ADVOCACY BRIEF

Accelerating Maternal Health Outcomes in Kaduna State:

The Case for Private Sector Financing and Institutionalised Stakeholder Engagement

Kaduna State, Nigeria | 2026

433	4,462	9.6%
Private health facilities in Kaduna State	Registered PPMVs in Kaduna State	Health insurance coverage in Kaduna (up from 4.5%)

Sources: MHAC Rapid Assessment (2025); ACIOE Foundation (2025). Health Access 2025 Roundtable Dialogue Report.

EXECUTIVE SUMMARY

Kaduna State, with a Maternal Mortality Ratio (MMR) of 452.6 deaths per 100,000 live births and a neonatal mortality rate of 63 deaths per 1,000 live births [10], bears a significant share of Nigeria's maternal health burden. Despite a national maternal mortality ratio of 512 per 100,000 live births, more than seven times the SDG target, systemic barriers in health financing and private sector integration continue to constrain progress.

This advocacy brief draws on three key evidence sources: the Maternal Health Advocacy and Communications (MHAC) Rapid Assessment (2025); the Health Access 2025 Roundtable Dialogue on Health Financing, held 3 December 2025 in Kaduna State; and a high-level meeting held on 2 April 2026 with the Director General, Kaduna State Contributory Health Management Authority (KADCHMA). This meeting provided critical updates on implementation progress since the roundtable, including significant commitments from the governor, Gates Foundation, and financial institutions. Together, these sources present a compelling, evidence-based case for urgent action across four advocacy domains and 17 advocacy asks.

1. BACKGROUND AND CONTEXT

1.1 Nigeria's Maternal Health Crisis

Nigeria accounts for about 28% of global maternal deaths, with a maternal mortality ratio of 512 deaths per 100,000 live births, which greatly exceeds the SDG target of less than 70 per 100,000. In 2023, Nigeria recorded approximately 75,000 maternal deaths, making it the country with the highest number of maternal deaths globally [10]. Despite being a signatory to the Abuja Declaration (2001), which committed to allocating 15% of the national budget to health [4], Nigeria's investment in the health sector remains around 5% [7].

1.2 Kaduna State's Private Health Sector Landscape

Kaduna State is home to 433 registered private health facilities, plus an additional 4,462 Patent and Proprietary Medicine Vendors (PPMVs) [6]. These providers form a critical but underutilized component of the State's maternal health ecosystem. Despite their reach, particularly in peri-urban and rural communities, private providers face systemic exclusion from policy frameworks, insurance schemes, and digital platforms.

> ***"The private sector provides for a majority of the population and is responsible for most of the out-of-pocket expenditures of our pregnant women seeking maternity services. Majority of the private facilities are not captured under the state health insurance scheme."***
> **— KD_KII_ MHAC Rapid Assessment Report (2025)**

2. KEY FINDINGS: KADUNA STATE

2.1 Health Financing and Barriers

Kaduna's health budget in 2025 was 127 billion, accounting for 16.07% of the entire state budget [5], making Kaduna one of the few states that have met the 15% Abuja Declaration, but the core challenge remains the timely release of allocated funds and expansion of health insurance coverage The MHAC Rapid Assessment and the Roundtable Dialogue converge on a critical finding: private healthcare providers in Kaduna face severe financing constraints that directly undermine their capacity to deliver quality maternal health services.

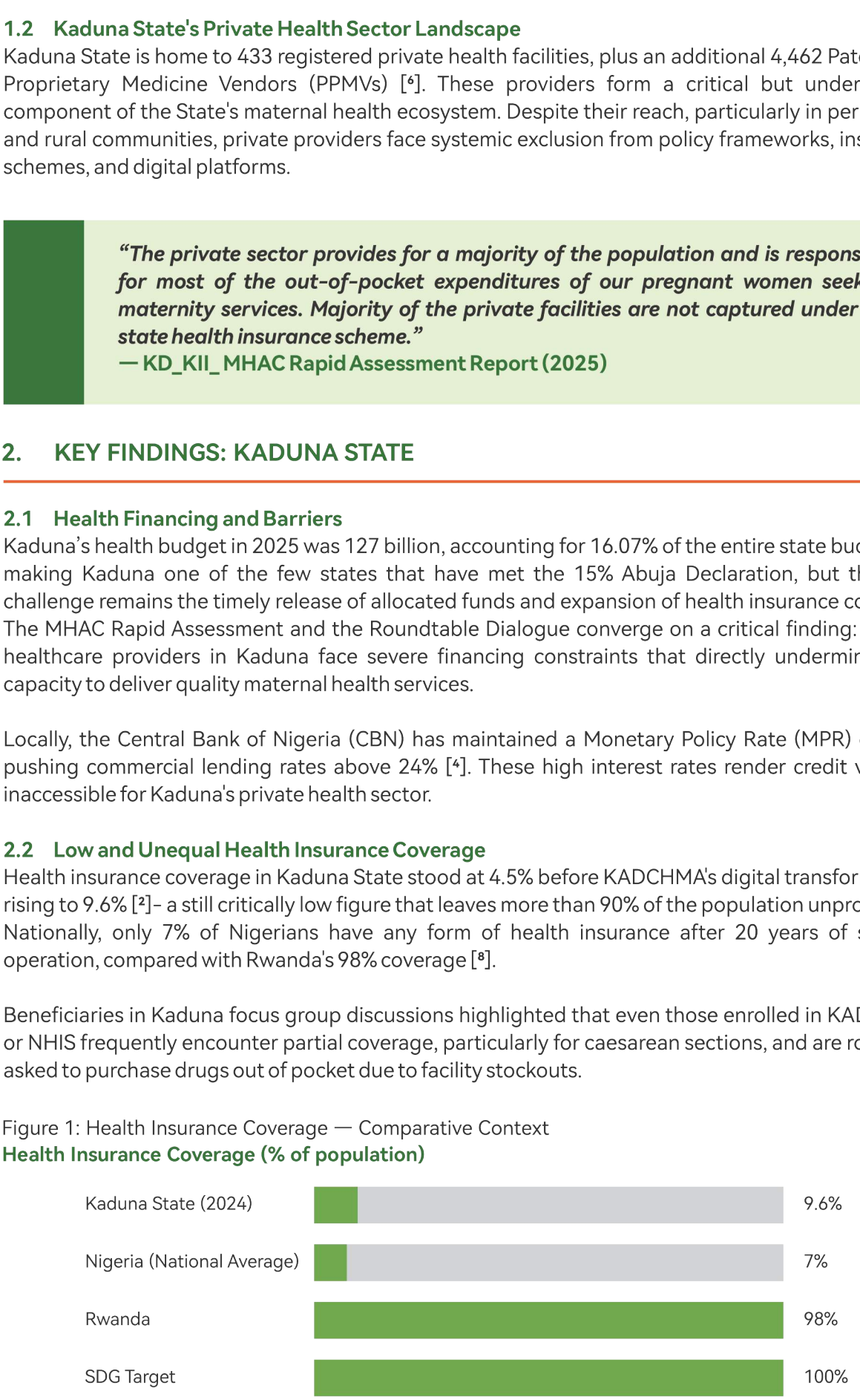
Locally, the Central Bank of Nigeria (CBN) has maintained a Monetary Policy Rate (MPR) of 27%, pushing commercial lending rates above 24% [4]. These high interest rates render credit virtually inaccessible for Kaduna's private health sector.

2.2 Low and Unequal Health Insurance Coverage

Health insurance coverage in Kaduna State stood at 4.5% before KADCHMA's digital transformation, rising to 9.6% [2]- a still critically low figure that leaves more than 90% of the population unprotected. Nationally, only 7% of Nigerians have any form of health insurance after 20 years of scheme operation, compared with Rwanda's 98% coverage [8].

Beneficiaries in Kaduna focus group discussions highlighted that even those enrolled in KADCHMA or NHIS frequently encounter partial coverage, particularly for caesarean sections, and are routinely asked to purchase drugs out of pocket due to facility stockouts.

Figure 1: Health Insurance Coverage — Comparative Context



Sources: [1]MHAC Rapid Assessment Report (2025); [2]ACIOE Foundation (2025)

> *"Yes, some people say they are covered by NHIS or KADCHMA. But even those ones still pay a lot. Sometimes when they go to the hospital, they are told the insurance doesn't cover the drugs or certain procedures. It defeats the purpose."*
> **— P3, KD_FGD_Beneficiaries-(2), MHAC Rapid Assessment Report (2025)**

> *"The state government provides KADCHMA, which includes free ANC and even caesarean sections. But the problem is, when you go to the hospital, they still ask you to buy things. The government is trying, but the health centres are not supporting their efforts properly."*
> **—P5, KD_FGD_Beneficiaries-(1), MHAC Rapid Assessment Report (2025)**

2.3 Policy Environment—Gaps and Implementation Deficit

Kaduna State possesses a robust policy architecture, underpinned by the National Health Act, the BHCPF, and the State RMNCAH+ Strategy. However, a critical 'implementation gap' persists. While these frameworks are technically sound on paper, their operational impact is constrained by systemic bottlenecks, including skilled-birth attendance gaps, frequent commodity stock-outs, and inconsistent enforcement of quality standards. Addressing this requires moving beyond policy formulation toward institutionalized oversight and increased community-level demand for services.

> *"I wouldn't say there's an explicit policy solely for the private sector, but some policies, like the IRMNCH guidelines, include provisions for private providers. The challenge is weak oversight — many private facilities operate without strict monitoring."*
> **— KD_KII_ MHAC Rapid Assessment Report (2025)**

> *"Private sector oversight is weak. We need Maternal and Perinatal Death Surveillance and Response (MPDSR) in private facilities too, as most deaths occur there."*
> **— KD_KII_ MHAC Rapid Assessment Report (2025)**

2.4 Community-Level Gaps in Awareness and Access

Qualitative insights from Focus Group Discussions (FGDs) with Women of Reproductive Age (WRA) in Kaduna highlight a significant information deficit. Despite the existence of free antenatal services and contributory schemes, many women remain unaware of their eligibility or the enrollment process. Notably, Patent and Proprietary Medicine Vendors (PPMVs) and community pharmacists were identified as the primary and most trusted points of contact, representing a critical but underutilized infrastructure for bridging the maternal health promotion gap.

> *""We don't have any health insurance. I'm only aware because I've heard about it. There's one for Kaduna State, another national one—but they're not popular. Most people don't know how to access them.*
> **— P6, KD_FGD_Beneficiaries-(2), MHAC Rapid Assessment Report (2025)**

> *"Traditional leaders help enroll vulnerable women in insurance."*
> **— KD_KII_ MHAC Rapid Assessment Report (2025)**

2.5 Progress Worth Building On

■ Key Achievements

- Health insurance coverage rose from 4.5% to 9.6% through KADCHMA's digital transformation.
- Gates Foundation committed to cover ~32,000 lives (~₦400M); the government matched with 70,000 lives (~₦700–800M)—a total projected inflow of ~₦1.2 billion into the State Health Insurance Scheme.
- Development Bank of Nigeria (DBN) and Bank of Industry (BOI) are committed to single-digit, long-tenor loans (5–7 years) for healthcare SMEs.
- Moniepoint is advancing a global proposal to leverage agent networks for community-level enrollment, including home-based enrollment.
- Polaris Bank is committed to micro-payment programmes supporting individual premium contributions for individuals.
- NURTW is already piloting the micro-payment enrollment model with early results informing a broader scale-up strategy.
- Emir of Zazzau convened 11 LGA representatives and over 250 lower-level chiefs, and the Health Committee established under the Emir's leadership to work with KADCHMA on health finance objectives.
- Wema Bank and Solina partnership enables health facility loans at 12% or lower interest.
- The Kaduna State House of Assembly is actively championing affordable insurance for 7 high-burden LGAs.
- Traditional institutions, including the State Inland Revenue Service, the State Geographic Information System, and Urban & Regional Planning, should be engaged to enforce compliance and drive enrollment in health insurance.

■ Persistent Challenges

- Low insurance coverage: 9.6% still leaves 90%+ of Kaduna's population unprotected.
- High commercial lending rates (>24%) remain prohibitive for most private providers.
- PPMVs and community pharmacies are excluded from most insurance and referral frameworks.
- Limited data integration between private providers and state health information systems.
- Weak MCPDSR implementation in private facilities, where most maternal deaths occur.
- Inadequate staffing—the 'japa' (emigration) trend has critically depleted skilled birth attendants.
- The governor's budgetary commitment to health finance has yet to translate to actual budget releases fully.
- Traditional institutions, the State Inland Revenue Service, the State Geographic Information System, and Urban & Regional planning should be engaged to enforce compliance and drive enrollment in health insurance.

3. ADVOCACY ASKS AND RECOMMENDED ACTIONS

Drawing from the MHAC Rapid Assessment Report, the Health Access 2025 Roundtable Dialogue [1], and information from other key stakeholders, ACIOE Foundation calls on Kaduna State stakeholders to act urgently on the following 17 evidence-based asks:

Domain 1: Health Financing Reform

#	Advocacy Ask	Target Stakeholder(s)	Priority
1	Engage the Bankers Committee and the CBN to develop health-sector-specific financing products and to ensure that commercial banks prioritise affordable credit for private health SMEs in Kaduna.	CBN; Development Bank of Nigeria (DBN)	High
2	Scale DBN and BOI concessionary lending (single-digit interest, 5–7-year tenors) to private health facilities, with targeted outreach to the seven high-burden LGAs in Kaduna.	DBN; BOI; Kaduna State Ministry of Finance	High
3	Establish a Kaduna State regulatory sandbox for controlled testing of innovative insurance, payment, and enrollment models, with oversight in coordination with CBN.	Kaduna SMOH; State House of Assembly; CBN	High
4	Develop and implement blended finance frameworks combining public subsidies, development partner funding, and private capital to de-risk health investments and reduce premium costs.	Kaduna Ministry of Finance and Ministry of Health; DBN; BOI; Development Partners	High
5	Ensure the Governor's budgetary commitment to health finance translates to actual, timely budget releases — working through the Ministry of Budget and Planning to put in place a binding release schedule.	Kaduna State Governor's Office; Ministry of Budget & Planning and Ministry of Health, KADCHMA	High

Domain 2: Health Insurance Expansion

#	Advocacy Ask	Target Stakeholder(s)	Priority
6	Scale micro-payment and pay-as-you-go insurance models into the KADCHMA scheme, building on the Polaris Bank and Moniepoint proposals, with product design aligned to informal workers' household cash-flow patterns.	KADCHMA; Polaris Bank; Moniepoint; Wema Bank	High
7	Prioritise maternal health insurance coverage for at least 50% of the population, with a dedicated focus on the seven high-burden LGAs, leveraging the Gates Foundation and Government combined investment.	State House of Assembly; KADCHMA, Gates Foundation/ Engender Health	High
8	Formalise the role of traditional institutions, building on the Health Committee established under the Emir of Zazzau as strategic levers for insurance enrollment across all 11 LGAs of the Emirates and beyond.	Kaduna State Government; Emirate Council; KADCHMA	High

#	Advocacy Ask	Target Stakeholder(s)	Priority
9	Accredit community pharmacies and PPMVs as insurance service points and integrate them into referral networks aligned with KADCHMA subsidy frameworks.	Pharmacists Council; Kaduna SMOH; KADCHMA	Medium
10	Advocate for the inclusion of first pregnancies in NHIS capitation, currently excluded and classified as high-risk, to eliminate a critical coverage gap.	NHIA; Federal Ministry of Health; Kaduna SMOH	Medium

Domain 3: Policy, Governance, and Compliance

#	Advocacy Ask	Target Stakeholder(s)	Priority
11	Develop an explicit private-sector engagement framework for maternal health in Kaduna State, with clear regulations, accreditation standards, data-reporting obligations, and incentive structures.	Kaduna SMOH, State House of Assembly	High
12	Implement Maternal and Perinatal Death Surveillance and Response (MPDSR) in private facilities, where evidence suggests a significant proportion of maternal deaths occur.	Kaduna SMOH; State Primary Health Care Board	High
13	Formally engage the State Inland Revenue Service, State Geographic Information System (SIGIS), and Urban & Regional Planning to enforce compliance and drive enrollment into the State Health Insurance Scheme.	Kaduna State IRS; SIGIS; Urban & Regional Planning; KADCHMA	High
14	Strengthen the referral system between PPMVs, community pharmacies, and higher-level facilities, including documentation requirements to enable continuity of care and accountability.	Kaduna State Primary Health Care Board; PACS Project	Medium

Domain 4: Community Engagement and Awareness

#	Advocacy Ask	Target Stakeholder(s)	Priority
15	Scale community-level engagements from 2 LGAs to 6–9 LGAs in 2026—building on Engender Health's approach—to drive awareness, enrollment, and demand for maternal health services.	Engender Health; KADCHMA; Kaduna SMOH; Gates Foundation	High
16	Launch coordinated awareness campaigns on available health insurance and financing products—using radio (particularly in local languages), community leaders, mosques, and Moniepoint/Polaris Bank agent networks.	Wema Bank; Zenith Bank; KADCHMA; Moniepoint; Polaris Bank	High
17	Train and formally incentivize PPMVs as frontline maternal health advocates, providing them a structured platform for counseling, referral, and enrollment support.	Pharmacists Council of Nigeria; NAPMED; Kaduna SMOH	Medium

4. CONCLUSION

Kaduna State stands at a pivotal moment. Since the Health Access 2025 Roundtable Dialogue, significant commitments have been translated into action, from the Gates Foundation and government partnership projecting ₦1.2 billion into the scheme, to the Emir of Zazzau's Health Committee spanning 11 LGAs, to the micro-payment pilots under Polaris Bank and NURTW. These are not mere promises; they are proof of what coordinated political will and stakeholder partnership can achieve.

Yet 90% of Kaduna's population remains uninsured. Private facilities, the de facto first point of contact for the majority of women, remain locked out of financing mechanisms, insurance frameworks, and digital systems. This is not just a policy failure; it is a direct contributor to preventable maternal deaths.

ACIOE Foundation urges Kaduna State stakeholders [government, financial institutions, development partners, civil society, traditional institutions, and the private sector] to treat this brief as a call to coordinated, urgent action. The 17 advocacy asks presented here are evidence-based, stakeholder-validated, and achievable within the current policy and financing environment.

> ***"Government should design programmes with community leaders and chemists, who are often the first point of contact for pregnant women."***
> **— KD_KII_ MHAC Rapid Assessment (2025)**

The MHAC Project

The Maternal Health Advocacy and Communications (MHAC) project is an intervention implemented by ACIOE Foundation in partnership with Nigeria Health Watch, supported by MSD for Mothers. Implemented in Ekiti, Kaduna, and Lagos, the project aims to strengthen advocacy for private sector engagement in maternal healthcare using evidence-based approaches, with a focus on health financing, digital health solutions, and private sector integration.

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