



*...fighting for Justice to Guarantee Peace*

# *Policy Brief*

## **CELEBRATING MILESTONES, REFLECTING KEY LESSONS FROM THE FREE MATERNAL, NEWBORN AND CHILD HEALTHCARE LAW IN KANO STATE**



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Through their financial and technical support, we have been able to engage with local government officials, civil society organizations, and community members to strengthen democratic processes, enhance transparency and accountability, and improve service delivery in local government areas. Their generosity has enabled us to provide training, capacity building, and advocacy support to empower citizens to actively participate in decision-making processes and hold their leaders accountable for their actions.

We are proud to have Bishöpfliches Hilfswerk Misereor e.V. and Katholische Zentralstelle für Entwicklungshilfe e. V. (Misereor/KZE) as our funding partners, and we look forward to continuing our collaboration to create positive change and improve the quality of life for all Nigerians. Thank you for your invaluable support and belief in our mission.

## INTRODUCTION

The Kano State Free Maternal, Newborn and Child Healthcare Law 2023 was enacted with 7 years remaining to achieve the Sustainable Development Goals (SDGs). This legislation is groundbreaking in Nigeria, as Kano State is the only one out of 36 states plus the Federal Capital Territory (FCT) to take the proactive step of implementing laws to address the issue of maternal and child mortality that affects the entire country. Various factors such as poverty, inequality, insecurity, criminality, civil unrest, and detrimental economic policies at the Federal and State levels have hindered progress in improving healthcare for mothers and children.

## THE CONTEXT OF KANO STATE FREE MATERNAL, NEWBORN AND CHILD HEALTHCARE LAW

On the 3<sup>rd</sup> of May 2023, the Kano State House of Assembly overwhelmingly voted the long-awaited Free Maternal and Child Health (FMNCH) Bill into law. This made Kano the first state in Nigeria to pass the law. The law's enactment and subsequent assent by the Kano State's Governor, Dr. Umar Abdullahi Ganduje, is a direct response to The Resource Centre for Human Rights and Civic Education (CHRICED) and other civil society organisations (CSOs) persistent advocacy, regarding the concerning rise in maternal and child deaths in

Kano State, Nigeria's most populous state.

Despite the modest progress made, Kano State continues to face a significant number of maternal deaths. According to the 2021 data from the Maternal and Child Health (MNCH2) in Kano State, the maternal mortality ratio stands at 1,025 per 100,000 live births. This high incidence of maternal mortality highlights the urgent need to prioritize maternal and child health issues. The underlying causes of maternal mortality have been identified as a complex combination of cultural and governance issues. These factors encompass sociological realities that influence power dynamics and human relations within society. However, the negative impact of these factors on maternal healthcare in Kano State can be mitigated through effective and accountable governance. It is evident that good governance, which includes fair and responsible allocation of public resources, can initiate the process of reversing the alarming trend of women and children losing their lives during childbirth. The quality of governance in the state, particularly in terms of efficient use of public resources to address public needs, remains the most significant contributing factor. While the other factors can be addressed through well-planned and implemented government actions in the medium to long term.

A plethora of learned findings have described the



Nigerian Primary Healthcare system as being in disarray and unable to respond to the challenge of maternal and child healthcare. The data shows that just about 20% of Nigeria's 30,000 PHC facilities are functional. The evidence goes on to paint an abysmal picture of primary healthcare service delivery, which has practically collapsed resulting in health indices described to be among the worst globally, with



preventive healthcare interventions underutilized<sup>1</sup>. Research has similarly shown that Nigeria failed to meet the commitment of health care expenditure made in the Abuja declaration to devote at least 15% of annual expenditures to improve the health sector<sup>2</sup>. Similarly, the outcome of a study carried out in Kano state, which assessed 49 PHC facilities, revealed considerable gaps in service delivery and a lack of adherence to the minimum requirements for PHCs (based on NPHCDA's minimum standards for PHCs).

1. See Ibrahim et al: Influence of Basic Health Care Provision Fund in improving primary Health Care in Kano state, a descriptive
2. cross-sectional study | BMC Health Services Research | Full Text ([biomedcentral.com](https://www.biomedcentral.com))

The study also shows the shortage of healthcare professionals, notably doctors, and nurses, in about 90% of the PHC facilities, while only 21.5% of deliveries



**90%**  
of the PHCs evaluated  
in Kano State face a  
critical shortage of  
healthcare professionals,  
including doctors and  
nurses

were attended by skilled birth attendants<sup>3</sup>. These stark realities are at variance with the goals of quality and affordable healthcare on Agenda 2030, which outlines the Sustainable Development Goals (SDGs) and puts forward certain key targets in health. Target 3.1 focuses on reducing the global maternal mortality ratio to less than 70 per 100 000 live births by 2030. Target 3.2 of the SDGs projects to end preventable deaths of new-born and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births<sup>4</sup>.

To effectively address the issue of maternal mortality

3. Ibid

4. See break down of SDG targets for health according to the World Health Organisation  
<https://www.who.int/sdg/targets/en/>

in Kano State, it is crucial to understand the underlying causes and implement appropriate solutions. The complex combination of cultural and governance issues plays a significant role in the high incidence of maternal deaths. Cultural factors, such as traditional beliefs and practices surrounding childbirth, are among the factors that hinder access to quality healthcare and contribute to complications during pregnancy and childbirth. Additionally, governance issues, including corruption, mismanagement of resources, and inadequate healthcare infrastructure, further exacerbate the problem. These factors create barriers to accessing timely and appropriate maternal healthcare services, resulting in preventable deaths.

## **IMPLEMENTING THE KANO STATE FREE MATERNAL, NEWBORN AND CHILD HEALTHCARE LAW**

To effectively implement the FMNCH Law in Kano State, all that is required is the political will of the government to seriously drive the process. A comprehensive roadmap that outlines the specific steps and actions required to effectively implement the FMNCH law in addressing the challenges of FMNCH, it is essential to prioritize maternal and child health issues. This can be achieved through the implementation of effective and accountable governance practices. Good governance,



characterized by fair and responsible allocation of public resources, can play a crucial role in reversing the alarming trend of maternal deaths. Efficient utilization of public resources is particularly important in improving the quality of healthcare services in Kano State. By ensuring that funds are allocated appropriately and transparently, the government can invest in improving healthcare infrastructure, training healthcare professionals, and providing essential medical supplies and equipment. This will help to enhance the overall quality of maternal healthcare services and reduce the incidence of preventable deaths. Furthermore, addressing the sociological realities that influence power dynamics and human relations within society is also crucial. This can be achieved through community engagement and education programmes that challenge harmful cultural practices and promote awareness about the importance of maternal and child health. By empowering women and communities to advocate for their rights and access to quality healthcare, the negative impact of cultural factors can be mitigated.

## **THE WAY FORWARD**

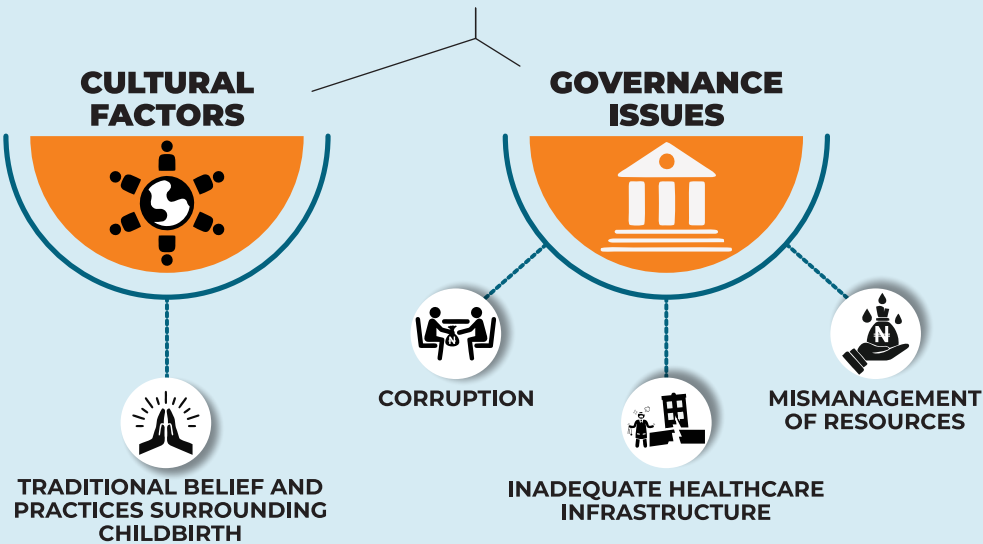
CHRICED commends the Kano State government for the laudable effort at providing a legal framework for the actualization of the rights of women and children to accessing quality maternal and child healthcare

services through the promulgation of the Kano State FMNCH law.

However, CHRICED believes that while addressing cultural and sociological factors may require long-term efforts, immediate action can be taken through effective governance practices, especially in the implementation of FMNCH Law. To this extent, there is a need for a comprehensive roadmap that outlines the specific steps and actions required to effectively implement the FMNCH law; an action plan that include clear objectives, timelines, and responsibilities for each stakeholder involved in the implementation process.

By prioritizing maternal and child health, allocating

**UNDERLYING CAUSES OF MATERNAL MORTALITY IN KANO STATE**



resources appropriately, and implementing transparent and accountable governance mechanisms, Kano State can make significant progress in reducing maternal and child mortality rates. It is therefore imperative that both the government and civil society takes proactive measures to ensure that women and children no longer lose their lives during childbirth.

## CONCLUSION

CHRICED stresses the significance of the Kano State Free Maternal and Child Healthcare Law and urges the government of Kano State and all relevant stakeholders to guarantee its complete implementation. The primary hindrance to effective governance in Nigeria is not the insufficiency of laws and policies, but rather the absence of political will to execute them. CHRICED expresses its wish and anticipation that Governor Abba Kabir Yusuf and his executive cabinet will demonstrate the essential political will and provide the needed resources for the comprehensive implementation of this crucial law.



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### About CHRICED

Resource Centre for Human Rights & Civic Education (CHRICED) is a Nigerian nonprofit, and a knowledge-driven platform of active citizens working for the promotion of human rights, rule of law, democracy, and accountability. CHRICED is registered in October 2006 with the Corporate Affairs Commission (CAC). CHRICED is certified through equivalency determination by **NGOsource**, a project of **TechSoup** and the **Council on Foundations**, as equivalent of a United States public charity organization.

### Vision

CHRICED envisions a democratic Nigeria where participation, inclusion, transparency, and accountability are guaranteed for the well-being of citizens.

### Mission

CHRICED is committed to the advancement of a democratic, representative, and inclusive political culture in Nigeria by mobilizing state and non-state actors to actively collaborate in fostering the rule of law, accountability, and responsive use of resources for the collective well-being of the people.

***Civic education is our strategic vehicle for empowering citizens, in pursuit of this mission.***

### CHRICED Thematic and Approach

With offices in Abuja and Kano, CHRICED is currently pioneering rights-based approach to tackle the decades-old marginalization, human rights violations, economic deprivation and social emasculation and other forms of historic injustices suffered by the indigenous people in Nigeria. CHRICED is addressing the crippling issue of maternal and child mortality in northern Nigeria. We are also intervening in the region to improve accountability in management of constituency projects and local government

resources. Another key focus of our intervention has been to increase access to education for girls through strong community action, as well as to prevent the labour exploitation of vulnerable almajiri street children in Northern Nigeria. CHRICED program targeting marginalized youths, especially in the poor rural areas, has focused on promoting equitable access to economic and livelihood opportunities for youths in Nigeria. CHRICED also has experience in monitoring and advocating transparent and credible elections within and outside Nigeria.

### Governance Structure

CHRICED has three-layer structure:

The Advisory Council composed of eminent individuals who have distinguished themselves in their respective areas of endeavour. It meets at least once in a year to provide leadership and guidance to

the Centre. Although the Council does not have formal decision-making powers, the Chairman of the Council is the Chairman of the Centre. In this way, it feeds into other structures of the Centre. In addition, the Council provides guidance to the Board and Secretariat in an effective manner.

The Board of Directors is responsible for policy formation in accordance with the guidance received from the Council. The Board approves the work of the Secretariat and meets at least twice in a year. In between, a Management Committee comprising three board members and the Executive Director is responsible for the work of the Centre.

The Secretariat is the administrative and coordinating centre of the organization. It is headed by the Executive Director who is mandated in accordance with the aims and objectives of CHRICED, to manage and steer the organization to success. The Executive Director is responsible for recruitment of core staff, subject to approval of the Board, and s/he is answerable to the Board.



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