
- **Erosion of Public Trust:** Citizens may lose confidence in public institutions when transformative laws remain unimplemented.
- **Preventable Loss of Life:** Delays translate directly into avoidable maternal and child deaths.

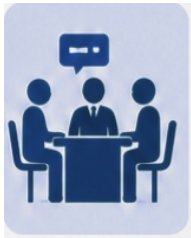
The law was designed to address these systemic challenges comprehensively. Its continued non-implementation risks reversing gains and undermining future progress.

Priority Actions for Immediate Implementation



ALLOCATE DEDICATED FUNDING IN THE 2026 BUDGET

Provide adequate and ring-fenced funding to operationalize the Kano State Free Maternal and Child Healthcare Law.



CONSTITUTE THE FREE MATERNAL AND CHILD HEALTH CONSULTATIVE COUNCIL

As mandated in Section 14(1), establish the Council to guide, coordinate, and oversee effective implementation of the law.

FORMALLY LAUNCH THE LAW

Officially launch the law to signal commencement, build public trust, and increase awareness of free MNCH services.

ENHANCE LEGISLATIVE OVERSIGHT

Strengthen oversight mechanisms to monitor compliance, address bottlenecks, and ensure accountability across all designated facilities.

Conclusion

The Kano State Free Maternal and Child Healthcare Law represents one of the most forward-looking and socially transformative policy commitments made by any state in Nigeria in recent years. At its core is a simple but profound principle: **that no woman should lose her life while giving life, and no child should be denied the chance to survive and thrive because of the economic circumstances of their family.** This principle aligns with global human rights standards, the **Sustainable Development Goals,** and Nigeria's national commitments to reducing maternal and child mortality.

The continued delay in implementing this landmark law risks eroding the confidence of citizens in public institutions and undermining the significant legislative effort that went into crafting and passing the bill. More importantly, it prolongs the suffering of women, children, and families who continue to face preventable risks, financial hardship, and avoidable loss. The law was designed to correct long-standing inequities in access to healthcare, strengthen the primary healthcare system, and provide a coordinated framework for government and development partners to work more effectively. Allowing such a transformative instrument to remain dormant is not only a missed opportunity—it is a setback with real human consequences.

CHRICED acknowledges the efforts of the Kano State Government and its partners in improving maternal and child health outcomes through various initiatives. These efforts demonstrate goodwill and commitment. However, they cannot substitute for the comprehensive, rights-based, and sustainable framework that the Free MNCH Law provides. Implementing the law is not merely an administrative task; it is an affirmation of the state's responsibility to protect life, promote equity, and uphold the dignity of every citizen.

As rights holders, the people of Kano State—especially women, caregivers, and community leaders—are encouraged to continue engaging constructively with government institutions to ensure that the promises of the law are realized. As duty bearers, the government and legislature have a unique opportunity to demonstrate leadership, compassion, and accountability by operationalizing a law that has the potential to save thousands of lives.

The moment to act is now. Every additional delay carries a cost measured not only in statistics, but in the lived realities of families across the state. Implementing the Kano State Free Maternal and Child Healthcare Law is both a moral imperative and a strategic investment in the future of Kano. With political will, adequate funding, and coordinated action, the state can set a national example of how visionary legislation can translate into meaningful, life-saving impact.

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Resource Centre for Human Rights and Civic Education (CHRICED)
Upper Floor, Ahmadiyya Hospital Building,
52 Bompai Road, Kano, Kano State, Nigeria.
Website: www.chriced.org.ng

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About CHRICED

The Resource Centre for Human Rights and Civic Education (CHRICED) is a trailblazing Nigerian nonprofit with nearly two decades of impact in advancing human rights, democratic governance, and civic empowerment. With special consultative status at the United Nations ECOSOC and certification by NGOsource as equivalent to a U.S. public charity, CHRICED offers donors a high-impact, low-risk investment in community-led development.

We believe that informed citizens are the bedrock of democracy—and we've built a reputation for turning that belief into measurable change.

Mission & Strategic Alignment

CHRICED exists to build a democratic, inclusive, and accountable society by empowering citizens to actively shape governance and demand transparency. Our work is rooted in globally recognized frameworks:

- Universal Declaration of Human Rights
- African Charter on Human and Peoples' Rights
- Nigerian Constitution

We align seamlessly with donor priorities such as:

- Strengthening democratic institutions
- Promoting transparency and accountability
- Supporting marginalized and indigenous communities
- Advancing gender equity and social inclusion
- Expanding access to education and healthcare

What Sets CHRICED Apart

We don't just implement projects—we design scalable solutions that shift systems. Our core strengths include:

- Evidence-based research & advocacy
- Civic education & grassroots mobilization
- Project management & rigorous M&E
- Strategic communication & public engagement
- Legislative advocacy & policy reform
- Coalition-building across sectors

Our multidisciplinary team, robust financial systems, and proven donor compliance make us a trusted partner for long-term impact.