Maternal and newborn health (MNH) outcomes remain poor in Nigeria with the latest UN estimates reporting 1,047 maternal deaths per 100,000 live births (2020); 35 newborn deaths per 1,000 live births (2021); and 22 stillbirths per 1,000 births (2021). The situation is worse in the North East Zone, 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. 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 and economic factors that influence MNH policies and financing in the North East zone. This brief outlines a recent political economy analysis (PEA) led by the Institute of Human Virology, Nigeria (IHVN) –a partner in the EQUAL research consortium – to examine the diverse political and economic 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.

CONTEXT

MNH outcomes are consistently poor in Yobe State which has been impacted by decades of conflict and instability.

There is insufficient understanding of the political and economic factors that influence the prioritization of MNH policies and programs in this conflict-affected context.

EQUAL is conducting a political economy analysis in Yobe State with data collection and analysis guided by the health policy triangle framework to understand contextual factors, policy content and processes, as well as actor interests and motivations in MNH policies and programs.

The perspectives of diverse stakeholders from policy makers, nongovernmental organizations, civil society, and health care providers were captured to better understand the MNH policy implementation mechanisms that currently exist and to explore specific factors that inhibit the implementation of these policies in Yobe State.

Findings from this study will be available in mid-2023.
A PEA provides a structured way to examine the systems, structures, and processes that guide MNH policymaking in Nigeria. This includes exploring the influence of timing and events and the role of power dynamics while also unpacking the complexity of policymaking spaces that involve multiple stakeholders each with their own priorities, perceptions, and capacities. Specifically, this PEA sought to assess stakeholder perspectives on the major maternal and newborn health policy implementation mechanisms and the factors that inhibit policy implementation; to review and synthesize the evidence base surrounding MNH policy processes, content, and context in Yobe State, particularly examining the central role of actors (donors, government, civil society and health providers) in policymaking and implementation; and to triangulate the evidence base and stakeholder perspectives and provide formative evidence for further research in community health systems and quality of care in Yobe State.

Study location

The study specifically examined Yobe State, located in the North East zone. Yobe State has been acutely affected by the decade-long conflict driven by the Boko Haram insurgency. The majority of people now live in security-compromised areas and experience displacement, social and economic hardship, and severe food insecurity. Delivering maternal and newborn health services remains challenging due to difficult terrain, insecurity, and a shortage of qualified health workers.

Study design

This was a descriptive case study of the context of MNH policymaking and financing in Yobe State. Beginning in April 2022, the study relied on evidence from literature including academic, policy, and operational documents and data captured during key informant interviews with 19 stakeholders including policy makers, NGOs/civil society organizations, and health care providers from both federal and national levels to gain deeper insights on both the policy making process (federal level) and adoption and implementation (state level).

The study was guided by the Health Policy Analysis (HPA) Triangle, a conceptual framework commonly used to assess policy content, policy-making processes, the overall institutional, political and social context, and the role of policy actors – including their values and interests, social networks, and power dynamics – in shaping policy outcomes. A qualitative interpretive approach was used to analyze the data and understand the context and processes of decision making. An inductive thematic approach was used to identify emerging patterns that formed the basis of the study findings.
Findings

This study is ongoing with findings anticipated in mid-2023.

For more information visit www.EQUALresearch.org and contact Emilia Iwu (eiwu@ihvnigeria.org) and Rifkatu Aimu Sunday (raimu@ihvnigeria.org)

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