

# Accountability and Advocacy Require a United Front: the Case of the AMHiN Coalition in 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.*

Many civil society organisations (CSOs) advocate for better maternal, newborn and child health in Nigeria, including a number focused on voice and accountability, improving governance, and enabling the media to strengthen accountability. Unfortunately, they are rarely coordinated, meaning that their messages and demands can easily be disregarded by governments at federal or state level.

To address this challenge, our Nigeria country team mobilised a coalition of CSOs, health professional associations, and members of the media, called Accountability for Maternal, Newborn and Child Health in Nigeria (AMHiN). Three years later, AMHiN has strengthened accountability for MNCH in Nigeria in very practical ways and has influenced the health priorities of the President's Transition Committee in the wake of the March 2015 elections.

## Description of the case

In April 2012, six Nigerian civil society organisations working on MNCH participated in a MacArthur Foundation accountability retreat in Mexico, observing how Mexican CSOs engaged with their government and the kind of policies that promoted accountability. Upon their return, they gathered their colleagues, including our Nigeria country team, to brainstorm what could be done to strengthen accountability for MNCH in their own country.

Collectively, the group decided that a coalition would have more weight in terms of engaging the government, and went on to create Accountability for Maternal, Newborn and Child Health in Nigeria. At present, AMHiN is made up of 15 organisations working in MNCH, and remains open to new members. We provide technical leadership, support and facilitation for AMHiN's meetings and advocacy and evidence activities.

## Results

One of AMHiN's achievements, enabled by our leadership, has been to demand and obtain a strong functional national health accountability mechanism that includes civil society organisations, a key recommendation of the Commission on Information and Accountability (COIA). COIA was set up in 2011 to support the implementation of the UN's Global Strategy for Women's and Children's Health and specifically recommends that "all countries establish a national accountability mechanism that is transparent, inclusive of all stakeholders, and recommends remedial action".

The World Health Organisation attempted to implement this recommendation by setting up country accountability frameworks (CAF) workshops, to review each country's MNCH outcomes, transparency and accountability processes. Unfortunately, the initial, regional workshops organised in 2012 were mostly made up of government and UN agency representatives<sup>1</sup>, and therefore lacked independence. We were at the forefront of advocating for greater civil society representation in these discussions and were successful in securing participation at one of the first CAF regional workshops in Zimbabwe.

When the Nigerian Federal Ministry of Health indicated they would organise a CAF national workshop as a follow up to the regional meeting, we again lobbied the organisers to increase the number of CSO attendees from the three originally invited to seven.

Before the national workshop took place, our Nigeria country team mobilised AMHiN members and other interested CSOs to brief them on the purpose of the CAF. We also stimulated evidence-based advocacy by sharing evidence with AMHiN members and other CSOs on Nigeria's performance in relation to each of the indicators.

The coalition used this evidence to agree internally on suitable scores. Armed with evidence and a collective message, the subset of invited CSO members then dispersed themselves across the different thematic groups at the workshop and strongly influenced the baseline assessment scores that were agreed by all participants. Without our briefing on the evidence and the background to the CAF process, civil society groups would not have been able to meaningfully influence the discussions to the same extent.

AMHiN representatives further suggested to the workshop attendees that an independent group was needed to validate the annual scores given to Nigeria under the CAF. This proposal was accepted and the Nigeria Independent Accountability Mechanism (NIAM) was born, with our technical and financial support. NIAM is composed of nine members from government, development partners, but also CSOs, the media and professional associations, across the six geo-political zones of Nigeria<sup>2</sup>.

Since 2014, NIAM annually assesses progress on the baseline CAF indicators using available evidence and inputs from a wide range of stakeholders. Results of the assessment are packaged in visually engaging scorecards that clearly highlight progress and gaps to accelerate action<sup>3</sup>. These were widely distributed in hard and e-copy and have subsequently been used by AMHiN to support its advocacy activities.

Early 2015 saw a number of significant political opportunities for health. In December 2014, former President Goodluck Jonathan signed the long-awaited National Health Act into law, part of which was influenced by strong advocacy initiatives undertaken by the Health Sector Reform Coalition, of which we are a key member. In March 2015, the opposition won the federal presidential elections. After the elections, AMHiN used this political opportunity to influence the new administration to take strong action towards improving women and children's health.

In the past, CSOs would have conducted this type of advocacy in an uncoordinated way, making it easier for the government to dismiss their demands. Now, with AMHiN well-established and drawing on our support, the coalition succeeded in mobilising CSOs to agree on a single set of asks for President Buhari's Transition Committee, summarised in a technical policy paper which was submitted in May 2015 with the signatures of 22 stakeholders under the AMHiN platform. The working paper advocated for universal access to basic health services for all Nigerians, a functional primary health care system, a renewed focus on prevention, and greater government spending at all levels to reach the Abuja Declaration targets.

We also supported AMHiN to secure a face to face meeting with the Transition Committee prior to the inauguration of the new administration's cabinet, during which the coalition's key health priorities were discussed, including the need to allocate 15% of the national budget to health. Of note was the Social Issues Sub-Committee on Health's final report to the Transition Committee, which included a number of AMHiN's recommendations in its strategic goals and 100-day priorities for the health sector.

While the 100 days will expire at the start of September 2015, the administration has already taken some positive steps by organising a health-focused policy dialogue, establishing the National Immunisation Finances Task Team, and set up a working group to develop operational guidelines for the implementation of National Health Act, particularly around improving health insurance coverage and access to life saving drugs.

### Challenges and lessons learned

AMHiN's example shows that coordinated action by civil society is a pre-requisite for strong accountability mechanisms. While more needs to be done in order to influence Nigerian leaders and keep them to account for their actions, Nigerian civil society, media and health care professional bodies coordinated under AMHiN are now able to present a united front for maternal and child survival.

AMHiN is looking forward to a number of upcoming opportunities to further strengthen accountability for MNCH in Nigeria. One of the recommendations from a recent policy dialogue organised by AMHiN was to work with the incoming minister of health to establish a quarterly interactive accountability dialogue on RMNCH in Abuja, allowing performance monitoring and feedback. Furthermore, AMHiN will be finalising simple scorecards to track national MNCH indicators on quarterly basis, to ensure that all civil society stakeholders have access to quality evidence in their advocacy and accountability endeavours.

*This case study is based on observations of our staff in Nigeria.*

<sup>1</sup>The Independent Expert Review Group on Information and Accountability for Women's and Children's Health. (2013). Every Woman Every Child: Strengthening Equity and Dignity through Health. The Second Report of the independent Expert Review Group on Information and Accountability for Women's and Children's Health. Luxembourg: WHO.

<sup>2</sup>Garba, A. M., & Bandali, S. (2014). The Nigeria Independent Accountability Mechanism for maternal, newborn, and child health. International Journal of Gynecology and Obstetrics, 127(1): 113-116.

<sup>3</sup>Accountability for Maternal, Newborn and Child Health in Nigeria (AMHiN). (2014). Progress on Country Accountability Framework for Women's and Children's Health in Nigeria. Abuja: AMHiN.