Local accountability mechanisms using evidence to influence progress on Maternal, Newborn and Child Health in Nigeria

NB for IERG reviewers: Two versions of the case study are presented, a shortened summary followed by the full case study for further details and information.

Summary (max 500 words)

Evidence for Action (E4A)-MamaYe facilitated the creation of a state-level accountability mechanism in Jigawa state, Nigeria called the Jigawa state Maternal, Newborn and Child Accountability Forum (JMMAF). JiMAF’s intention is to strengthen partnerships between multiple stakeholders using evidence to promote accountability, transparency and progress on issues related to maternal, newborn and child health (MNCH).

Prior to the establishment of JMMAF, there were weak partnerships between civil society organisations (CSOs) and the government – driven by suspicions and a lack of trust between the two sectors. In addition, health managers in Jigawa State struggled to use available evidence for decision-making and assess the performance of the health system.

JMMAF is a multi-sectoral group of stakeholders built on existing coalitions of CSOs operating in the state, but with expanded membership to include health professional bodies, media, and state ministry of health representatives. It includes two co-chairs, a CSO and a government representative to enable constructive criticism, facilitate balanced views and collectively support change. The group meets at least twice a year to discuss MNCH evidence using scorecards, brainstorm on key recommendations and take actions based on findings. The forum is made up of three sub-committees: the evidence sub-committee is responsible for generating evidence, analysing key indicators from existing data sources, and packaging them into scorecards. The advocacy sub-committee is responsible for using packaged evidence to lead strategic advocacy at multiple levels and to different stakeholders to stimulate MNCH progress. The knowledge management and communication sub-committee is responsible for documentation, strategic information sharing and report writing.

E4A supported JMMAF in packaging available MNCH evidence into an easy to understand scorecard format, which was presented by JMMAF at the 2104 state’s joint annual review, the first time such evidence was considered in such discussions. The scorecards showed that maternal mortality worsened over a period that corresponded with the withdrawal of funds that had enabled the purchase of consumables in the maternity wards. The scorecards also exposed stock outs of essential life-saving drugs (Oxytocin and Magnesium Sulphate) in some facilities. Based on JMMAF recommendations, the withdrawn funds were returned and plans were made to strengthen commodity management from state storage warehouses to facilities.

JMMAF brought to the fore how government-generated data could be more strategically used in planning and budgeting cycles. Moreover, having the holder of government data as a JMMAF co-chair enabled honest discussions about data quality and gaps to influence better information for results. More inclusive forums bringing together various stakeholders to understand and use evidence is seen
as valuable since MNCH is an issue that resonates across a range of partners each of whom can use their expertise and networks at multiple levels to promulgate evidence-based action.

JiMAF is now embedded in key structural processes such that the state government invites members of JiMAF to strategic planning, annual operational planning and review meetings. JiMAF is recognised as a key accountability group in the state and has influenced general aspects of decision-making through principles of inclusiveness, transparency and evidence use.

**Full Case Study:**

**Introduction**

This case study describes how Evidence for Action (E4A)-MamaYe facilitated the creation of a state-level accountability mechanism in Jigawa state, Nigeria, called the Jigawa state Maternal, Newborn and Child Health Accountability Forum (JiMAF). The impact of this accountability mechanism on using evidence to track maternal, newborn and child health (MNCH) progress and help problem-solve is discussed along with lessons learned, challenges, and future perspectives.

**Background**

Jigawa is one of the poorest states in Nigeria with 85% of the approximately 4.6 million inhabitants living in rural areas and over 70% classified as very poor. Health outcomes in Jigawa fare worse compared to the other six North-Western States in Nigeria. While having a similar maternity mortality ratio of 576 per 100,000 live births and a neonatal mortality rate of 44 per 1000 live births to the other six states, the annual numbers of maternal and neonatal deaths (2,000 and 12,000 respectively) are the one of the highest within the zone. In 2013, about half of pregnant women in Jigawa received an antenatal visit from a skilled attendant and approximately 8% of births were assisted by a skilled provider.

Before the creation of the Jigawa state Maternal, Newborn and Child health Forum (JiMAF), health managers in Jigawa State struggled to use available evidence for decision-making and to assess the performance of the health system. One available source of evidence is the integrated supportive supervision (ISS) system which is designed to monitor quality of care and the health system’s functioning. ISS data is meant to be fed back to health providers to help improve services, though in practice this was a challenge due to resource required and time delays in organising data collection and analysis. Regular annual meetings of state health officials are also meant to be held to review ISS data and the results achieved using evidence, however such meetings only happen once a year. Importantly, civil society engagement was missing in terms of reviewing and using ISS data to support progress towards MNH outcomes.
Prior the establishment of JIMAF, there was also a lack of partnership between civil society organisations (CSOs) and the government – driven by suspicions and a lack of trust between the two sectors. “The relationship wasn’t so cordial with the ministry [prior to JiMAF]. The accountability forum, however, provided very good room for CSOs to engage with the ministry,” Baffa Nayaya, Chairman MNCH Partners, Co-chairman JiMAF & Chairman of JiMAF Advocacy sub-committee.

JiMAF’s intention was to improve collaboration and partnership between government, CSOs, media and professional bodies. Its aim being to improve the use of evidence to promote accountability, transparency and progress in the health sector, particularly on issues related to maternal, newborn and child health. The coming together of stakeholders under JiMAF is to catalyse more action in the health sector and ensure actions and policies are backed by evidence.

**Strengthening local accountability**

JiMAF is a multi-sectoral group of stakeholders built on existing coalitions of CSOs operating in the state, but with expanded membership to include health professional bodies, print and electronic media, and members of the state ministry of health. It includes two co-chairs, a CSO and a government representative to enable constructive criticism, facilitate balanced views and collectively support change. The group meet at least two times per year to discuss MNCH evidence using scorecards, brainstorm on key recommendations and take actions based on findings. The forum is made up of three sub-committees (see figure 1): the *evidence sub-committee* is responsible for generating evidence, analysing key indicators from existing data sources, and packaging them into scorecards that are used for advocacy, planning and decision making. The *advocacy sub-committee* is responsible for using packaged evidence to lead strategic advocacy at multiple levels and to different stakeholders to stimulate MNCH progress. The *knowledge management and communication sub-committee* is responsible for documentation, strategic information sharing and report writing. State level accountability mechanisms have also been established in Kano, Bauchi and Ondo States. There is also a national accountability mechanism for MNCH (AMHiN) with a similar function to the sub-national accountability mechanisms. In the future, it is envisioned that there will be a representative from each state accountability mechanism participating in AMHiN to further enable connections and interactions between national and sub-national accountability work.
Setting up JiMAF required a few steps, starting with a sensitization seminar in 2013, where the United Nation’s concept of accountability, “to monitor, to review and to act”, was presented to stakeholders. Participants were also sensitised to the need for a multi-sectoral approach to accountability. “To reframe the question of accountability, we need to create a level playing ground for CSOs, media or professional bodies like the Nigerian medical association, the nurses/midwives groups and the pharmacy group to represent healthcare providers. Without the latter group on the table, chances are we are going to miss so many angles on the quality of health care, namely the issue of satisfaction,” Aminu Magashi Garba, E4A-MamaYe Nigeria National Coordinator. The government was very receptive to the accountability forum because they saw it as supportive rather than a threat, moreover, the government’s role as a co-chair has created an enabling environment for using evidence and galvanising more actors around MNCH issues.

Results

Once JiMAF was established, the evidence sub-committee, facilitated a discussion with the Jigawa state government on which indicators should be monitored to track performance. E4A-MamaYe supported JiMAF in the development of scorecards using ISS data (see figure 2) and based on these
indicators, JiMAF presented the 2014 scorecard at the state’s joint annual review, the first time such evidence was considered to assess progress and inform the development of future health plans. Evidence is now routinely used to inform planning and decision-making and is a common fixture of mid-term and annual review meetings. The scorecards showed that maternal mortality rate in facilities worsened over a period that corresponded with the withdrawal of funds that had enabled the purchase of consumables in the maternity wards. The scorecards also exposed stock-outs of essential life-saving drugs (Oxytocin and Magnesium Sulphate) in some facilities. Based on JiMAF recommendations emerging from the evidence, the withdrawn funds were returned and plans were made to strengthen commodity management so that essential drugs available in the state warehouses could reach facilities. Another result of JiMAF has been the stronger capacity of CSOs and the media in conducting health budget advocacy. Using these skills, JiMAF members coordinated a campaign to increase funding for the free MNCH policy, leading to an increase in the budget line from about 250 million (2013) to 350 million Naira (2014).

Figure 2: Jigawa Scorecards using ISS Data

Lessons learned and challenges

It took time for decision-makers to see the relevance of data and engaging a wider range of stakeholders to drive planning, decision-making and tracking progress. JiMAF brought to the fore how government-generated data could be more strategically used in planning and budgeting cycles by presenting it in easy to understand scorecard formats. Moreover, having the holder of government data (i.e. the Department of Planning, Research and Statistics) as a JiMAF co-chair enabled honest
discussions about data quality and gaps to influence better information for results. More inclusive forums bringing together CSOs, media and health care professional bodies to understand and use evidence has also been viewed as valuable since MNCH is an issue that resonates across a range of stakeholders each of whom can use their expertise and networks at multiple levels to promulgate evidence-based action. Involvement of partners also helps align their work to state priorities, as well as ensure coordination and avoid duplication of work.

One of the difficulties encountered during set-up was addressing capacity gaps of CSOs, in terms of grasping issues and being distracted by the multiple roles they had to play in the state. Many CSOs were challenged in attending meetings due to administrative issues such as transportation fare. An unexpected consequence of bringing the CSOs and media into the accountability mechanism was how it influenced their reporting style. For example, media partners began using more evidence in their reporting and being more critical of policies, which is a departure from the norm and exposed them to a risk of displeasing the government. Yet the power of evidence to showcase results and point towards areas which need further acceleration has overcome some of the challenges and instigated more credible advocacy and action-oriented responses.

**Future perspective**

JiMAF is now part of key structural processes with the state government inviting members of JiMAF to strategic planning, annual operational planning and review meetings. JiMAF has become recognised as one of the key advocacy and accountability groups in the state. The scorecards and participation of a diverse range of stakeholders have also changed more general aspects of policy and decision-making in that the state operational plan is now better organised, transparent, and the use of evidence is more acceptable. The government acknowledges that the process has helped them in deciding how to allocate resources, rather than arbitrarily increasing funds in order to cater for inflation as was done previously. “There is this kind of self-motivation for people to ask questions and find out what’s going on. That has helped in the policy and practice,” Aminu Magashi Garga, E4A-MamaYe Nigeria National Coordinator.

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i 2014 MDR assessment in Jigawa (unpublished)
v 2014 MDR assessment in Jigawa (unpublished)