Developing Approaches to Maternal Health Accountability in Nigeria

Report of a Meeting on Accountability in Maternal Health in Nigeria

April 2013

MacArthur Foundation

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List of Acronyms:

CHRI	Community Health and Research Initiative
CISLAC	Civil Society Legislative Advocacy Centre
CoIA	Commission on Information and Accountability
CSO	Civil Society Organization
DEVCOMS	Development Communications Network
E4A	Evidence for Action Project
FMoH	Federal Ministry of Health
IMNCH	Integrated Maternal, Newborn and Child Health
MDG	Millennium Development Goals
MDR	Maternal Death Review
MMR	Maternal Mortality Ratio
MSS	Midwives' Service Scheme
NDHS	Nigeria Demographic and Health Survey
NPHCDA	National Primary Health Care Development Agency
NPopC	National Population Commission
NURHI	Nigerian Urban Reproductive Health Initiative
SFH	Society for Family Health
SOGON	Society of Gynecology and Obstetrics in Nigeria
UN	United Nations
WARD C	Women Advocates Research and Documentation Centre
WHARC	Women's Health Action Research Centre

I. Synopsis

Accountability for maternal health received global attention when it was realized that, of the eight Millennium Development Goals (MDG), goals four (reduce child mortality) and five (improve maternal health) are not likely to be actualized in 2015, the set date for reaching the goals.

Consequently, the United Nations (UN), in an effort to accelerate progress, launched in 2010 the Global Strategy for Women's and Children's Health with the main goal of saving 16 million lives in the world's 49 poorest countries. This strategy especially recognizes the importance of political will and commitment of resources towards the achievement of results.

Nigeria is considered one of the countries whose achievement of MDG five by 2015 is unlikely. It has made some political commitments and begun initiatives targeted at women and children in order to accelerate the achievement of MDGs four and five. Although these had contributed to the decline in maternal mortality ratio (MMR), and infant/under five mortality ratios, the pace of future declines is uncertain.

Since the advent of the accountability focus for maternal and child health, the government has made further pronouncements—such as saving one million lives by 2015; increasing health budgets, including those for maternal health and family planning services and commodities; improving media and Civil Society Organization (CSO) participation in the process and tracking the resources it commits to women's and children's health.

The MacArthur Foundation, as part of its continuous effort to assist Nigeria in saving the lives of women, organized this meeting to strengthen the capacity of selected CSOs to individually and collectively apply different approaches to address maternal health accountability.

The meeting was facilitated by Judith Helzner of the MacArthur Foundation and Chinwe Onumonu. A total of 15 participants from eight non-governmental organizations (NGOs), and the National Primary Health Care Development Agency (NPHCDA) participated in the meeting. The meeting process took participants through identifying the main accountability issues relating to government and professional practices in Nigeria, concepts of accountability and global accountability instruments, and some approaches to maternal health accountability focusing on the work of the MacArthur Foundation (using examples from work in India and Mexico). Also discussed were local approaches to maternal health accountability in Nigeria. Individual organizations developed concept papers to address maternal health accountability which were discussed with the MacArthur team.

II. Context:

For the past three decades the movement for global development has gained momentum, especially for women and children, giving rise to many United Nations (UN) global conventions/conferences and treaties that many sovereign countries, including developing nations, have acceded to.

Building on these global conferences, in 2000 the UN member states agreed to eight Millennium Development Goals (MDGs), ranging from the elimination of poverty to the promotion of sustainable development. Goals four and five address childhood and maternal mortality respectively. The need to accelerate progress resulted in the 2010 launch of the Global Strategy for Women's and Children's Health.

This strategy especially recognizes the importance of political will and the commitment of resources. Subsequently, an accountability framework constituting three interconnected processes – monitor, review, and act – and aimed at learning and continuous improvement was designed and developed to operationalize the strategy.

There are political and program initiatives that Nigeria has embarked upon to reduce maternal mortality: it ploughed the debt relief from the Paris Club to achieving the MDGs, set up the Presidential Committee on the Assessment and Monitoring of the MDGs, established the Office of the Senior Special Assistant to the President on MDGs, and implemented an Integrated Maternal, Newborn and Child Health (IMNCH) Strategy and the Midwives' Service Scheme (MSS). Other efforts include specific state initiatives such as free maternity services for pregnant women in public sector facilities, the introduction of free family planning services in all government hospitals, and commitment of funds towards family planning commodity security. Yet Nigeria still faces an uphill task in the attainment of the Goals.

In 2012, as a response to the UN strategy, Nigeria further committed to saving one million lives by 2015 through increasing the health budget, including the maternal health and family planning budgets, as well as improving CSO and media participation in the process and in budget tracking.

This meeting was organized with the aim of helping participants to critically review the problems associated with government and professional practices that could mar the county's attainment of these goals despite the various commitments made and resources allocated to these issues, and to chart a way forward for how the organizations could individually and collectively apply different approaches to address maternal health accountability in the country.

III. Objectives:

- Ensure a common understanding among meeting participants of the overview of accountability approaches possible for improving maternal health at global, regional, and national levels.
- Share information about the type of goals that are currently, or could be, subject to monitoring through accountability activities.
- Promote a division of labor among actors that reflects each one's own comparative advantage, and that also takes advantage of geographic and substantive synergies in the work to be carried out.
- Promote ongoing sharing of information and strategies in the future.

IV. Participants:

Participants were from a variety of NGOs as well as the National Primary Health Care Development Agency (NPHCDA). The NGOs included:

- Civil Society Legislative Advocacy Centre (CISLAC)
- Development Communications Network (DEVCOMS)
- Women Advocacy Research and Documentation Centre (WARDC)
- Community Health and Research Initiative (CHRI)
- Plan International USA/Centre for Development and Population Activities (CEDPA) Nigeria
- Society of Gynaecology and Obstetrics of Nigeria (SOGON)
- Women's Health Action Research Centre (WHARC)
- Advocacy Nigeria

The United Kingdom's Department for International Development-funded "Evidence for Action" (E4A) also participated.

V. Deliberations/Highlights: The meeting was structured into six sessions which guided the deliberations.

Session 1: The Issue

A brainstorming on the main "issue" that needs to be addressed kicked off the deliberations: Why are we here? What do we want to change? We are not looking at the technical/clinical aspects of improving maternal health; rather, we want to address problems of meeting government commitments and professional standards. Responses were mainly the lack of an all-encompassing national health policy, corruption of government officials, lack of political will, disconnect of political class from the people, and poor government prioritization of needs, planning, coordination, and implementation and monitoring of projects. Others are

systemic issues such as the way the resources are allocated by three tiers of government, and the non-effective use of data for decision making and program design and planning.

The Inspiration and Commitments to Accountability at Global and Continental Levels: Aminu Magashi of CHRI offered a presentation that defined accountability and described some international accountability instruments to ensure a common understanding among participants of the genesis of accountability for maternal health. The 2010 UN Secretary General's Strategy on Women and Children was presented. This seeks to save 16 million lives in the world's 49 poorest countries. Its emergence led to the work of two commissions – the Commission on Information and Accountability (CoIA) and the Commission on Life-Saving Commodities for Women and Children. CoIA developed an accountability framework that interfaces between national and global levels constituting three interconnected processes—monitor, review, and act—and aimed at learning and continuous improvement. The Commission on Life-Saving Commodities for Women and Children called for increased access to and appropriate use of essential medicines, medical devices, and health supplies that effectively address leading avoidable causes of death during pregnancy, childbirth, and childhood.

Also highlighted was a global movement toward accountability at a different level—the Community of Practitioners on Accountability for Social Action in Health (COPASAH; www.copasah.net)—a bottom-up approach to maternal health accountability. Participants were encouraged to join the movement by signing on to the network.

Session 2: MacArthur-Supported Activities on Accountability in Maternal Health

a. Lessons from Mexico and India

The context set, Judith Helzner presented examples of approaches for improving maternal health by the MacArthur Foundation's grantees in India and Mexico.

Monitoring Government Expenditures/Budget Analysis: This involves monitoring of government-approved budgets for maternal health and checking them against actual expenditures. Fundar, a group in Mexico, monitors the government's budget and analyzes it to determine the gaps in government budget allocations and actual expenditures. Findings are used to inform the interventions that would be put in place to get increases in the budget approved. Budget analysis generated by Fundar is used by other organizations to bring the information to the attention of the press and legislative committees at different levels.

Helzner cited examples including: CSO collaboration with indigenous women groups as a typical example of accountability initiatives, and applying the federal access to information law to get information on what is supposed to be sent to the communities. The women would use the information and go to the clinics to ascertain if the items in the budget were actually provided.

Legal Approaches: Socio Legal Information Centre (SLIC) in India uses public interest litigation to bring cases to high courts. For example, SLIC took up a legal action in the case of a homeless woman living on the streets in Mumbai who gave birth and died of hemorrhage without any medical attention, although she was living close to a hospital. This resulted in a court ruling that birthing centres must be provided for homeless women.

Work with Legislators: The White Ribbon Alliance (WRA) of India invites state legislators to visit health facilities in their districts using a checklist. These elected representatives, who might never have gone to such facilities otherwise, see them firsthand and witness the need for improvement in the quality of services provided there. These visits can result in the legislators using their positions to allocate more funds or staff.

*Work with Journalists***:** In Mexico, Communicación e Información de la Mujer **(**CIMAC) trains journalists who are limited in their knowledge of maternal health issues, including quality and accountability issues. CIMAC collaborates with CSOs that work on maternal health issues to conduct the trainings. This equips the journalists to be able to propose and implement stories in newspapers, magazines, radio, and television that will raise public awareness of the issues facing women.

Work with Community Members (Citizens' Voice, Social Accountability): The Indian government's National Rural Health Mission encourages the use of community-based models to ensure maternal health accountability. The Centre for Health and Social Justice is leading such an effort, with a special focus on men.

Monitoring the Quality and Cost of Care: Mexico, through the Federal Ministry of Health, is carrying out maternal death reviews/audits. Among the lessons learned is that high-level hospitals are often overburdened with routine deliveries that could have been carried out at lower levels of the health system.

April 2012 Meeting on Accountability: Ms. Helzner also noted the convening organized in Oaxaca, Mexico, in 2012 for selected groups from India, Nigeria, and Mexico.

b. Reports on Study Tours

India Study Tour: Hajiya Bilkisu Yusuf of Advocacy Nigeria and Hajiya Binta Ismail from NPHCDA described the experience of a team of Nigerians who visited India in November 2012. The group was comprised of representatives from Advocacy Nigeria, FMoH, CISLAC, NPHCDA, and a journalist; their main purpose was studying India's approaches for maternal health accountability.

Some of the notable approaches identified include community-based monitoring of programs aimed at reducing maternal mortality, applying public health and rights-based information and skills to engage the legislature to increase funding for maternal health, tracking

budgetary allocation for maternal health at all stages, and having communities use scorecards and hotlines to encourage government to fulfill its commitments.

The team recommends that community-based monitoring be integrated into the MSS and the functions of the Ward Development Committee. Also CSOs should be involved in governance and dissemination of all MCH schemes, interventions, and other health services provided at the state, local government, and community levels.

Mexico Study Tour: Akin Jimoh of DEVCOMS visited 10 CSOs in Mexico City to better understand their communications needs and strategies. His report highlighted that strong collaboration exists between journalists and the CSOs, and that the CSOs use the government's freedom of information platform effectively. Recommendations made for Nigeria include initiating media and CSO institutional partnership through CSOs working with media institutions. One example was presented of an HIV program that brought media houses together in a meeting to discuss modalities for partnership before program conceptualization and design. This approach will encourage the documentation of the many unreported voices in our communities through the use of social media—Twitter, Facebook, etc. Also recommended was the use of interdisciplinary initiatives to promote organizations working with other organizations as opposed to working in "silos."

Session 3: National Activities

The deliberation continued with a focus on Nigeria and was divided into two parts. Part one addressed information sharing about ongoing activities in Nigeria, while part two addressed sharing information about geography and substantive priorities.

Part 1: Sharing information about ongoing national activities:

Each organization made a five-minute presentation on their current work in maternal health accountability in the country, and also added the work of other organizations they are aware of but were not participating in the meeting. A brief summary of the presentations are below:

Policy: Women Advocates Research and Documentation Centre **(**WARD C) works to influence health policy. In its work, for example, it petitioned the Lagos state government against the policy of compulsory blood donation for the spouses of pregnant women. It also developed a policy brief which was submitted to the state legislatures on strengthening maternal health in Lagos.

Advocacy: Advocacy Nigeria partners with different CSOs and NGOs such as the Nigerian Urban Reproductive Health Initiative (NURHI), Society for Family Health (SFH) and National Population Commission (NPopC), to improve maternal health using the Resources for Awareness of Population Impact on Development (RAPID) computer simulation program. It partners with CISLAC to engage with legislators to improve the maternal health

situation in Nigeria, and with CHRI to advocate for the governments and legislatures of the Kano, Sokoto, and Bauchi states to improve their maternal health budgets.

Evidence for Action (E4A) is galvanizing the links between evidence, advocacy, and accountability to catalyze change. Evidence involves the use of score cards in facilities to ensure that every woman has oxytocin and magnesium sulphate.

Maternal Death Reviews: Two groups are involved - NPHCDA and FMoH-SOGON. These are coordinated to promote accountability.

In respect to E4A's advocacy component, the MDR report, Mama Ye Campaign, and media engagement have been launched and will be sustained by organizing regular town hall meetings. E4A has established accountability structures in the states, including the Accountability Mechanism for Maternal & Newborn Health in Kano State, an arrangement of government, CSOs, professional bodies, and media. Here, too, E4A uses score cards to ensure that the promised resources are present.

Work with Legislators and Journalists: WARD C submitted a shadow universal periodic review (UPR) report to Lagos State on maternal health in Nigeria in March 2013.

Legal approaches: WARD C identifies individual precedent-setting cases with which to use strategic litigation as a means of addressing high MMR, and seeks accountability on government's failure to respect, protect, and fulfill the rights of pregnant women. In conjunction with the Socio-Economic Right Accountability Project (SERAP), WARD C has filed a suit asking for information on government spending on the reduction of material mortality.

CISLAC contributed to the passage of the following laws: the Nigeria Extractive Industry Transparency Initiative (NEITI), the Public Procurement Act, and the Fiscal Responsibility and Freedom of Information Acts. It is positioned to engage maternal health accountability.

Budget Tracking to Monitor Government Spending: CHRI does budget tracking at the state level in the Kano, Sokoto, and Bauchi states of Nigeria. Budget tracking analysis is used for advocacy to improve free maternal and child health policy and programmes and the MSS. USAID supported Targeted States High Impact (TSHIP) projects in Sokoto and Bauchi and has set up a budget tracking and accountability network. Other actors here include ActionAid's Right to Health, Right to Just and Democratic Governance, Right to Education, Right to Food, and Right to Human Security in Conflict and Emergencies programs. Their work seeks to hold governments and corporations accountable to their commitments, while the Society for Family Health is specifically doing family planning commodity tracking.

Social Accountability: CHRI works with communities to mobilize resources to take care of poor women and support the establishment of Ward Development Committee Chairmen

Forums and Accountability in Maternal Health in Nigeria (AMHIN), a loose coalition of CSOs in Nigeria. CHRI also supports the use of scorecards for Integrated Supportive Supervision (ISS).

Maternal Death Review (MDR): SOGON focuses on institutionalizing MDR in the country and the development of national guidelines, protocols, and tools for these reviews. These have been developed and submitted to the honorable minister for health requesting his assent to entrench MDR into the health system. With support from the International Federation of Gynecology and Obstetrics (FIGO), SOGON is piloting MDR in some selected facilities in Gombe State and the Federal Capital Territory (FCT). Work in progress includes designing training curriculum, training trainers, and setting up MDR facility committees. NPHCDA conducted MDR in 13 states and recorded 282 maternal deaths in the northwest and northeast over 6 months.

Monitor Quality and Cost of Care: NPHCDA is addressing the gap in the availability of skilled birth attendants through its MSS initiative and has created Community Development Committees around 1000 facilities under the scheme. Committee members are trained on their roles and responsibilities regarding accountability for maternal health. NPHCDA also designed a facility notification form, MDR facility/community tools, and State MDR teams.

CEDPA facilitated a consensus-building human resources workshop for health where a communique issued defined "skilled birth attendant" and set up an emergency transport system for transporting pregnant women in labor to a facility. It is also assisting the TSHIP project to distribute misoprostol.

Part 2: Focused on sharing information about geography and substantive priorities

Mapping Exercises:

A "literal" mapping of who is doing what and where was conducted with the objectives of locating positive overlap/synergy/coordination, wasteful duplication, and service gaps that need to be filled. The process involved organizations indicating what they are doing and where they are currently active, or plan to be active, by using colored dots and sticky notes on a map of Nigeria.

Session 4: Development/Fine-Tuning of Concept Notes

This session centered on assisting organizations to advance work on their concept papers. To do this, it was necessary to clarify the difference between objectives and activities. While objectives were said to always seek achieving a meaningful change—improving, increasing, strengthening—activities are the means of actualizing the objective.

The samples attached as Annex 3 were displayed and organizations were encouraged to use them or develop their own. They were encouraged to consult with other groups in the room about possible collaboration, and to plan and budget for specific components of joint work.

Participants were given time to work on their organizations' concept papers reflecting the work they intend to do to address maternal health accountability to be presented in plenary.

Session 5: Initial Presentation of Concept Notes

Each group shared their initial ideas with the plenary. Organizations received feedback from peers and facilitators to use in improving their proposals.

VI. Session 6: Future Coordinated Work/Next Steps

Participants had the benefit of becoming acquainted with a wide range of approaches to accountability for maternal health, while noting that there is no "right" way to promote greater accountability. Rather, partners must strive to communicate and collaborate in their actions, working to create synergies and avoid duplication, which can result in wastage and gaps.

The conference also provided participants with the opportunity to share their experiences with other partners and learn what others are doing—where, when, and how.

It was interesting to discover that this conference was the first time that some partners, working in the same state and doing similar work, met. Partners therefore identified the key practices that would promote synergy, save resources, and ensure a wider reach while avoiding gaps and wasteful duplications. This will increase credibility of individual and collective partners. Notable amongst these key practices were partnership, collaboration, teamwork, information sharing, and networking. Participants tried as much as possible to apply these new practices in the development of their concept papers.

Organizations are to apply these key practices in the development of their work. Concept papers were discussed with the MacArthur Foundation staff the following day at agreed times for each organization.

ANNEXES

Annex 1: Meeting Agenda

Accountability in Maternal Health in Nigeria

Day 1, April 3, 2013

9:30 a.m. - Welcome and Introductions

9:40 a.m. - Session 1: The Issue

(a) 9:40–10:10 - Why are we here? What do we want to change? What is the problem associated with government and professional performances that we want to address?
(b) 10:10–10:40 - Where is the inspiration? Where are the commitments to accountability at global and continental levels? Ten minute presentation by Aminu Magashi and discussion.

10:40 a.m. - Session 2: MacArthur-Supported Activities on Accountability in Maternal Health

(a) Accountability work in India and Mexico and Oaxaca Meeting: Judith Helzner
(b) Nigeria-India study tour: Hajiya Bilkisu Yusuf of Advocacy Nigeria and Hajiya Binta Ismail of NPHCDA
(c) Nigeria-Mexico study tour: Akin Jimoh

11:30 a.m. - Session 3: National Activities/Mapping Exercises

Part 1: Sharing information about ongoing national activities

(a) Evidence for Action: Dr. Tunde Segun
(b) National Primary Health Care Development Agency: Dr. Abdullahi
(c) SOGON journey so far: Dr. Achem Fred Faruna
(d) Civil Society Legislative Action Center: Auwalu Musa
(e) Women Advocates, Documentation and Research Center: Abiola Akiode-Abiola
(f) Community Health Research Initiative: Aminu Magashi

Discussion and updates on other activities: from all participants

Part 2: Sharing information about geography and substantive priorities – *Literal "mapping" of who is working nationally and in what states*

12:55 p.m. - Instructions for post-lunch exercise

1:00 p.m. - Lunch

2:00 p.m. - Session 4: Development of Concept Notes
(Each organization will work on a revised concept note, consulting with other groups in the room about collaboration as needed)

3:30 p.m. - Session 5: Initial Presentations of Concept Notes

4:30 p.m. - Session 6: Future Coordinated Work/Next Steps/Closure

(a) What else is needed to complement/strengthen NGO's social accountability efforts in Nigeria?
(b) How can we build an effective country-level intervention for advancing social accountability in maternal health? (Linkage among different efforts) – Translating seminar into concrete proposals.

Day 2, April 4, 2013

Individual organization meetings with MacArthur staff

Annex 2: **List of Participating Organizations and Their Representatives**

SN	Organizations	Participants
1	Advocacy Nigeria	• Bilkisu Yusuf • Aliyu Aminu Ahmed
2	Centre for Development and Population Activities	• Offiong Enang • Gabriele Yafeyi
3	Community Health and Research Initiative	• Aminu Magashi Garba
4	Civil Society Legislative Advocacy Centre	• Auwal Musa • Chioma Kanu
5	Development Communications Network	• Akin Jimoh
6	Evidence for Action	• Tunde Segun
7	National Primary Health Care Development Agency	• Mohammed Abdullahi • Binta Ismail
8	Society of Gynecology and Obstetrics in Nigeria	• Fred Achem • Olusegun M. Adeoye • Chris Agboghoroma
9	Women Advocates Research and Documentation Centre	• Abiola Akinyele
10	Women's Health Action Research Centre	• Wilson Imongan

Annex 3: Sample Objectives and Activities:

- **Objective**: Improve compliance with quality of care standards
  - **Activity:** Scorecards, maternal death reviews, community supply monitoring

- **Objective:** Increase policymakers' knowledge and action on maternal health
  - **Activity:** Educate legislators through XYZ

- **Objective:** Increase grassroots/community capacity and action on maternal health
  - **Activity:** Training; organize committees

- **Objective:** Strengthen legal human rights approaches to work on maternal health
  - **Activity:** Case studies; strategic litigation

- **Objective:** Increase transparency about amount and/or effectiveness of funds allocated, released and used for maternal health
  - **Activity:** Budget monitoring/analysis

- **Objective:** Increase quality and frequency of media coverage on maternal health (decrease the disconnect between journalists, and groups working on maternal health)
  - **Activity:** Engage journalists in maternal health to educate them on the topic

- **Objective:** Strengthen communications and collaboration among groups working on maternal health accountability
  - **Activity:** Plan and budget for staff time, trips to periodic coordination meetings, or other expenses involved in joint planning or sharing of results