

Confronting the Scourge of Misplaced Spending in Maternal and Child Healthcare in Kano State

Introduction: The Agony of a Woman in Labour

A story was recently told of a woman who was brought to the hospital by her husband for child delivery. After a protracted labour, the doctor asked her husband to make arrangement for blood transfusion. The man left the hospital under the guise of going in search of money only to disappear, abandoning his wife. When the man refused to show up after many hours, the management of the hospital and concerned individuals mobilized to get the required blood

in order to rescue the woman and her unborn baby. Surprisingly however, the man returned the next morning with a car to evacuate the corpse of the wife – expecting the poor woman to have died from the protracted labour and child-birth related complications.

This sad narrative captures the plight of thousands of pregnant women in Nigeria, who lose their lives annually in the course of trying to give birth to another life.

The Sordid State of Maternal, Newborn and Child Healthcare in Nigeria and Kano State

Available data from global development agencies indicate that Nigeria is one of the most dangerous places to give birth on earth. One of the most recent estimate of the maternal mortality ratio (MMR) in Nigeria was 545/100,000 live births. According to the World Health Organization (WHO), Nigeria has the second highest number of annual maternal deaths in the world in 2010 and 14% of all maternal deaths globally. WHO also observes that the Infrastructure and facilities within Nigeria's three tier national health systems are inadequate and not well maintained; most facilities also lack appropriately trained healthcare workers. The most recent Demographic and Health Survey (DHS) indicates that only 35% of births take place in a facility and 56% of mothers did not receive any postnatal care within six weeks of childbirth¹.

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 the area of health. Target 3.1 focuses on reducing the global maternal mortality ratio to less than 70 per

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¹Facility-based maternal death review in Nigeria https://www.who.int/maternal_child_adolescent/epidemiology/maternal-death-surveillance/case-studies/nigeria-study/en/

100 live births by 2030. Target 3.2 of the SDGs projects to end preventable deaths of newborns 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 births². At the national level, Kano State, being the most populous state in the country accounts for most of the reported cases of maternal and infant mortality in the country. In Nigeria, Kano State is the most dangerous place for a woman to give birth, as 1025 out of every 100,000 women in Kano State die during or immediately after child birth as 113 out of every 1000 children born in Kano State die during or immediately after child birth and only 5.1% of children born in the state are delivered by health professionals.

Kano State Government's Interventions: Spending without Commensurate Impact

This ugly development has placed huge pressure on the Kano State government, forcing it to scale up its interventions in the health sector, with particular focus on maternal, new born and child healthcare programmes. Year-in, year-out, Kano state government, supported by Non-Governmental Organisations and International Development Partners are committing huge amount of resources to Maternal, Newborn and Child (MNC) Healthcare in the state. Presently, Kano State is one of the states with the highest percentage of budgetary allocation to the healthcare sector in Nigeria, with the state allocating about 13.07 of its total budget to the health sector in 2018. Kano state was also the first to implement the Free Maternal and Child Health policy at the state level in 2001 in 36 general hospitals across the state.

Despite the good intentions on the part of Kano State government to address this challenge as highlighted in the domestication of global and national commitments to spend more on health as well as in the state government's policies on health and increased annual budgetary allocations to the health sector, data gathered

from a recent baseline study conducted by the Resource Centre for Resource Centre for Human Rights & Civic Education (CHRICED) revealed that all these interventions amount to a little drop in the ocean of needs of the vulnerable people (mothers, newborn babies and children) that are the focus of such interventions.

Data gathered from the baseline survey revealed that more than 90% of the budgetary allocations to the healthcare sector in Kano state are used to pay salaries and other running and operation costs, leaving virtually nothing for the provision of essential facilities and medicines for the patients who were able to even manage to make it to the grossly inadequate healthcare facilities in the state. This practically implies that health budgetary allocations are being used to look after the often unqualified health workers, rather than the vulnerable patients they were being paid to look after.

The survey also revealed that, while the marginal increase in the annual budgetary allocation to the health sector in the state is

²See break down of SDG targets for health according to the World Health Organisation <https://www.who.int/sdg/targets/en/>

commendable, the late release of the budgets and substantial cuts to the original figures before they were released is a serious clog in the wheels of the state government's effort at addressing the menace of high rate of maternal and newborn mortality in the state. Perhaps,

what is cushioning the effect of this paucity of funding to the healthcare sector in the state are the interventions of international NGOs and other multilateral donors who have been providing substantial support within the health sector ecosystem in Kano State³.

Recommendations

Based on these stark realities, CHRICED therefore makes the following recommendations as the way forward for the improvement of Maternal and Newborn Healthcare in Kano State:

- ➔ **Adequate Government Policy on Health**
The Kano State Government should maintain all existing policies on Maternal and Newborn Health and if possible, strengthen same. These policies include free maternal and antenatal Health care, free immunization, free vaccination and free emergency health care.
- ➔ **Timely and Complete Release of Budgetary Allocation**
While the existing percentage of the budgetary allocation is commendable as per the National standard of Abuja Declaration of 15%, the state needs to ensure that the funds allocated to the health sector are released completely and on time. A situation where figures are only allocated on paper but not released for the intended purposes does not augur well for the health sector in general and for Maternal and Newborn Health in particular.
- ➔ **Reordering of Spending Priorities in Budgetary Allocation to the Healthcare Sector**
The current practice in which bulk of the funds allocated to the health sector is spent on recurrent expenditures to the detriment of capital projects is no longer sustainable. CHRICED therefore advises that the government of Kano State should reorder its health budget spending priorities in such a way that will ensure that bulk of the funds released are actually spent on improving health infrastructure and providing effective healthcare services and affordable drugs to patients, rather than on salaries, wages and other recurrent expenditure, as it is currently the case.

➔ Elimination of Bureaucratic Bottle Necks

The bureaucratic bottlenecks existing in the procedure for the budget should be minimized or done away with. The budget should be made based on the submissions of the stakeholders on the need of the health sector in the State, specifically the relevant needs and there should be adequate interaction with those concerned, particularly in the grassroots.

➔ Accountability Mechanisms

There is also the need for adequate accountability mechanism to show the record of amount of resources coming in and out of the facilities, how they are spent and retired etc. This will encourage transparency in the sector. In the spirit of transparency and accountability, It is further recommended that all the relevant information in relation to budgetary allocations, releases and expenditure, be made available to all key stakeholders to give them information on the extent of the implementation of the budget. Relevant documents that will show where the allocations are released to, how they are used, and what they were used for, will assist tremendously in improving the integrity and transparency of the use of financial resources in the State particularly at the Primary Health Care centres where people may not have the required capacity to do such monitoring.

➔ Improvement of Health Infrastructural Facilities

There should be significant improvements in the health facilities in the state as most of the facilities are currently in a poor state. The state government also needs to ensure that quality and affordable drugs and consumables are made available in the hospitals.

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