

Turning the Tide of Maternal and Infant Mortality in Kano through Collective Responsibility Approach Post COVID-19 Crisis

Introduction: The World is on Its Knees

The world is currently on its knees. The entire universe is suddenly at a standstill. The economy of nations are completely shut down, billions of human beings across the globe are mandatorily confined to the perimeters of their homes like animals in cages, many others are willfully or forcefully quarantined in isolation centres, hundreds of thousands of lives and means of livelihoods have been lost – all to the novel global pandemic, code-named Covid-19, a novel virus, first detected in Wuhan China, reported to the World Health Organisation on 31st December, 2019 and declared a public health emergency of international concern on 30th January, 2020. As at June 10, 2020 (10:31 GMT), 7,342,799 people around the world are reported to have been infected

with the virus, 3,620,189 of whom have been successfully treated and recovered from the virus while a Total of 414,126 people have lost their lives to the global pandemic¹.

As nations of the world continue to count their human and material losses due to the Covid-19 global health pandemic, the Resource Centre for Human Rights and Civic Education also wants stakeholders to use this period of sober reflection to reflect on the stark realities of the sordid state of Maternal, Newborn and Child Healthcare in Nigeria, and Kano State in particular, while calling on all concerned to adopt a collective responsibility approach to addressing the perennial problems of high rates of infant and maternal mortality in the state.

Maternal and Child Mortality: A Greater Threat than Covid-19?

Though the global and national figures on Covid-19 are scary, thereby justifying all the attention being given to the management and containment of the pandemic, especially considering the fact that it is a highly communicable disease, it will however not be out of place to say that for Nigeria and Kano State in particular, the threat posed by Maternal, Child and Infant mortality (in terms of actual loss of lives) far outweighs that of Covid-19, except for the fact the former is non-communicable. For instance, the World Health Organisation (WHO) reported that about 600,000 women died in Nigeria between 2005 and 2015². This translates to an average of about 60,000 women dying every year in Nigeria during childbirth from 2005 to 2015. In a more recent update on Nigeria's Development Index, Trading Economics, citing figures from World Bank (June, 2020), reported that 67,000 women die during child birth in

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¹ Coronavirus live update. <https://www.worldometers.info>

² Maternal Health in Nigeria: Generating Information for Action – WHO. <https://www.who.int>.

³ Nigeria-Mortality Rate, Infant (per 1,000 live births) – 1962–2018. <https://tradingeconomics.com>

Nigeria annually while 551,684 infant deaths are recorded annually and about 866,084 children die before the age of five³. When these figures are summed up, it implies that about 1,484,768 lives are lost annually to Maternal, Newborn and Child mortality in Nigeria.

On the other hand, since the index case of the pandemic was reported in Lagos on February 27, 2020, Covid-19 has infected a total of 13, 873 Nigerians and 382 have so far lost their lives to the pandemic as at 9:27 am of June 11, 2020⁴. Though Covid-19 is an evolving pandemic that is highly contagious, with no confirmed drugs for its treatment and vaccines for its prevention, it can be safely inferred, when the figures above are juxtaposed, that the threats (in terms of actual loss of lives) that Maternal, Newborn and Child fatality rates pose far outweighs that of Covid-19, as far as Nigeria is concerned.

CHRICED Calls for a Collective Responsibility Approach in Tackling Maternal, Newborn and Child Mortality in Kano State

Collective Action as Bulwark Against Looming Tsunami of Avoidable Deaths

This stark reality has therefore necessitated CHRICED's call for a more committed and collective effort on the part of stakeholders in combating the scourge of Maternal and Infant Mortality in Nigeria in general and Kano State in particular. This becomes necessary following the harsh realities emanating from the outcomes of the Covid-19 pandemic across the globe.

Looking forward beyond the Covid-19 pandemic, Nigeria should expect a drop in donor funding and technical aid from international development agencies and development partners as most developed countries are also in dire need of resources to revamp their economies and healthcare systems that have been badly ravaged by the pandemic, and as such may resort to a sharp cut in their funding of health programmes in developing countries. Also, the Covid-19 pandemic has further exposed the lapses and inadequacies in Nigeria's healthcare system. These facts call for deeper reflections on the state of health infrastructure in Nigeria and the capacity of our frail healthcare system to manage the

challenges posed by the scourge of Maternal and Child Mortality on the welfare of millions of women and children across the nation.

This becomes necessary due to the fact that the pandemic has placed huge burden on governments across the globe, thereby limiting their capacity to effectively manage other perennial public health issues such as Maternal and Infant Mortality – hence, the need for all stakeholders to take collective responsibility for the health of women and children under their care.

It is against the background of these emerging realities that CHRICED makes the following recommendations for the effective management of Maternal, Newborn and Child Healthcare in Kano State

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⁴Nigeria Centre for Disease Control Coronavirus Update as at 9:27 am of June 11, 2020. From <https://covid19.ncdc.gov.ng>

Recommendation



- ➔ On the part of the government, there is need for putting in place adequate policies, facilities and increased funding into Maternal, Newborn and Child healthcare in the state. It is recommended that the state government should set up women and children specialist hospitals, located across the state, which will be well equipped with the required facilities and manned by well-trained healthcare professionals who are specialists in gynecology and pediatrics. To begin with, the Kano State Government can convert some of the ultra-modern isolation centres currently being built to manage Covid-19 into Women and Children Specialist Hospitals after the Covid-19 pandemic
- ➔ On the part of Non-governmental Organisations (NGOs), they need to partner more with Community Based Organisations (CBOs) and religious organisations in sensitizing households at the grassroots to embrace healthy maternal health and childcare practices such as child spacing, seeking antenatal services during pregnancy and ensuring hospital delivery at childbirth.
- ➔ At the family level, husbands need to take the bulk of the responsibility for the health of their wives and children by ensuring they maintain a reasonable family size that they can cater for. Men also need to ensure they give their wives all the necessary supports during pregnancy and childbirth. A situation where husbands abandon their wives in the labour room because they cannot afford to foot the bill of child delivery is inhuman and should be frowned at by all and sundry.
- ➔ Lastly but most importantly, women as the greatest burden bearers in maternal and child health issues should first and foremost take responsibility for their own wellbeing as well as those of their children by embracing child spacing practices that will ensure they give birth to the number of children, and maintain a family size that will not affect their wellbeing as women. In the same vein, during pregnancy and after childbirth, women should ensure they follow all the standard maternal and child health care routines such as antenatal care, hospital delivery, postnatal care and routine immunization of children. If all these are well attended to, it will go a long way in mitigating the threats of maternal and infant mortality in Kano State.

CHRICED is a Nigerian not-for-profit, and a knowledge-driven platform of active citizens working for the promotion of human rights, rule of law, democracy and accountability. CHRICED uses democratic principles to safeguard rights and ensure the benefits of democracy accrue to citizens.

With offices in Lagos, Abuja and Kano, CHRICED is currently pioneering rights-based approach to tackle the debilitating problem of maternal mortality in northern Nigeria. We are also intervening in the region to improve accountability in universal basic education spending, as well as management of local government resources. Access to education for the girl-child through robust community action has been another core focus of our intervention, as well as preventing the labor exploitation of the vulnerabilities of 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 northern Nigeria. CHRICED also has over a decade-old experience in monitoring and advocating transparent and credible elections within and outside Nigeria.

The rights approach allows us to call out government and agencies based on national and international legislations and commitments endorsed by the Nigerian government.

CHRICED work in partnership with community-based associations and organizations, religious bodies, traditional rulers, women groups, government and its agencies, youths and the media. This broad spectrum of engagement has over the years increased our ability to reach diverse constituencies, amplifying their voices and legitimizing our convening power both as friends of the people and critical allies of government.

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