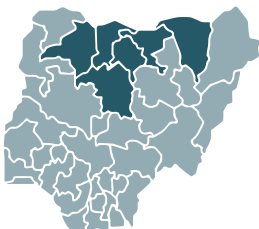


# Amplifying community voice and accountability in northern Nigeria with Community Scorecards



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The **Maternal, Newborn and Child Health Programme** in Northern Nigeria (MNCH2) is a UK government-funded five-year programme designed to improve maternal and child health across six states – **Jigawa, Kaduna, Kano, Katsina, Yobe and Zamfara.**



When the voice of the community is included in the decision-making process it enhances good governance by taking citizen views into account on government priorities and planning – including demanding transparency, responsiveness, and accountability – which are currently lagging behind in the health service provision in Nigeria.

The need to improve accountability was recognised by the Federal Ministry of Health in 2004 with the Revised National Health Policy (2004). The policy states accountability as an underlying principle to improving standards and the inclusion of communities in shaping their health priorities and needs by providing mechanisms “for appropriate consultations at the community-level with regard to local health services on the basis of increasing self-reliance.”

The empowerment of communities in their healthcare is also a priority for the MNCH2 programme, which has implemented Community Scorecards to amplify the voice of citizens, traditionally

marginalised and unheard, with decision-makers on healthcare and facility priorities.

The benefits of this community-driven initiative extend beyond better health facilities. The Community Scorecard is helping to strengthen relationships between decision-makers and community members, as it works as a powerful tool to increase participation, accountability and transparency between community members, service providers, and decision makers.

## Setting health priorities

The Community Scorecard is an interactive process, designed mainly to improve primary healthcare facilities, through which community members (service-users) provide feedback to government agencies (service-providers) on the quality of the services they offer. They are not an auditing process nor a fault-finding mission.

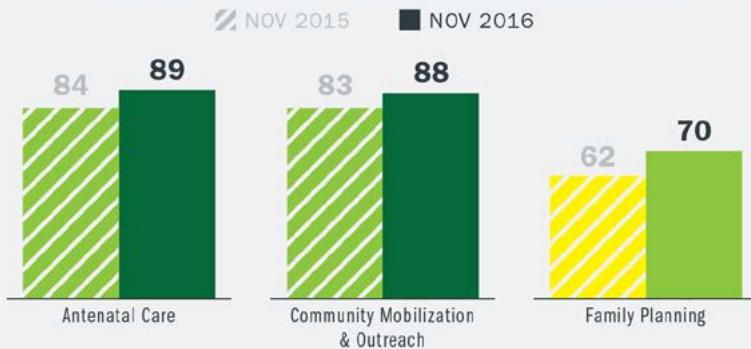
**1** Adult Men During Focus Group Discussion at Kaliyari, Yobe State



## Score Rating Thresholds

85% - 100%	<span style="color: green;">●</span>	Very Good
70% - 84%	<span style="color: lightgreen;">●</span>	Good
40% - 69%	<span style="color: yellow;">●</span>	Below Average
0% - 39%	<span style="color: red;">●</span>	Inadequate

## ZAMFARA COMMUNITY SCORES OVER ONE (1) YEAR



\*\*Figures represented are in percentages of the average across all participating LGAs in Zamfara State

Using a performance measurement framework, the Community Scorecard provides both health service-users and health managers a more balanced view of the performance of their community's health systems. Thus, the Scorecards help to inform both the policy and budgets that fuel the improvements in the health system.

They point out which aspects of the services are delivered well, which require improvement, and how collaborations can bring about positive changes in these areas. Then Facility Health Committee (FHC) members can

then prioritise where they should focus their advocacy work with health decision-makers.

Ultimately, the goal of the Community Scorecards is to achieve representative community participation in defining and identifying issues affecting the quality of health services, and to solve these issues through joint decision-making between citizens and service providers. This is intended to strengthen citizens' voice and empower the community.

To achieve this goal, the main objectives of the Community Scorecard process are to:

1. Assess the quality of health services, facilities and other innovations from the user perspective
2. Analyse the challenges and patterns identified in quality of services
3. Improve feedback and accountability loops between health providers, communities and users around MNCH2-supported facilities at least twice a year

**2** Adult women FGD Hanwa, Kaduna State

**3** Adult men FGD Hanwa, Kaduna State



## WHO IS INVOLVED IN THE PROCESS?

### 1 Community members (Service-users)

Give their opinions and score the local health services and facilities available to them.

### 2 Service-providers and Policy-makers

Provide their opinions and scores on the services which they themselves provide. This includes health facility staff, Primary Healthcare Boards, Local Government Authority Chairmen, and local leaders.

### 3 Civil Society Representatives and Local Technical Assistants

These are trusted members of the community, who facilitate the community forum and take notes on the scores and views given.

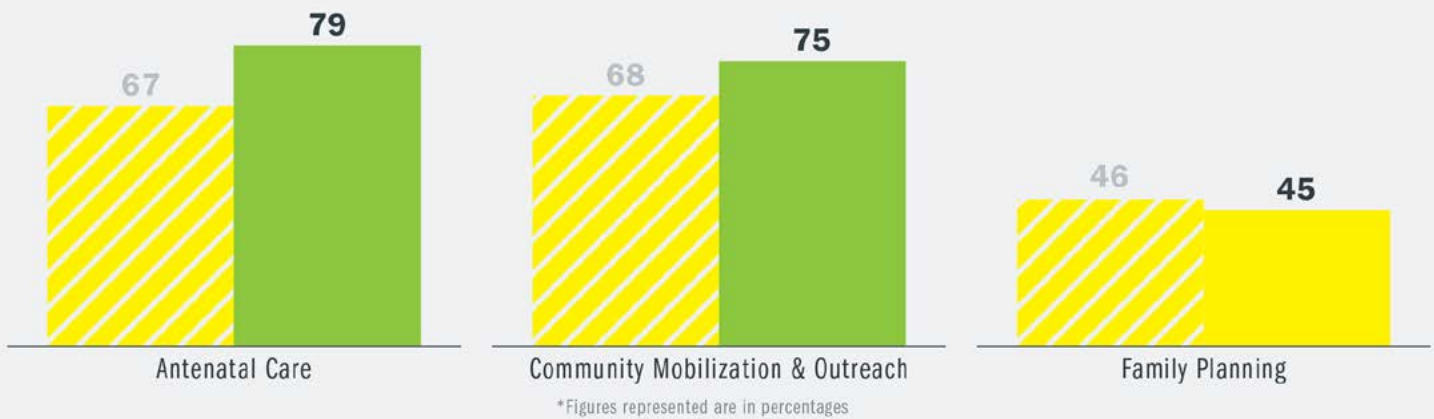
### 4 Service-providers and Policy-makers

Made up of community-appointed service-users with equal numbers of men and women, they collect information from service-providers.



# KATSINA COMMUNITY SCORES OVER 6 MONTHS

JUNE 2016 DECEMBER 2016



**Synthesis Workshop:** Conducted for all Local Technical Assistants and MNCH2 Coordinators to discuss and combine their community scorecards into a single scorecard for each Local Government Area (LGA). This involves calculating the overall percentage of positive and negative responses for each of the indicators, and fitting these into a traffic light system.

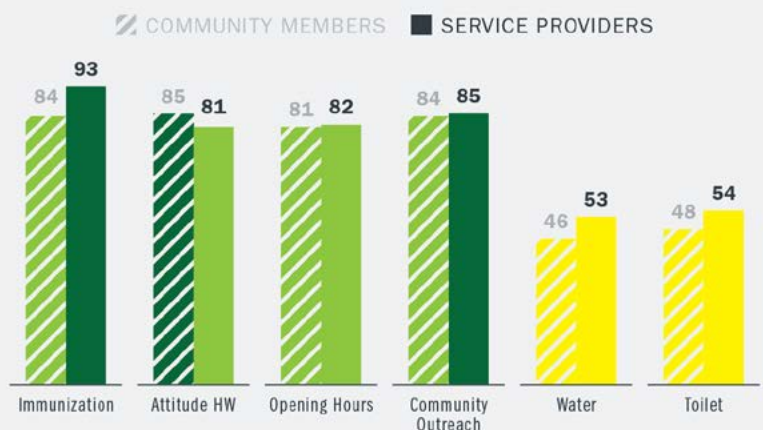
## Scoring services – a collaborative process

**Preparation Phase:** Communities are chosen to host the scoring exercise, and facilitators are trained. Initial supply-side information is then collected from service providers – this includes information on inputs for service delivery – such as budget expenditure – to monitor the efficiency of service delivery.

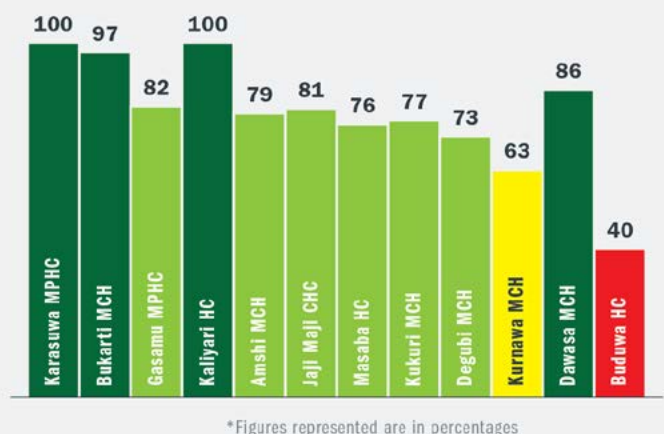
**Community Forum:** Features a discussion for participants to identify their community’s own challenges and to suggest what they think makes a good health facility. Then, within smaller age- and gender-specific groups (young and adult women and men), participants use the scorecards to rate the performance of their local facilities. Scores are given within a four-tier hierarchy from ‘very good’ to ‘very bad’.

**Interface Meeting:** The service-users’ performance scorecards and service-providers’ self-evaluations are presented back to both groups. Representatives from each side explain the scores given, and discuss how they might be addressed.

## YOBE STATE: COMMUNITY MEMBERS AND SERVICE PROVIDERS SCORES IN A SINGLE SESSION IN JUNE 2016



## YOBE STATE: COMMUNITY MEMBERS' SCORING OF ANTENATAL SERVICES AT HEALTH CENTRES





**LGA Multi-Stakeholder Public Forum:** Is where all stakeholders – citizens and service-providers – come together to discuss findings from the community scorecards for the LGA and for the state. The aim of this forum is to create a platform for community members to give feedback to service providers, and for service-providers to share their problems in delivering services to the communities. The Public Forum also aims to support all of these stakeholders to then make concrete plans for follow-up action to improve service delivery.

4



5



**Dissemination and Advocacy:** is vital for securing community members' platform for influencing service delivery, and for securing the service improvements that they have achieved. The results of scorecard activities are widely shared with all relevant agencies, through reports of success stories, press briefings and newspaper reports. In this way, Community Scorecards are designed to be a tool to support the evidence base for advocacy.

4 Facilitator doing note taking, Kaduna State

5 Advocacy/networking visit At Kurnawa, Yobe State

## KADUNA STATE SPOTLIGHT: COMMUNITY SCORES ACROSS 3 LGAS OVER 6 MONTHS

**JUNE 2016**  
**DECEMBER 2016**

- CHIKUN LGA
- IKARA LGA
- KAURU LGA



\*Figures represented are in percentages



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