Catalyzing for Improved Accountability for Maternal Health in Nigeria (C4A)

2nd Annual Project Programmatic Report (January – December 2014)
MacArthur Foundation, Nigeria

By
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Project Director (28th February 2014)
**Acronyms:**

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<td>Aminu Kano Teaching Hospital</td>
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**Project Title:**
Catalyzing for Improved Accountability for Maternal Health in Nigeria

**Project Overall Goal:**
Improve government responsiveness at national and state levels in addressing maternal health problems through increased MSS funds allocation, availability of essential drugs and human resources and fulfilment of international agreed commitments and obligations

**Project Objectives:**

1. Improve maternal health services in Primary Health Care Facilities (essential drugs, human resource)

2. Increase effectiveness of Maternal Health Funds allocation, release and expenditure

3. Advocacy platform to hold states and federal government accountable for agreed international commitments and obligations related to Maternal Health
**Project Activities covering January – December 2014 by Objectives.**

**Objective 1; Improve maternal health services in Primary Health Care Facilities (essential drugs, human resource)**

**Training for Kano State level Maternal Death Review (MDR) Committee**

From January 3rd – 6th 2014 a technical training was conducted to the State MDR committee at Al-Ihsan Metro Hotel with 25 Participants in attendance. The training set up to achieved the following objectives by participants;

- To acquire knowledge and understanding of Maternal Death Review
- Understanding development of Maternal Death Review concept
- Understanding flow and analysis of MDR data
- Understanding buy-in to monitoring, supervision and support of MDR process
- Understanding the role of MDR steering committee

**Some of the issues discussed during the training were:**

**Background of Nigeria Maternal Health: Indicators & Statistics**

- Lifetime risk of maternal death in Nigeria: 1:2.3.0
- Pregnant women receiving prenatal care (%) in Nigeria: 57.7
- Birth attendance by skilled health staff (% of total) in Nigeria: 38.9
- Maternal mortality ratio (modeled estimated; per 100,000 live births) in Nigeria: 545.0
- Adolescent fertility rate(birth per 1:000 women aged 15-19) in Nigeria: 116.9
- Contraceptive prevalence (% of women ages 15-49) in Nigeria: 14.6
- Total fertility rate birth per woman in Nigeria: 5.6
- Teenage mothers (% of women 15-49 who have had children or are currently pregnant in Nigeria: 22.9
- Unmet need for contraception (% of married women ages 15-49) in Nigeria: 20.9

**Some of the participants in attendance were:**

- Professor Oladipo Shitu (Ahmad Bello Teaching Hospital Zaria)
- Dauda Sule Kanawa (DPRS MoH)
- Dr Mansur Nagoda (CMD Murtala)
- Dr Salisu Shehu (PHIRU)
- Dr Aminu Magashi (R.C E4A)
- Dr Musa M. Bello (AKTH Kano)
- Mariya Nasir (Z.O NPHCDA)

**Data Analysis and Development of Scorecard for Integrated Supportive Supervision in Bauchi**

In order to continue with the good work of accountability in maternal health. On the 19th January 2014 CHR organized a meeting to finalize data analysis and developed a scorecard of the
concluded ISS exercise conducted in 29 PHCs in Bauchi State in November 2013. The meeting was facilitated by Executive Director (Muhammad I. Shu’aib) Secretary Board of Trustee (Dr Aminu Magashi Garba) Member Board of Trustee (Dr Musa Bello) Admin and Human Resource Manager (Abigail Ogah) ISS Consultant (Ahmad Abdulkadir) Surveillance Officer State Primary health Care Development Agency (Mr Ghandi)

**The meeting was aimed at achieving the following:**

- Overview of the 50 MNCH indicators from the ISS findings
- Group work and plenary on scoring, presentation and adoption of indicators in a scorecard visualize format
- Introduction to Bauchi MNCH scorecard
- Finalized the draft copy of ISS scorecard. (*The scorecard is uploaded in the Macgrants site*)

**Validation Meeting on Bauchi ISS Scorecard**

Follow up to the data analysis of the findings and development of scorecard, a validation meeting was organized by CHR at the conference hall of Bauchi State Primary Health Care Development Agency on the 6th February, 2014. The 8 thematic areas and the developed scorecard were projected and presented with key MNCH indicators.

**Some people in attendance were:**

- Abdulhamid Muhammad Director Finance and Admin Ag Permanent Secretary
- Ezekiel Daniel Deputy Director Primary Health Care
- Garba Ilu Health Management Information System Officer
- Muhammad Shehu Director Planning Research and Statistics
- Hajiya Yaya Tijjani Director Diseases Control
- Gandi Yiga Surveillance officer
- Muhammad I. Shu’aib CHR Executive Director
- Ahmad Abdulkadir CHR ISS Consultant

**ISS Planning Meeting in Sokoto State**

CHR Nigeria in collaboration with State Primary Health Care Development Agency held the above named meeting at agency’s conference hall on 13th February 2014 in order to poster ownership and sustainability in improving quality of care in the State.

The meeting was aimed at;

- Prepare for the conduct of ISS and share experiences on the previous ISS activities conducted
- To establish the role and commitment of all stakeholders for the exercise

At the end of the meeting partners including CHR SPHCDA and Tship have agreed to work together for the successful conduct this round.
Meeting on ISS findings from Quarter 1 and 2 in Jigawa State

On 17th March 2014 CHR Nigeria as one of the key players in supporting Integrated Supportive Supervision work in Jigawa, had fully participated in the review meeting on subject above, it was held at Gundiam Health System Board Conference Hall with aimed to debrief the ISS team on the conduct of ISS

Plenary discussion was made on findings and issues were identified with suggested next steps as follows;

- Reenforced transport arrangement for 2 way referral
- Provide HIV test kits to the facilities through partnering with SACA/JIMSO
- Provide food demonstration corners in some PHCs
- Setting of Target to determining staff promotion and other benefits/incentives.
- Reactivate Quality Assurance team
- Provide running cost to facilities
- Reinforce feedback to PHCs from Hospital

Some people in attendance were:

- Dr. Abubakar Tafida, Commissioner of health
- Pharm. Usman Tahir, DG Gunduma
- Inuwa Tahir, PS MOH
- Salele Abdul, ISS Consultant
- Adamu Abubakar, HMIS Desk Officer
- Mr Akuso Yahaya, NPHCDA
- Dr. Magaji Mahmud, DHS GHSB
- Yunusa Hamza, CHR Focal Person

The scorecard is uploaded in Macgrants site

ISS Exercise in Sokoto State

CHR Nigeria in collaboration with State PHCDA and Tship had supported the conducts of ISS data collection in 60 PHCs which were randomly selected from the 3 senatorial district across the State. The participants were grouped into two which made up to 6 teams, where each team visited 10 health facilities. The exercise took place from 25th -28th March 2014, with the purpose of documenting health facility performance as regard to healthcare delivery and provide some on the job support/training to service providers.

On returned from the field CHR also supported the data entry by hiring a consultant and development of a scorecard that would be used to improve planning by the policy makers in the State.

A validation meeting took place on 29th of April 2014 at the agency conference hall, for the purpose to;

- Share the result with the stakeholders for ownership and to make necessary input
• Prepare for the statewide dissemination of the ISS findings to key stakeholders in the State

The scorecard is uploaded in Macgrants site

**Kano State MDR Training for Facility Based Staff**

From 12th - 13th and 26th-27th April 2014 CHR in collaboration with Evidence for Action project have supported the training of facility staff across the State on MDR process, the training was slated in 3 batches which took place at Zaria where 3 persons (Medical Doctor, Midwife and Record Officer) as targeted from each of the 32 facilities conducting maternity services in the State making 96 were trained.

**Some of the key issues taught in the training were as follows:**

- Knowledge of the magnitude & burden of maternal mortality & morbidity.
- Knowledge & understanding of MDR
- Understanding of deployment of MDR concept to State health systems
- Understanding of generation flow and analysis of MDR data
- Understanding and buy-in into monitoring, supervision and support for MDR process
- Understanding of roles & functions of MDR Committee
- Supportive and participatory attitude and commit to it
- Commencement of Facility MDR establishment process
- Competency at planning, implementing and reporting effective MDR facility activities.

At the end of the training participants were asked to developed a 3 month work plan and also urged to adhere to the process of effective monitoring and recording of MDR process in their respective facilities

**ISS Dissemination Meeting in Sokoto State**

On 27TH July, 2014 CHR had organized and facilitated a dissemination meeting on the last quarter (3rd) ISS after the development of a scorecard and validation held with the government and partners, this has become paramount so as decision makers could take quick action and make positive changes

**Some key recommendations were as follows;**

1. Government should ensure availability of essential social amenities such portable water supply, Healthcare waste disposal services and regular power supply to all the health facilities
2. Provision of adequate number of health personnel in all the PHC facilities and ensure compliance with professional ethics
3. Ministry for Local Government and State PHCDA should establish and strengthen Drug Revolving Fund (DRF) system at all PHC facilities to ensure regular availability of emergency lifesaving drugs like Magnesium sulphate, Misoprostol, oxytocin/ergometrine and other essential drugs
August 2014

Review of MDR Facility Based Monitoring Process for Jigawa State

From 17th – 18th August 2014 CHR Nigeria in collaboration with E4A have organized a follow up meeting with the trained facility staff on MDR held at Ni’ima Guest Place Kano. Some key objectives of the meeting were;

- To update participants on the MDR process
- To review data generated by facility MDR committees
- To Discuss and resolve challenges associated with MDR process for different facilities in Jigawa State.
- To develop action plan and next step

Challenges were identified and participants encouraged to implement recommendations as follows;

- Open MDR files in their respective facilities and data should be updated base on format of the form provided.
- Capture every data around the MDR that will enable the record to be tangible and genuine.
- Find out why in some facilities women are not attending regular ANC and they can be follow up with outreach ANC services.
- The CHEWS and Nurses should be train on MDR.
- Allocation of Free Air time for presentation of MDR data of Jigawa State in Freedom Radio Jigawa.
- The developed work plans of facilities should put into action immediately.

Integrated Supportive Supervision (ISS) Planning Meetings and Data Collection in Sokoto, Bauchi and Niger States

On the 2nd December 2014 CHR has participated in the planning meeting for 4th quarter ISS work plan in Sokoto at the State Primary Health Care Development Agency Conference Hall where key issues were discussed on planning the next round and agreed on logistical and technical support from partners. Like SPHCDA, CHR, Tship.

In the state between 17th and 23rd December 2014 CHR in collaboration with SPHCDA have supported the conduct of ISS data collection from ninety (90) Primary Health Care selected from the 3 senatorial districts across the State in order to keep to consistent use of evidence based information for effective advocacy to ensure better planning and improvement of quality of care.

On the 18th December 2014 CHR supported and participates in the planning meeting of another round of ISS work in Bauchi State, the meeting held at the conference hall of Ministry of Health to harmonize Integrated Supportive Supervision (ISS) tool that can be used by all partners.

Some of the key issues deliberated on were:
• Presentation was made by Dr Ahmed Abdulkadir (CHR consultant) on harmonized ISS tool
• Number and locations of health facilities for the conduct of ISS determined as 4 primary health facilities per LGA and 23 general hospitals of the state.
• 35 supervisors submitted by health ministry and agencies were reviewed and agreed as well as identified 3 data entry clerks who were from the SMOH and agencies.
• Date of orientation training to the data entry clerk, others such as consultants that may be provided by the WHO, etc determined as 8th January 2015 and 12th to 23rd January 2015 agreed as the ISS field work dates.

And the participating organizations/partners includes; State Ministry of health, BaSPHCDA, CHAI, SFH, EOC, WHO, CHR, E4A, HMB, BACATMA, DMMA, RTI/LEAD and FOMWAN.

Another Planning meeting/training with the Niger Team took place 29th and 30th December 2014 at the conference hall of CHR National Office at Abuja, with the following objectives:

• To meet with key relevant stake holders on ISS from Niger State
• To review the process of ISS work in the State, the journey so far, share ideas from different CHR project States and how to take up with new strategies needed for its success in Niger State
• Develop a programmatic work plan for the full implementation of ISS work in Niger State

Some key issues deliberated on were:

• Why ISS? what it entails and what is the relevance of doing the exercise, it has been taken in to cognizance that the conduct of ISS covers tracking of health indicators progress and challenge for better and proper planning and decision making as well as on the job capacity building
• Experience sharing from Jigawa and Sokoto ISS work; how it works and it’s scorecard component as evidence for tracking indicators to informed positive decision making
• Development of work plan that show cased training of data collectors, field work, data entry and analysis, validation meeting as well as dissemination of findings to stakeholders

The meeting was attended by 12 people 10 males and 2 females from which 7 are senior directors and staff in Niger State health sector, 3 are members of Niger CSOs trained on evidence based advocacy by CHR and also 2 members from CHR team (Secretary Board of Trustee and Executive Director)
End of Year 2014 Retreat

CHR has organized its end of year organizational retreat from 31st December 2014 and 2nd January 2015 at the Conference Hall CHR National Office located at 54 Yaounde Street Wuse Zone 6 Abuja, and the aim of the meeting was;

- To develop a programmatic work plan for 2015
- To enhance capacity of staff for better project implementation and resource mobilisation.

The meeting was attended by CHR teams from across the project states, which included attendance of 21 participants out of which 12 were males and 9 females

Focus Group Discussion (FGD) on ISS

CHR team comprises of Finance and Support Service Manager (Salisu Musa) Program Officer (Fatima Usman) and Transport and Logistic Officer (Muhammad Abdullahi) have fully participated in the Jigawa State review of FGD in ISS, the meeting took place at the Ministry of Health Conference Hall on the 14th October 2014, with aimed;

- To get feedback from Stakeholders on Jigawa State ISS activities in 10 years through FGD
- To find out Benefits/ Strength of ISS in Jigawa
- To find out Area of Challenges for possible improvement
- To share understanding on issues surrounding ISS

Some people in attendance were;
Some Issues Discussed during the Event were:

**When did ISS start in the state?**

- ISS Consultant Alhaji Salele respond to the question, that ISS started in Jigawa state by the year 2004

**Who is funding ISS in the state?**

- ISS is being funded by Development Partners, the state supported with Personnel, but in the year 2013 to 2014 Jigawa state government partly supported the ISS activities.

**Who are the partners supporting ISS in the state?**

- The Partners supporting ISS activities in the state are (1) SuNMAP (2) PATHS2 (3) CHR (4) E4A (5) PRRINN

**ISS Supports and Development of Scorecard by CHR in Jigawa State**

The CHR support to the ISS work brought a lot of informed policy programming and decision making in the State as subsequently CHR funded the consultancy service of ISS consultants in data analysis and checking for quality assurance for 2 quarters April and October, likewise 1 round of PPHRA all in 2014. Whereas data was collected collated and analyzed from the 12 secondary facilities and PHCs under 9 Gunduma Health Council across the State. With particular attention as to Comprehensive Emergency Obstetric and Neonatal (CEmONC) hospitals, Basic Emergency Obstetric and Neonatal Care (BEmONC) health facilities in nine Gunduma Council in Jigawa State.

Scorecard has been development on some key MNCH indicators which critically helps in conducting a high level advocacy to stakeholders in the State, some of the indicators are as follows;

- Maternal, Newborn and Child Health Performance
- Routine Immunization Performance
- Patients Care Performance Management
- Sustainable Drug Supply System Performance
- Financial Accounting, Equipment and Infrastructure Performance
- Internal General Management and External Linkages Performance
Jigawa State ISS scorecard for 3 rounds is updated in Macgrants site

**Objective 2; Increase effectiveness of Maternal Health Funds allocation, release and expenditure**

**Training for CSOs and Media on Budget Tracking and Advocacy**

To ensure the active involvement of key players in accountability mechanism work CHR in collaboration with E4A enhanced the capacity of the groups above in order to be well equipped with necessary skills and knowledge in advocating for more resource allocation, timely release and expenditure to maternal and child health as well as other health system.

Participants were drawn from Kano and Jigawa States, with 12 CSOs representatives, 3 Media practitioners from each state making 30 were trained at Al-Ihsan Metro Hotel Kaduna State. Form 11th - 15th March 2014.

**The objectives of the training were:**

- To have better understanding of what budget entails, budget cycle and analysis
- To enhance capacity of CSOs and media practitioners on analytical techniques
- To develop MNCH budget indicators and how they can be measured and reported
- Foster greater collaboration among CSOs and media on budget work
- To support the development of budget advocacy strategy that would build on existing advocacy plan

**Some participants in attendance were:**

- Dr Tunde Segun                          E4A
- Dr Aminu Magashi Garba                 E4A
- Mr Morooph Babaranti                   E4A
- Bilkisu Ado Zango                      E4A
- Abdullahi Dawanu                       Abubakar Rimi Television
- Hauwa Zaharaddeen                      Radio Kano
- Ashiru Kachako                         Freedom Radio Jigawa
- Cece Fadope                            Hala Nigeria
- Muhammad I. Shu’aib                   CHR Executive Director

**Some Contents Delivered During the Sessions Were:**

- Knowing the context of the global, regional health initiatives and related National commitments
- Situational analysis; experience sharing from evidence gathering and CSOs and Media MNCH budget experience and knowledge in both Kano and Jigawa States
- Understanding budget cycle what it entails; presentation and brainstorming
• Issues on planning and costing; with also presentation on overview of Reproductive Maternal and Child Health trend and coverage of essential intervention in the 2 States and the discussion on how situational analysis for NDHS, National Countdown and Join Annual Review that should be liked to MNCH planning and costing

• There was an exercise on identifying issues and objectives in a group work to compare trends and coverage to State plans and determine where there is lack of alignment and brought up some advocacy issues

• Issues and problem associated with MNCH were identified from the States Strategy Health Development Plans, where the proposed interventions in addressing such issues were used by the participants and also were able to come up with some gaps and pointed out advocacy effort to address them.

Issues deliberated upon were:

- **Problem/issues:**
  - Inadequate skilled birth attendants and more concentrated health services in the urban areas

- **Intervention:**
  - To develop and institutionalize the Human Resources Policy framework
  - To improve geographical equity and access to health services
  - To ensure availability of drugs and equipment at all levels
  - To establish a system for the maintenance of equipment at all levels

- **Problem/Issue:**
  - Inadequate health care facilities

- **Intervention:**
  - Improved Strategic Planning at State level
  - To improve accountability and transparency
  - To foster collaboration with the private sector

At the end of the training both CSOs and Media outfit reached a consensus on:

- CSOs and Media were agreed to work as a team for information sharing in addressing MNCH gaps and provide means of advocacy efforts toward promoting MNCH services in the two states through tracking budget allocation, release and expenditure.
- Issues identified from the State Strategic Development Plan will be reviewed by states teams
- A Technical Working Group on MNCH was form in the two states for effective way of addressing budget tracking in MNCH

*Midterm sector strategy process in Jigawa State.*

Follow up to the recent desk review on the Mid Term Sector Strategies (MTSS) conducted by Jigawa State Ministry of Health on 16th & 17th September 2014. CHR Nigeria supported Jigawa State Ministry of Health to carry out Mid Term Sector Strategies Roll Over exercise from 24th – 26th September 2014. The meeting took place at the conference hall of the ministry, key stakeholders in attendance includes; Director Planning Research and Mobilization MoH, Director...
General Gunduma Health System Board, Director Planning Research and Statistics Gunduma, Principal School of Nursing, Account Officers, CHR Executive Director and State Focal Person among others.

**Some Key Highlights discussed in the Meeting are as follows:**

- To ensure that programmes are within the sector spending ceilings
- To ensure that logical links are established between proposed MTSS programmes, National Policy Objectives and MDG’s.
- That clear details are given and how programmes and activities will contribute to the delivery of higher level goals and targets
- Gender and Social Inclusion are specifically considered
- Different agencies and MDA’s were engaged in team exercises aimed at developing their coasted budget

At the end of the meeting it was expected that the whole articulated planning, costing and ceiling of the budget would be harmonized, while the final reviewed and updated MTSS will be submitted on or before 10th October 2014 to Ministry for Finance and Economic Planning.

**Support to Kano State Ministry of Health for the Development of 2015 Operational Plan**

From 6th – 7th December 2014 CHR had supported the ministry to conduct a review of 2014 operational plan as well as develop the 2015 plan. It took place at Al-Ihsan Metro Hotel Kaduna State. The meeting was attended by 35 participants with 32 males and 3 females, with the following objectives;

- To review State Health Sector Strategic Development Plan 2010-2015 considering the 8 thematic areas
- To review Kano State Ministry of Health 2014 Operational Plan and to conduct 2015 Operational Plan
- To constitute a working committee that would look after the implementation of the developed plan

**Some of the key issues deliberated during the meeting:**

- Overview of strategic health sector development plan
  - The State Strategic Health Development Plan 2010-2015 is a framework developed in response to the challenges persistent to the health sector at all level of service delivery.
  - The State framework (SSHDP) has eight strategic priority goal areas
  - Each of the eight strategic area is made of objectives, strategies and activities

- **The Eight Goals/Domains for State Strategic Health Sector Development Plan**
  - Leadership and Governance for Health with 4 objective and 8 strategies
  - Health Service Delivery with 5 Objectives and 11 Strategies
  - Human Resource for Health with 6 Objectives and 8 Strategies
  - Financing for Health with 4 Objectives and 6 Strategies
  - National Health Information System with 5 Objectives and 12 Strategies
- Community Participation and Ownership with 5 Objective and 6 Strategies
- Partnership for Health with 1 Objectives and 6 Strategies
- Research for Health with 4 Objective 13 Strategies

Stakeholders demonstrating their Skills during CHR’s support to Kano State MoH for the Development of Operational Plan 2015

Some people in attendance were:

- Dahiru Musa Permanent Secretary KMoH
- Mallam Hamza Director Planning Research and Statistics KMoH
- Dr Saidu Director Medical Service KMoH
- Dr Abdullahi Masokano Executive Secretary HMB
- Dr Shehu Abdullahi Executive Secretary SPHCMB
- Pharm Dahiru Magaji Managing Director DMSCA
- Dr Tijjani Habib Zonal Director SPHCMB
- Dr Aminu Magashi National Coordinator E4A
- Ahmad M. Ahmad State Coordinator E4A
- Dauda S. Kanawa Health System Consultant

Objective 3: Advocacy platform to hold states and federal government accountable for agreed international commitments and obligations related to Maternal Health

Advocacy Visit to Niger State

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Advocacy visit was paid to key Niger State officials to catalyze action in improving accountability in maternal health which lasted between 4th and 5th February 2014. The visit was led by CHR Executive Director accompanied by Program Officer.

**Stakeholders met were:**

- Dr. Dangana Musa Sadad (Zonal director)  NPHCDA
- Kabiru Elayo  NHRC
- Joiner Garner (State team leader)  SAVI PROJECT
- Nma Idris (State Programme Officer)  SAVI
- Other Directors from  NPHCDA

**Some of the issues debated were:**

- CHR has scaled up its operation to Niger State where it will work with stakeholders to stimulate collective response in the state to address the need for improved quality of health care services for women and children. Through advocacy, accountability, mobilization, research, information sharing and training.
- CHR presence in Niger State is to catalyze and improve Government responsiveness at Local, State and National level in addressing maternal health problems through increased availability of essential drugs and human resources and fulfillment of agreed commitments such as MSS funding.
- Support ISS and scorecard development to conduct advocacy and promote planning and decision making in Niger State health system through quarterly meetings with stakeholders, State review, annual meeting and Seminar.

**Monitoring and Evaluation Workshop**

From 10th-14th February 2014 CHR was represented in this workshop by Secretary Board of Trustee (Dr Aminu Magashi) and M&E Officer (Farouk Umar). The training was organized by The MacArthur Foundation and facilitated by Encompass team at Gombe Jewel Hotel Abuja. This was to enhance the skills and knowledge of members of portfolio organizations in line with monitoring and evaluation standard.

**Below are some specific objectives achieved?**

- ✓ The MacArthur foundation and grantees work collaboratively to develop the evaluation framework, key evaluation questions, measures, methodologies and sampling strategy. This collaborative design process will ensure that the evaluation is useful and relevant to all parties.
- ✓ The M&E workshop will provide hands-on technical assistance and coaching for participants to develop grant-specific M&E plans that are linked to the overall portfolio.
In attendance were:

- Jonathan Jones
- Lyn Messner
- Ejiro Joyce Otive-Igbuzor
- Atinuke Olufolake Odukoya

Some key issue highlighted during the session were as follow:

- Developing shared vision for portfolio
- Mapping Grantee Work
- Developing a Theory of Change
- Indicators of success

Identifying key informants:

- Sphere of control: that is strategies and activities (action)
- Sphere of influence: that is change in behaviors and action by stakeholders, changes in relationships between stakeholders (outcomes)
- Sphere of interest: The changes hope to be seen and achieve

**Performance Management Training for CHR Staff**

CHR has organized and supported the training and facilitated by Mr. Adegbite, John and Mr. Francis Adewale from Management Strategies for Africa (MSA) Nigeria in order to improve the capacity of CHR’s staff to be able to appraise the strengths and challenges of the organization, the team comprised of Secretary Board of Trustee (Dr Aminu Magashi) Executive Director (Muhammad Inuwa Shu’ail) Finance and Support Service Manager (Salisu Muhd Musa) Admin and Human Resource Manager (Abigail Ogah) Transport and Logistics Officer (Muhammad Abdullahi). And it took place at Kaduna from 20th-21st February 2014

The major objective of the training was;

To build the skills of Organizational Management Team on Performance Management and Job Description Development through MSA Organizational Effectiveness Intervention

Key highlights of the training were as follow;

- Introduction to the concept of Performance Management
- Performance Management Goals
- Performance Management Tools: Performance Planning and Reviewing System/Developing Performance objective
- Performance Evaluation and Supervisor Review
- Key Elements of a Performance Management System
- 360 Degree Reviews and Supervisor Competency
**Advocacy visit to Jigawa State**

CHR Nigeria paid advocacy to Jigawa between 25th-26th February 2014 to some relevant stakeholders led by its Executive Director for the take up of project and partnership, with the aim of introducing CHR to the policy makers in the health sector and its readiness to partner with the state in the areas of accountability in maternal health, research, ISS, etc. Issues in relation to supporting ISS work including development of score cards, building capacity of CSOs and media in budget analysis and tracking, midterm sector strategy development among other things were discussed and agreed upon by both parties.

The visit cut across some important dignitaries as follows;

Dr. Abubakar Tafida (Hon Commissioner of Health) Pharm. Usman Tahir (DG Gunduma) Dr. A. M Kainuwa (DPRS RM MOH) Inuwa Tahir (PS MOH) Pharm. Ibrahim Hassan (DPRS GHSB) Adamu Abubakar (HMIS DESK OFFICER) Mr Akuso Yahaya (NPHCDA) Dr. Magaji Mahmud (DHS GHSB) Jibrin Ali Giginyu (STL SAVI) Isa Surajo (VAO Paths2)

**CHR Executive Director Discussing with Jigawa State Honorable Commissioner of Health on CHR’s Accountability in Maternal Health Work at his Office during the visit**

**Support to Jigawa State Ministry of Health in strengthening Accountability in Health Sector**

During the year 2014 World Health Day Jigawa State Ministry of Health organized a meeting in collaboration with CHR at Sir Ahmad Bello Hall Secretariat Complex on 8th March 2014 to
improve mechanisms in strengthening accountability work amongst working force to ensure effective service delivery in the sector.

**The meeting was aimed at achieving the following:**

- To celebrate the World Health day
- To commemorate with staff and partners that contributed immensely to the development of health sector in the state

**The theme of the meeting was on:**

- World Health Day and Universal Health Coverage
- Cancers among Nigerian women

**Presentations of gift were done as follows:**

- Best performing community leader for mobilization (from Roni Town)
- Best LGA on Drug Revolving Fund programme (from Burnin Kudu)
- Best primary healthcare facility (from Garki PHC)
- Best Senior health staff (from Hadejia General Hospital)
- Award of honors to past health permanent secretaries
- Award of honors to past health commissioners
- Best LGA Chairman supporting health care delivery
- Launching of Jigawa State breast cancer sensitization programme

**Some people in attendance were:**

- Alhaji Lawal Abdu Babura  Secretary to the State Government
- Alhaji Mustapha Aminu  Head of Civil Service
- Dr Abubakar Tafida  Commissioner of health
- Alhaji Salisu Sale  Commissioner for local government
- Usman Tahir Abubakar  Director General Gunduma Health System
- Alhaji Inuwa Tahir  Permanent Secretary Ministry of Health
- Dr Yamuna Aminu  Consultant Obstetrician/gynecologist

**Council on Health Meeting by Bauchi State Government**

On the 25th March 2014 CHR as one of the key stakeholders in Bauchi State health sector CHR has participated in State Council on Health for the year 2014. The event was organized at the Government house. The main focus of the meeting were to;

- To improve the management and delivery of health services and ensure a more result oriented approach in planning and funding for health reforms
- Moving the Bauchi State health sector now and beyond 2015
- To move positively towards universal health coverage

Progress speeches were made by Commissioner for health in meeting the 15% health budget against the pronounced Abuja declaration.

Provision of ambulance to 20 LGs
Sponsoring significant number of Bauchi indigenes to study health related causes in abroad.
The Governor also mentioned the State Government’s effort to upgrade general hospitals and
handed it over to Federal Government as teaching hospital.

In attendance were:

- Prof C.O Onyebuchi Chuku  Hon. Minister for Health
- Dr Isa Yuguda  His Excellency Bauchi State Governor
- Dr Sani Abubakar Malami  Commissioner for Health Bauchi State
- Dr Abubakar Tafida  Commissioner for Health Jigawa State
- Dr Nosa  Chief of Party Tship/Usaid
- Ahamad M Ahmad  Community Mobilization Specialist Tship
- Abdulaziz Manga  Permanent Secretary BACATMA
- Usman Al-rasheed  Senior Policy Advisor Tship
- Muhammad I Shu’aini  CHR Executive Director

Training on Social Media and Advocacy in MNCH

From 21st and 22nd April 2014 members of CSOs and media from Kano and Jigawa States were
selected to participate in the above named training for knowledge update and skills with 30 people
in attendance. 10 CSOs and 5 Media from each State. The training held at Nassarawa Guest Place
Kano with aimed to build their capacity on;

✓ Using social media to advocate in saving the lives women and children
✓ Building a new strategy and approach for MNCH advocacy to informed policy and
  programs
✓ Building capacity for CSOs and media on budget analysis and tracking via social media

The training was facilitated by an expert from budget IT (Mr Oluseun Onibinde) with support by
E4A communication Specialist (Mr Morooph Babaranti)

Some key elements imparted in the session;

- The power of the story and its three components
- Using social media to save lives of mothers and children
- Social media campaign
- Data analysis and visualization
- Data management model
- Data life cycle
- Using social media for advocacy
- Using data wrapper for visualization

Partners Coordination Forum in Bauchi State

CHR Nigeria Programmatic Report (Jan-Dec 2014)
In our effort and commitment to catalyze government action to improve accountability process. On 30th April 2014 CHR has supported Bauchi State Ministry of Health to hold partners coordination forum targeted at and invited 65 partners across the state.

**The main focus of the meeting was to achieve the following objectives:**

- To review the performance of the Health Sector from June 2013 to date in line with the Bauchi State Strategic Health Development Plan.
- To harmonize the activities of various Partners with the view to avoiding Duplication and waste of resources.
- To identify gaps in the collaboration between Health MDAs, and partners with the view to bridging the gaps.
- To identify the way forward towards improving the Health care delivery services.
- To strengthen collaboration between MDAs in the State Health Sector and Donor partners.

Presentation by the Honorable Commissioner Ministry of Health focused;

- The government of Bauchi State had made a provision of free maternal and child health in the State to save the lives of women and children.
- There was construction of numerous health facilities across the State.
- 400 new bed spaces were provided at specialist hospital in the State.
- The commissioner also appreciated the effort of development partners of being supporting the health sector in the State.

Partners including CHR, WHO, UNICEF, FHI360, Tship/Usaid, Usaid/Deliver, SFH, Ministry of Health and its Agencies were among others and made presentations on progress and performance achieved in improving health sector in the State.

**Some people in attendance were:**

- Dr Sani Abuabakar Malami: Hon Commissioner for Health
- Dr Abdulaziz Manga: Executive Chairman BACATMA
- Dr Mahmoud S. Liman: Executive Chairman HMB
- Dr Bako Muhammad: Director Hospital Services HMB
- Dr Zailani Isah: Perm Sec HMB
- Ahmad Yahaya: DPRS MoH
- Dr Habib Sadauki: Deputy Cheif of Party Tship
- Dr Usman Alrasheed: Senior Policy Advisor Tship
- Dr Bala Baba: SPO Fhi360

**Advocacy and Knowledge Management Training for CSOs Working on MNCH IN Kano and Jigawa States**

In its continuous support to the development of capacity and skills of the staff of organization, CHR has contracted Management Strategies for Africa MSA Abuja to train and impart knowledge.
to the key staff on the subject above as our focus to ensure accountability in maternal health in Nigeria.

The training took place at A-lihsan Metro Hotel between 2\textsuperscript{nd} - 6\textsuperscript{th} June 2014, with 15 people in attendance 9 males and 6 females from both CHR team and colleagues from partner organization Evidence for Action and Isa Wali Empowerment Initiative

The training had targeted the following objectives:
\begin{itemize}
  \item To demonstrate improved knowledge and skills in the application of knowledge management and advocacy in organizational work.
  \item To practice with a number of information and knowledge sharing tools (HMIS, Success stories)
  \item To develop and apply Knowledge Sharing Strategy and/or Framework for their organizations that will stimulate staff to become active players in knowledge processes
  \item Using ICT and social media tools to encourage sharing of knowledge and information and mobilize critical mass in support of our advocacy.
  \item Integrate knowledge management and advocacy in our program/project cycle
\end{itemize}

Some of the Topic Taught were:

\textbf{Knowledge management}
\begin{itemize}
  \item Basic Concepts of Knowledge Management
  \item Dimensions of Knowledge Management
  \item The knowledge Management Culture
  \item Strategies of Knowledge Management
  \item Information and Communication Technology in Knowledge Management
\end{itemize}

\textbf{Advocacy}
\begin{itemize}
  \item Defining and understanding advocacy
  \item Selecting issues for advocacy
  \item Audience and targets
  \item Developing advocacy strategies
  \item Developing advocacy messages
  \item Networking and alliance building
  \item Influencing the decision makers
  \item Engaging the media in advocacy campaigns
  \item Assessing organizational capacity for effective advocacy
\end{itemize}

\textit{Follow up of Advocacy on MNCH Issues in Jigawa State}

Based on our engagement and continuous support to advocacy partnership in the state, in the month of July 2014, CHR paid advocacy to influence actions in line with findings from ISS

Stakeholders contacted were;
\begin{itemize}
  \item Dr. Abubakar Tafida \hspace{1cm} Hon Commissioner of health
\end{itemize}

\textit{CHR Nigeria Programmatic Report (Jan-Dec 2014)}
Some key activities carried out within the month are as follow:

- The MNCH Advocacy Partnership conducted a town hall meeting at Kwatai Community in Birnin Kudu GHSC, on the need to be utilizing their facility as report from the survey conducted by Paths2 which shows lack of community participation, so also Advocated to the Director GHSC B/Kudu on the need to be conducting ANC and seek for an additional staff to be assisting the ailing in charge.
- The state health sector team was urged to validate the MNH Score card which was co supported developed by CHR and E4A
- Participated at the post PPRHAA Review meeting with state and Councils teams from the 9 Gunduma health council
- Conducted a mobilization/sensitization visit to Dakido in Malam Madori LGA all on the prism of the PATHS2 survey findings, so as to sensitize the community members on the need of facility delivery and service assessments.
- Held a meeting with Permanent Secretary and line Directors in the ministry on the plan to hold the round table discussions on SURE-P activities
- The MNCH Advocacy Partnership conducted a follow up visit to Kwatai Health Post to monitor level of facility patronage by the communities and how they utilized the MSS posted on outreach services
- The MNCH Advocacy Partnership Planned and conducted citizens Demands into the 2015 Budget from the 20 LGAs in the State, so thereafter met with Permanent Secretary Directorate of Budget and Economic planning and intimated him about the plans to collate the citizens demands into the 2015 Budget as call circular is in the corner then.

Evidence Based Advocacy Training for CSOs from Niger and Sokoto States

From 27th-28th August 2014 CHR has organized and coordinated an evidence based advocacy training targeting MNCH issues for members of some selected CSOs from Niger and Sokoto States held in Abuja. Each State was represented by 5 organizations with 2 members, where 20 participants benefited from skills and knowledge regarding MNCH advocacy.

Some of the topic facilitated during the training were:

- Overview of Advocacy
- Understanding Advocacy
- Working with Coalitions for Effective Advocacy
- Advocacy Risk Management
• Group Work on Advocacy Strategy
• Developing Effective Advocacy Messages
• Working on MNCH indicators and analysis of facts for advocacy
• Development of 3 Months work plan to be implemented at CSOs State coalition

Cross Section of CSOs Participants from Sokoto and Niger States during Evidence Based Advocacy Training

Grantees Meeting and M&E workshop

From 13th-18th October 2014 CHR team comprises of its Executive Director (Muhammad I. Shu’aib) and M&E Officer (Farouk U. Garba) were amongst the participants in the said meeting which was organized by the MacArthur Foundation and took place at Gombe Jewel Hotel Abuja.

The objective of the meeting was:

✓ Elicit foundation and grantees to add value to base-line report
✓ To validate draft base-line report and finalize conclusion and consideration in the report to make it useful for both foundation and grantees
✓ Drawn a lesson learned and best practice from other MacArthur Foundation PRH funded organizations with respect to data collection tools
✓ Apply appropriate sampling strategies to project monitoring
✓ Incorporate the key evaluation indicators into grantees data collection strategy
✓ Effectively carry out the necessary data collection activities to respond to evaluation indicators
✓ Describe best practices associated with qualitative data collection
✓ Determine data storage strategies and develop a plan to implement them
✓ Understand the process of qualitative data analysis

In attendance were also:

- Dr Kole Shettima
- Hauwa Kazeem
- Ejiro Joyce Otive-Iguzor
- Atinuke Olufolake Odukoya
- Mabinu Olasumbo Oladipo
- Dayo Olande

Some of the highlights during the meeting includes:

- **Sphere of control (grantees activities)**
  - Track and analysed budget commitments, allocations and expenditures.
  - Strengthen maternal health evidence base and access to maternal health information.
- **Sphere of influence (changes in partner’s behaviour)**
  - Media utilizes evidence to report on maternal health.
  - Lawyers litigate maternal health cases.
  - Civil society and community members demand government accountability and quality on maternal health services.
  - MDR committees are active and produce accurate data on maternal deaths.
  - Maternal health budget allocations and released and used.
  - Legislative committees oversee maternal health policies.
- **Sphere of interest (changes in state)**
  - Better data for planning.
  - Improved budget performance of government resources for maternal health.
  - Jurisprudence around maternal rights.
  - Improved and implement maternal health policies.

The methodology carried out by evaluation team

The evaluation team used a mixed-methods data collection approach that included 101 semi-structured interviews with 122 respondents (66 male, 54 female, 2 unknown), 17 focus group discussions with 159 participants (58 male, 101 female), review of 47 documents provided by the MacArthur Foundation to provide context to the accountability pathways, budget analysis of Federal Ministry of Health Budget Summaries from 2012 to 2014, and a media review of maternal health articles and radio transcripts provided by Development Communications Network, N=18, for topical focus, key messages, and mention of grantees.

**Review of Nigeria Country Accountability Framework and CAF 2014 Scorecard**
On 18th November 2014 CHR under the umbrella of Accountability for Maternal, Newborn and Child Health in Nigeria (AMHiN) has supported the process to review Country Accountability Framework, validation of data, development of scorecard and launching which took place in Valencia Hotel Abuja.

The meeting witnessed the participation of key senior officials and CSOs and professional bodies. The launching of the scorecard was tagged “Reporting Progress of Nigeria Country Accountability Framework”

The programme provided a review as follows;

In September 2010, in an effort to accelerate progress, the Secretary-General of the United Nations launched the Global Strategy for Women’s and Children’s Health. The strategy aims to save 16 million lives by 2015 in the world’s 49 poorest countries. The Commission on Information and Accountability for Women’s and Children’s Health (CoIA) was established to ensure that every woman and child receive the highest attainable standard of health and to achieve equity in health.

The accountability framework covers national and global levels and comprises three interconnected processes aimed at learning and continuous improvement: monitor, review and act. To support African countries with skills and information in tracking progress in achieving the 11 CoIA indicators, WHO convened a multicounty workshop to strengthen results and accountability for women and children’s health and the health sector, in Harare, Zimbabwe October, 2012. Nine African countries including Nigeria were in attendance.
Following the Harare workshop, a national workshop, was convened in April 2013, resulting in the development of a Country Accountability Framework (CAF). The meeting focused on the review and finalization of Nigeria’s CAF and priority actions in line with seven thematic areas:

1. Advocacy and Outreach  
2. Review Processes  
3. Monitoring of Resources  
4. E-Health and Innovation  
5. Maternal Death Surveillance and Response  
6. Monitoring of Results  
7. Civil Registration and Vital Statistics

In order to facilitate transparency and accountability for implementing, tracking progress and planning on the national MNCH roadmap, civil society organizations (CSOs) establish an independent expert review group through an existing umbrella coalition which brings together CSOs, healthcare professional bodies and the media. Accountability for MNCH in Nigeria (AMHiN). This report focused on 2014 review in implementing CAF in line with the baseline scorecard developed in April 2013.

**Methodology**

Key documents were reviewed as well as key informant interviews done.

The Score Keys

1- Not present or needs to be deployed  
2- Needs a lot of strengthening  
3- Needs some strengthening  
4- Already present, no action needed

**Key Findings**

**Parliament active in RMNCH Issues**

- Target; Parliament has established transparent accountability mechanism for RMNCH, such as a multi-stakeholder commission or committee that reports to parliament.
- 2014; Parliament has not established a transparent and multi stakeholder accountability mechanism for RMNCH. Most interaction with Parliament has been driven by MNCH advocates on an “as needed” basis. (Score of 2)
- Recommendations; Support the legislature to establish accountability mechanism on RMNCH especially on financing and availability of quality data.

**Review Process**

- Target; there are mechanisms in place to translate results of the review meeting into planning processes and resource allocation decisions at all levels.
- 2014; There are mechanisms for translation of review meeting results into planning processes and resource allocation decisions at all levels. However, subsequent budget approvals rarely match recommendations made at review meetings. (Score of 2)
• Recommendation; Strengthen the use of review results for planning purposes, resource allocation and release in the review process.

**Monitoring of Resources**

• Target; National Health Account Framework and Governance . There is a formal governance mechanism that specifies coordination, management, national indicators and budget for implementing health accounts and tracking resources on key policy issues such as financial flows for RMNCH.

• 2014; There are terms of reference (ToR) for the governing committee, but they are poorly adhered to and have not been as active since 2010. There is a system to support tracking of expenditure at national level, though not really used at sub-national levels. Sustained ownership of the system by the government has been threatened by lack of funding. There are no sub-accounts for MNCH. *(Score of 2)*

• **Recommendation;** Implement the ToRs for the formal governance mechanism and ensure that it is a more inclusive process and to develop sub-accounts or analysis of NHA to determine funding for MNCH.

**E Health and Innovation**

• Target; A national e-Health strategy or policy has been developed, including the use of ICT for MNCH. A National e-Health Strategy and policy has been developed but not yet rolled out.

• 2014; The National e-Health Strategy is all encompassing. *(Score of 2)*

• **Recommendation;** Ensure roll-out of national e-health strategy.

**Maternal Death Surveillance and Response**

• Target; Notification, there is a national policy requiring notification of all maternal deaths (maternal death is a notifiable event within 24 hours).

• 2014; the national policy does not have provision for notification of maternal deaths within 24hrs. *(Score of 1)*

• **Recommendation;** Implement recommendations in national guidelines and tools to ensure maternal death is a notifiable event.

**Monitoring of Result**

• M&E Plan, there is a comprehensive M&E plan for the National Health Strategy that specifies indicators, data sources, analysis, dissemination and roles and responsibilities.

• 2014; There is a comprehensive health plan strategy with buy-in of all stakeholders. The NHSDP M&E plan is the overarching strategy document for all health interventions, while the IMNCH strategy operationalizes the MNCH component of the NHSDP. *(Score of 4)*

• **Recommendation;** Continue to monitor.

**Civil Registration and Vital Statistics**

• Hospital Reporting, Hospital reporting of deaths is complete and accurate
- 2014; Hospital death reporting rate for public institutions is fair. For private institutions, however, it is poor. (score of 2
- **Recommendation:** Improve hospital reporting, particularly among private facilities and use electronic reporting system

The scorecard is uploaded in Macgrants site
**Sphere of Influence**

At national level through the support of AMHiN, CHR has influence actions leading to the process of achieving some of the international commitments by the federal government. We have introduce an annual scorecard that reviewed progress in 2014 for the implementation of Nigeria accountability framework for the implementation of the UN Commission on Information and Accountability and also engaged in advocacy with the scorecard findings to influence actions.

Some of the actions in line with that are;

1. Nigeria now has a national steering committee on Maternal and Perinatal Death Review which is part of the agreed commitment in the Nigeria accountability framework.
2. Nigeria has produced its National Health Account for previous years and also in the process of setting up of national steering committee which is multi-sectoral including NGOs and Media. Already a term of reference has being developed.
3. In principle the federal government has agreed to have a budget line for family planning commodities in line with the FP2020 commitment. This will however require series of advocacy and technical support.

AMHiN has also participated in the WHO/PMNCH global consultation in the review of the Every Woman and Every Child Strategy and also its 2014 annual CAF scorecard when shared with WHO/PMNCH received commendation.

AMHiN has also introduce media award for reporting on Maternal and Newborn Health with the aim of improving quality media report which has proven to be very useful. In 2014, 2 journalists from Daily Trust Newspaper and National Trail respectively were awarded with a certificate and a token sum of money. It is expected that this media award will transform in to an annual fellowship.

At the state level in Jigawa, Bauchi and Kano, Sokoto and Niger, CHR has influence the use of scorecard to monitor health sector performance through the use of data from Integrated Supportive Supervision (ISS). The scorecard has become a model that has now being adopted by other projects such as Evidence for Action (E4A) and MNCH2, all dfid projects. The process has influence improvement in some actions as follows;

1. Availability of Magnesium Sulphate for the management of Eclampsia in facilities
2. Deployment of midwives where they are most needed in rural areas
3. Improved drug revolving funds

Also our project has influence strengthening state accountability mechanisms which are multi-sectoral involving NGOs, Media, Government officials and professional bodies. These mechanisms have become strong players in ensuring accountability and transparency in the health sector to improve maternal health.

In Kano, Jigawa and Bauchi States, we have also supported the review and development of annual costed operational plans with the participation of CSOs and Media. The plan details what the
governments intend to do in 2015 and costed and provide a yardstick for CSOs to do budget advocacy in terms of ensuring allocation, release and transparent spending for maternal health.

**Case Study on Maternal Death Review (MDR) from Jigawa State**

In collaboration with E4A project, CHR is supporting MDR in Kano, Bauchi and Jigawa States and the duo have co-funded capacity building trainings to state level and facility level MDR committees and also support in data collection to improve use of maternal death data for planning and action.

The below case study is for one secondary facility in Jigawa State – Dutse General Hospital that illustrated how Maternal Death Review is improving accountability in Maternal Health Services in Jigawa State.

**Brief Background**

As part of the on-going support to Jigawa State Government by Community Health and Research Initiative with funding support from MacArthur Foundation and with collaboration with Evidence for Action, a dfid funded project, a Maternal Death Review (MDR) training was organized for secondary health facility based MDR committees. The training focused on enhancing skills of participants in using current and approved national MDR guidelines and tools to conduct MDR as well as how to analyze and disseminate MDR findings with the aim of promoting accountability in the system. After the training, the team from Dutse General Hospital went back and improved on how they conduct MDR and analysis of data for decision making and planning.

**MDR Process**

The committee in Dutse General Hospital is made up of

1. Chief medical director – Chairman
2. Medical doctor in charge of maternity
3. Chief Matron of Maternity
4. One midwife
5. Head of Pharmaceuticals

The committee meets every month as a result of the training provided to them and also utilizes the MDR forms provided to them which are of national standard as part of the approved national guidelines by the FMOH. At the end of every shift (morning and afternoon duty) a midwife will document all the maternal death in case notes detailing causes of death, timing as well as management instituted to the patient and pass it on to the matron who would present the case for discussion during MDR meeting.

The committee in line with the skills acquired during the training would disaggregate the data according to age of the woman, number of pregnancy, number of children, when she presented to the hospital, history of antenatal visit, management instituted, complications if any and cause
and/or probable cause of death. The committee will discuss all the deaths in the affected month and provide recommendations to further prevent occurrence of same problem.

**Examples of change**

1. It was discovered in one of the review that some women that died as a result of post-partum haemorrhage was due to ineffective drugs such as Misoprostol and Oxytocin being administered to them. The facility informed the Jigawa State Drug Management Agency about such development and in line with that, the agency changed the supply company which is now providing a better brand and mortality due to post-partum haemorrhage has now reduce in the facility.

2. More women were recorded to be dying during night admission. It was discovered that all the senior and skilled midwives were running morning shift leaving fewer and junior midwives in the night shift. The hospital introduces new staff roaster and now pairing a senior and junior midwives to work together during all shifting. This change has almost eliminated maternal death in the night.

3. Waiting time was contributing to maternal death due to the fact that patients spend more time to be sorted out as to which unit to be attended to, be it Ante natal unit, post natal unit or labour room etc. The management organized an orientation meeting for all the staff in the maternity and reorganized the department. The waiting time has now reduce to the barest minimum which impacted in the reduction of maternal death.