

LEARNING BRIEF

# Political Economy Analysis in Kano State, Nigeria

## Key Findings for Strengthening Multi-level Partnerships for Advancing Women's Health



## Summary

From 2016 to 2022, Pathfinder International led the Bill & Melinda Gates Foundation-funded Advance Family Planning (AFP) project in Nigeria to advocate for contraception and increase government investments in family planning (FP). Building on AFP's lessons and successes, the **Strengthening Multi-level Partnerships for Advancing Women's Health** project in Nigeria, led by Pathfinder and the Center for Communication and Social Impact, has worked in 2024 to support to the Nigerian government at the national level and in Kano and Lagos states to advocate for the implementation of favorable policies, sustainable domestic financing, and strengthened accountability mechanisms for women's health, with a specific focus on maternal and newborn health and FP. This brief summarizes key findings from the project's political economy analysis of Kano State.

## CONTEXT

Maternal mortality and morbidity pose major public health challenges in Nigeria; at 512 deaths per 100,000 live births, the country's maternal mortality ratio (MMR) is among the highest in the world.<sup>1</sup> The root causes of maternal mortality in Nigeria—poverty and funding shortages; gender, social, and cultural norms that discourage maternal health care; and political apathy and instability—are exacerbated by inadequate and inequitable access to quality health care. The Government of Nigeria allocated only 4.6% of its total expenditure to health in 2017, well below Abuja Declaration's 15% target, and many states lack dedicated funding for FP. Despite government efforts to improve maternal health, including the National Strategic Health Development Plan II (2018-2022), the National Health Insurance Scheme, and the strengthening of primary health care (PHC) centers, implementation varies by state and population group, with large disparities in access to care. In Kano, Nigeria's most populous state, only 19% of births are delivered in a health facility (16% in public and 3% in private facilities).<sup>2</sup> Though the state has a line item in the budget for FP and maternal and newborn health, allocations and releases are inconsistent. Advocacy efforts are led by loose coalitions, and the state relies heavily on donor support.

## POLITICAL ECONOMY ANALYSIS IN KANO STATE

**Table 1. Key Stakeholders Engaged in Political Economy Analysis in Kano State**

Director of Public Health, Ministry of Information

Director of Family Health, State PHC Development Agency

State FP Coordinator, State Maternal & Child Health Coordinator, Ministry of Health

Monitoring & Evaluation Officer, Hospital Management Board

Members, Ward Development Committees in Taruani, Kumbotso, Gwale & Ungogo LGAs

Sharada & Dala PHCs, Murtala Muhammed Specialist Hospital

Co-chair, Kano State-led Accountability Mechanism



Photo: Group convened during the dissemination of findings from Political Economy Analysis in Kano State

The Strengthening Multi-Level Partnerships for Advancing Women's Health project conducted a political economy analysis (PEA) in Kano State to provide actionable insights and recommendations for strengthening multilevel partnerships, promoting accountability, and advancing women's health at the state level. With a desk review, policy analysis, key informant interviews, and focus group discussions across Kano State (Table 1), the PEA explored power relations, stakeholder interests, governance structures, policy frameworks, and resource allocation mechanisms that influence maternal health outcomes. The findings will guide development and implementation of evidence-based policies, strategies, and interventions to reduce maternal morbidity and mortality and improve the wellbeing of women and families.

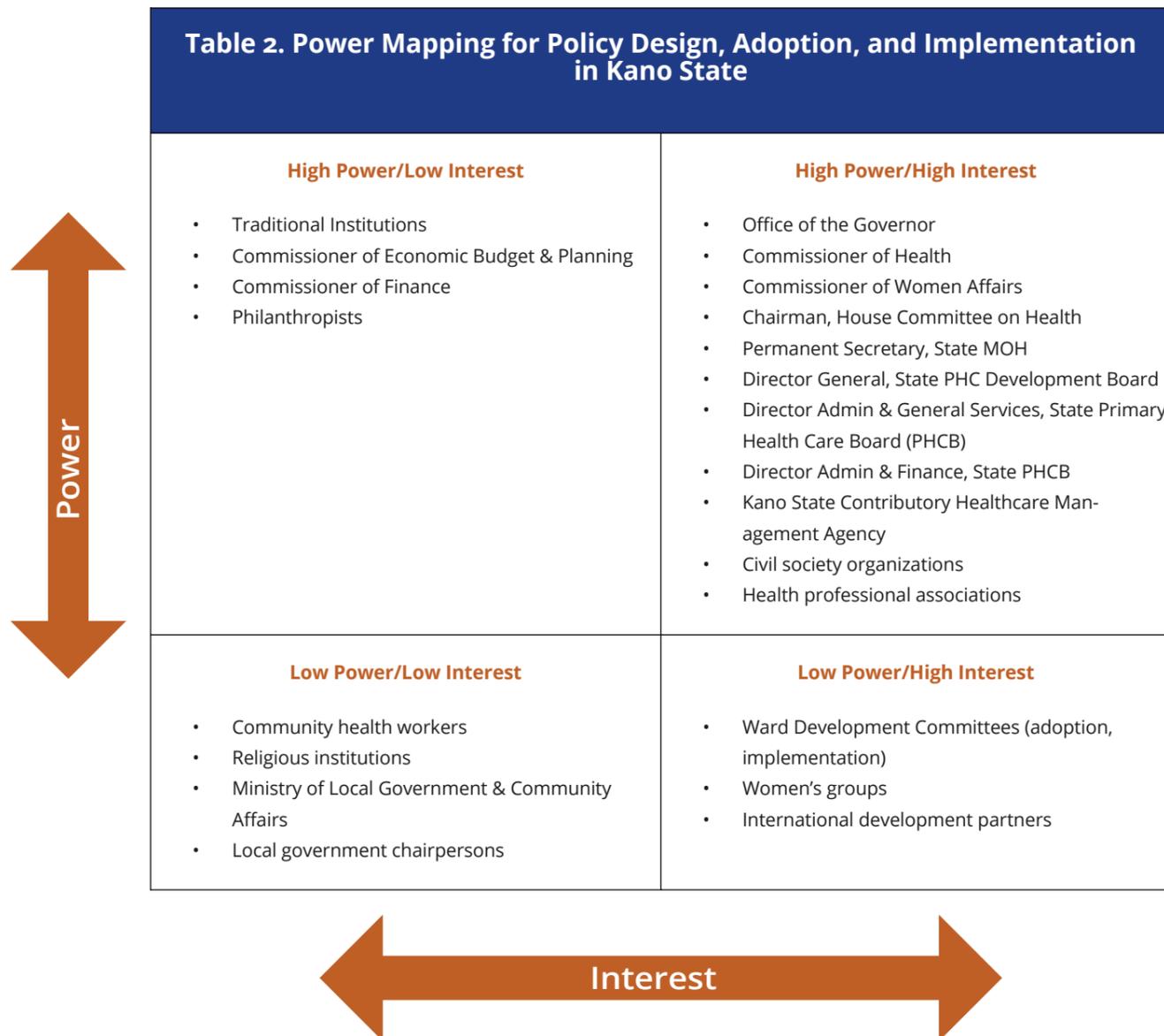
## FINDINGS

### Key maternal health indicators

Despite a range of state-level FP and MCH policies and frameworks, Kano State's maternal health indicators and outcomes are among the poorest in the country. At 6.4 births per woman, Kano State's total fertility rate (TFR) is greater than the national TFR of 4.6; its modern contraceptive prevalence rate (14%) is low, and unmet need is at 23%.<sup>3</sup> While three-quarters (73%) of pregnant women attend one antenatal care (ANC) visit, less than half (49%) attend four or more ANC visits in Kano State.<sup>4</sup> Only 27% of deliveries are with a skilled birth attendant; 26% happen in health facilities.<sup>5</sup> The MMR in Kano State (1,025 deaths per 100,000 live births) is twice the national MMR.<sup>6</sup>

### Political economy drivers of maternal health in Kano State

The PEA clarified the roles and responsibilities of key stakeholders in Kano State's policy design, adoption, and implementation processes (Table 2). The PEA also identified four key political economy drivers of maternal health in Kano State: economic, sociocultural, institutional, and political factors. Each policy process is affected by the four drivers.



**Economic: Resource allocation.** Kano State Governor Abba Kabir Yusuf's commitment to health is reflected in the 79% FY24 increase in allocation to health in the state budget from N40billion to N71billion compared to FY23. This maintains a 15% allocation of budget to the health sector. This commitment is also evident in initiatives like the State MOH rehabilitation and re-equipment of the Hasiya Bayero Pediatrics Hospital and provision of free drugs and laboratory consumables to all patients of the hospital between August and December 2023. The governor has also restored health worker salaries<sup>7</sup> and hired more than 70 nurses and midwives for deployment to rural health facilities.

Despite these promising developments, challenges remain. Kano State's Childbirth Spacing/FP program was allocated N212million in the FY24 budget, an increase of less than 1% over FY23; the program receives less than 1% of the state's total health budget. In 2020, only 2.5% of the Kano State health budget is allocated to FP; of that, only 50% of allocated funds were released.

Funding for women's health programs, including the free MCH program, comes from government budgets, donor funds, and community contributions. However, funding is often unpredictable, insufficient, delayed, and inadequate to cover the rising cost of essential drugs. The PHC Management Board faces funding challenges that affect the availability and quality of maternal health services, and limited government subsidies make maternal health services less accessible to many women.

**Sociocultural: Stakeholder and community engagement.** On the supply side, the Director of Family Health at the Kano State PHC Development Agency oversees PHC services, including ANC, immunizations, and health education campaigns. The FP Coordinator at the MOH coordinates FP programs, working with facilities to ensure the availability of contraceptives and promote reproductive health education. On the demand side, WDCs and traditional birth attendants (TBA) are critical in engaging communities and promoting ANC and facility delivery. NGOs and international agencies support this work with critical funding, expertise, and advocacy, though it is important to align their initiatives with local priorities to ensure sustainability.

**Institutional: Local power structures and governance dynamics.** In several LGAs, local government counselors oversee health affairs with the support of WDC, which play a crucial role in identifying pregnant women and encouraging ANC visits. The Director of Public Health at the MOH oversees public health initiatives and coordinates with hospitals, health agencies, NGOs, and international bodies to implement policies like the free MCH program. However, political interference often affects service delivery. Resource allocation is sometimes influenced by political interests over community needs. KSLAM, which aims to reduce morbidity and mortality, faces challenges aligning political priorities with health outcomes.

Family planning	<ul style="list-style-type: none"> <li>FP Task Shifting &amp; Sharing Policy</li> <li>Free FP Commodity Policy</li> <li>National FP Blueprint</li> </ul>
Maternal, newborn, and child health	<ul style="list-style-type: none"> <li>Kano State RMNCAH+Nutrition Strategy 2020-2025</li> <li>Kano Costed Implementation Plan (CIP) for Childbirth Spacing 2021-2023</li> <li>Free MCH Health Care Law, 2023</li> <li>RMNCAH+N Quality of Care Strategy Document</li> <li>Integrated Management of Childhood Illnesses</li> <li>Exclusive Breastfeeding Food &amp; Nutrition Policy</li> <li>Referral framework</li> </ul>
Adolescent and Youth Sexual and Reproductive Health (AYSRH)	<ul style="list-style-type: none"> <li>CIP for AYSRH</li> <li>Policy on the Health &amp; Development of Adolescents &amp; Young People</li> </ul>

**Political: Policy and program effectiveness.** Despite the importance of the free MCH policy (Table 3) and other supportive health policies, the MCH Coordinator at the State MOH faces financial, geographic, and cultural barriers to effective implementation. Resource constraints cannot meet high demand from some clients, and cultural and geographic barriers hinder others from accessing services. Enhanced community engagement is needed to overcome these challenges. In addition, though WDC members and TBAs engage in monitoring, data quality and institutional capacity for evidence-based decision-making needs strengthening.

## RECOMMENDATIONS

The PEA yielded the following recommendations for how Kano State can best support women's health, and particularly MCH, with efforts that address economic, sociocultural, institutional, and political dynamics. This contribution to sustainable improvements in maternal health outcomes can ultimately reduce state morbidity and mortality rates.

### **Economic:** Strengthen resource mobilization.

- Work with the PHC Management Board to increase and diversify state funding sources and innovative financing mechanisms; reduce reliance on donors; and enhance financial planning for sustainable infrastructure development and service delivery.
- Advocate for timely and efficient fund disbursement processes to help ensure continuous availability of essential drugs and medical supplies.
- Invest in expanding and upgrading maternal health care infrastructure, particularly in rural areas, to ensure PHC centers have essential equipment and supplies and are fully staffed with trained, qualified doctors and midwives.

### **Sociocultural:** Engage communities and build sustainable partnerships.

- Enhance and leverage the roles of WDCs, TBAs, and community leaders to increase use of maternal health services, especially in rural areas, by raising awareness and demand.
- Train community health volunteers to offer health education, promote preventive care, and increase community participation in maternal health programs.

### **Institutional:** Build and nurture sustainable partnerships.

- Strengthen partnerships and collaborations with local and international NGOs and academic institutions, and seek new ones, to support the state government's efforts to improve maternal health services. Align these partnerships and initiatives with local priorities and assets to maximize technical assistance, funding opportunities, advocacy support, health systems strengthening resources, long-term sustainability, and resilient maternal health programs.

### **Political:** Enhance governance and policy advocacy.

- Support the development of policies that minimize political interference and ensure resource allocation aligns with community health needs rather than political interests.
- Capitalize on the current health commissioner's pledge to increase access to postabortion care and to work with partners to build political commitment and leadership from the Kano State Government.
- Collaborate with the Director of Public Health and KSLAM to advocate for transparent governance mechanisms that prioritize maternal health.
- Support the Hospital Management Board in strengthening M&E systems to track maternal health indicators and engage stakeholders through feedback mechanisms to assess program impact and ensure accountability. This will facilitate data-driven policy refinement, effective resource allocation, and stronger service delivery.

## REFERENCES

1. "Nigeria Demographic and Health Survey Fact Sheet 2018." Abuja, Nigeria, and Rockville, Maryland, USA: National Population Commission-NPC/Nigeria and ICF, October 2019. <https://dhsprogram.com/publications/publication-GF46-General-Fact-Sheets.cfm>.
2. Ibid
3. "Nigeria 2021 Multiple Indicator Cluster Survey (MICS) & National Immunization Coverage Survey (NICS): Survey Findings Report" (Abuja, Nigeria: National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF), August 2022).
- 4-6. Ibid
7. Sadatoshi Matsuoka et al., "Underlying Causes of Underutilization of Maternal, Neonatal and Child Health (MNCH) Services in Africa: A Survey from Lagos State, Nigeria," *Global Health & Medicine* 2, no. 3 (June 30, 2020): 184–89, <https://doi.org/10.35772/ghm.2020.01012.8> "The Human Cost of a Megacity: Forced Evictions of the Urban Poor in Lagos, Nigeria" (London, United Kingdom: Amnesty International, 2017).

**Project Overview:** Building on the lessons and successes of the Bill & Melinda Gates Foundation-supported Advance Family Planning Project in Nigeria, the Strengthening Multi-level Partnerships for Advancing Women's Health project, led by Pathfinder and the Center for Communication and Social Impact, works to support to the Nigerian government at the national level and in Kano and Lagos states to implement favorable policies, sustainable domestic financing, and strong accountability mechanisms for women's health, with a focus on maternal and newborn health and FP.

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