

Policy Brief



CHRICED POLICY BRIEF

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KANO STATE FREE MATERNAL AND CHILD HEALTHCARE BILL – HALTING THE RISE OF PREVENTABLE DEATHS

Introduction:

According to the World Health Organization (WHO), in 2010 Nigeria had one of the world's highest Maternal, Neonatal, and Child (MNC) mortality rates, accounting for 14 percent of all maternal deaths worldwide. Within Nigeria's three tiers of the national health system, the health infrastructure and other facilities are inadequate and poorly maintained. Unfortunately, the majority of Primary Healthcare Centres (PHCs) lack adequately trained Human Resources for Health (HRH). The 2018 Nigeria Demographic and Health Survey (NDHS) reveals that only 35% of births occur in a facility and 56% of mothers did not receive postnatal care within 6 weeks of giving birth.¹

With the sordid state of Maternal and Child Healthcare (MCH) delivery in the country, the United Nations Children's Emergency Funds (UNICEF) Country Representative in Nigeria noted that globally in 2017, about one million babies died the day they were born, and 2.5 million babies died in their first month of life. For Nigeria, about 26,000 babies die at birth annually accounting for the second highest neonatal deaths globally². These dire

figures indicate that many babies died from preventable causes such as premature birth, complications during delivery, and infections like sepsis and pneumonia.³

According to Trading Economics (Cf. World Bank, 2020), Nigeria's Development Index with regards to MNC health indices indicated that 67,000 women die during childbirth annually, 551,684 infants die within their first birthdays, and approximately 866,084 children die before the age of five.⁴ At the sub-national level, Kano State's MNC mortality index is higher than the national average, as available records indicate a maternal mortality ratio of 1,025 per 100,000 live births, with only 5.1% of new-borns delivered by health professionals. Annually, 1,484,768 lives are lost in Nigeria to MNC mortality, with Kano State being one of the top net contributors to the appalling health indices. This unacceptable condition of MNC health in the country has been attributed to insufficient health funding, poor facilities, inadequately trained HRH, and the absence of a functional healthcare system.



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Approximately
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Kano State maternal
mortality ratio
1,025 : 100,000
live births

Only **5.1%**
New-borns are delivered
by health professionals



Annually
1,484,768
lives are lost to MNC
Kano is one of TOP net contributor

Source: Nigeria's Development Index, 2020

- <https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf>
- 25,685 Babies will be born in Nigeria on New Year day <http://saharareporters.com/2019/01/01/25685>
- ibid
- Nigeria-Mortality Rate, Infant (per 1,000 live births)—1962-2018. <https://tradingeconomics.com>

GOVERNMENT INTERVENTIONS AND OTHER STAKEHOLDER EFFORTS IN MNCH DELIVERY IN KANO STATE

Kano State's deplorable MNCH condition has piqued the interest of the state government and partners, including civil society organizations, in concerted efforts and activities aimed at improving health finance in the state. Most of these interventions supplement Kano State Government's Health Spending, which has begun to witness greater financial allocations on health and health-related concerns, particularly as it affects MCH delivery in the state. However, the extent to which this marginal increase in the health budget has impacted the ordinary citizens in the state in terms of accessing health facilities are yet to be felt adequately.

Aside from increased budgetary allocation to the healthcare sector, the Kano State government has put in place key policies aimed at addressing the high rate of MNC mortality rates in the state. Free

Maternal Health and Ante-Natal Care, Free Immunization, Free Vaccination, Free Emergency Healthcare, a Health Contributory Scheme, a Health Trust Fund, and a Drug Revolving Fund Scheme are some of the programmes. Free ANC (including card and antenatal drugs), free vaginal and assisted vaginal delivery (forceps and vacuum), free caesarean section (elective and emergency), free post-abortion care services, free management of ectopic pregnancies, free laparotomy for obstetric complications, free treatment for children under five, and free Vesico-Vaginal Fistula (VVF) repairs are among the services provided by the free maternity care programme. All these programs are overseen by the State government's free maternal, child health, and VVF repair implementation committee, which was established in 2002.

CHRICED POLICY AND LEGISLATIVE ADVOCACY INTERVENTION IN SUPPORT OF A FREE MATERNAL AND CHILD HEALTHCARE LAW IN KANO STATE

As part of its interventions to address the challenges associated with the MCH delivery system in Kano State, the Resource Centre for Human Rights and Civic Education (CHRICED) worked with local communities and experts to identify barriers to women's and children's access to quality healthcare services. CHRICED has documented the nature and dynamics of the challenges facing the MCH delivery system in Kano State through research, strategic engagements, evidence-led programming, and constant interactions with the grassroots at the community level and key stakeholders.

CHRICED applauds the Kano State Government's free MCH services in government-owned hospitals in the state. Nonetheless, it advocated for a legislative framework to institutionalize these commendable initiatives beyond executive orders and policy declarations. CHRICED contemplates a legal framework to sustain the Free Maternal and Child Healthcare services as a Law in the state.

Consequently, CHRICED in 2017 conducted extensive consultations with key stakeholders in Kano State's healthcare sector, and a draft Free MCH Bill was submitted to the State House of Assembly. Though the bill did not advance after the first reading, CHRICED remained unfazed and drew lessons from the experience in her determination to sustain legislative engagements for positive outcomes by continuing its campaign for the Bill's approval. In 2021, CHRICED engaged a consortium of experts to revise and update the draft MNCH Bill to reflect new realities and dynamics. At a stakeholders' validation workshop held on November 4, 2021, key stakeholders from the government, health sector, legal profession, media, Civil Society, and citizen groups endorsed the revised Free MNCH Bill. This was followed in December 2021 by a legislative retreat organized by CHRICED for the principal officers of the Kano State House of Assembly, during which the bill was harmonised after a thorough clause-by-clause

examination. The retreat offered CHRICED the opportunity to identify and win the support of members willing to take up the bill as a private bill. In April 2022, the validated draft bill was jointly presented to the Kano State House of Assembly as a private member bill by the Deputy Majority Leader, Hon. Magaji Zarewa, and Hon. Musa Ali Kachako

for passage into law. The proposed bill, among other things, seeks to provide a sound legal framework for the state government's ongoing free MCH interventions; addresses the issue of poor-quality service delivery and the perennial challenge of underfunding of critical maternal and child healthcare services in the state.

BENEFITS OF THE PROPOSED KANO STATE FREE MATERNAL, NEW-BORN AND CHILD HEALTHCARE LAW

The expected benefits of Kano State Free Maternal and Child Healthcare Law include:

- 1. Recommitment of the State Government:** Kano is one of the global epicentres of maternal and child mortality which calls for drastic actions and commitment on the part of the government to reverse the ugly trend. One of the ways the government can demonstrate the desired commitment is by putting in place a solid legal framework for managing the MCH sector in the state, and this is exactly what the proposed bill sets out to achieve.
- 2. Institutionalised free MNCH delivery through legal framework for sustainability:** The Ganduje government, like his predecessor Eng. Rabiu Musa Kwankwaso, made laudable efforts in the form of executive orders and policy declarations aimed at reducing maternal and child fatalities in the state. Stakeholders are concerned that if the executive directives and policy statements are not wrapped in a statute that will serve as a legal bond on commitment to free MNCH delivery for successor administrations in the state, these interventions may not outlive his term.
- 3. Improved Resource Mobilization through innovative and progressive health financing opportunities:** Despite the frantic effort by the state government to increase health budget allocation and disbursement for MNCH initiatives in the state, health financing continues to remain a major problem impeding the delivery of qualitative

MNCH services in the state. A clear legislative framework would guarantee more money for the maternal healthcare sector in the state through innovative and progressive health financing opportunities.

- 4. Maximization of Partners Support:** over the years, international donors and development partners have supported in the areas of funding and offering technical assistance for MNCH delivery in the state. With a clear law in place indicating the seriousness and commitment of government to free MNCH services, additional support and technical assistance from development partners and donor agencies can be easily harnessed and maximized to scale up MNCH delivery in the state.
- 5. Accelerate Universal Healthcare Coverage and PHC Revitalization:** the passage of free MNCH bill will give the force of law to accelerate the attainment of universal healthcare coverage and the revitalization of primary healthcare centres (PHCs) through the one functional PHC per ward strategy in the state. Hence, the free MNCH Law will provide the much-needed health safety net for the poor and vulnerable women and children in rural and semi-urban communities across the state, who die in their thousands annually, due to lack of money to access basic MNCH services thereby reducing the rate of maternal and child mortality.

Conclusion and Recommendation



The Resource Centre for Human Rights and Civic Education (CHRICED) calls on all stakeholders in the MCH delivery value chain in Kano State to sustain collective actions for the actualization of a free MNCH law for the state. More specifically, CHRICED urges the Kano State House of Assembly to expedite actions for speedy passage of the bill into law. CHRICED believes the Kano State Governor would accent to the law, when passed, to serve as his signature health legacy bequeathed to the state like Obama Care in the United State of America.

About CHRICED

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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