



## POOR INFRASTRUCTURE AND UNDERSTAFFING UNDERMINING MATERNAL AND CHILD HEALTHCARE DELIVERY IN KANO STATE

### Introduction:

#### Joy of Motherhood: An Experience Ruined by Poor Structures

On a recent Friday morning in Kano State, Northwest Nigeria, a pregnant mother of four went to her usual hospital to give birth, accompanied by members of her family. This hospital has been the same facility where she had her regular antenatal visits. She was informed upon arrival that the baby was in a breech position. The hospital wasted considerable time in offering her External Cephalic Version (ECV), a procedure used to reposition a child correctly. In the process, she had a ruptured membrane, and the baby died that night. Yet, she was left neglected despite carrying a stillborn child in her injured womb. By Sunday, her stomach had begun to swell with no procedure conducted! With the sordid abandonment of a vanishing mother, a family member had to yell angrily to get the attention of the hospital staff to do something. This led to her undergoing surgery, a procedure that should have been prioritized as an emergency to save both the mother's and child's lives<sup>1</sup>.

However, due to much delay, the surgery became prolonged. As the procedure lasted, additional fatality occurred as another pregnant woman next in queue died after she delivered twins unaided by the hospital whose busy staff were still preoccupied with the surgery procedures. Due to the congestion of the designated ward for patients in critical conditions, the first patient was taken to the post-delivery ward to regain consciousness and heal up, the second patient unfortunately died leaving her twin babies behind.

By the time she regained consciousness, the patient had sipped tea with the approval of some hospital staff. Regrettably, she started emitting green substances from her mouth at random intervals and eventually died. These tragic and agonizing deaths

were avoidable or preventable but for professional incompetence, carelessness, ill-equipped facilities, and highly overburdened, inadequate, and typically unskilled human resources. These are the sordid stories of Nigeria's healthcare delivery system. The Kano State Hospital Management Board has begun disciplinary proceedings for professional negligence and malfeasance. The legal body and CSOs are also doing much to ensure justice is served appropriately; even as the deceased cannot be brought back to life.

Indeed, many maternal and child morbidity and mortality could have been avoided if the facility had enough well-trained staff, adequate supplies of medical consumables and equipment such as oxygen, pulse oximeters, and more bed spaces, and if these items had been well-maintained. These deaths, among far too many others that went unreported or undocumented, brought to light the devastation of motherhood's joy in Kano State due to inadequate healthcare infrastructure and inadequate personnel.

### Ripple Effects of the Death of a Mother in the Process of Having a Baby

Ordinarily, from the time a baby is conceived, to the time the baby arrives, the entire process apart from the usual discomforts that come with most pregnancies, should be filled with positive experiences. This is however not the case with many families in Kano State, as each pregnancy and birth come with a different experience. Anxiety that arises from the worry about what could happen to the mother and the baby she is carrying has become an experience that most pregnant women cannot run away from.

1. <https://dailytrust.com/patients-death-raises-dust-in-kano-hospital>

“ The major causes of maternal mortality in the state have been identified as the infrastructural deficit, high level of illiteracy, inadequate staffing, infections, high level of poverty, culture, pregnancy complications like hemorrhage, eclampsia, unsafe abortion, malnutrition, prolonged labor, etc.”

These incessant avoidable deaths, which can be prevented with timely management by skilled health professionals working in a supportive environment, have far-reaching and long-lasting consequences on the immediate family, wider community, and society as a whole. The loss of a mother can be devastating for her family, particularly for her children who may have to grow up without a mother figure. This can lead to emotional and psychological trauma, as well as practical difficulties in terms of caring for and

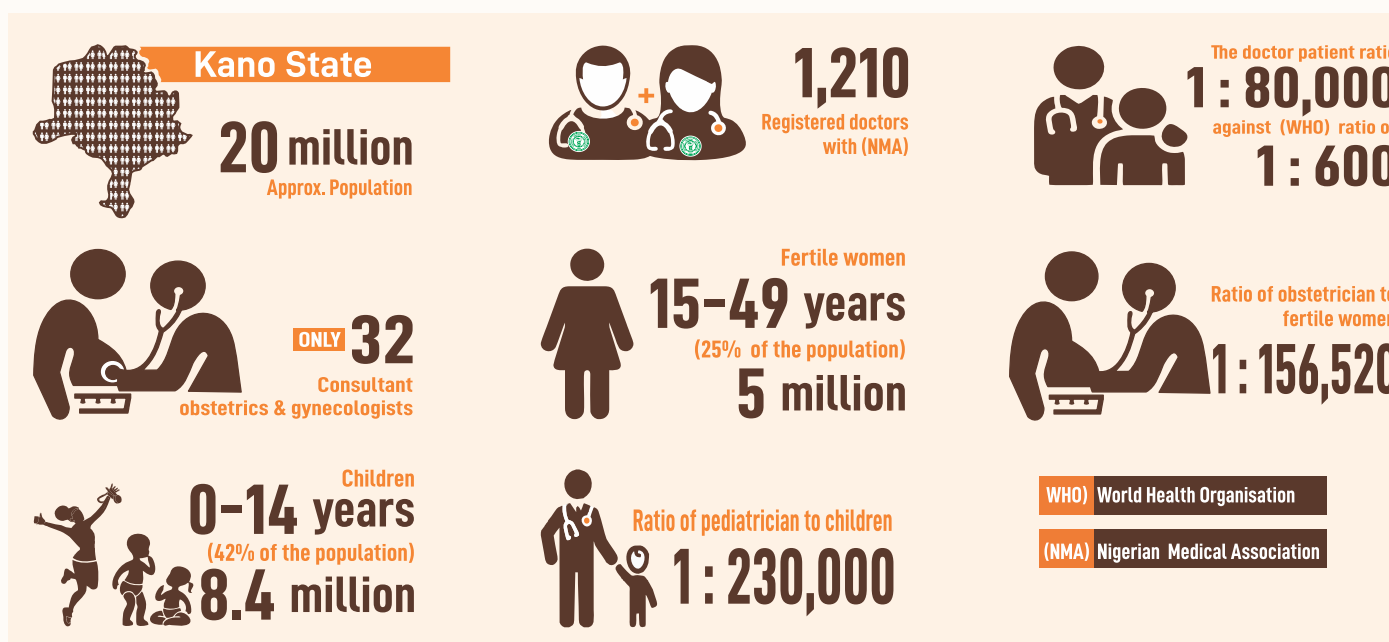
raising children. Mothers are major contributors to the family income and their death can result in financial hardship for the family making it difficult for them to meet their basic needs thereby resulting in a cycle of poverty. The death of a mother can also disrupt the social structures and relationships within a community. Maternal death can also have negative health impacts on surviving family members, particularly children, who may be at increased risk of malnutrition, disease, and poor health outcomes.

## Kano State Government's Deliberate Efforts to Address Maternal Mortality yet to Yield Significant Impact

With an estimated 20 million population, Kano State has a record of 1,210 registered doctors practicing in the state with only 32 consultant obstetrics and gynecologists. The doctor-patient ratio in the state is 1:80,000 as against the WHO's recommended ratio of 1:600.<sup>2</sup> According to the Kano State Government, Maternal Mortality Ratio (MMR) in the state is 1,025 deaths per 100,000 live births.<sup>3</sup> Women of the reproductive age group (15-49 years) constitute 25% (5 million) of Kano State's population with a ratio of obstetricians to women of childbearing age standing

at 1:156,250. Children (0-14 years) form 42% (8.4 million) of the population with a ratio of pediatricians to children of 1:230,000.<sup>4</sup>

With these figures, it can be inferred that one fundamental problem affecting maternal and child health service delivery in Kano state is inadequate human resources. No doubt, the state has a myriad of health programmes but when it comes to human resources, its performance is bleak.



2. <https://www.premiumtimesng.com/regional/nwest/544363-27490-babies-were-born-in-healthcare-facilities-in-kano-in-three-months-official.html?tztc=1>  
 3. <https://editor.guardian.ng/news/kano-plans-establishment-of-health-sciences-college/>  
 4. Usman, H. (2022, September 22nd) Key Issues Affecting Maternal and Child Health Care Delivery in Kano State [Paper presentation]. One Day Stakeholder Consultative Meeting: Kano, Nigeria.

Kano state government has taken legislative and policy measures as well as laudable financial commitments to ensure that the people have access to effective, quality and accessible healthcare services. The state remains one of the states with the highest percentage of budgetary allocation to health sector in Nigeria. Kano State has been committed to a steady increase in allocations to the health sector over the years. The budgetary allocation to health in the state increased from 18.7 billion in 2015 to 31.2 billion in 2020.

Between 2015 and 2020, budgetary health allocation has increased by 67%. Also, the percentage of allocation to health in the state's budget rose from 8.9% in 2015 to 15.16% in 2020. The average health budget allocation between 2015 and 2020 is 12.2%. This is 3.8% short of the Abuja Declaration. However, the state has maintained the 15% allocation between 2019 and 2020.<sup>5</sup> This is an indication of the commitment on the part of the state government and advocacy by CSOs.

Despite these whopping allocations, the capacity of the healthcare system is not able to tackle the menace of Maternal and Child Mortality in Kano State. Primary Health Centres (PHC) which remains the first level of contact for individuals and meant to address the main health problems in communities are not properly positioned to provide quality healthcare services for the good people of Kano State.

## Strengthening Maternal and Child Healthcare Through CHRICED Accountability Interventions in Kano State

Since 2016, the Resource Centre for Human Rights and Civic Education CHRICED has been promoting maternal and child healthcare delivery in Kano State. This project aims to reduce the state's unacceptably high maternal and child death rates. Through research and community participation, CHRICED understand poverty, ignorance, and a lack of access to quality maternal and child healthcare services as major contributory causes to Kano State's high maternal and child mortality rates. CHRICED is advocating for the representation of citizens' interests in the health management process by improving inclusion, transparency and accountability in planning and implementation of health budget and interventions. CHRICED

Most of these PHCs lack adequate personnel, and facilities. They are not conducive for delivery and do not provide 24 hours service delivery, thereby putting the life of women who need urgent health services at risk most times due to their absence. Kano state provides free maternal and child health services in PHCs ranging from free antenatal care, free assisted vaginal delivery forceps and vacuums), free caesarean sections, free post abortion care services, free management of ectopic pregnancy and free laparotomy for obstetric complications. Other free programs include free treatment for under 5 and free vesico fistula repairs. These programs are managed by the free maternal and child health implementation committee set up by the state government in 2022.

From a recent baseline study conducted by Resource Centre for Human Rights and Civic Education (CHRICED), 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 patients. Other key findings from the study are good but sometimes undermined by government policies on health and agencies providing healthcare services; inadequate and very late release of budgetary allocations; bureaucratic bottlenecks; opaque accountability mechanism; inadequate infrastructural facilities; lack of properly trained health professionals as well as absence of input into the budgetary process by the end users, among others.<sup>6</sup>

continues to promote awareness and encourage the development of a culture of accountability in the use of primary healthcare funds. In this way, Kano State's maternal and child health resource budget will be better managed and service delivery will be improved. The CHRICED intervention also focuses on enhancing citizens' skills and knowledge of the governance process and accountability channels, so that they can use their collective will to exert pressure on the relevant governance systems to act accordingly.

To address the unpleasant scourge of maternal and child mortality, CHRICED employs a variety of strategies such as advocacy, community

5. <https://drpcngr.org/wp-content/uploads/2021/04/KANO-STATE-HEALTH-BUDGET-PERFORMANCE-ANALYSIS-2015-2020.pdf>

6. **Towering Hopes and Aborted Dreams: Efficiency and Effectiveness of Government Spending on Maternal, Newborn and Child Healthcare in Kano State**, A Baseline Study by The Resource Centre for Human Rights and Civic Education.

engagement, public awareness campaigns, legislative advocacy, media engagement, and strategic communication. Through these efforts, Kano State can expect to reap the benefits of

improved maternal health outcomes, reduced rates of maternal and child mortality, as well as improved financial efficiencies.

## Advocating for Law to Reduce Maternal and Child Mortality in Kano State

Since 2001, there has been an Executive Order that grants free maternal and child healthcare services to the people of Kano state. However, CHRICED recognized that while the Executive Order is a right step to address the high rates of maternal and child deaths in the State, the Order has far-reaching limitations, especially as it can be discarded by successive administration. Therefore, CHRICED has advocated for the provision of law for free maternal and child healthcare for the people of Kano state. CHRICED believes that there is a need to back up the executive order for sustainability of the efforts of the present administration. Therefore, CHRICED has produced a legislative bill and has been engaging key stakeholders through strategic advocacy and extensive consultations to mobilize the necessary support for the bill's smooth passage into law.

When passed, this bill will establish a legal basis for the state government's ongoing free maternal and child healthcare services. It will also address the issue of finance for maternal and child healthcare in the state. Women and children from low-income families, as well as the state's poorest of the poor, would have access to quality maternity and child healthcare.

The bill, which has now been adopted and sponsored as a private member's bill, received its first reading on the floor of the Kano State House of Assembly (KSHOA). CHRICED continues to call on stakeholders to continue to engage their legislators for the quick passage of the bill before the tenure of the current assembly ends on May 29, 2023.

## Conclusion

It cannot be overstated how important it is to implement policies and structures that ensure transparency and accountability regarding the recurrent deaths of women and children. To accomplish this, the following suggestions must be considered.

## Recommendations

1. The Kano State House of Assembly should pass the Kano State Free Maternal, Newborn, and Child Health Bill, which is currently before it, as soon as possible.
2. The government should prioritize increasing access to quality healthcare services, particularly in rural and remote areas in the state. This could be accomplished by building more healthcare facilities, deploying mobile clinics, and recruiting more skilled healthcare personnel.
3. The stakeholders, including healthcare providers, policymakers, community leaders, and development partners, should collaborate effectively to address the identified challenges facing maternal and child healthcare service delivery in Kano State. This is essential for improving the delivery of maternal and child healthcare services.
4. To promote transparency in the sector, there should be an appropriate accountability mechanism to check the use of resources in the facilities.
5. The public needs to play a more active role in monitoring the use of resources intended for maternal and child health care.



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