Policy Brief

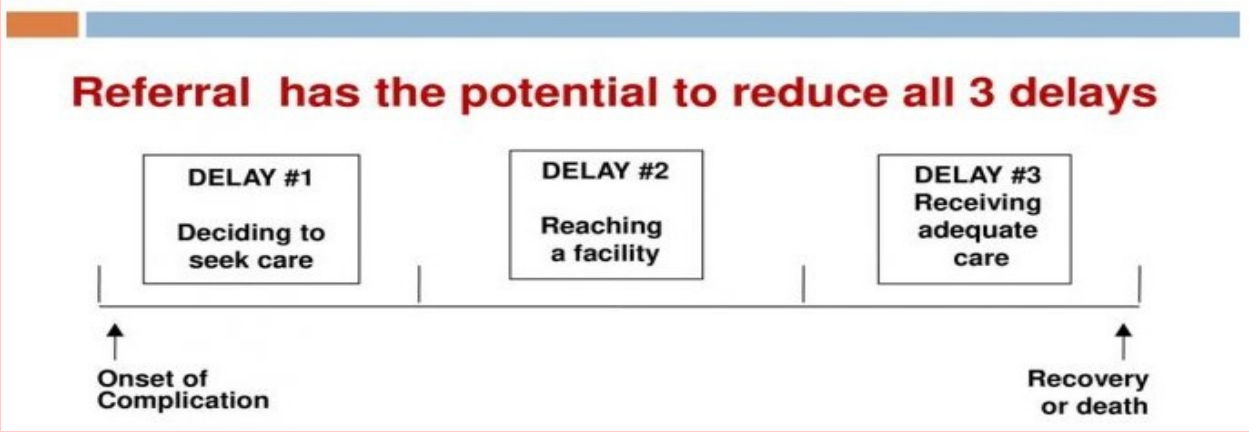
CHRICED POLICY BRIEF

CHRICED POLICY BRIEF VOLUME 1, ISSUE #3 FEBRUARY, 2020

A HAEMORRHAGING NATION: *TACKLING THE MENACE OF MATERNAL DEATHS IN NIGERIA*[1]

The death of a mother or a child is a deep-felt pain that can hardly be transcended. We talk about maternal and child death not because we want to recount numbers or statistics but because we want to bring an end to the avoidable loss of lives. World Health Organisation (WHO) data shows that Nigeria is the country where nearly 20% of all global maternal deaths happen. In 2015, Nigeria's estimated maternal mortality ratio was over 800 maternal deaths per 100,000 live births, with approximately 58,000 maternal deaths during that year. This data is not counting the 900,000 near misses or narrow escape where the woman could have easily lost her life. Nigeria is the 9th most unsafe place to be a woman in the world.[2]

We may have heard of the 3Ds – the three delays that cause maternal and child mortality; delay in seeking health care, delay in reaching a health care facility, and delay in receiving adequate care. The three delays are interconnected and reinforce each other and are leading to loss of lives. Awareness that one will happen may lead to another delay. For example, knowing that going to a medical facility does not guarantee good care could encourage poor health-seeking behaviour. Male household heads sometimes insist that their wives not seek medical attention, which may be due to poverty of income or poverty of awareness of the value of modern medicine.



Source: https://www.publichealthnotes.com/three-delays-for-maternal-morbidity-and-mortality/

What Are We Learning?

Women's rights are not treated as human rights:

The paradox where women lose their lives, giving life is a tragic one that can be arrested. The inability to address it shows the little regard that we have for the lives of women despite the value they bring to our lives. *„Mata, da bazan mu ake rawa*. The world goes around because women hold it firmly in her hands and subsidise the state when it fails to provide basic services. The value for women's unpaid labour has been valued at 10 trillion dollars annually[3]. This is 43 times the turnover of Apple Inc., the biggest corporation on earth. We must make the case

"World Health Organisation (WHO) data shows that Nigeria is the country where nearly 20% of all global maternal deaths happen. In 2015, Nigeria's estimated maternal mortality ratio was over 800 maternal deaths per 100,000 live births, with approximately 58,000 maternal deaths during that year. This data is not counting the 900,000 near misses or narrow escape where the woman could have easily lost her life. Nigeria is the 9th most unsafe place to be a woman in the world."

[1]Amina Salihu, Ph. D. Keynote Presentation at CHRICED Launch of Research Report Titled " Towering Hopes and Aborted Dreams" in February, 2020
[2]Thompson Reuters Foundation, 2018 https://punchng.com/nigeria-9th-most-dangerous-country-for-women- report/
[3]Oxfam report Jan 2020; The richest 1 percent in the world have more than double the wealth of 6.9 billion people. The world's richest 22 men have more money than all the women in Africa. Women and girls put in 12.5 billion hours of unpaid work every day. Women's unpaid care work ha s a monetary value of $10.8 trillion a year - three times the size of the world's tech industry. Read more at: https://yourstory.com/herstory/2020/01/oxfam-report-women-unpaid-work-wealth-inequality

that have rights, and they deserve better. Society and the state suffer when a mother or a child die. If men experienced maternal mortality, there would have been a lasting solution by now.

Source: https://genderedwaterinafrica.blogspot.com/2018/11/women-still-carry-most-of-worlds-water.html

There are barriers to seeking h e a l t h c a r e :

More persons within lower income brackets understand the value of modern health care, but the cost of health care is extremely high and outside the reach of the poor who have no viable insurance. They also understand the consequences of poor and shoddy service (WHO, Pathfinder, 2015). Citizens are not fooled by the poor service and care they receive in public hospitals, which have been described in the popular imagination as 'mere consulting clinics.' Feedback abounds on the behaviour of health personnel, especially nurses who discourage women who have had more than four children from seeking maternal care. The lack of dignity experienced during the antenatal and labour process coupled with the unfamiliar terrain and mechanisms of childbirth when compared with the comfort and familiarity of the home environment contributes to the reluctance to use orthodox medical facilities. Medical personnel are overworked, under-equipped and motivated, and they inevitably, take their frustration out on their patients.

Government spending on health is under par:

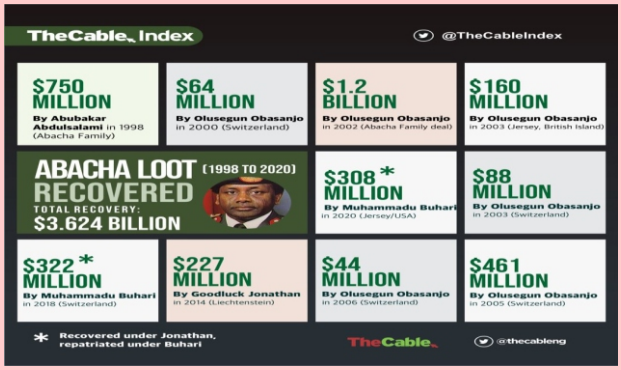
This is responsible in part for the situation described in the paragraph above. Budget commitment is below the Abuja declaration threshold of 15% **minimum** commitment to health. The 2001 health care pledge made by Nigeria and its fellow African Union countries is called the Abuja Declaration. But 18 years later, Nigeria's highest-ever budget share for health care was just 7 percent. 2018, it dropped to less than 4 percent. The impact is that 70 percent of hospital spending in Nigeria is out-of-pocket, which pushes everyday Nigerians into debt or poverty. This spend is among other competing needs such as food, housing, and school fees.[4]

Corruption is contributing to worsening an already bad situation:

Budgeting for healthcare is only half the story**.** Our leaders do not have faith in the health system and the do not use it. They are top flight customer for medical tourism to countries whose health care system were not as misappropriated as ours has become.

Nigeria's health system faces some challenges:

Decay in infrastructure, inadequate human resources, misappropriation of funding, and demotivated staffing. A study of three states;



Source: https://twitter.com/thecableindex/status/1230411455855550464

Bauchi, Kaduna and Niger as reported by Strengthening Accountability for Maternal Health in Nigeria (SAMiN) project, funded by MacArthur Foundation and implemented by the Community Health and Research Initiative (CHR) shows some significant improvement in these states with room for more.

[4] https://www.voanews.com/africa/nigerias-health-care-spending-lags-behind-abuja-declaration February 8, 2019

However as the CHRICED report shows, in its study of Gwale and Kumbotso LGAs of Kano state, problems remain around high maternal, newborn and child death. Low health budget performance, weak accountability structures, , inadequate access to and availability of lifesaving drugs for pregnant women at health care facilities, and inadequate capacity of civil society organisations to analyse and track health budget, persist. **Health insurance** which would democratise health options and encourage families to seek health care, since the cost would have been pre paid and defrayed from everyday spending, is not easy to find.

The state of the economy affects livelihoods:

Nigeria has just climbed out of a recession. The cost of living for many has been high. Even though we have the biggest economy in Africa, growth is not development if the people do not feel the effect. For example, families living below a dollar or two dollars (N700) a day cannot afford three nutritious meals. A healthy diet is the first line of medicine. It builds immunity and strength and keeps illnesses away. As Oxfam tells us, Women's economic empowerment could reduce poverty for everyone. To achieve it, we need first to fix the current broken economic model, which is undermining gender equality and causing extreme economic inequality. The neo-liberal model has made it harder for women to have better quality and better-paid jobs, address inequality in unpaid care work, and women's influence and decision-making power is constrained. To achieve women's economic empowerment, we need a human economy that works for women and men alike, and everyone, not just the richest 1%[5]

What Ways Out?

Criminalise Maternal Death:

The right to life is a God-given right affirmed by the state, therefore anyone who endangers the life of another is treated and tried as a criminal. It is time to criminalise wanton waste of lives due to childbirth. Either a husband who refuses to allow his wife to seek health care or anyone who contributes to the three delays leading to increased maternal deaths should face the criminal justice system. Yes, we know we will all die, but we should be allowed to do so with dignity, not through the selfish act or carelessness of another. When lives are lost needlessly, it is not enough to say '*abarma Allah"*(leave things to God). Protecting the right to give life and to life itself is a religious obligation.

Power of Advocacy for Openness and Accountability:

Community Health and Research Initiative (CHR) in its SAMiN (Strengthening Accountability and Maternal Health in Nigeria) project, tells the story of five states across northern Nigeria (Bauchi, Kaduna, Kano, Niger, and Sokoto). SAMiN shows that advocacy and cross-agency follow-ups can yield results. They affected an increase in their budgets for maternal care through research, advocacy, and follow on actions.

CHRICED has also produced this body of research we discuss today. Civil society and the government will need each other to enable transformative change. This kind of collaboration based on facts and mutual respect is a necessary way to create safe spaces for citizens and hold each other to account. SAMiN had strategic advocacy visits to the Nigeria Federal Ministry of Finance on the Basic Health Care Provision Fund (BHCPF) and Global Financing Facility BHCPF to influence the disbursement of BHCPF funds to Federal Ministry of Health. This involved follow-up on the memo written by the Minister of Health requesting for 25% of the Basic Health Care Provision Fund, which amounted to about N13.0 billion (SAMiN, 2019). Bauchi's budget reached the proposed Abuja declaration of 15% in 2019. CHRICED also reports that Kano's is also 15%. **Although the actual released sum, falls short of this minimum WHO 15% percent.**

[5]https://www.oxfam.org/en/research/economy-works-women, 2017

Viable Options and Choice:

The health-seeking behaviour of a people must be factored into solutions. A few questions and suggestions here to save lives:

- Why do we think that a woman must ONLY give birth in a hospital?
- Why can't the hospital be mobile and community knowledge increased to practice modern care in the community?
- Why can't the primary health care centres be staffed 24 hours round the clock so that a woman who goes into labour at night can access care?
- Just as we are hailing uber and o'pay bikes riders, why can't we use technology to link communities and have people hail **birth rides** to get them to hospitals in good time?
- What does it cost to have enough ante shock garments in our primary health centres?
- Can't some of the Abacha and other loots recovered be used for the procurement and training of personnel on first aid anti-shock garments?
- Why should our medical system not have disability training to provide effective services for PWDs?

Countries are giving women obstetric alternatives where they can have a traditional form of birth but in a modern controlled environment either in a hospital or by trained midwives in the community. An example is Mexico in this video link below, where women stayed away from the hospital because they did not feel supported by the attitude of doctors and nurses in regular modern hospitals. http://www.birthwarsfilm.com/index.html#trailer. To address the problem, the MacArthur Foundation supported the training of community midwives and designated hospitals for traditional births where spouses supported their wives in labour as is the tradition, in Mexico. In Nigeria, the Foundation supported task-shifting – which gave basic life saving obstetric skills to midwives and nurses to act in places where there is no doctor.

In Ethiopia, there are viable alternative medical options and fusion of tradition with modernity e.g., antenatal experience, which includes a traditional coffee ceremony[6]. The medical world is learning that healing is at once a physical and mental process, and both need to be combined to provide effective care for women and to increase maternal survival.

Campaign to demand political will:

Until our public officials re compelled to use the health facilities in our public hospitals, services will not improve. Governor Nasir El-Rufai of Kaduna State, enrolled his son in a public school. The aftermath of that action and its multiplier effect the psychology of ordinary citizens is depicted in the cartoon in this essay, where the poor man dares a police

officer to stand in his way[7]. That singular action by a governor is a strong policy statement that shows political will. Such actions have the potential to jumpstart effective service delivery and formal accountability needed to turn around the lives of citizens and indeed save lives. Our wellbeing is a political decision before it is even a health decision. Politics determines economics and whether or not enough funds are budgeted for our needs, or whether the paltry funds we get, actually get to where they should in good time. These are all political decisions, and it is cruel politics when a few people decide to steal resources meant for the many.

Free qualitative education remains a viable solution:

For both the boy and the girl child, but especially for the girl child, education delays fertility and gives them a fighting

[6]https://www.unfpa.org/nes/coffee-ceremony-and-midwives-mums-get-happy-start-rural-ethiopia

[7]'Do you know who I am? My son is the governor's son's classmate'

chance in life to make choices that lead to their becoming more resilient adults and mothers in the future. For boys, education helps them see the need to commit to raising a family that one can care for, and to respect the labour of women as child-bearers and nurturers, who are partners in progress. Education still holds the key. If our girls go to school and finish a course of schooling, they will be at least 18 years before they are married. They will also have the basic self-care and awareness required to seek medical attention earlier and to prevent illnesses and spread of diseases. They will more likely have the income to take better care of and to support their spouses in catering for the needs of the family. They will take better care of themselves and better understand the value of child spacing so they can be more present mothers and partners. Right now, only one in four girls in northern Nigeria will finish a course of schooling[8]. This average might mask the reality in communities affected by conflict, such as in the northeast, where security and safety concerns are likely to affect school enrolment.

Cultural and attitudinal norm change is needed:

Increased public spending on health is key, but it will not fix the mess. We need **culturally sensitive communication**, to **frame fertility issues** in ways that give control to the individual by living the lessons from the *kayada iyali* versus *tazarar haikuwa* campaign, work with the religious institutions**.** Communication moved from seeking to control the number of children to saying let us space the children. This framing met with better reception of family planning in the north. Traditional and religious leaders and male household heads need to speak up more as champions of safe motherhood. Our girls must go to school and finish at least secondary school. Traditional and orthodox medicine need to talk more to each other. Hadis Foundation's project of sending girls to a health technology school and twinning them with Traditional Birth Attendants (TBAs) across nine local governments in Kaduna state (Hadis, 2019) is worth studying for scale-up. This practice leads to modern and traditional knowledge cross-fertilised in a way that saves lives in real-time and is not resentful of the community practice since the student and the TBA are from the same community. The lives of women must matter.

Sensitization on the Cost of Corruption:

It is said that corruption is murder by another name. In a citizen-government relationship, there must be principal – agency expectations. There is, however a dilemma or agency problem, when the two are mismatched. Agency problem is a conflict of interest inherent in any relationship where one party is expected to act in the best interest of another. It arises when incentives or motivations present present themselves to an agent to not act in the full best interest of a principal[9]. This is what happens when services that are to be provided by the government (Agency) to the citizens who elected them (principals) are not effective. Here citizens feel disconnected by what is done with our Commonwealth because they feel a physical and social distance; it can be detrimental to their wellbeing. Citizens sometimes resign to religion to ignore or not fight for what we know is right. The consequences are that complacency sets in, impunity joins the party, and the duty bearers become desensitised to the cries of the citizens, who get more resigned, until the day they decide enough is enough, and seize agency (act).

Events around control of economic resources that go on at the centre (Abuja or state capitals or even LGA Secretariats), affect citizens, and they must be enabled to know the linkages. That the jeep the formally poor man now turned Senator brought home last Eid or Christmas, maybe why your collapsed bridge remains unrepaired and so your farm produce cannot be moved to the market and are left to rot on the farm. Closer home; the billions of naira you hear 'disappeared' in Abuja or at the local government secretariat is the reason why your community hospitals do not have basic malaria medicine.

Citizen Agency

We are in a mess. We are where our lives are undervalued, or resources meant to save lives are misappropriated because of bad governance. When do we know the cost of corruption, what then do we do? Attention to politics is important to deliver economic dividends.

[8]Gender in Nigeria Report British Council / DFID 2012
[9]https://www.investopedia.com/terms/a/agencyproblem.asp

By the year 2050, over 70% of our population will be aged between 15 – 30 years. What kind of legacy do we want to leave them if we do not fix politics by ensuring the right people get there, and they represent us well? More capable people, especially women who are left with the consequences of bad governance, should be supported to get involved in politics.

Building Synergy and Trust

Realising all of paragraphs 1-8, require some synergy and collaboration and optimism in the power of the collective, this is the role of civil society. There is no bigger challenge to the principal – agency problem than when the principal has no expectations from the relationship. Either because they do not trust the agency or duty bearer to deliver, or do not have the energy to engage them, or feel there is nothing to gain because the cost of action is higher than the reward. When people do not act, it is never because they do not think that something is wrong. On radio programmes, town hall meetings where they happen, markets, in families, people complaints what is lacking is the will to confront the cause of the complaint and to demand and receive redress. This is the seed that is needed to ignite voice and movement.

Waking up citizen agency is indispensable to keeping government on its toes. Civil society has the opportunity to do this and must continue to find voices in the communities to drive the demand for effective service. CSO must build knowledge around tracking and reporting health information including budget literacy. Young people are a critical mass to be explored, this country will be in their hands, in the next two – three decades, and they should be concerned about the state of what they inherit. Publishing the spends, and telling the stories of what is working and affirming those making a difference will give the collective the right to point out those who do wrong. Progressive faith based organisations amplifying the cost of corruption in their interactions with the citizens can be a powerful force for change.

Amplifying the Findings Matter

The CHRICED research, ***„Assessing the Efficiency and Effectiveness of Government Spending on Maternal, New-born and Child Healthcare in Kano State, North- west, Nigeria'*** is an action we need to replicate everywhere in Nigeria and regularly.

We need to make duty bearer and male household heads aware of the problems and what we lose by not acting**. Simplifying the message and presenting the dimension of the problem in ways that locate the roles of everyone in addressing the challenge is important**. Similarly, thinking laterally (outside the box) to share simple but profound solutions is an urgent need. The loss of lives in our country Nigeria is huge, needless, and has unimaginable consequences on our micro and macro lives as a people and a country. Developed countries of the world thrive because they nurtured their human resources, and not because they have natural or physical resources.

In Nigeria, we have both human and natural resources, and we are wasting them and the potential to jumpstart our development. We must stop the blame game. Fixing the situation is not a task for government alone, after all, we are government since our duty bearers come from among us, and we decide who governs us. There are political, cultural, behavioural, and economic changes required of all of us. We are all equally responsible and must work together to stem the haemorrhage.

PHOTOS FROM CHRICED UNVEILING OF STUDY ON KANO STATE SPENDINGS ON MATERNAL AND CHILD HEALTH

O翻cial launch of the study "Towering Hopes and Aborted Dreams: Assessing the E翻ciency and Effectiveness of Government Spending on Maternal, Newborn and Child Healthcare" at Chilla Luxury Suites, Kano State.

L-R: Alh. Garba Musa, Rtd. Hon. Permanent Secretary, Ministry of Information, Kano; Dr. Amina Salihu, Senior Program O翻cer, MacArthur Foundation; Comrade Dr. Zikirullahi M. Ibrahim, Executive Director, CHRICED; Hajiya Saudatu Mahdi, Executive Director, WRAPA.

L-R: Hajiya Hadiza Bala Fagge, Women Peace & Security Network; Dr. Ismail Ibraheem, University of Lagos; Prof. A. B. Ahmed, Bayero University Kano; Hajiya Saudatu Mahdi, Women's Rights Advancement and Protection Alternative, WRAPA; Mr. Cosmos Olaniyan, Advisor Misereor, Dialogue and Partnership Services (DPS) - Nigeria; Hajiya Huwaila Muhammad, Chairperson, The International Federation of Women Lawyers, FIDA during the public launch of the research report.

TL-BR: Prof. Ismaila M. Zango, Director, Aminu Kano Centre for Democratic Studies, Mambayya House, Kano; Comrade Abbas Ibrahim, Chairman, Nigeria Union of Journalists NUJ, Kano; Hajiya Khadija Muhammad, Amira, Jama'atu Nassril Islam, Kano; Adam Alqali, Editor, African Newspage m aking contributions during the event.

Issued by:

RESOURCE CENTRE FOR HUMAN RIGHTS & CIVIC EDUCATION (CHRICED)

With support from:

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