



Family Planning/Childbirth Spacing Services Advocacy Kit



Kaduna State





Family Planning/Childbirth Spacing: A Proven Maternal Health Investment in Kaduna State

Fact Sheet



Current Situation

Maternal deaths are not only tragedies in themselves; they are also an enormous cost to communities, families and to the nation. Any social or economic investment that has been made in a woman who dies of a preventable maternal death is lost. Her family loses her care and productivity in and out of the home. Maternal deaths and disabilities in Kaduna State can be prevented with cost effective comprehensive and integrated health care services that include childbirth spacing.

Women approach delivery with apprehension because 1 in 125 pregnant women die from complications during pregnancy, delivery or immediately after. The maternal mortality rate in Kaduna State is 800/100,000 live births (NDHS, 2003). This means about 1,944 women die every year in our state due to pregnancy related complications. Our infants are dying too. For every death, 20 other women experience life-limiting morbidities. Of the 65,000 under 5 deaths each year, 20% are neonatal - and for every neonatal death there are 20 stillbirths (NDHS 2008).

Challenges

- There is no budget line for family planning/childbirth spacing in the state and funding at the local government level where budget lines exist is inadequate
- There are not enough skilled personnel and no provision for training and retraining them

- There are recurring contraceptive commodity stock outs and a poor logistics management system
- There is no support for the implementation of existing policies that promote comprehensive and integrated maternal and child health (MCH) programming
- There are persistent socio-cultural practices that are a barrier to obtaining information, knowledge and access to family planning/childbirth spacing services
- There is over utilization of the free MCH services and facilities that do exist, therefore personnel are overstretched. On the other hand, family planning/childbirth spacing services are under utilized. In both situations the urban poor face the greatest challenges

Government Interventions

Policy initiatives exist to help redress high maternal and neonatal deaths in Kaduna State:

- Kaduna State has committed to improving women's health under the Free Maternal and Child Health Policy. This policy ensures free antenatal, delivery and postnatal care for pregnant women.
- There are strong civil society groups that support government in training attendants and upgrading the life saving skills (LSS) of midwives as well as medical officers in expanded life saving skills (ELSS). But much more needs to be done.



Why We Need to Act Now

More than ever before Kaduna State has an administration that is committed to improving the welfare of women and children.

Acting now will further improve the development indices of Kaduna State and will earn positive recognition for the government as a supporter of women's health.

Kaduna State Reproductive Health Statistics

Projected 2011 Population (47% are urban dwellers)	7,156,349
% Girls married before 18	60.5%
Annual births	243,000
Neonatal mortality rate (2003)	55/1000
Under-5 mortality rate (2003)	269/1000
% U-5 deaths that are neonatal	20%
Maternal death (NDHS 2003)	800/100,000
Attendance at antenatal care	31%
Delivery in a health facility	10%

Nigeria Population Census 2006; NDHS 2003 & 2008

Maternal Health among Urban Poor* in Kaduna State

Contraceptive Use

No Method	98%
Traditional Method	0.5%
Modern Method	2%

Place of Delivery

Respondents Home	76%
All Government Facility	18%
All Private Facility	6%

Delivery Assistance

None	5%
Doctor	6%
Nurse/Midwife	21%
TBA	36%
Relative/Friend	29%
Other	2%

Secondary Analysis of NDHS 2008

*Urban poor refers to women who are in the lowest three wealth quintiles as defined by the NDHS.

Actions Required

Kaduna State and its Local Governments need to commit to:

- ✦ Adequate funding of comprehensive and integrated family planning/childbirth spacing services in all facilities through the creation of a budget line and procurement logistics management, distribution and supervision of contraceptives
- ✦ Fully implement the policy free MCH to ensure access to free antenatal, delivery and postnatal care for all pregnant women and children

Definition of Terms

Family Planning / Childbirth Spacing - An informed decision by an individual or a couple on how many children to have and when to have them and using modern contraceptive methods to adequately space pregnancies.

Maternal Mortality - Death of a woman while pregnant or within 42 days of childbirth or termination of pregnancy.

Contraceptive Prevalence Rate - Percentage of women between 15-49 years who are practicing or whose sexual partners are practicing any form of contraception.

Urban Poor: Women of reproductive age in the poorest, poorer and middle wealth groups (as defined by NDHS) living in urban areas.

Reproductive Age: Generally defined as women aged 15 - 49 years and men 15 - 59 years.

Contraceptive - A device or drug which can be used to delay/space pregnancy by preventing conception.

Safe Motherhood - A set of interventions that work to ensure the survival, health and well being of a mother and her newborn from conception through childbirth and infancy. Also includes the transference of meaningful information and skill to achieve adequate spacing and number of pregnancies according to the desires of the mother.

Unmet Need - The percentage of persons of reproductive age who want to use contraceptives but do not have access to them either due to unavailability or lack of information.

High Risk Pregnancy - A pregnancy where the mother is younger than 18 years or above age 34 years, or where the time from the last birth to the next is less than 24 months apart or where the parity (number of pregnancies resulting in delivery) is 5 or higher.

Family Planning/Childbirth Spacing: A Proven Maternal Health Investment for Kaduna State

Policy Brief



Context

Women in Kaduna State approach childbirth with apprehension because 1 in 125 pregnant women die from complications during pregnancy, delivery or immediately after. This means that about 1,944 women die annually due to pregnancy-related complications, and for every death, 20 other women experience life limiting morbidities. Of the 65,000 under 5 mortalities annually, 20% are neonatal. And, sadly, still worse, for every neonatal death there are 20 stillbirths (NDHS 2008).

Why is this happening? Some reasons include insufficient budgetary provisions, inadequate skilled personnel, recurring contraceptive stock-outs, poor logistics management and persistent socio-cultural practices that are a barrier to knowledge, and access to services.

This policy brief calls attention to the need to enforce existing policies for comprehensive and integrated free maternal and child health (MCH) care and the creation of a budget line for family planning/childbirth spacing supplies and services.

Challenges

There is no budget line for family planning/childbirth spacing in the state and inadequate funding at the local government level where budget lines exist

- There are not enough skilled personnel and no provision for training and retraining them
- There are recurring contraceptive commodity stock outs and a poor logistics management system
- There is no support for the implementation of existing policies that promote comprehensive and integrated maternal and child health (MCH) programming
- There are persistent socio-cultural practices that are a barrier to obtaining information, knowledge and access to family planning/childbirth spacing services

There is over utilization of the free MCH services and facilities that do exist, therefore personnel are overstretched. On the other hand, family planning/childbirth spacing services are under utilized. In both situations the urban poor face the greatest challenges

What can be done?

Family planning and childbirth spacing alone can help avert high risk pregnancies and reduce maternal deaths by 32% (Cleland J. et al. 2006. *Family Planning: the unfinished agenda. Lancet 368:1810-27*).

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Critique of Policy Options

Policy initiatives exist to help address high maternal and neonatal deaths in Kaduna State. These interventions do not include childbirth spacing as a component of the integrated programme, For instance:

Kaduna State has committed to achieving an improvement in women's health under the Free Maternal and Child Health policy enacted to ensure free antenatal, delivery and postnatal care for pregnant women; this policy is expected to reach over 5 million women and children by 2010. However, it lacks the critical component of childbirth spacing that could substantially help reduce maternal mortality however.

A State Strategic Health Development Plan was developed to inform the health budgeting process, but there is no budget line for family planning supplies, logistics management or training.

A strong civil society supports the government in the training of birth attendants and upgrading the skills of midwives in life saving skills (LSS), and medical officers in expanded life saving skills (ELSS), as well as midwives service scheme (MSS). Unfortunately, most personnel deployed to facilities in urban slums and remote areas fail to report there; and even those who report lack the basic equipment and supplies to function. There is also a general inability to supervise personnel and programs because of poor resource allocations for such activities.

Maternal deaths are not only tragedies in themselves, they also represent an enormous cost to communities and families in Kaduna State. Any social or economic investment that has been made in a woman who dies of maternal cause is lost. Her family loses her care and productivity in and out of the home.

Maternal death has implications for the whole family and an impact that rebounds across generations. The complications that cause the deaths and disabilities of mothers also damage the infants they are carrying. A comprehensive and carefully targeted integrated health care service provision that is responsive to the current needs of women in Kaduna State would achieve the following:

- | | |
|------------------------------------|-----------------------------------|
| For Children Lower risk of: | For Mothers Lower risk of: |
| • Child death | • Maternal death |
| • Infant death | • Premature rupture membranes |
| • Neonatal Death | • Anemia |
| • Fetal Death | • Third trimester bleeding |
| • Stunting & underweight | |
| • Small for gestational age | |
| • Low birth weight | |
| • Preterm birth | |

Maternal deaths and disabilities in Kaduna State can be prevented with cost effective comprehensive and integrated health care services that include family planning/childbirth spacing. The health of women and children can be greatly improved with the enactment of supportive policies and legislation that facilitates access to affordable high quality services, particularly for the poor.

Why We Need to Act Now

More than ever before Kaduna State has an administration that is committed to improving the welfare of women and children.

Acting now will further improve the development indices of Kaduna State and will earn recognition for the government as a supporter of women's health. Studies and reports have confirmed that improving access and use of family planning/childbirth spacing services would reduce the number of high-risk pregnancies that result in high levels of maternal and child illness and death, as well as multiply the pace of the attainments of the MDGs, particularly goal 4 (child survival) and goal 5 (maternal health).

The Federal Ministry of Health recently declared that all contraceptive commodities are to be provided free to clients in public facilities; however, states and local governments are to provide funds for logistics management and distribution.

“One woman dies every ten minutes, 600,000 women die from pregnancy related causes globally and about 80 million pregnancies globally are unplanned,” ... “using child birth spacing, family planning services can avert maternal deaths, avert unplanned pregnancies, avert unsafe abortions, promote good health practices among young people emphasizing that one in three of maternal deaths can be prevented through effective family planning programme”

- Mrs Charity Shekari, Hon. Commissioner for Health, Kaduna State – Daily Trust News Paper – May 31, 2011: Child Spacing, Panacea for Safe Motherhood.

“Childbirth spacing for national development is very strategic as it gives attention to the second determinant of maternal deaths” – Dr Ado Zakari – Director PHC State Min. of Health Kaduna, Safe Motherhood Day – Daily Trust Newspaper, May 24, 2011.

Maternal Health among Urban Poor* in Kaduna State

Contraceptive Use	
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Relative/Friend	29%
Other	2%

Secondary Analysis of NDHS 2008

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Policy Recommendations

State and its Local Governments need to commit to:

- ✚ Adequate funding of comprehensive and integrated family planning/childbirth spacing services in all facilities through the creation of a budget line and procurement logistics management, distribution and supervision of contraceptives
- ✚ Fully implement the policy free MCH to ensure access to free antenatal, delivery and postnatal care for all pregnant women and children
- ✚ Employ, train and retrain providers in safe delivery and making timely referrals and ensure that women have access to high-quality emergency obstetric care

The need for a Budget Line for Family Planning/Childbirth Spacing in Kaduna State

Role of Commissioner for Local Government



Women approach delivery with apprehension because 1 in about 125 pregnant women in Kaduna State die from complications during pregnancy, delivery or immediately after postpartum period. These women die not from diseases but from preventable causes during the process of giving life to a child.

- Kaduna State maternal mortality rates are almost twice the national average at about 800/100,000 live births, or 1,944 annual maternal deaths
- There is evident over utilization of the free maternal and child health (MCH) services, and facilities and personnel are over stretched. On the other hand childbirth spacing is underutilized
- Secondary analysis of the 2008 Nigeria Demographic and Health Survey (NDHS) shows that 76% of the poorest urban dwellers do not deliver in hospitals, and 98% do not use childbirth spacing/family planning services. This trend also holds true for rural dwellers

These populations are traditionally harder to reach, but in order to dramatically shift these rates, legislatures will want to take advantage of an integrated and comprehensive free MCH programme with child birth spacing services, which has been proven to reduce incidences of maternal mortality by 32% and neonatal and under 5 mortalities by 27% and 23% respectively (Cleland J. et al. 2006. *Family Planning: the unfinished agenda. Lancet 368:1810-27*).

The good news is that you can do something about it. The passage of the free MCH bill would be catalytic in securing better investment for maternal and neonatal health as part of the effort to achieve the MDG goal 4 (reduce child mortality) and goal 5 (improve maternal

health) by reducing maternal and neonatal mortality. The effect is that it could improve the well-being of women, and the productivity of families and communities. It will also make the state a reference point for integrated free MCH in Nigeria.

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Unmet Need

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Actions Required

- ✦ Create and adequately fund a budget line item for family planning/childbirth spacing in the ministry's budget to cover supplies, equipment, commodity logistics management, distribution, supervision and professional development of personnel
- ✦ Ensure that the approved budget is used efficiently for family planning in all local governments
- ✦ Advocate with and support Local Government Chairmen to also create budget lines for family planning to cover commodity logistic management, distribution, supervision and training of personnel



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The Need for Legislation on Free Maternal and Child Health in Kaduna State

Role of the Executive

Women approach delivery with apprehension because 1 in about 125 pregnant women in Kaduna State die from complications during pregnancy, delivery or immediately after postpartum period. These women die not from diseases but from preventable causes during the process of giving life to a child.

Key Facts

- Kaduna State maternal mortality rates are almost twice the national average at about 800/100,000 live births, or 1,944 maternal deaths annually
- There is evidence of over utilization of the free maternal and child health (MCH) services, while facilities and personnel are over stretched. On the other hand, childbirth spacing services are under utilized
- Secondary analysis of the 2008 Nigeria Demographic and Health Survey (NDHS) shows that 76% of the poorest urban dwellers do not deliver in hospitals, and 98% do not use childbirth spacing/family planning services.

These populations are traditionally harder to reach, but in order to dramatically shift these rates, policy makers will want to take advantage of an integrated and comprehensive free MCH programme with child birth spacing services, which has been proven to reduce incidences of maternal mortality by 32%, and neonatal and under 5 mortalities by 27% and 23% respectively (Cleland J. et al. 2006. Family Planning: the unfinished agenda. Lancet 368:1810-27).

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by reducing maternal and neonatal mortality. The effect is that it could improve the well-being of women, and the productivity of families and communities. It will also make the state a reference point for the implementation of comprehensive and integrated free MCH in Nigeria.

Supporting this course of action will earn recognition for this administration as being responsive to the needs of its citizens, while making motherhood safe and a joy to celebrate in every family.

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Action Required

- ✦ Advocate with the legislature to pass a free MCH Bill with childbirth spacing as an integral part of free antenatal, delivery and postnatal care for pregnant women and children in Kaduna State.



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The Need for Legislation on Free Maternal and Child Health in Kaduna State

Role of Traditional and Religious Leaders

“Christianity supports childbirth spacing for the good health of the mother and child, which is not just their constitutional right but divine privilege. Birth spacing is the responsibility of men as well as women. Men should be aware of the health benefits of birth spacing and the different methods available. They should support women to space pregnancies” - **Rev. Yunusa S. Nmadu**, CAN Secretary, Kaduna State Chapter, July 27, 2011

“Islam not against family planning... couples were free to determine the type of contraceptives they wanted”

– **Sheikh Abubakar Mahmud Gumi**.

New Nigeria News Paper June 28, 1986 – No. 6,303.

The birth of a baby in every home is a thing of joy, but women approach delivery with apprehension because 1 in 125 pregnant women die from pregnancy related complications that are preventable. Poor maternal health is inevitably linked to poor infant and child health outcomes, and this affects everyone.

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These populations are traditionally harder to reach, but in order to dramatically shift these rates, legislatures will want to take advantage of an integrated and comprehensive free MCH programme with child birth spacing services, which has been proven to reduce incidences of maternal mortality by 32% and neonatal and under 5 mortalities by 27% and 23% respectively (Cleland J. et al. 2006. Family Planning: the unfinished agenda. Lancet 368:1810-27).

The good news is that you can do something about it. Though the state Ministry of Health and the Health Departments of Local Governments currently implement a free MCH programme in a few health facilities the policy lacks legal backing that will ensure that the programme is made permanent and adequately funded for the present and future generations.

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Actions Required

- ★ Call the attention of Kaduna State government and lawmakers on the need to enact legislation for free maternal and child health that is adequately funded to make health delivery accessible for the present and future generations of the people of Kaduna State
- ★ Mobilize and sensitize the community on the benefits of childbirth spacing for the health of a mother and her new born.



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The Need for Legislation on Free Maternal and Child Health in Kaduna State

Role of Commissioner for Health

“...using child birth spacing, family planning services can avert maternal deaths, avert unplanned pregnancies, avert unsafe abortions, promote good health practices among young people emphasizing that one in three of maternal deaths can be prevented through effective family planning programme”

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Actions Required

- ✦ Push for the enactment of legislation on the free MCH with FP/Childbirth Spacing as an integral part of free antenatal, delivery and postnatal care for pregnant women and children
- ✦ Employ, train, and retrain providers in taking deliveries and making timely referrals, and ensure that women have access to emergency obstetric care.



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