

Policy Brief

CHRICED POLICY BRIEF

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GOVERNMENT SPENDING ON MATERNAL, NEWBORN AND CHILD HEALTHCARE IN KANO STATE: *A LITTLE DROP IN THE OCEAN OF NEEDS*

Introduction

Nigeria has been mentioned by the World Health Organisation (WHO) as having one of the highest Maternal, Neo-natal and Child mortality rates in the world. The 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. He said that in Nigeria, about 26,000 babies died at birth annually thereby accounting for the World second highest national total, adding that 257 babies also die within their first month in Nigeria¹. He provided dire figures to indicate that many babies died from preventable causes such as premature birth, complications during delivery and infections like sepsis and pneumonia².

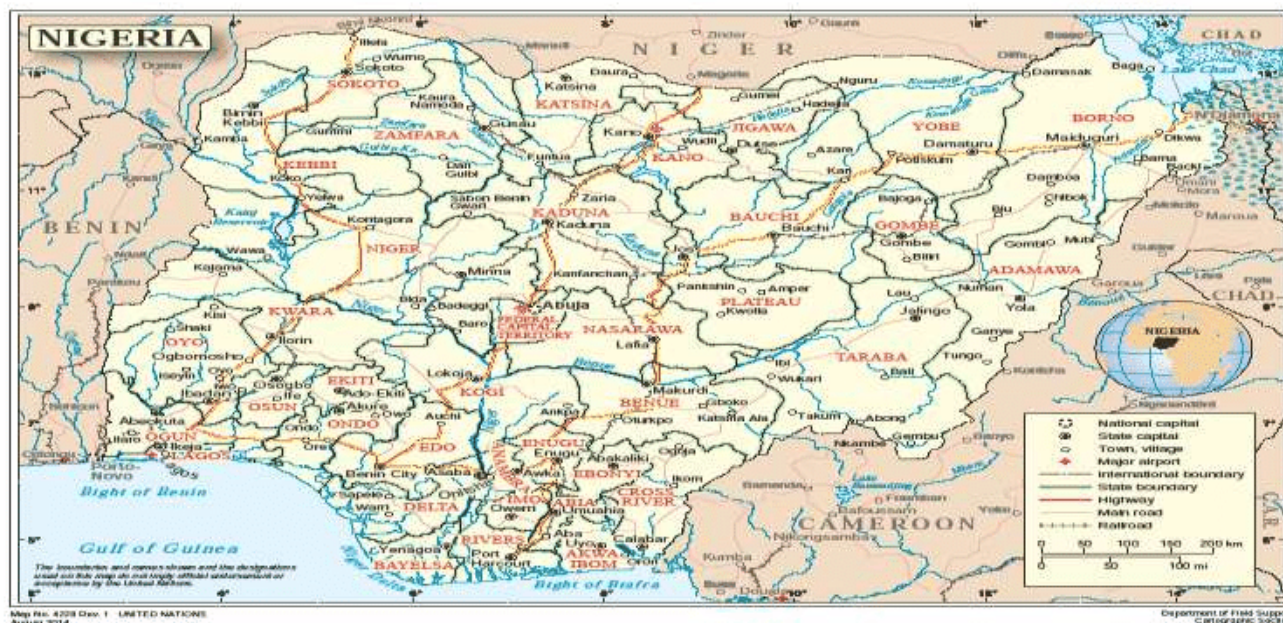


Figure 1 Source: <http://www.un.org/Depts/Cartographic/map/profile/nigeria.pdf>

And in terms of Maternal and New-born Child (MNC) mortality index, there is consensus that the rate is very high in Kano State, as available records show a maternal mortality ratio of 1025 out of every 100,000 and that only 5.1% children are delivered by health professionals³.

This disturbing situation has captured the attention of individuals and organisations within and outside Nigeria particularly considering the fact that it has been attributed to inadequate health financing, facilities, personnel and mechanisms.

Several efforts have been made by organisations both within and outside Nigeria through different interventions aimed at improving health financing in the State. Most of these efforts are meant to complement the Health Budget of Kano State Government which, over a period of time, has increased its

¹25,685 Babies will be born in Nigeria on New Year day <http://saharareporters.com/2019/01/01/25685>

²ibid

³www.mnch2.com/kano-state visited on 1/1/2019

budgetary allocation on health and health related issues, particularly as it affects Maternal and Child Healthcare delivery in the state. However, the extent to which this marginal increase has impacted on the life of the ordinary citizens accessing health facilities in the state, remains a question to be answered. This underscores the need for this project, which would provide a basis for the validity or otherwise of tracking health care budget, releases, expenditure and actual spending on MNCH2 in the State, with a view to establishing the extent of the impact it is having directly on the lives of the end users. Therefore, CHRICED project of promoting democratic participation with focus on maternal health interventions was designed to evaluate how funds meant for maternal health programmes in kano State have been budgeted, released and utilized by the relevant ministries, agencies, facilities and individuals.

The overall development goal of Kano state, based on relevant policy documents, is to strive to reduce poverty and improve the well-being of its population through the provision of quality, affordable and accessible health services; while its health policy objective is to reduce maternal and childhood morbidity/mortality by improving access to, availability, demand for, and use of appropriate maternal and childhood care. To achieve these lofty objectives, the government has undertaken a number of development projects aimed at improving health care delivery in the state.

Some of the key interventions in the health sector include: the establishment of the Kano State Contributory Health Scheme; the employment of over 2500 health workers to improve healthcare service delivery in the state; building of eleven PHC Centres in collaboration with Dangote Foundation; renovation of thirteen PHC Centres in collaboration with MNCH² of UK-Department for International Development (DFID); Adoption of “no embargo on employment of critical staff for health sector” policy institutionalized by the state. Under this policy, over 3000 critical healthcare staff were employed by the state between 29th May 2015 and 29th May 2018. In addition, 96 MSS/Sure-P midwives and CHEWs were employed for PHCMB in December, 2016;



adequate legislative provisions addressing the supply of drugs and medical consumables. Under this, was the expansion of Drug Revolving Fund (DRF) programme for the state where drugs worth more than N6,000,000 were distributed to 44 health facilities in the 44 Local Government Areas to make quality drug available and accessible at an affordable price and to reduce the circulation of fake drugs. In addition, there was the supply of drugs worth over N270,000,000 in collaboration with MNCH2 for free distribution to pregnant women in the state. Under the same scheme, there was the supply of anti-malaria drugs (ACTs and SPs), Rapid diagnostic Test Kit, Insecticide treated bed nets, bulbs and other consumables and data tools for free distribution to pregnant women in the state. Under the same scheme, there was the supply of anti-malaria drugs

(ACTs and SPs), Rapid diagnostic Test Kit, Insecticide treated bed nets, bulbs and other consumables and data tools for free distribution to 748 Health facilities in the state, in collaboration with National Malaria Elimination Program (NMEP) for malaria control and prevention worth over N234, 000,000. This is in addition to the launching of distribution of equipment and consumables worth over N300, 000,000 to 131 Health Facilities in the state in collaboration with PATHS and MNCH2.

In terms of policy initiatives, the Kano State government also took the following critical steps towards improving healthcare delivery in the state: the development of a long-term strategic health plan (SHDP II), 2017 -2022. At the primary health care level, the state also embarked on a policy implementation drive, using the concept of Primary Health Care Under One Roof (PHCUROR). This suggests that the administration, management, monitoring and evaluation of primary health care would be centralized under an agency - Kano State Primary Health Care Board. The Sector has developed its Medium Annual Operational Plans for 2018 which is aligned to the strategic plan, thus guaranteeing that proposed interventions are clearly linked to health needs of Kano people taking cognizance of the vulnerable and the under-served groups. Towards the improvement of accountability in the health sector, a Service Charter (Servicom) was developed for Ministry of Health, Health Management Board and State Primary Healthcare Management Board and Free Maternal Child Health Services. To further leverage the government's leadership role towards creating the much-desired enabling policy and legislative environment to sustain the delivery of quality health services, the Kano State government established the Kano State Drugs and Medical Consumables Supply Agency Law, Kano State Primary Health Care Management Board

Law, Kano State Healthcare Trust Fund Law and State Action Committee on AIDS (SACA) Law. There have also been steps to regulate private health facilities, especially the proliferation and activities of unregistered practitioners in the state, which is another big constraint in the health sector. The institutional arrangement for the involvement of civil society in the policy process of governance is still weak but growing. Also, efforts supported by development partners are ongoing to establish platforms for the engagement of civil society in the policy process of government.

With particular reference to Maternal, Newborn and Child Healthcare interventions, the Kano State Government has intervened in the following areas: Free Maternity Service Programme; Life Saving Skills Training for Providers; Training of Traditional Birth Attendants; Establishing New Schools of Midwifery; Increasing Enrolment at School of Midwifery; Distributing Basic Midwifery Kit; Community Emergency Transport Scheme; Community Health Education; Strengthening of Family Planning Programme; Provision of modern Equipment in Health Facilities; Improvement of health infrastructure in the state and Establishing and strengthening of Ante and Post-Natal Services.

As part of efforts geared towards reducing infant mortality rate which now stands at 113/1000 live births by ten percent by 2018, the state government also embarked on pursuing the following programmes: Improvement of Antenatal Clinic Services at PHC Level; Improvement of Immunization Services for all 6 – killer diseases; Community Health Education for mothers and fathers; Embarking on breastfeeding education; Raising awareness of traditional and religious Leaders; Implementation of Ward Level PHC Management and Provision of essential drugs and consumables. As regards reducing Child Mortality Rate, the following programmes were also embarked upon: Improving on School Health Services; Intensifying Health Education; Embarking on Mass De-worming Programmes; Provision of support for Sufferers from Sickle Cell Diseases; Prevention and treatment of Communicable Diseases; and Provision of essential drugs and Booster Doses.

However, the allocations to the sector in each of the years under review were well below the recommended benchmark of 15% budgetary allocation to the health sector. From the Report of the Kano State Accountant General for the five years under review 2016-2018, the maximum amount of budget allocated to health is 12.15% in 2016, 12.06 % in 2017 and 13.07% in 2018. What this means is that a greater majority of the people of Kano State are paying for their medical services from their pocket (Out-of-Pocket Spending).

This unfortunate situation is contrary to the global recommendation which suggests moving from out-of-pocket financing towards a pre-payment and pooling mechanism where funds and risks are pooled to serve the general public; such as health insurance or contributory schemes. In this regard, the most significant achievement recorded by the state administration in the recent past is the setting up of Kano State Contributory Healthcare Scheme. The bill for the Scheme and Agency was passed in August, 2016, while members and Chief Executive of the Agency were confirmed by the State House of Assembly on 7th November, 2016.

With the passage and implementation of the National Health Act (2014), it is expected to change the dynamics of how primary health care would be funded at both the federal and state levels. The National Health Act promises to inject additional fund into the health system through the National Health Insurance Scheme and the National Primary Health and Development Agency. The Kano State government has keyed into the National Health Act with the establishment of the State Primary Health Development Board and the establishment of the Kano State Contributory Scheme.

There are also quite a number of development partners who are making significant contributions to health development in Kano State by way of capacity building, training, provision of equipment and drugs. However, the contributions of these donors have not been quantified but their funding is a catalyst for the implementation of a lot of interventions in the state. For instance, the contribution of UNICEF in immunization and MNCH in HMIS as well as the contributions of other development partners has been substantial.

CHRICED Intervention in Tracking Government Spending on Maternal, Newborn and Child Healthcare in Kano State.

It is disheartening to observe that, Despite the several lofty healthcare policy interventions and huge financial expenditure by government, Non-Governmental Organisations and development partners, problems associated with Maternal, Newborn and Child Health (MNCH) are still prevalent in Kano State, and the available statistics on maternal, newborn and child deaths are quite worrisome.



Participants at the end of a One Day Community Enlightenment on Tracking Maternal Health interventions in Kumbotso LGA, Kano State

on “Assessing the Efficiency and Effectiveness of Government Spending on Maternal, Newborn and Child Healthcare in Kano State”. In the course of the project, CHRICED embarked on an in-depth and extensive scrutiny of relevant documents from government agencies such as: Kano State Budget for 2016, 2017 and 2018; Kano State Auditor’s Report for 2016; Kano State Financial Statements for the year ended 2015 and 2016; Kano State Budget Performance Report for 2016 and 2017; Address by the Executive Governor of Kano State at the presentation of 2016, 2017 and 2018 budgets; Kano State Budget Summary 2016, 2017 and 2018; Kano State Economic and Fiscal Strategy Paper (FSP) and Budget Policy Statement (BPS) – Ministry of Budget and Planning, Kano State, 2018; Kano State Ministry of Health Actual Expenditure, 2018; Kano State Health Sector Annual Operation Plans 2018; Three Years Trends Analysis of Kano State Budget 2016 – 2018; ARHEO’s Budget Tracking Report 2017, among others.

To evaluate the actual impact of budgetary allocations to the health sector in Kano State on Maternal, Newborn and Child healthcare service consumers in Kano State, CHRICED also engaged stakeholders in target communities through the means of field survey, In-depth Interviews (IDIs), Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and Validation workshops.



Participants during a Focused Group Discussion on Transparency and Accountability in the Implementation of Resource Budget for Maternal Health in Kano State



CHRICED Executive Director, Dr. Ibrahim M. Zikirullahi, addressing Participants During a 2-Day Validation Workshop on the Use of Maternal Health Resource Budget in Kano State.

Conclusions and Recommendations

From the evaluation carried out, CHRICED observed that there is a wide gap between budgetary allocation to Maternal, Newborn and Child Healthcare in Kano State and the actual realities on ground in terms of the quality of service delivered to the end users. This identified gap can be attributed to the discrepancies in budgetary allocations and the actual amount of money released to the health sector in the state. Findings from the baseline study conducted in the course of the project revealed that, only 49.91% of the total budgetary allocation to the health sector was actually released in 2016, while 55.43% was released in 2017. Another factor that contributed to this lacuna is the lack of adequate accountability mechanisms for tracking the utilization of budgetary allocations. This has given room for mismanagement and misplacement of priorities in health budget implementation in the state. For instance, it was discovered that bulk of the money released by government to the sector were spent on recurrent expenditure to the detriment of the capital expenditure component of the budget. It is against this background that CHRICED recommends the following:

1. Kano State Government should endeavour to maintain and fully implement all existing policies on Health, and if possible, strengthen same. These policies include free maternal and antenatal Health care, free immunization, free vaccination and free emergency health care.
2. The existing percentage of the budgetary allocation should be maintained as per the National Standard of Abuja Declaration of 15%. This is to have a maximum resource allocation for the Health sector. However, the government should ensure that what is budgeted is actually released. This is very important to facilitate the full implementation of the budget – particularly the capital expenditure components.
3. 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.
4. There is need for increase capacity of citizens to make demand for accountability and transparency in the management of maternal and child health care funds.
5. There is also the need for civic and political knowledge towards ensuring quality service delivery in maternal and child health care in Kano State.

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 Matters 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.*

Issued by:

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