Policy Brief

CHRICED POLICY BRIEF

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CRIES OF OUR MOTHERS:
TACKLING THE MENANCE OF MATERNAL AND CHILD DEATHS

With tears rolling down his cheeks, the Emir of Kano, Muhammadu Sanusi II, in a recent chat with Channels Television News, recounted how a baby died in the arms of a woman who had come to his palace to seek for financial support to purchase drugs for her sick baby. According to the Emir, on that fateful day, the woman had walked into his palace from a children's hospital located just about 200 metres away from the palace. He heard a very loud scream and asked someone to check what happened while the person who went to check came back with tears in his eyes. The emir said the baby died in the mother's arms while she was waiting for her turn to ask for money to buy the drugs to save her child.

The narrative by The Emir of Kano as captured above is a true reflection of one of the everyday realities confronting many women and children from poor families in Kano State, and across many other states in Nigeria.

Advocating for Safe Motherhood

Despite national and international human rights instruments that uphold the right to, and the sanctity of human life, millions of women across the globe, continue to lose their lives in the throes of childbirth.

Maternal mortality, which refers to the death of women within the cycle of child birth and the postpartum period, is an ironic situation in which women on the verge of bringing forth other lives lose their own lives in the process. A much more specific context of the problem may be gleaned from the recent critique of the maternal health situation in Nigeria by Microsoft Founder and globally renowned philanthropist, Mr. Bill Gates, who addressed the Nigerian National Economic Council. Mr. Gates' conclusions reminded the nation of the very serious fact that Nigeria remains one of the worst places on earth for a woman to give birth.

Mr. Gates' frank assessment of Nigeria's maternal health crisis, as a manifestation of the broader failures of development and the governance process in Nigeria, brings the message closer home on account of his Foundation's unwavering commitment to addressing some of these issues through the commitment of vast amounts of funds and human resources to help fight diseases like Polio, and even the scourge of maternal mortality. His worries about the dire development situation Nigeria faces, and the failure of the political leadership to recognize these priorities, are confirmed by the various statistics from the multilateral agencies.

Problem Analysis

In terms of the actual number of maternal deaths, Nigeria is ranked second in the world behind India, and Nigeria is part of a group of six countries in 2008 that collectively accounted for over 50% of all maternal deaths globally.

In terms of the maternal mortality ratio, Nigeria is ranked eighth in Sub-Saharan Africa behind, Angola, Chad, Liberia, Niger, Rwanda, Sierra Leone and Somalia[1].

According to the Maternal Health Task Force (MHTF), a body of global experts working with the World Health Organization (WHO) and other development agencies at the international level to track progress being recorded on maternal health issues, between 1990 and 2015, the global maternal mortality ratio (MMR) decreased by 44 percent, from 385 to 216 maternal deaths per 100,000 live births. The MHTF however notes that despite this progress, the world still fell far short of the Millennium Development Goals (MDGs) target of a 75 percent reduction in the global MMR by 2015. In spite of these modest achievements recorded across the globe, the situation in Sub-Saharan Africa, with Nigeria leading the pack, remains very dismal. The region is recorded to have the highest MMR ratio with 546 deaths per 100,000 live births. From the figures provided by the MHTF, when the dire situation in Sub Saharan Africa is contrasted with several other regions, which have only 12 maternal deaths per 100,000 live births, the urgency of reversing this spate of mass death of women in the throes of child birth would be taken much more seriously.

The problem of maternal mortality presents a challenge of tragic proportions, one in which women on the verge of bringing forth other lives, lose their own lives in the process. If the related tragic dimension of infant mortality is added, the consequences of failed governance in the health sector in Nigeria, is placed in bold relief. With the avoidable death of tens of thousands of vulnerable citizens, who are either women or children, Nigeria has assumed the image of a killing field, a terrible place for a woman to give birth and for a child to be born. If the numbers of women and children dying as a result of health complications during and after childbirth, had been victims of war, the situation would have been described in no unmistakable terms as "genocide."

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To contextualize the issue, the poor maternal health system in Nigeria can be justifiably said to be causing the mass murder of large numbers of our women and children. There are some who argue that the situation is improving, and that it is not as bad as it used to be. Nonetheless, the numbers especially in Sub-Saharan countries like Nigeria, still point to a crisis that violates the right of citizens to life, especially in rural and hard to reach communities. The death of thousands of women as a result of the problem of maternal mortality impinges on their right to life as enshrined in the 1999 Constitution and international rights instruments. Therefore, the death of any woman in the throes of childbirth is a gross violation of these rights. For instance, Article 25.2 of the Universal Declaration of Human Rights (UDHR) states explicitly that "motherhood and childhood are entitled to special care and assistance."

Similarly, Article 12(1) of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) states that "…state parties shall ensure to women appropriate services in connection with pregnancy, confinement and the postnatal period, granting free services where necessary as well as adequate nutrition during pregnancy and lactation." Also, the framers of Nigeria's 1999 Constitution as amended, like

[1]Cited in Bankole, Akinrinola, Gilda Sedgh, Friday Okonofua, Collins Imarhiagbe, Rubina Hussain and Deirdre Wulf. 2009. "Barriers to Safe Motherhood in Nigeria". New York: Guttmacher Institute. Available on line at: www.guttmacher.org p. 3. Maternal Health in Nigeria Statistical Overview, Global One 2015. Version 30 June 2011. Revised, 17 Aug. 2011. Revised again 26 June 2012.

the framers of the aforementioned international laws, gave citizens the legal basis to demand that these rights be respected. This is apparent in Chapter II of the Nigerian Constitution, which talks about the fundamental objectives and directive principles of state policy, which creates a wide latitude for these rights to be upheld. Specifically, Section 17(2)b provides that the sanctity of the human person shall be recognized and human dignity shall be recognized and human dignity shall be maintained. This is further cemented by the further provision of subsection 3d of Section 17, which charges the government to ensure that "there are adequate medical and health facilities for all persons."

Going by the figures reported, if the number of maternal deaths being reported through anecdotal sources, and deliberate data gathering were a result of war, the patterns would have been described in no uncertain terms as being genocidal. But because the deaths are happening quietly in various homes, and hospitals across the country, they are generally overlooked. Empowering affected citizens and giving them the skills required to engage maternal health governance systems, is an important approach to taking the debate back to the policy makers and operators of health systems, and getting them to see how the challenges are resulting in the deaths of so many women and children.

CHRICED Project of Social Mobilization for Accountability in the Implementation of Resource Budgets for Maternal Health

The approach of this project, which empowers the most affected groups to pressurize the governance systems, specifically those relating to maternal health provides an opportunity for incremental changes, while creating lasting impacts in the maternal health delivery chain. However, there was a need to be abreast of the key issues driving the spate of maternal deaths in the project communities. This required detailed research knowledge; this was the take off point for the other interventions as programmed. With the baseline data generated from the research, the project was thus in a position to conduct advocacy from the point of knowledge.

The project's emphasis on learning exposed the target group to information, which they need to make personal decisions relating to maternal and child health. To achieve this goal, the project worked assiduously to sharpen the collective civic voice of key members of the target group. In essence, these target group members required training to come to terms with the critical roles they have to play as citizens in the democratic system. With this area covered, the next stage was to comprehend how the key democratic institutions work, and how they could be engaged to ensure an improvement in maternal health services.

On the other hand, was the need to conduct robust outreaches to the supply side of the governance loop, with the goal of influencing policy, and scrutinizing priorities, especially as they relate to delivery of quality maternal health. Added to this was the importance in campaigning for shifts in attitudes, and ingrained cultural practices, which tended to accentuate the spate of maternal deaths in the project communities.

CHRICED Project of Social Mobilization for Accountability in the Implementation of Resource Budgets for Maternal Health Interventions therefore proceeded from the premise that to address the high rate of maternal mortality using their latent powers as citizens, the people of Kano State, especially vulnerable women and youths needed a better understanding and knowledge of the governance process. A corollary to this is the fact that a problem like maternal and child mortality is one of such issues, which governments should efficiently deploy national resources to tackle. The project therefore sought to dispel the notion that citizens who are affected by maternal mortality are helpless victims. Rather, its intervention sought to build the skills and knowledge of citizens about the governance process and accountability avenues, such that they could use the collective civic will to pressure the relevant governance systems. The eventual goal is to pressure and move the governance systems and actors towards

becoming accountable and to enunciate policy shifts, which would in turn address the maternal, and child health crisis. This knowledge and understanding by citizens of the governance framework in a democracy, it was reckoned, will in turn translate into citizen action, which would spur accountability demands across the maternal health governance chain.

ABOUT CHRICED

Resource Center for Human Rights & Civic Education (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 is registered in October 2006 with the Corporate Affairs Commission (CAC) under Companies and Allied Maters Act No. 1 of 1990, Part C.

VISION

CHRICED envisions a democratic Nigeria where participation, inclusion and transparency are guaranteed and state and non-state actors actively collaborate towards accountable and responsive use of resources for the collective well-being of citizens.

MISSION

CHRICED's mission is to mobilize state and non-state actors to actively collaborate towards fostering the rule of law, accountability and the responsive use of resources for the collective well-being of the people. *Civic education dissemination is our key strategic vehicle of empowering citizens in pursuit of this Mission.*

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