

## Abstract Topic

EFFORTS TO PROMOTE EQUITABLE FINANCING MECHANISMS IN SUPPORT OF MATERNAL HEALTH PROGRAMS BY REMOVING FINANCIAL BARRIERS, ESPECIALLY DIRECT PAYMENTS IN KANO, NORTHERN, NIGERIA.

**Yusuf Mohammed**  
**College of Health Sciences**  
**Bayero University, Kano**  
**NIGERIA**

# Background

- There is now broad consensus that health user fees ‘punish the poor and prevent people from accessing life-saving treatment.
- According to WHO, user fees are ‘the most inequitable method for financing health-care services.
- In recent years, governments of several low-income countries have taken decisive action by removing fully or partially user fees in the health sector.

# Background

- An analysis shows that African leaders are willing to take strong action to remove financial barriers met by vulnerable groups, especially pregnant women and children.
- Free “Maternal Health Care” has received particular attention from governments
- In terms of the actual number of maternal deaths, Nigeria is ranked second in the world behind India.

# Methodology

- In Kano State it was estimated that the state maternal mortality ratio (MMR) was 1,600 deaths/100, 000 live births, three times the national (Nigerian) average
- Up to 56% of women reported that getting money for treatment was a serious problem in accessing health care.

# Methodology

- The study was carried out in Kano State, Northern Nigeria.
- Most populous State with a population of about 12 million people
- Within the state, there are several health care facilities including specialists and general hospitals, PHCs and other private facilities.

# Methodology

- The study was a retrospective study using an information obtained from the selected hospitals records.
- At each hospital there is a record documentation unit- denoted officially as a Record and Statistic Unit, responsible for the collection and documentation of data on hospital admission, diagnosis and discharge including deliveries and maternal deaths.

# Methodology

- There was an introduction of free maternal and child health services in 2012 that provides free:
  - ❖ Antenatal care with drugs,
  - ❖ Government hospitals delivery
  - ❖ Other post delivery care and management.



# Methodology

- Available records were obtained from 3 pilots' hospitals selected from the geopolitical zone
  - ❖ During the fee exemption phase (2012-2013) for 2 years
  - ❖ During an equivalent duration of time prior to the fee exemption phase (2010-2011) for another 2 years

# Results

- During the four years study period a total combined 2, 535 deliveries were recorded.
- 831 deliveries (32.8%) before fee exemption for 2 years 2010 and 2011
- 1,704 deliveries (67.2%) took place within the same 2 years, 2012 and 2013, period after fee exemption and intervention of free Maternal and Child Health, MCH policy implementation.

## Conclusions

- This study found that there was a significant increase in the likelihood of delivering in a health facility after the implementation of the fee exemption policy

# Conclusions

- The Kano State free MCH with fee exemption policy particularly assisted some groups of the population who were likely to have the biggest financial barriers in delivering in health facilities, this may have resulted in reduced maternal mortality and morbidity

THANKS FOR LISTENING!