Global Health Visions

COUNTRY CASE STUDY: NIGERIA

In-depth landscape analysis of accountability for maternal and newborn health in Nigeria

Fall 15

COUNTRY CASE STUDY: NIGERIA

In-depth landscape analysis of accountability for maternal and newborn health in Nigeria

This paper was developed with support from the Children's Investment Fund Foundation and the Bill & Melinda Gates Foundation. It was authored by Toyin Akpan and edited by Robyn K. Sneeringer, Susannah E. Canfield Hurd, and Kristen Cox Mehling.

This report does not provide a full review of theories, interventions, data, or findings related to MNH accountability efforts in Nigeria. It relied heavily on the contributions of interviewees and, as a result, may include generalizations or differences of opinion. Any mistakes or discrepancies are the sole responsibility of the authors and editors.

Cover Photo: Prashant Panijar/Bill and Melinda Gates Foundation

Table of Contents

Introduction

Since the launch of the Global Strategy for Women's and Children's Health in 2010 and the Government of Nigeria's subsequent commitment to it, Nigeria has made notable strides and additional commitments towards the achievement of several RMNCH goals. In October 2012, it launched the Saving One Million Lives Initiative outlining strategies to ensure the scale up of access to life saving commodities and the delivery of basic health services. This Initiative also provided an opportunity to integrate some of the goals, targets, and strategies of global initiatives – such as the Child Survival Call to Action: A Promise Renewed, Family Planning 2020, and the UN Commission of Information and Accountability (COIA) – into one country level plan. More recently, the Nigerian government launched a Call to Action for saving newborn lives, setting the stage for the development of a Nigerian Every Newborn Action Plan (NENAP), which will build off of the global Every Newborn Action Plan, with country-specific goals and strategies.

The global RMNCH accountability frameworks, COIA and the iERG, have catalyzed some important progress in accountability for RMNCH at the global and national levels. In Nigeria, new national, state, and community level efforts were born out of COIA Country Accountability Frameworks (CAFs)[i] and have been developed with limited catalytic funding. At the same time, independent accountability efforts have been developed and implemented by civil society and strengthened in recent years with support from international partners.

National-level Accountability Programs and Players

National CSO Coalition: Africa Coalition on MNCH[ii] and the White Ribbon Alliance

Early RMNCH advocacy efforts were directed at ensuring that there were health sector networks, coalitions, and partnerships to advocate for RMNCH. In 2012, in response to the recommendations of COIA, **The Partnership for Maternal, Newborn, & Child Health (PMNCH)** supported the formation of a national CSO coalition for RMNCH advocacy, led by the Nigerian chapter of the **Africa Coalition on Maternal, Newborn, & Child Health** and the **White Ribbon Alliance for Safe Motherhood Nigeria (WRAN).** Membership of the **Africa Coalition on MNCH Nigeria** covers the entire continuum of care from preconception to child health, and aims to mobilize all CSOs working to improve maternal, newborn, and child health outcomes.

The Coalition's first set of activities included a mapping exercise of 128 CSOs actively involved in a range of RMNCH activities, including health (water, nutrition, sanitation, hygiene, environment, and education etc.), strengthening health systems, policy and research, and women's and children's rights. In August 2012, the Africa Coalition on MNCH and WRAN held a consultative meeting in Lagos for the Coalition, along with media organizations. The meeting identified national RMNCH advocacy priorities and developed a national work plan to direct coordinated civil society RMNCH advocacy efforts in Nigeria. One of the Coalition's key activities is acting as an information hub. Members can tap into knowledge and best practices of the larger group to disseminate relevant, evidence-based materials in support of their various advocacy initiatives. The Coalition continues today in a fluid and informal manner, reconvening as needs arise.

Other National Coalitions and Partnerships

Other key coalitions and partnerships include **Health Sector Reform Coalition (HSRC)**, **Partnership to Revive Routine Immunization in Northern Nigeria/Maternal Newborn and Child Health (PRRINN-MNCH)**, **Family Planning Action Group (FPAG)**, **Association for the Advancement of Family Planning**

(AAFP), **Advocacy Nigeria**, **The Free Maternal and Child Health Partnership**, **Legislative Advocacy Coalition on Violence against Women (LACVAW)**, **National Coalition on Affirmative Action (NCAA)**, **Network of Men Leaders**, and **The Child Protection Network (CPN)**.[iii] These networks were formed to ensure that all of the key components of RMNCH are adequately provided or advocated for. While they all focus on RMNCH, very few of these groups focus primarily on advocacy or particularly on accountability.

National Primary Health Care Development Agency (NPHCDA)[iv]

NPHCDA is addressing the gap in the availability of skilled birth attendants through its Midwives Service Scheme (MSS) initiative, through which it has created community development committees in approximately 1,000 facilities. While NPHCDA monitors the quality and cost of care, the development committees foster community participation and ownership by tracking implementation of the MSS at each facility. Other experiences of NPHCDA in accountability include the implementation of the Accountability Framework for Routine Immunization in Nigeria (AFRIN), in partnership with GAVI, and the Polio Eradication Accountability Framework (PEAP).

Accountability for Maternal, Newborn, and Child Health in Nigeria (AMHiN)

AMHiN was formed after six Nigerian CSOs attended a MacArthur Foundation meeting on Maternal Health Accountability in 2012 in Mexico City. They felt the need to set up a coalition to elevate issues of maternal accountability by forging an alliance between civil society and the government. AMHiN has since expanded to become a national coalition of CSOs, media organizations, and professional bodies committed to promoting accountability and transparency in the health sector by regularly engaging the media and by generating and using evidence to advocate the government for better accountability on maternal, newborn, and child deaths in Nigeria. It is supported **by Evidence for Action – MamaYe (E4A).** AMHiN's governance and operating structure includes two co-chairs – one from SOGON and one from Advocacy Nigeria – and a secretariat managed by CHR (Kano) and CISLAC (Abuja). It operates with a nine-member steering committee made up of representatives from its 15 member civil society organizations.

> *"AMHiN puts accountability into practice."*

The key national and international initiatives and accountability instruments that form the basis of AMHiN's focus are:

International:

- Commission on Information and Accountability (COIA)
- Commission on Life Saving Commodities for Women's and Children's Health (UNCOLSC)

National:

- The Government of Nigeria's Saving One Million Lives by 2015 Initiative
- Passage of the National Health Bill
- Nigeria's FP2020 Commitment: Provision of $33.4 million over the next 4 years for reproductive health and family planning commodities
- Abuja declaration: 15% of Nigeria's national annual budget allocated to health

MECHANISM HIGHLIGHT: Nigeria Independent Accountability Mechanism (NIAM) [v]

NIAM was created by AMHiN as an accountability mechanism to assess progress against national commitments as well as the Global Strategy for Women and Children's Health, with particular focus on the COIA CAF Roadmap. It was proposed by a number of CSOs, supported by E4A, at the 2013 national CAF workshop, and unanimously endorsed by members of government, WHO, and civil society. Civil society presence at that meeting was essential for their participation in the CAF process from the beginning, and for the formation of NIAM. Membership of NIAM includes media, civil society, development partners, and health professional associations across Nigeria's six geopolitical zones. NIAM coordinates with the government-led National Steering Committee, which guides implementation of the CAF Roadmap.

In 2013, NIAM developed an MNCH indicators scorecard to measure progress on the CAF Roadmap. A draft of the scorecard was presented at a consultative meeting with AMHiN members and government and the scores were validated. In 2014, NIAM produced a progress report as a comparison with the 2013 scores. The results of the two efforts were disseminated via seminar and extensive media engagement.

STRENGTHS

1. **Support from Government and CSOs.** NIAM has received approval of both government and CSOs as an independent mechanism for accountability; therefore, it is uniquely positioned to significantly advance mutual accountability efforts in Nigeria and support accountability for international platforms such as the GFF and the Global Strategy 2.0.

2. **Multi-stakeholder Platform.** NIAM provides a platform for connecting voices, experts, and influencers from across regions and stakeholder groups to influence and accelerate progress in maternal, newborn, and child health.

WEAKNESSES

1. **Cost and Slow Process.** Progress can be slow and costly, particularly with multiple stakeholders involved and when careful attention is given to ensuring the institutionalization of NIAM via strong leadership and sufficient resources among participating members.

2. **Challenges with Data Availability and Scope.** NIAM requires MNCH data across the seven thematic areas of the CAF Roadmap, which are not always available. NIAM has also been criticized for not covering other related social and economic indicators for a more robust analysis, though this could come at a cost of diluting the focus on RMNCH issues.

3. **Room for Improvement in Multi-sector Involvement.** Though it is a model multi-stakeholder accountability effort, AMHiN recognizes that full inclusion of civil society, media, professional associations, and the private sector still needs to be strengthened by engaging more partners from different stakeholders groups.[vi]

AMHiN uses a range of accountability tools to advance its objectives, including: a quarterly ***health interactive forum*** with government officials, media, and CSOs***; scorecards*** to track commitments and key performance indicators***; media engagement****;* national and state-level ***multi-stakeholder seminars***; and ***social media*** engagement. In the past two years, members of AMHiN have contributed to tracking the fulfillment of various MNCH global commitments. Its members have produced a number of articles to engage the stakeholders and government on issues of accountability based on the NIAM CAF report. In 2014, AMHiN launched a national 'mini media award' to encourage journalists to write compelling stories and reports focused on catalyzing change in support of Nigerian women and children. AMHiN

and several of its members have also been active participants in the **African Health Budget Network (AHBN)**. AMHiN and AHBN work closely to strengthen budget advocacy and accountability efforts in Nigeria through trainings, knowledge sharing, and applying coordinated and focused pressure on Nigerian leaders with respect to health financing commitments. AMHiN members also recently provided coordinated input into the development of the new Global Strategy for Women's, Children's, and Adolescents' Health.

Adolescents and Newborns

To date, there has been little to no focus on adolescents in major accountability efforts in Nigeria. However, with support from E4A and in line with the Global Strategy for Women's, Children's and Adolescents' Health, AMHiN has indicated that it will ensure that adolescent health is made a priority moving forward. AMHiN and ABHN are beginning to include adolescents in their discussions, considering how access to SRH information and services for adolescents can be included in their scorecards. Newborns are an important component of AMHiN's work, and since the launch of ENAP, AMHiN has worked to incorporate ENAP objectives into its scorecards (e.g. neonatal lifesaving drugs available and in stock).

The Future of AMHiN

AMHiN is the most widely recognized national CSO accountability mechanism for RMNCH in Nigeria. Many stakeholders recognize it as a useful model that puts accountability into practice, and members are passionate about seeing progress and results on RMNCH in Nigeria. It continues to operate solely on funding and donated time from its members, and is therefore seen to be independent in its agenda. However, although members are currently meeting its financial needs, AMHiN has not yet developed a longer-term financing framework that ensures its activities will continue to function beyond the involvement of its present leadership and members. Some members have concerns about funding its various activities and ensuring that it remains focused on its objectives. The membership have been very active nationally and internationally, but to ensure that AMHiN continues to fulfill its purpose, the CSO membership needs to stay abreast of global, national, and local commitments, which takes time, dedication, and resources.

State and Citizen-level Accountability Programs and Players

Beyond efforts focused on implementation of the Free Maternal and Child Health Care Policy, state-level civil society-led accountability efforts for MNCH in Nigeria have historically been scattered and unsuccessful. However, a number of CSOs are promoting voice and dialogue between state actors, healthcare providers, and citizens to improve governance, and involving the media to strengthen accountability within the health system. Key donors have also prioritized governance and accountability for RMNCH in Nigeria, including the **MacArthur Foundation**'s three-year (2013-2016) portfolio of civil society maternal and reproductive health accountability grants, and **DFID**'s suite of governance reform programs focused on both demand and supply-side governance reform. Transparency and progress on MNCH commitments at all levels calls for greater coordination among different stakeholders. Key Nigerian RMNCH accountability players working at the state and local level are detailed below.

State Accountability and Voice Initiative (SAVI)

The **State Accountability and Voice Initiative (SAVI)** is a DFID-funded demand-side governance program operating in 10 states, which aims to "build sustainable, replicable, and influential processes of citizen engagement in governance".[vii] SAVI works with civil society, citizens, State Houses of Assembly (SHoA),

and the media. It is focused on capacity building, supporting robust political analysis, brokering relationships, and establishing local teams to provide ongoing support and technical assistance. SAVI facilitates advocacy, accountability, and action on locally-driven priorities – usually focused on education, health, and state budgeting.

SAVI has the advantage of interfacing with a range of DFID-funded governance programs, including: **SPARC (State Partnership for Accountability, Responsiveness and Capability)**, a partnership between the Nigerian and UK governments to support good governance; **PATHS2 (Partnership for Transforming Health Systems)**, focused on improving health governance; **ESSPIN (Education Support Program in Nigeria)**, aimed at improving education governance; other sector-specific programs; and the MNCH2, a five-year, seven-partner program aimed at improving MNCH by improving health systems and empowering communities in Northern Nigeria. In practice, this means that a suite of programs can work together to fill gaps and address challenges that may fall outside of their specific scope. For example, in 2012, SAVI and SPARC were asked to help PRRINN-MNCH (another DFID-funded health initiative) support service-delivery with greater government support.

On MNCH, a number of SAVI-supported state efforts have been fruitful. For example, the Kano-based **Partnership for the Promotion of MNCH (PPMNCH)** succeeded in getting the government to release monthly disbursements for free maternal and child health services.[viii] In Katsina, the SAVI state team worked with civil society, the SHoA, and the media to get the government to release funds for equipping a critical independent school of health and midwifery.[ix]

PROGRAM HIGHLIGHT: Know Your Budget Partnership (KYB), Kaduna State[x]

KYB was formed as a CSO network engaged in budget analysis and advocacy. With support and technical assistance from SAVI, KYB was able to expand their understanding of the political economy and enhance engagement with government and media. In 2011, after extensive budget analysis, KYB utilized creative multi-media strategies such as public forums, radio, and TV discussion programs to reach elected representatives and key members of the state government. As a result, KYB succeeded in getting the government to adjust its over-inflated budget. The process set a precedent for citizen budget oversight and sent a message to the government that non-state actors, who were informed and able to galvanize public opinion, were watching.

The KYB partnership has since evolved and expanded its membership to include zonal groups, which support better engagement with local governments and better representation from citizens on issues that are close to them. KYB is striving to operate with minimal support as SAVI approaches completion in the first quarter of 2016. Other SAVI and DFID programs and coalitions have learned from the KYB experience. In April 2015, **MNCH2** set up an accountability mechanism in Kaduna focused on MNCH issues, which is made up of representatives from government, civil society, media, and development partners, based on learnings from

KYB.

STRENGTHS

1. **Creative Multi-media Approaches for Accountability.** KYB utilized creative multi-media strategies such as public forums, radio, and TV discussion programs to reach elected representatives and key members of the state government who are then held to account for what they promised publicly.

2. **Built on Local Priorities.** Though it was donor supported (through SAVI), the members were highly motivated because it was based on issues that they had been working on for a number of years prior to SAVI.

3. **Opportunistic and Fluid.** Because the SAVI support model is built around supporting local priorities, KYB had the flexibility to be somewhat fluid in its structures and priorities in order to best respond opportunistically to advocacy openings as they arise.

WEAKNESSES

1. **Initial Challenges with Government Relations.** The initial effort was not sustainable as the partnership had not cemented a constructive relationship with the government. A 'naming and shaming' approach impacted the trust between state and non-state actors.

2. **Reliance on "Professional Activists."** When SAVI began supporting KYB, it brought in professional civil society activists to lead the work. The majority were academics who did the analyses and were given basic support for their work and that of KYB but who didn't necessarily have the support or endorsement from citizens. In addition, they were quick to move on, creating an unsustainable model.

Women Advocates Research and Documentation Centre (WARD C)

WARD C works to influence health policy and budgets through litigation, largely at the state level. In Lagos, for example, it petitioned the state government against the policy of compulsory blood donation for the spouses of pregnant women. WARD C has interfaced with state legislatures on various areas of concern in RMNCH, with a particular focus on strengthening maternal health interventions in Lagos. In its approach, WARD C identifies individual precedent-setting cases and uses strategic litigation as a means of addressing high MMR and seeking accountability on government's failure to respect, protect, and fulfill the rights of pregnant women. One example of its effort is the suit filed against the state of Lagos for information on government spending on the reduction of maternal mortality, done in conjunction with the Socio-Economic Right Accountability Project (SERAP).

Civil Society Legislative Advocacy Center (CISLAC)

CISLAC is an advocacy CSO with a strong focus on working with the legislature and legislative actions. Founded in 2007, its mission is to strengthen the link between civil society and the legislature through advocacy and capacity building for civil society groups and policy makers on legislative processes and governance issues.

Legislative Advocacy and CSO Capacity Building

CISLAC has been involved in building the capacity of national and state legislative bodies and staff on MDGs and national planning matters, with the aim of enhancing their legislative reporting skills and improving the oversight role of legislative committee members. Throughout the process of enacting the National Health Bill, CISLAC was very active in providing a linkage to the legislative arm of the government and helping CSOs understand how to engage with it. It has also played a key role in the establishment and institutionalization of AMHiN.

In the last two years, with support from MacArthur Foundation, CISLAC has been implementing a series of activities in Kano State to strengthen the capacity of relevant stakeholders – including the legislature, executives, civil society, and the media – to engage maternal and child health issues. For example, in 2013 and 2014 CISLAC organized the **CSOs-Legislative-Executive Roundtable on Maternal Health**, which included a media training for legislative reporters on maternal health, a town-hall meeting on strengthening the existing MDGs Committee in the Kano State House of Assembly, and a town-hall meeting on understanding the legislative oversight function on maternal health.

Advocacy and Accountability for MNCH and the National Health Act[xi]

In partnership with other CSOs, CISLAC advocated for the passage of free MNCH bills in the states of Kano, Kaduna, Katsina, and Jigawa. In addition, CISLAC also works in states to engage stakeholders to take actions for MNCH. For instance, on February 11th, 2015, CISLAC visited with leaders and representatives of the State House of Assembly, state executives, CSOs, and the media to issue calls to action for various stakeholder groups in Kano to advocate for:

- Increased resources and budgetary allocations to the health sector and judicious utilization of existing resources allocated to the health sector;
- Prompt implementation of the National Health Act to provide for effective maternal and child healthcare services in the state;
- Effective citizen participation and inclusiveness in legal frameworks
- Recruitment and deployment of additional skilled health workers;
- Strengthening existing primary health centers;
- Promoting sustainable safe motherhood programs in the state;
- Constructive advocacy by civil society to hold policy makers accountable to their roles and responsibilities on maternal health, leveraging the Freedom of Information Act (FOI)
- Evidence-based, research-oriented investigative journalism to promote maternal health related matters; and
- Increased used of social media and newly emerging ICT reporting tools to enhance coverage of maternal accountability, especially at the grassroots level.

Due to a change of the political leadership at the state level in March 2015, these calls to action have not been acted upon as of yet. However, new efforts to reintroduce the calls to action have begun.

Development Communications Network (DevComs)[xii]

DevComs aims to ensure public understanding of science, public health, and social development research through the promotion of excellence in science, public health, and social-sector development journalism. It develops appropriate communication strategies for health promotion, scientific literacy, policy development, and program implementation. DevComs works with the media to develop skills in investigative journalism for accountability. The organization creates demand for accountability, especially among the media practitioners using its website, social media, and traditional media. DevComs participates actively in AMHiN and NIAM, and supports SOGON efforts to scale up and improve Maternal Death Reviews in Lagos, Abuja, and Kaduna through increased media engagement.

A key project of DevComs is *Bridging the Gap: Media, Community, and CSOs for Accountability and Demand for Quality Maternal Health Services in Nigeria,* which is aimed at facilitating the partnership between media professionals and civil society groups to collectively demand accountability in maternal

health service delivery. Supported by the MacArthur Foundation, the project started in November 2013 and will run through 2016 in Lagos, Abuja, Kaduna, and Jigawa.

Another notable project is its *NotAgain Campaign to End Needless Maternal Deaths.*[xiii] No fewer than 75 media practitioners from print, broadcast, and online media in Nigeria agreed to prioritize maternal health accountability issues in their reports to safeguard the lives of Nigerian women who die needlessly in the process of pregnancy and childbirth. The commitment was given during a series of one-day sensitizations and the launch of the #NotAgain campaign held recently in Lagos, Jigawa, and Kaduna. The sensitizations aimed to increase media coverage of maternal health issues in Nigeria and were supported by the MacArthur Foundation. DevComs has used its website, Twitter, and text messaging in its mobile #NotAgain campaign.

Advocacy Nigeria

Advocacy Nigeria was established in 2005 in Northern Nigeria by a group of concerned professionals representing the development sector, faith-based organizations, donor agencies, and the government. With the goal of scaling up advocacy on MNCH, funding for its work has been primarily from the MacArthur and Gates Foundations. Advocacy Nigeria works across 13 states in the northeast and northwest, and partners with a wide spectrum of CSOs such as the **Nigerian Urban Reproductive Health Initiative (NURHI), Society for Family Health (SFH) and National Population Commission (NPopC)**, to direct MNCH advocacy to legislators, citizens, and governments.

Advocacy Nigeria has used RAPID (a computer simulation program), budget tracking, and scorecards as tools for accountability. It uses data generated from RAPID for national level advocacy with policy makers. In focal communities, representatives of the community are invited to a workshop where they are taught how to use information from RAPID to support their advocacy efforts. Advocacy Nigeria also teaches them how to use scorecards to assess services and human resources available at primary health care facilities and then use this data to collectively develop action plans to address gaps and challenges. These action plans are implemented immediately through targeted advocacy campaigns. Advocacy Nigeria recently partnered with CISLAC to engage with legislators to improve the maternal health situation in Nigeria, and with **Center for Health Research Initiatives (CHRI)** to develop scorecards for the governments and legislatures of Adamawa, Gombe, and Zamfara to increase their maternal health budgets. Advocacy Nigeria is partnering with E4A in Jigawa and Kano to promote the MamaYe Campaign for MNCH, and with SURE-P to organize town hall meetings to promote MNCH in 13 states of the northeast and northwest.

On budget tracking, Advocacy Nigeria has participated at the national level to ensure that Nigeria fulfills its FP2020 pledge to release funds for the procurement of FP commodities. It has also focused accountability efforts on fulfilling Nigeria's Abuja declaration commitment to allocate 15 percent of the budget to health. At the state level it supports and trains citizens to conduct budget tracking and advocates for the funding of the Free Maternal and Child Health Care Policy in the northern states.

Community Health and Research Initiative (CHR)

The **Community Health and Research Initiative (CHR)** works with communities to mobilize resources to take care of poor women and support the establishment of Ward Development Committee Chairmen Forums. CHR also supports the use of scorecards for Integrated Supportive Supervision (ISS), and does budget tracking with staff and community representatives at the state level in Kano, Sokoto, and Bauchi. In Sokoto and Bauchi, CHR has worked with the USAID-supported **Targeted States High Impact (TSHIP)** project to set up a budget network that uses budget tracking analysis for advocacy to improve the implementation of the Free Maternal and Child Health Care Policy and the MSS.

The Partnership for Transforming Health Systems Phase II (PATHS2)[xiv]

PATHS2's Voice and Accountability work stream focuses on improving accountability relationships between citizens/clients and service providers at the community and facility levels, and between citizens/clients and the state through policy advocacy. In its five focal states, PATHS2 uses social accountability approaches to strengthen the social contract between the state and its citizens by establishing Facility Health Committees (FHCs) (including Drug Revolving Fund Committees), and by training them to engage with both providers and policy makers to participate in the health delivery systems at the local government area level and below. These communities have been involved in service improvements, monitoring receipt and use of resources, and monitoring staff performances.

Some tools used by the FHC include the community scorecard, which has been a powerful tool to increase participation, accountability, and transparency between community members, service providers, and policymakers. Another tool is resource tracking and advocacy, in which FHCs and CSOs conduct resource tracking within facilities – gathering evidence on the allocation and expenditure of government resources to enable more-effective advocacy. Still another tool is Advocacy Alliances in which PATHS2 has worked closely with the **State Accountability and Voice Initiative (SAVI)** and **Evidence for Action (E4A)** to strengthen voice and accountability in the health sector. These partners collaborated to bring together and strengthen state-level partnerships between Facility Health Committee members, policy members and providers, and Civil Society organizations, to focus on health sector issues – in particular the Free Maternal and Child Health Partnerships. The results were the **MNCH Advocacy Partnership in Kano**, **Free MNCH Kaduna**, and **Free Maternal and Newborn and Child Health in Jigawa**.

MECHANISM HIGHLIGHT: State Level Accountability Mechanism, Jigawa[xv]

At the state level in Nigeria, **Evidence for Action (E4A)-MamaYe** has worked to establish and strengthen state level accountability mechanisms on MNCH (SLAMs) including the **Jigawa State Maternal, Newborn and Child Accountability Forum (JiMAF)**. JiMAF was built from existing state CSO coalitions, and was expanded to serve as a partnership with government, engaging state ministry of health representatives as well as other key stakeholders including health professionals and the media. In the past, mistrust resulted in weak working relationships among these stakeholders, particularly between CSOs and government. In response, JiMAF has worked to strengthen the collaboration between stakeholders who are using evidence to promote accountability, transparency, and improved performance in MNCH.

JiMAF meets at least twice a year. It is structured with two co-chairs—one CSO representative and one government representative—and three sub-committees:

- The **evidence sub-committee** generates evidence and analyzes existing evidence to feed into scorecards.
- The **advocacy sub-committee** uses the scorecards and other packaged evidence to lead strategic advocacy with a variety of stakeholders.

- The **knowledge management and communications** subcommittee documents and shares the information gathered and generated in connection with JiMAF.

JiMAF first presented its scorecard (developed with support from E4A-MamaYe) at the 2014 Jigawa State Joint Annual Review, introducing MNCH evidence into this process for the first time. The scorecards helped to demonstrate that withdrawn funding for consumables in maternity wards and stockouts of essential commodities had worsened maternal mortality in the state. As a result, the government was responsive to JiMAF's recommendations to reinstate the funding and improve commodity security.

Currently, JiMAF participates directly in government strategic planning and review meetings, effectively institutionalizing multi-stakeholder consultation in MNCH policy. It has also served to strengthen the advocacy capacity of CSOs and the media, leading to JiMAF's success in a campaign to increase funding for the free MNCH policy and yielding an increase from 250 million Naira in 2013 to 350 million Naira in 2014. Furthermore, the state has seen improvements in transparency, organization, and use of evidence that extend beyond MNCH.

E4A-MamaYe has also supported the establishment of SLAMs in Kano, Bauchi, and Ondo states, as well as the national accountability mechanism for MNCH (AMHiN). The ultimate intention is to include a representative from each of the SLAMs in AMHiN to improve connections between state and national accountability efforts.

Tools and Tactics

Maternal Death Reviews (MDRs)

From 2009 to 2013, the states of Ebonyi, Katsina, Yobe, Zamfara, and Ondo were implementing Maternal Death Reviews (MDRs) with support from international agencies. Subsequently, other states such as Lagos, Delta, Ogun, and Jigawa drew inspiration and acquired resources to start their own processes.[xvi] During this period, the NPHCDA had commenced the establishment of medical audits in Primary Health Care (PHC) Centers with varying levels of implementation.

In May 2013, these efforts received a boost when the then Federal Minister of State for Health, the Honorable Dr. Muhammad Ali Pate, made a verbal commitment to make maternal deaths reportable in Nigeria through mobile phone technology. This commitment was made at the Advancing Commitments to Reproductive and Maternal Health: Country Caucuses and Policy Dialogue, Women Deliver Conference Kuala Lumpur, in Malaysia (May 28–30, 2013).

In July 2014, FMOH/NPHCDA developed the national guidelines for instituting and managing MDRs.[xvii] MDRs are initiated by MDR Review Committees, and membership includes health facility providers, the **Society of Gynecology and Obstetrics of Nigeria (SOGON)**, community members, CSOs, advocates, and media and government representatives. The MDR process starts with immediate notification of deaths in the facility and to the MDR Review Committee. Ideally, analysis and interpretation of aggregated findings from the reviews would be reported to state and federal Ministries of Health for state and national actions, though this is still a work in progress. Actions, such as staff trainings, supply chain issues, or transportation challenges, aim to address problems at the community, facility, or multi-sectoral level.

To-date, five organizations have been involved in institutionalizing MDRs in Nigeria. **E4A** has been spearheading efforts across its six program countries[1] and the region at large (through the **Maternal**

[1] E4A is active in six countries: Nigeria, Sierra Leone, Malawi, Ghana, Tanzania and Ethiopia.

Death Surveillance and Response (MDSR) Action Network) to institutionalize MDRs as a best practice to improve the quality of health services and help avert further deaths. **NPHCDA**, a government agency responsible for providing leadership for Primary Health Centers, works closely with **E4A** and **SOGON** on MDR implementation and institutionalization in Nigeria. PRRINN-MNCH[xviii] supports the implementation of MDR in the north and **Women's Health Action Research Centre (WHARC)** has also received MacArthur Foundation funding to implement MDRs in selected states.

E4A's strategy for instituting MDRs include the MDR report, MamaYe Campaign, and media engagement launched and sustained through regular town hall meetings. To this effect E4A has established State Level Accountability Mechanisms (SLAM)[xix] in 5 out of its 6 focal states, including Jigawa and Taraba – states with a strong focus on MDRs. This mechanism is an arrangement of government, CSOs, professional bodies, and media. Here, E4A supports the use of an MDR scorecard to track maternal death at facility levels.

These tools have been developed and submitted to the Honorable Minister for Health (2014) requesting his approval to entrench MDRs into the health system. Subsequently, according to the national guideline that stipulated a pilot phase of one year, MDRs were piloted by SOGON in 2014 using the newly developed national guideline in the Federal Capital Territory (FCT) and later in states such as Lagos and Ebonyi, where maternal death data had been collated and reviewed. The FCT pilot is the first MDR implementation by SOGON. Nevertheless, with support from the International Federation of Gynecology and Obstetrics (FIGO), SOGON[2] is also piloting MDR in some selected facilities in Gombe State and FCT. Work in progress includes designing training curriculum, training trainers, and setting up MDR facility committees.

Scorecards

Scorecards are one of the strongest and most useful tools for accountability, and acceptable by both CSOs and the government. Scorecards have been developed to measure various commitments, such as E4A's state scorecard measuring MNCH progress, the MDR scorecard, and NIAM's CAF scorecard. Scorecards are often part of a complete feedback loop when coupled with multi-stakeholder meetings focused on validation, participatory review, and action. Some scorecards clearly reflect commitments, present status, progress, and recommendations.

> *"Scorecards help us to know where we are coming from, progress made, and what our recommendations are."*

Weaknesses of scorecards include the high level of reliance on data and evidence, when in some instances there are no data available; however, this lack of data can actually stimulate advocacy for improved/better data. For some scorecards, political perspectives must be considered for it to be meaningful for implementation. In addition, developing appropriate scorecards may be a challenge for CSOs with limited capacity or resources. For example, according to NIAM members, their MNCH CAF scorecard took many months to implement: data collection for the scorecard started in March and ended in July, with the first draft launched in October 2014.

Scorecards and dashboards can also be used as a comparison tool to compare data and trends across countries or states. E4A has incorporated dashboards on its MamaYe website on selected issues. E4A's

[2] SOGON has published an article in IJGO on MDR, entitled: *The role of advocacy in the national strategy for maternal death review in Nigeria.* http://www.ijgo.org/article/S0020-7292%2814%2900330-0/abstract

support to AfricanHealthStats.org is a good example of how a dashboard has been used as a comparison tool.

Budget Tracking

Budget tracking is being done by CSOs at national, state and local levels. A key focus has been on tracking compliance to the 15% budget allocation for health commitment (Abuja Declaration). Within budget tracking, there are several important components:

- ***Budget awareness and literacy,*** including activities geared towards creating an awareness of budgeting and its processes among legislators, the media, civil society, and the public.
- ***Budget transparency***, including processes that allow the public, including CSOs, access to budget information in order to assess allocations, expenditures, and gaps.
- ***Budget performance,*** including analyses of budget allocations and expenditures, as well as tracking funding releases, implementation, and/or compliance with financial commitments such as the 15% Abuja commitment.

Despite these activities, however, budget tracking remains one of the most misunderstood approaches among CSOs, who have limited capacity in this area. Another major challenge is the limited access to state and national budgets for in-depth analysis, as most governments do not publish their audited accounts. There is also a lack of legislation in support of transparency and the right to information, which inhibits the impact that CSOs can have.

Action Aid International supported initial efforts in five states in Nigeria to build and enhance CSO capacity to implement health budget tracking and participatory budget planning, focused specifically on HIV/AIDS programming. It has also recently partnered with **BudgIT** – a Nigerian start-up dedicated to simplifying the Nigerian budget and making it more transparent for the public – to launch a youth-focused social media campaign called #FollowTheMoneyNigeria to raise awareness about budget advocacy issues. **Tracka** is another Nigerian web platform that enables people to collaborate and track projects in state and community budgets, and to provide feedback to government and their communities. Finally, as noted earlier, the **African Health Budget Network** works closely with **AMHiN** to strengthen budget advocacy and accountability efforts in Nigeria through trainings, knowledge sharing, and applying coordinated and focused pressure on Nigerian leaders with respect to health financing commitments.

Information, Communication, and Technology (ICT)

A range of tools and websites have emerged in recent years that have enabled CSOs to collect, access, and analyze data and information in support of evidence-based advocacy and accountability efforts. For example, CSOs have used **Resources for Awareness of Population Impact on Development (RAPID)** – a computer simulation program designed to show the impact of fertility and population growth on key social and economic factors – to generate data for advocacy. Partners, citizens, and governments have been trained in the use of this tool. It has been used in advocacy and accountability efforts for the implementation of the free MNCH program with state governors.

Some examples of websites mentioned by stakeholders as key advocacy and accountability tools for RMNCH include:

- **MamaYe:** The Nigerian MamaYe website has provided an important platform for sharing evidence and information. It **c**ollects relevant, current, and reliable data – such as state scorecards – and presents it in user-friendly formats to support advocacy and accountability.[xx]

- **Countdown to 2015:** Countdown tracks progress on key RMNCH indicators and produces country-level scorecards and tools to support advocacy and analysis, such as the Nigeria Country Profile, the Nigeria Health Data presentation, and the Nigeria Equity Profile.
- **AfricanHealthStats.org** is an innovative data site that allows for charting, mapping, and comparing key health indicators across all 54 African Union member states. All data is taken from officially recognized international sources. Indicators collated on the website cover 4 categories: RMNCH, HIV and AIDS, malaria and tuberculosis, and health financing.
- **Open Budget Survey Tracker:** Hosted by the International Budget Partnership, the OBS is an independent, comparative assessment of budget transparency and participation for countries around the world. It is completed every two years. The OBS tracker provides monthly updates on whether governments publish key budget documents in timely fashion.
- **MDSR Action Network:** The MDSR Action Network's website provides guidance, tools, publications, case studies, presentations, and other resources to support the network and other partners to implement MDSR.

Findings and Recommendations

***Recommendation 1*: Strengthen budget transparency, tracking, and accountability.** *Ensure implementation of key RMNCH commitments by linking them to relevant budget lines and disbursements.*

- **Budget transparency in Nigeria declined** between 2010 and 2012, according to the 2013 iERG report and the Open Budget Index.[xxi] There is a need for more advocacy around budget transparency.
- **Leverage tools for better information.** There is a need for innovative means of expanding access to budget information, for example through ICT, social media, scorecards, and other tools.
- **Budget accountability capacity building.** Civil society needs and wants capacity building to better understand budgets so they can hold governments accountable.
- **Participatory budgeting.** Full participation of civil society in the government budgeting process shall ensure effective coordination, governance, and oversight of the government's RMNCH commitments.

***Recommendation 2*: Invest in promising accountability models and tools.**

- **Fund and support nascent accountability mechanisms.** The global community should invest in establishing and strengthening nascent accountability mechanisms (e.g. AMHiN, NIAM). This is particularly true for efforts that improve linkages between national, sub-national, and global accountability efforts, and those that engage multiple stakeholders.
- **Leverage and invest in social media and other ICT platforms.** Interviewees generally foresee a greater use of social media for engagement, transparency, and accountability in the coming years.

With increased connectivity, the use of mobile platforms and applications that increase access to information will become an enormous asset for accountability.

- **Scale up MDR.** MDR is not yet widely implemented, particularly the 'response' component of it. MDR should become an integrated part of RMNCH and health sector programming.

***Recommendation 3*: Support capacity-building efforts that respond to the needs of multiple accountability stakeholders.**

- **CSOs and parliamentarians need skills for analysis and advocacy.** Build institutional capacity of CSOs and ensure key coalitions like AMHiN are both formalized and recognized at national and global levels. Prioritize budget skills, and support partners to understand the political economy.
- **Support investigative journalism** to create a press environment that is informed, reports on commitments, and utilizes social media and emerging ICT tools.
- **Governments need capacity to fulfill commitments.** Governance challenges are often about institutional blockages and capacity limitations, more than about funding gaps. Invest in strengthening oversight.
- **Citizens deserve time and capacity-building**. Their demands for accountable and responsive governance and health services is about their lives.

***Recommendation 4*: Build and foster multi-stakeholder partnerships in support of accountability and common goals.** *Broker working relationships and provide hands-on mentoring, capacity building, and seed funding. Reduce competition around funding.*

- **Foster partnerships and collaboration.** Though collaboration is improving among CSOs, engagement between government and civil society should also become the norm rather than the exception to achieve national goals. Building strong government relations with CSOs is critical to accountability and participatory processes.
- **Engage multiple stakeholders as agents of citizen voice.** Accountability efforts should equally engage citizens, civil society, media, and government as agents of citizen voice – not only CSOs.
- **Support participatory planning to increase CSO and citizen buy-in.** Absence or limited involvement of citizens and CSOs in the planning processes for RMNCH programs and services produces apathy towards them.
- **Trust and support local CSOs.** Local CSOs can successfully create and manage a joint accountability mechanism involving government, media, development partners, professional associations, and civil society.

> *"It used to be just one or two [NGOs working together]; now we have 6, 7, 8 working toward a common goal."*

- **Leverage National Health Act to improve collaboration.** There is a weak synergy among key

players in the health sector. It is expected that the National Health Act should correct this during implementation because players will have to work together, but more work is needed to foster collaboration and participatory planning.

- **Engage the private sector.** Stakeholders want full engagement of Nigerian private health care providers, especially the for-profit sector, in accountability of RMNCH commitments.

***Recommendation 5:* Understand the political environment and leverage key opportunities at the national, state, and local levels.**

- **Policy implementation is generally not prioritized** in Nigeria. This is worsened by verbal policies that vary with regular government turnover, due in part to elections and government coordination.

- **Government is becoming more receptive to CSO accountability efforts.** Progress may be a little slow, but people are demanding more from their governments, and the government is getting more and more receptive to CSOs and CSOs' involvement in accountability.

- **Leverage global platforms for national accountability.** Nigeria CSOs should use the Global Financing Facility, Global Strategy 2.0, and the SDGs as platforms to focus on accountability.

- **Utilize multiple channels with a single message.** Government will respond to citizens' input and feedback if arguments are well grounded and presented in a manner government cannot ignore. Leverage multiple voices and channels to carry the same message to decision-makers.

> *"The involvement of the private sector is what is making sure that Nigeria's commitment to FP2020 is happening."*

***Recommendation 6:* Build, evaluate, and strengthen accountability programs based on lessons learned and best practices.**

- **Strengthen M&E of accountability efforts:** Monitoring and evaluation of accountability efforts was deemed weak by stakeholders due to inadequate data for measurement and tracking.

- **Less dependence on donor financing:** A major recommendation that most stakeholders mentioned was that CSOs in Nigeria must become less dependent on international donors to support their work.

- **Build demand for accountability.** There is need for demand generation in accountability. CSOs need to further explore the power of the media and social media for building demand for RMNCH accountability.

- **Support local priorities.** Engage local communities in accountability efforts and planning, and ensure that accountability programs are built on local priorities.

Conclusion

Overall, the state of accountability efforts in Nigeria reflects a system that is drawing on global initiatives to develop country mechanisms, engaging multiple partners as an essential component to success, and utilizing a variety of tools and tactics that are useful and provide checks and balances. Nigeria has excelled particularly in connecting global and national accountability efforts, and there are some strong state level accountability efforts. However, the connection from state to national (and vice versa) remains weak, and citizen-level accountability mechanisms are also very limited. The number of CSOs and additional partners working on accountability in Nigeria reflects a foundation of knowledge that accountability is critical to progress. Further, each of the accountability mechanisms and tools, while not without challenges, have added value to CSO accountability efforts. As a result, the government is more receptive to CSOs' involvement in accountability and citizens are demanding more from their governments. Moving forward, capacity building, budget accountability, fostering multi-stakeholder partnerships, investing in promising accountability models, and understanding the political environment will be essential to build and strengthen accountability programs based on lessons learned and best practices.

---

[i] WHO. 2014. *Implementing COIA Recommendations: Accountability for Women's and Children's Health*. Progress Report.
[ii] *Strengthening National Advocacy Coalitions for Improved Women's and Children's Health: The partnership for MNCH* 2012
[iii] Champions for Change. 2014. *Reproductive, Maternal, Newborn, and Child Health In Nigeria: Landscape Study*
[iv] MacArthur Foundation. April 2013. *Developing Approaches to Maternal Health Accountability in Nigeria.* Report of a Meeting on Accountability in Maternal Health in Nigeria.
http://www.macfound.org/media/files/Report_of_Meeting_on_Accountability_in_Maternal_Health_in_Nigeria.pdf
[v] Garba AM and S Bandali. October 2014. *The Nigeria Independent Accountability Mechanism for Maternal, Newborn, and Child Health.* IJGO. 127(1): 113-6. http://www.ijgo.org/article/S0020-7292(14)00363-4/fulltext
[vi] AMHiN. 2014. *Progress on Country Accountability Framework for Women's and Children's Health in Nigeria.*
http://www.mamaye.org/sites/default/files/evidence/mamaye-ng-CAF-scorecard-a5-Final-WEB-singles-131014_3.pdf
[vii] SAVI Nigeria. March 2014. *SAVI Approach Paper: Introduction to SAVI's way of working.* http://savi-nigeria.org/wp-content/uploads/2014/03/SAVI_AP_IntroBrief_3PageVersion_Web4.pdf
[viii] SAVI Nigeria. January 2014. *Case Study: Kano State responds to civil society suggestions on disbursement of free maternal and child health funds.* http://savi-nigeria.org/casestudy/kano-state-responds-civil-society-suggestions-disbursement-free-maternal-child-health-funds/
[ix] SAVI Nigeria. December 2013. *Case Study: Popular demand gets health training institutions back on track in Katsina State.* http://savi-nigeria.org/casestudy/popular-demand-gets-health-training-institutions-back-on-track-in-katsina-state/
[x] SAVI Nigeria. September 2011. *Case Study: The Kaduna State Government budget is reduced to a more realistic figure, partly influenced by citizen concerns.* http://savi-nigeria.org/casestudy/
[xi] http://www.cislacnigeria.net/2015/02/cislacs-call-for-action-on-maternal-accountability-in-kano-state/
[xii] http://www.devcomsnetwork.org/index.php/en/
[xiii] http://notagaincampaign.org/
[xiv] http://paths2.org/site/download/paths2-technical-brief-on-voice-and-accountability/
[xv] Evidence for Action (E4A)-MamaYe. *Local accountability mechanisms using evidence to influence progress on maternal, newborn and child health in Nigeria.* Submitted as a case study to the independent Expert Review Group (iERG).
[xvi] FMOH. July 2014. *Draft National Guidelines For Maternal Death Review In Nigeria.*
[xvii] ibid.
[xviii] http://www.ijgo.org/article/S0020-7292(14)00193-3/fulltext
[xix] http://www.mamaye.org.ng/sites/default/files/mamaye-ng-leaflet-jigawa-scorecard-a5.pdf
[xx] Jigawa: http://www.mamaye.org/en/evidence/jigawa-state-iss-scorecard. Kano: http://www.mamaye.org/en/evidence/kano-state-maternal-newborn-and-child-health-scorecard
[xxi] iERG. 2013. *Every Woman Every Child: Strengthening Equity and Dignity through Health.* P. 53.
http://www.who.int/woman_child_accountability/ierg/news/ierg_2013_report_launch/en/