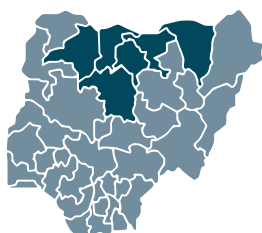


# Using collective voices to create state-level accountability



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.**



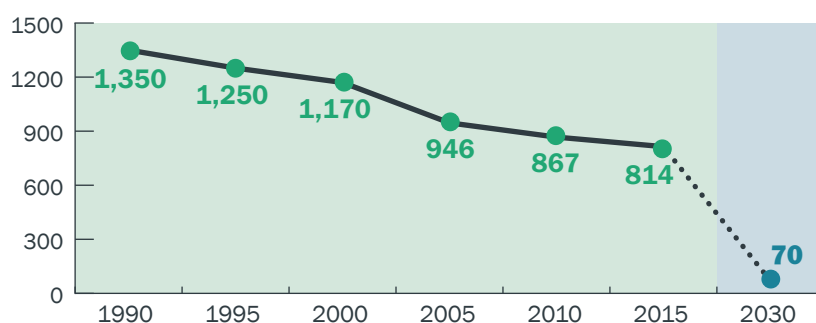
Civil society plays a central role in holding the government to account. Therefore, to ensure commitments are followed-up with political will and action, MNCH2 is working with civil society actors and governments in supported states to implement State-Led Accountability Mechanisms (SLAMs).

The federal and state governments in Nigeria have made substantial commitments to improving Reproductive, Maternal, Newborn and Child Health (RMNCH), which have been spurred on by global declarations to reduce maternal and child mortality through the Sustainable Development Goals (SDGs).

For decades, Nigeria has had one of the world's highest Maternal Mortality Ratios<sup>1</sup> (MMRs). Maternal deaths are often avoidable and arise as a result of tradition or culture, as well as lack of access to quality services, dearth of skilled health personnel, lack of funding, political will and other factors.

Prior to SLAMs, state-level accountability was inconsistent and difficult to monitor, with no clear reporting or engagement mechanism. To address this gap, MNCH2 used existing Civil Society Organisation (CSO) platforms to establish the SLAMs to create accountability, improve transparency and advocate for improved delivery and access of RMNCH services.

## NIGERIA MATERNAL MORTALITY RATIO (1990-2015)<sup>2</sup>



**70**  
global target for 2030

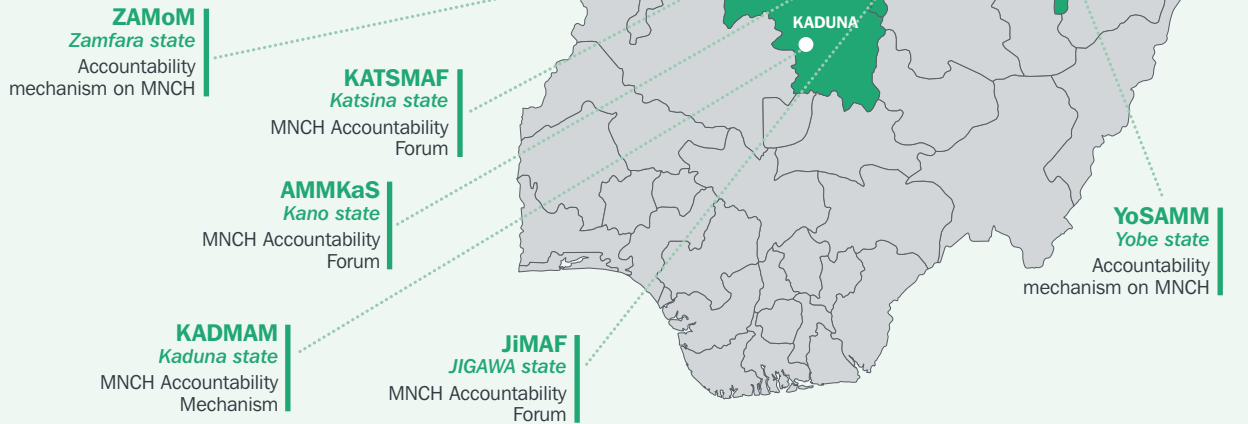
**Sources:** Trends in Maternal Mortality: 1990 to 2015 – Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, 2015; \*Note about MMR used in country and from which source.

<sup>1</sup> Public Relations Officers from the state Ministries of Health and journalists from across the six MNCH2 states, participate in a team building exercise at the *Reporting on RMNCH workshop* in December 2017.

1. Public Relations Officers from the state Ministries of Health and journalists from across the six MNCH2 states, participate in a team building exercise at the *Reporting on RMNCH workshop* in December 2017.  
2. Sustainable Development Goal 3 sets the 2030 global MMR target at less than 70 deaths per 100,000 live births; a secondary target applies to countries with the highest MMR burdens, that not country should have an MMR greater than 140 deaths per 100,000 births by 2030.



SLAMs provide independent expertise, a collation of voices on RMNCH issues and needs, as well as facilitating linkages with other government structures to encourage and improve cross-government coordination on RMNCH.



## What is a SLAM?

The World Health Organization (WHO) defines a well-functioning health system as one “that responds, in a balanced way, to a population’s needs and expectations.” SLAMs aim to provide a voice for the people to speak directly to decision makers about issues that are of the most concern of their community.

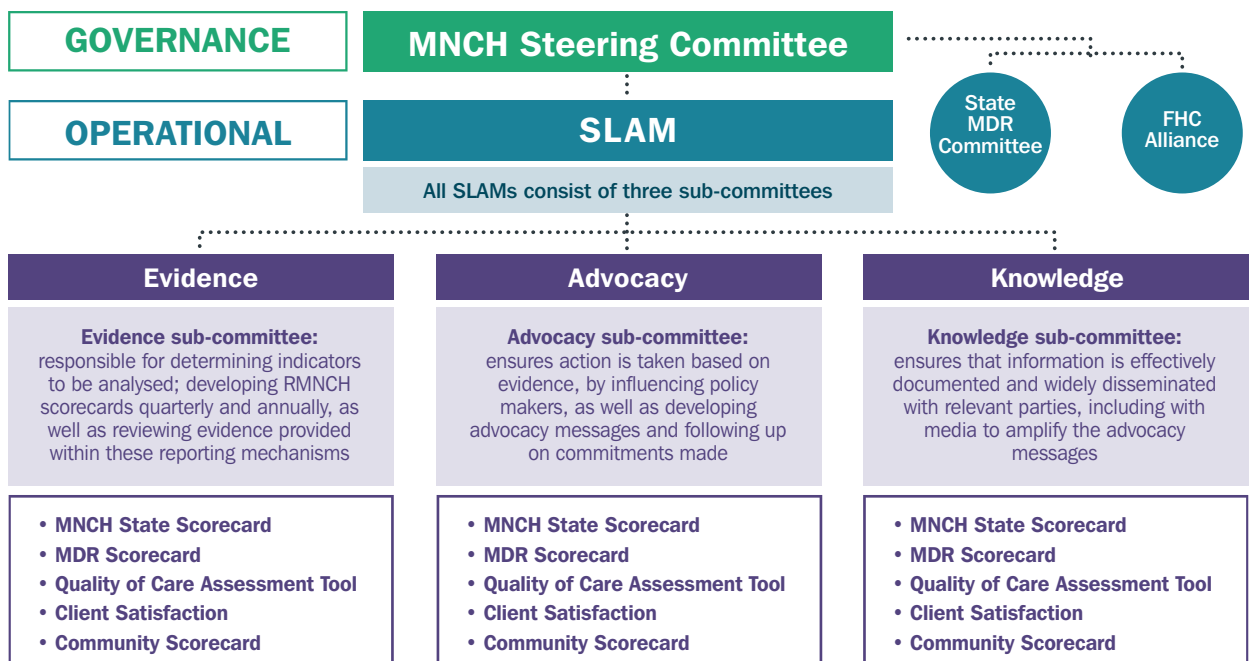
SLAMs are evidence-based mechanisms which have several key priorities: to provide public scrutiny and hold state leaders to account, increase transparency of health expenditure and advocate for sufficient budget allocation to health, as well as the effective spending of that budget and prioritisation of Maternal and Newborn Health (MNH) within state plans and policies.

## SLAM Membership

SLAM membership has been designed to capture a range of stakeholders, including CSOs, health professional bodies and unions, the media, State Ministries of Health (SMoHs), Hospital Services Management Boards (HSMBs) and others.

The membership is gender-sensitive and is in line with best practice guidelines from the UN Commission on Information and Accountability, as well as the Commission on Life-Saving Commodities for Women and Children.

## SLAM COMPOSITION





## Achieving success through scorecards and advocacy

RMNCH scorecards have been developed and utilised by all six SLAMs. The RMNCH scorecards are a simple and visual way to engage busy decision-makers. They are used to influence change by highlighting priority areas against strategies, commitments and budgets. Additionally, scorecards also create a consistency of reporting and ease comparability of state performance.

MNCH2 provides crucial scorecard support, assisting with analysis, tracking, packaging and advocacy, in addition to capacity building to engage and empower key groups and individuals in continuing the evidence-based advocacy work of the SLAMs.

Advocacy, using the scorecards, has resulted in several achievements. For example, in Kano state there has been a provision of more blood banks in some secondary health facilities, in addition to an achieved increase of state budgetary allocation for free RMNCH services from 9.74% in 2016 and 12.4% in 2017. Other states have also experienced an increase in funding, along with other accomplishments. For example, in Jigawa state, advocacy visits by the SLAMs to the State Ministry of Health led to the hiring of 450 new health workers for Primary Health Care services.

The SLAMs have also worked to reach the public with vital information and to include them directly in advocacy. In Katsina, the SLAM has

“Engaging with MNCH2 as members of the evidence sub-committee has given us the opportunity to monitor, mentor and track Free RMNCH implementation across the state at various Health Centres. MNCH2 has supported us in our activities, creating linkages for us with relevant MDAs on Health”

– Fatima Abdulhafiz  
member Evidence Sub-committee JIMAF

been instrumental in the implementation of a series of radio programmes to reach the public with vital information on RMNCH, on the leading causes of maternal deaths, measles and other critical issues.

Whilst in Kaduna, they are integrating social media with more traditional advocacy efforts. The Kaduna state RMNCH SLAM (KADMAM), used Twitter as a promotional tool to drive awareness and advocate to decision makers with the creation of the #OpenKaduna hashtag. The Twitter campaign promoted the quarterly media forum held by KADMAM and the State Health Commissioner.

## Yobe (YoSAMM) scorecard

The Abuja Declaration of 2011 underscored a commitment by African leaders to advancing progress in the health sector, with an obligation to allocate at least 15% of their annual budgets to their health sectors. Yobe State has never met the standard set by the Abuja Declaration, and in 2017 the proportion of budget allocated to health declined from 12% (2016) to 11%, with only 41% and 50.5% of the allocated budget, respectively, being spent on health-related investment.

But now, with the support of MNCH2, the Yobe State Accountability Mechanism on Maternal, Newborn and Child Health (YoSAMM), has used evidence to successfully influence an increase in the budget allocation to the 15% target. Armed with evidence, YoSAMM intervened in key budget planning forums to highlight the issues and demands of the group.

The Yobe State Government has committed to using 15% allocation to upgrade health facilities, supply essential and life-saving commodities for women, provide more equipment and support the full functioning of the Yobe State Teaching Hospital.

Having secured the budget, YoSAMM's next area of focus is to press for the timely release of funds, ensuring that they reach intended beneficiaries to meet the objectives outlined by the SLAM including: increased funding for free RMNCH services, ensuring the functionality and sustainability of the National Blood Transfusion Services at Nangere (in line with the resolution of the 56th National Council of Health in Sokoto), institution of a standing order for immediate employment of graduates of health training institutions, strengthening of Health Management Information Systems, and entrenching Operational Research in health.



“The journalist training by MNCH2 was so informative; we acquired a lot of experience on how to improve our reports on Maternal and Child Health, also we were made to be more conversant of MNCH2 activities in Jigawa and Nigeria in general.”

– Zangina M. Kura, journalist for the *Leadership Newspaper Dutse* in Jigawa state noted the benefits of the training



2



3

2 Participants gather with trainer and nationally renowned journalist, Medina Dauda. 3 Journalists and PROs discuss new ways to engage and collaborate to deliver stories and vital RMNCH messages to the public.

## Improving accountability through reporting

The reach of media through radio, print, broadcast and social media is critical to the role of the SLAMs. Media houses and journalists reach both the public and decision makers; they are able to ask questions, share evidence, and equip the public with vital and potentially life-saving information. Through their work, the media has a leading role in holding the government to account.

The importance of media to improving RMNCH in the MNCH2 supported states was further exemplified through intensive trainings on Reporting on RMNCH, where a cohort of journalists learned about the current situation of RMNCH in Nigeria and in their respective states, current government commitments, what questions they should be asking, where to go for information, and above all the importance of RMNCH, not just to women and children, but to everyone.

Previous journalist training had focused solely on the engagement of the media, whilst the most recent workshops sought to actively engage the Public Relations Officers (PROs) from the state Ministries of Health. The innovative inclusion of PROs proved to be a valuable addition to the training, as it allowed for active engagement between the Ministry of Health and the media. The teaming of the media with the government, has resulted in better information sharing and the collaborative working has produced an increase in reporting on RMNCH issues and has improved the overall quality of stories through the use of evidence-based reporting techniques whilst ensuring that the stories are relevant to their audience – both the public and decision makers.

The PROs and journalists have taken their collaborative working one step further by forming a WhatsApp group to keep one another informed, to share information and to create a timely resource for RMNCH reporting. The encouragement of open and transparent communication between the government and the media is contributing to the goals of the SLAMs by creating improved accountability and governance of RMNCH in their states.

### MNCH2: Leveraging Community Structures to Improve Demand and Uptake for RMNCH services in Kano

By Adam Alqali, Editor [www.africannewspage.net](http://www.africannewspage.net) | January 24, 2018

... “Before now pregnant women in our community were not coming to access ANC and other services in our PHC but after we began mass sensitization the story changed. We work collectively using all available public gatherings to sensitize the people including wedding and naming ceremonies and even after prayers in the mosque,” says Yusuf Ibrahim, Chairman of the Facility Health Committee (FHC) for the PHC at Makuntiri, a very remote and hard-to-reach community in Bunkure LGA of Kano state...

Ibrahim added that women in Makuntiri were now not only taking their children to the healthcare facility when they fell sick instead they had also been sensitized to provide first aid services to children suffering from ailments like fever which entails soaking a clean cloth in water and massaging the bodies of the infants before taking them to a healthcare facility. He added that the community stakeholders and workers at its PHC were now working collectively which had helped created a sense of mutual trust among the duo. ...

Excerpt from article



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**MNCH2 is managed by Palladium and its partners** – Axios, Marie Stopes International (MSI), Options Consultancy, Society for Family Health (SFH), MannionDaniels and Association for Reproductive and Family Health (ARFH)

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