

NIGERIA'S HUMAN RIGHTS APPROACH TOWARDS ELIMINATING MATERNAL MORTALITY AND MORBIDITY

INTRODUCTION

Nigeria is the most populous country in Africa with a population of about 140 million people. Women of child bearing age constitute about 31 million. The recent Nigeria 2008 Demographic and Health survey estimates maternal mortality ratio (MMR) at 545 per 1000,000 live births with wide variations across the geopolitical zones.

The North East Zone of the country has the highest maternal mortality-rate of 1549/100,000 live births while the South West has the lowest 165/100,000 live births in. There is also urban and rural variations in MMR, 335/100,000 live births in the urban areas compared to 828/100,000 in rural areas.

Sufficient progress has not been made in Nigeria in her efforts to reduce maternal mortality and morbidity over the years, this slow progress has been attributed to gaps ranging from infrastructure, access to services to lack of human resource needs.

ADDRESSING THE CHALLENGES

The National Human Rights Commission in collaboration with the stakeholders developed a National Action Plan for the promotion and protection of human rights which has since been adopted by the country's highest political authority and deposited at the Office of the High Commissioner for Human Rights in Geneva in August 2009. In this document, high rate of maternal mortality and morbidity is listed as one of the the key challenges to the enjoyment of right to health.

At the regular review meetings with relevant government agencies, strategies were mapped out on how to bring it to the barest minimum. Thus the issues are being addressed through a right based approach.

In the last six years, Nigeria has invested substantially in the Health Service Delivery System, which has led to better primary health care services. Health services are provided through the various hospitals and clinics owned by Federal, State and Local (municipal) governments. The Local government is responsible for Primary Health Care (PHC) which includes comprehensive health centres, primary health care centres, health clinics and health posts. Overall, the number of PHC facilities indicates reasonable availability with less regional disparities than is the case with hospitals. There are over 13,000 public sector PHC facilities and about 7,000 private PHC facilities.

Between 2006/2007, **208** Primary Health Care (PHC) Centres were rehabilitated and upgraded to serve as apex Health Facilities and Referral Centres, coordinate and supervise all the health services within the ward, both at the facility and community level. These Health Centres are managed by their respective communities and emphasize community-based services. The communities are actively involved right from the construction stage and are handed over to their Ward Development Communities (WDC), which are volunteer groups with membership also drawn from women groups in the communities, to ensure ownership and co-management of services.

The goal of the Ward Health System (WHS) is to improve and ensure sustainable health services with full and active participation of people at the grass root level as it seeks to:

- a). Promote full and active community participation at the grass root level in order to sustain an effective and efficient delivery of PHC services in the ward;
- b). Improve access to quality health care and ensure equity.
- c). Promote local initiatives and encourage poverty alleviation activities in the ward.
- d). Re-enforce political commitment to PHC at the grass root level i.e. the ward.
- e). Reduce morbidity and mortality especially amongst women of child bearing age and children under five years.

The personnel requirement for the Ward Health Service is designed to be affordable to the Local Government Areas (LGAs) and the communities. At the community level, the community-based workers, Traditional Birth Attendants (TBAs), Village Health Workers (VHWs), and Junior Community Health Extension Workers (JCHEW) constitute the workforce,

while at the facility level, the Community Health Officers (CHOs), Midwives, Community Health Extension Workers (CHEWs) and the Junior Community Health Extension Workers (JCHEWs) are the care providers.

The Ward Health Service has a Maternal and Child Health component with the aim of

- Locating all pregnant women in the ward and provide Ante-Natal Care (ANC) services to them;
- Prepare women for exclusive breast-feeding;
- Identify women at risk and refer them appropriately;
- Provide labour, delivery and post-natal services in the community;
- Immunize pregnant women and children under 5;
- Provide appropriate case management for common childhood diseases using standing orders;
- Identify danger signs of ill-health and advise on timely referral;

Motivate men and women for family planning services

In recognition of the high MMR, the government has since adopted the Integrated Maternal New Born and Child Health Strategy (IMNCH) to reduce childhood morbidity and maternal mortality.

There is also the ‘Making Pregnancy Safer Initiative’ through the Integrated Management of Pregnancy and Child Birth (IMPC) which offers opportunities for addressing early newborn care.

Furthermore, many States of the nation (e.g. Federal Capital Territory, Kaduna, Katsina, Kano, Jigawa, Cross River, Delta, Niger and Zamfara States) now provide free ante natal care and delivery services to women.

In addition to what has been mentioned above, there was a Declaration of state of emergency by the former President in 2005 . The declaration led to a nationwide public enlightenment campaign on the socio-cultural determinants of MMR in 2006 by the Federal Ministry of Women Affairs and its partners. The outcomes of the above efforts today are:

- a. Increase to 15 in the number of state governments with draft legal/policy frameworks on improving maternal health;

- b. Completion of a nationwide Baseline Survey on Maternal Health Indicators that is knowledge based, policy driven and action oriented in focus.
- c. Capacity building for health workers to improve service delivery.
- d. Provision of ambulances, this led to recruitment of 100 Midwives

In support of the successful implementation of the Integrated Maternal, Newborn and Child Health (IMNCH), the then First Lady of Nigeria in her efforts to expanding women's access to clean delivery supplied some hospital essentials such as anti shock garments, delivery package known as '*Mama Kits*' which contains immediate needs of the mother and baby during and just after delivery and also magnesium sulphate for treatment of post-partum haemorrhage which is the highest cause of maternal death.

The National Primary Health Care Development Agency through the MDGs Debt Relief Gains (DRG) has established the Midwives Service Scheme (MSS). The Scheme is aimed at providing an emergency gap to the human resource shortage of skilled attendance at the Primary Health Care system.

The scheme has so far mobilized and deployed **2,488** unemployed and retired midwives to **652** designated primary health facilities in the rural communities. The midwives reside in the communities and carry out outreach services to increase demand for skilled Maternal and Child Health Services. The midwives are also trained to offer Emergency Obstetric and Neonatal Care service at their places of primary assignment. The referral network has been well spelt out using the cluster model, where four PHC are clustered around a designated General Hospital for effective referral of emergency cases.

OUTCOME

Nigeria within the last 6 years has recorded giant strides in the reduction of Maternal Mortality and Morbidity. The following are the summaries of the social indicators of improvement in maternal health:

Antenatal Care (%)	increase by	%
		60
Assistance by trained professional during delivery		58
Tetanus Toxoid during pregnancy		50
Maternal mortality rate (MMR) per 1000	reduced to	545
Female Genital Mutilation		18
FGM urban		8.2