

## POLICY BRIEF

### CONTEXT

Maternal and newborn health (MNH) outcomes remain poor in Nigeria with recent UN estimates reporting 1,047 maternal deaths per 100,000 live births (2020)<sup>1</sup>; 34 newborn deaths per 1,000 live births (2022)<sup>2</sup>; and 22 stillbirths per 1,000 births (2021).<sup>3</sup> The situation is worse in the North East, where the 2018 Nigerian Demographic Health Survey (NDHS) estimated more than 1,500 maternal deaths for every 100,000 live births and 61 newborn deaths per 1,000 live births.<sup>4</sup> In this region, access to life-saving MNH services is difficult following decades of conflict, displacement, and extreme poverty.

While the federal government has taken steps to invest in improved quality of care, greater insight is needed around the political, economic, and health system factors that influence MNH policies, programs, and financing in the North East. This brief outlines a recent study led by the Institute of Human Virology, Nigeria (IHVN) and the International Rescue Committee (IRC) – partners in the EQUAL research consortium – to examine the diverse factors that influence MNH decision-making in Yobe State. With a greater understanding of the level of prioritization of MNH in this complex environment, the consortium aims to identify opportunities to accelerate progress toward improved health outcomes for women and newborns in North East Nigeria.

### SUMMARY

- EQUAL conducted a political economy analysis guided by the Health Policy Triangle framework to understand contextual factors, policy content and processes, as well as actor interests in MNH policies and programs in Yobe State.
- MNH is a political priority in Yobe state supported by initiatives like the Midwifery Service Scheme and free MNCH services. Inadequate policy dissemination results in low awareness among health workers. Budgetary allocations fluctuate, with gaps in fund disbursement impeding implementation of initiatives.
- Coordination and collaboration among MNH stakeholders exist. This includes, community feedback mechanisms for accountability, training and advocacy initiatives for health workers and traditional birth attendants, and support from NGOs and UN agencies. Challenges arise from different priorities and approaches.
- Insecurity driven by the Boko Haram insurgency disrupts MNH services, leading to the destruction of healthcare facilities, theft of medical equipment, displacement of staff, limited access to healthcare for pregnant women, and heightened risk of abduction and murder among health workers.
- Gender disparities persist in MNH decision-making roles, with men predominantly in charge at health facilities. Efforts are underway to address these imbalances, including initiatives like the Women's Development Committee, aimed at increasing women's participation in decision-making.

## STUDY OVERVIEW

This study sought to capture the perspectives of diverse MNH stakeholders working across policymaking, implementation, and funding to gather insights on the MNH decision making landscape.

### Study location

The study focused on Yobe State, located in the North East of Nigeria. The Boko Haram insurgency has severely affected 80% of the rural population in the North Eastern states of Borno, Adamawa, and Yobe, displacing 2.3 million individuals, of whom 55% were women and young girls. Many people currently live in security-compromised areas and experience social and economic hardship. Delivering MNH services in this region remains challenging due to numerous issues including difficult terrain, insecurity, and a shortage of qualified health workers.

### Study design

This descriptive case study was designed to understand factors influencing the prioritization of MNH in conflict-affected areas of Nigeria, specifically in Yobe State.<sup>5</sup> Between April 2022 and January 2023, the study reviewed evidence from literature including academic, policy, and operational documents and captured data through key informant interviews with 19 stakeholders including policy makers, donors, NGOs/civil society organizations, and health care providers to gain insight on policy making processes, adoption, and implementation at state level.



Health Policy Triangle, Walter & Gilson (1994)<sup>6</sup>

## EQUAL PROJECT OVERVIEW

**Funder:** UK International Development from the UK government

**Length:** July 2021 – April 2026

**Locations:** DRC, Nigeria, Somalia, and South Sudan

**Partners:** Institute of Human Virology Nigeria, International Rescue Committee, Johns Hopkins Center for Humanitarian Health, Somali Research and Development Institute, and Université Catholique de Bukavu.

The study was guided by the Health Policy Triangle, a conceptual framework commonly used to assess policy content, policymaking processes, institutional, political and social contexts, and the role of diverse actors in shaping policy outcomes.<sup>6</sup> Data were analyzed using a deductive approach for coding in line with the framework, while an inductive thematic approach was used to identify emerging patterns that formed the basis of the study findings.

## Results

The following represents the key findings emerging from this study.

### **Despite existing MNH policies and initiatives in Yobe State, persistent challenges undermine implementation.**

- MNH is considered a political priority in Yobe state, evidenced by initiatives like the Midwifery Service Scheme (MSS), free Maternal, Newborn, and Child Health (MNCH) services, facility renovations, and ambulance provision aimed at enhancing access to care.
- MNH policies and guidelines in Yobe state are typically derived from the national level and adapted to address the specific challenges of service delivery in the state. However, there is insufficient dissemination of these policies, resulting in limited awareness among health workers.
- High maternal mortality is a perceived driver for prioritization on the political agenda, with comparatively less focus on implementation efforts to address newborn mortality and morbidity.
- Budgetary allocations for specific sectors fluctuate based on government priorities, funding availability, and other factors. While funding may be allocated to MNH, gaps in fund disbursement persist, potentially impeding the full implementation of MNH initiatives in the state.

### **The Boko Haram insurgency in Yobe state has disrupted MNH services and increased the risk faced by pregnant women and health care workers.**

- Insecurity driven by the Boko Haram insurgency has disrupted MNH services, leading to the destruction of healthcare facilities, theft of medical equipment, displacement of staff, and limited access to healthcare for pregnant women.
- Healthcare workers face heightened risks of abduction and murder with some indicating their uniforms make them more vulnerable. These risks result in a reluctance among skilled health personnel to take postings in these vulnerable areas.
- Health workers living in more remote and insecure areas express the need to receive higher compensation, given the challenging condition faced including difficulty accessing food, transportation, and accommodation.

## **Coordination platforms exist to promote collaboration, feedback, accountability, and learning among diverse MNH stakeholders in Yobe state.**

- Feedback mechanisms including hotlines, suggestion boxes, and community structures like the Ward Development Committee facilitate communication and collaboration among policymakers, service providers, and users. This promotes accountability and informs policy and healthcare practices. Unfortunately, there is poor awareness of these channels, limiting their effectiveness.
- Healthcare workers are held accountable through monitoring and supervision, audit/review meetings, supportive supervision, task shifting, and scorecards, among others.
- Adequate cooperation exists between MNH stakeholders, including hospitals and traditional birth attendants, facilitated by collaboration in advocacy, awareness programs, and training initiatives. Policymakers and healthcare facilities engage in collaborative efforts, including facility supervision and regular meetings to enhance community collaboration and MNH service delivery.
- Collaboration among health facilities, NGOs, and UN agencies enhances the state's MNH capacity by providing extra resources and personnel. Challenges in coordination arise from differing organizational priorities and approaches, leading to duplication of efforts.

## **Gender, cultural, and religious beliefs in Yobe state impact care seeking, MNH prioritization, and the diversity of the health workforce.**

- Women in Yobe State encounter violence, sexual abuse, and limited healthcare access resulting in preventable maternal deaths and psychological distress.
- Gender disparities persist in MNH decision-making roles, with men predominantly in charge at health facilities. Efforts are underway to address these imbalances, including initiatives like the Women's Development Committee, aimed at increasing women's participation in decision-making.
- While MNH services are generally accepted, cultural norms such as women requiring spousal permission to access medical care and the religious beliefs that home births are divinely sanctioned, hinder the timely seeking of MNH services.

# RECOMMENDATIONS

## GOVERNMENT:

- 1 Build in accountability measures to make sure MNH funding is protected and not diverted to other competing priorities.
- 2 Develop concrete, timebound policy dissemination and sensitization plans to foster implementation of MNH policies and guidelines.

## GOVERNMENT & PARTNERS:

- 1 Increase male involvement in the delivery of MNH services to help encourage MNH service uptake and timely care seeking behaviors at the community level.
- 2 Leverage existing partners' forums to have more regular effective communication and engage a wider range of stakeholders.
- 3 Develop concrete, timebound policy dissemination and sensitization plans to foster implementation of MNH policies and guidelines.
- 4 Couple investments in the health system with efforts to address determinants of care seeking through awareness raising, social behavior change, and improved quality and coverage of care.
- 5 Increase funding dedicated to existing financial protection initiatives such as free maternal care to improve access to MNH services.

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## References

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- <sup>2</sup> United Nations Inter-agency Group for Child Mortality Estimation (2024).
- <sup>3</sup> United Nations Inter-agency Group for Child Mortality Estimation (2023).
- <sup>4</sup> National Population Commission (NPC) [Nigeria] and ICF. 2019. Nigeria Demographic and Health Survey 2018. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF.
- <sup>5</sup> Yin, R. K. (2009). Case study research: Design and methods (4th Ed.). Thousand Oaks, CA: Sage
- <sup>6</sup> Walt, G., & Gilson, L. (1994). Reforming the health sector in developing countries: the central role of policy analysis. *Health Policy and Planning*, 9(4), 353-370. Chicago

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