Mamaye!
evidence for action

An Inclusive Accountability Forum Uses Evidence to Influence Progress in Jigawa, Nigeria

Our programme, Evidence for Action-MamaYe, was established in 2011 through funding from the UK Department of International Development. Our goal is to save maternal and newborn lives in Ethiopia, Ghana, Malawi, Nigeria, Sierra Leone and Tanzania, through better resource allocation and improved quality of care.

This case is an excerpt from a collection of 22 case studies we have written based on the experiences of the E4A-MamaYe programme, which brings to light new learning about the specific ways in which evidence, advocacy and accountability must work together to bring about change.

Jigawa is one of the poorest states in Nigeria[1], with some of the highest levels of maternal and newborn mortality in the zone[2]. In 2013, about half of pregnant women in Jigawa received an antenatal visit from a skilled attendant while only 8% of births were assisted by a skilled provider[3]. This case study describes how the Nigeria country team facilitated the creation of a state-level evidence-based accountability mechanism in Jigawa state, the Jigawa state Maternal, Newborn and Child Health Accountability Forum (JiMAF).

Before the creation of the JiMAF, health managers in Jigawa State struggled to use available evidence for decision-making and to assess the performance of the health system. The main source of quality of care data in Jigawa is the integrated supportive supervision (ISS) system. ISS data is meant to be fed back to health providers to help improve services, but in practice this feedback loop is constrained by a lack of time and resources. Regular meetings of state health officials are also meant to be held to review ISS data, however, such meetings only happen once a year. Importantly, civil society engagement with ISS data was missing, a problem compounded by the difficult relationship between civil society organisations (CSOs) and the government[4].

Description of the case

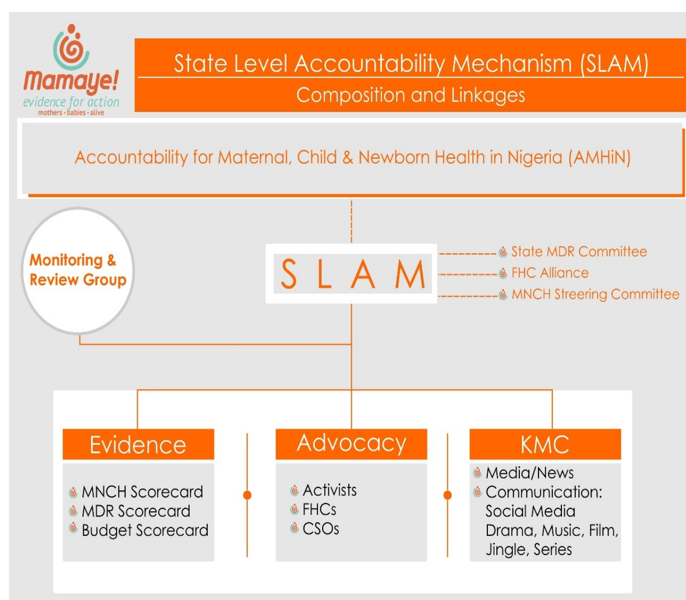
JiMAF was established to improve the use of evidence for decision-making in maternal, newborn and child health (MNCH), as well as inclusive access to that evidence. By including stakeholders such as CSO networks, print and electronic media, and professional bodies in JiMAF, transparency and accountability for the state government's performance was significantly strengthened.

Moreover, involvement of such a wide range of partners has helped to align their work with state priorities and avoid duplication of work.

JiMAF has two co-chairs (a CSO and a government representative) to enable constructive criticism, facilitate balanced views and collectively support change. The government co-chair is the Director of the Department of Planning, Research and Statistics and of the Gunduma Health Systems Board, which has enabled honest discussions about data quality and required steps to obtain better information.

The group meets at least twice per year to discuss MNCH evidence, brainstorm on key recommendations and decide on 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 scorecards 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.

Similar 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.



Outline of the State Level Accountability Mechanism

Results

We supported JiMAF to develop scorecards using ISS data, which JiMAF presented to the state's joint annual review - the first time such evidence was used to assess progress and inform the development of future health plans.

Sustainable Drug Supply System Performance

Criteria assessed: The facility has supplies of tracer drugs; facility store records and registers and in use and up-to-date; monthly drug fund valuation statements are prepared and submitted to the GHSC; and there are arrangements to ensure that drugs do not expire in the facility.

	Ist quarter 2013	2nd quarter 2013	Ist quarter 2014
Birnin Kudu Gunduma:	77%	84%	85%
Birniwa Gunduma:	73%	73%	73%
Dutse Gunduma:	83%	89%	84%
Gumel Gunduma:	84%	82%	88%
Hadejia Gunduma:	93%	88%	95%
Jahun Gunduma:	80%	76%	79%
Kafin Hausa Gunduma:	48%	80%	64%
Kazaure Gunduma:	74%	78%	82%
Ringim Gunduma:	74%	77%	81%
State Average:	76%	81%	81%

Jigawa Scorecards using ISS Data

The scorecards showed that maternal mortality rates in facilities worsened over a period that corresponded with the withdrawal of funds for maternity wards, and also exposed stock-outs of essential life-saving drugs in some facilities[5]. Based on JiMAF recommendations, the withdrawn funds were returned and plans were made to strengthen commodity management so that essential drugs could reach facilities.

The JiMAF scorecards demonstrated how government-generated data could be more strategically used in planning and budgeting cycles if it was presented in easy-to-understand formats.

As a result, evidence is now routinely used to inform planning and decision-making, and is a common fixture of mid-term and annual review meetings. More general aspects of policy and decision-making have also changed. For example, the state's operational plan for health is now better organised, more transparent, and makes better use of evidence. The government acknowledges that the process has helped them in deciding how to allocate resources more efficiently.

Another result of JiMAF has been to strengthen CSOs and the media's capacity in conducting health budget advocacy. For example, JIMAF members coordinated a campaign to increase funding for the free MNCH policy, which resulted in an increased budget of 350 million Naira in 2014, up from 250 million Naira in 2013.

Challenges and lessons learned

One of the difficulties encountered during set-up was the extent of CSOs' capacity gaps in technical policy areas, as well as the fact that they lacked enough staff to keep up with their many work priorities. Furthermore, many CSOs could not attend meetings for lack of transportation money. However, their level of commitment was heightened once they saw the many practical benefits of their participation in JiMAF, beyond the somewhat abstract concept of strengthened accountability. The success of their free MNCH policy campaign, for example, was a significant win. JiMAF journalists have also benefited in terms of producing more evidence-based, investigative reporting.

This case study is based on interviews with Aminu Magashi Garba, Nigeria Programme National Co-ordinator, and Baffa Nayaya, Co-chairman of JiMAF, as well as various referenced data sources and observations of our staff in Nigeria.

[1]Jigawa State Ministry of Health. (2010). *Strategic Health Development Plan (2010-2015)*. Jigawa: Jigawa State Government.

[2]Federal Ministry of Health [Nigeria] & Save the Children. (2014). *Nigeria State Data Profiles: An Accountability Tool for Maternal, Newborn and Child Health in Nigeria*. Abuja: FMOH.

[3]National Population Commission [Nigeria], & ICF International. (2014). *Nigeria Demographic and Health Survey 2013*. Abuja & Rockville: NPC & ICF International

[4]Nayaya, B. (n.d.). Interview with Baffa Nayaya, Chairman of MNCH Partners, Co-chairman JiMAF & Chairman of JiMAF Advocacy Sub-Committee.

[5]Garba, A.M. (n.d.). Interview with Aminu Magashi Garba, E4A-MamaYe Nigeria National Co-ordinator.