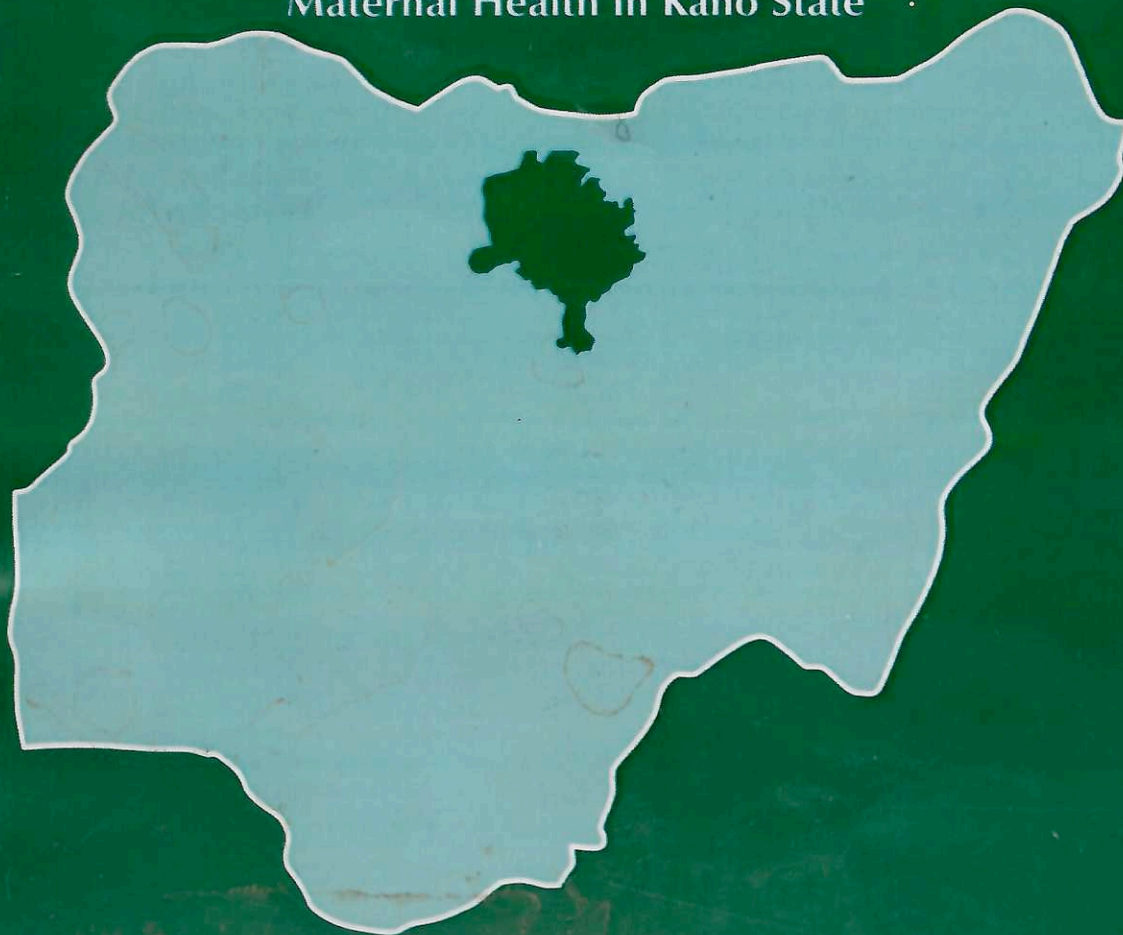


Project Effectiveness Assessment Report

on
Fostering Local Government Development
with Focus on
Maternal Health in Kano State



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**YOUR ACTION CAN SAVE THEIR LIVES!
SUPPORT THE KANO STATE FREE MATERNAL HEALTH BILL!!**



Issued by:
Resource Centre For Human
Rights & Civic Education (CHRICED)

Supported by:
MISEREOR/KZE



Project Effectiveness Assessment Report

by

Idea Consults

on

Promotion of Democratic Participation in
2 LGAs in Nigeria:

*Fostering Development with Focus on
Maternal Health in Kano State/Nigeria*

by

Resource Centre for Human Rights &
Civic Education (CHRICED),

Submitted to

Bishöpfliches Hilfswerk MISEREOR/Katholische
Zentralstelle für Entwicklungshilfe (KZE), Germany

March 2018



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Content

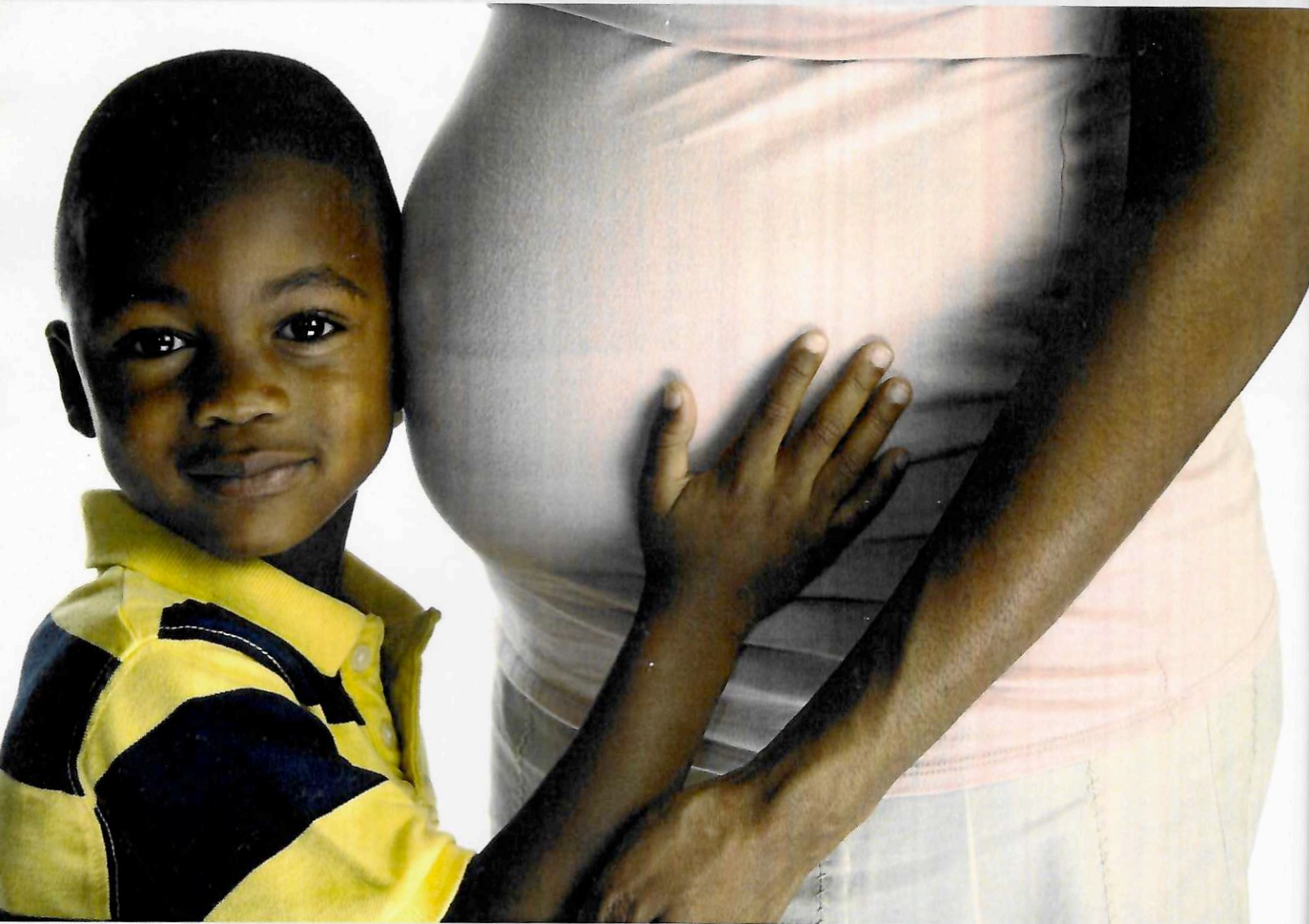


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Acronyms

CHRICED	Resource Centre for Human Rights & Civic Education
CSO	Civil Society Organization
DFID	Department for International Development
FG	Federal Government
KHETFUND	Kano State Health Trust Fund
KSHoA	Kano State House of Assembly
KZE	Katholische Zentratsstelle für Entwicklungshilfe e.V
LGA	Local Government Area
MISEREOR	Bischöfliches Hilfswerk Misereor e.V
MHC	Maternal Health Clinic
MNC	Maternal and New Born Child
MNCH	Maternal and New Born Child Health
NGO	Non-Governmental Organisation
PHCUOR	Primary Health Care Under One Roof
SDG	Sustainable Development Goal



EXECUTIVE SUMMARY

This report presents the findings and conclusions of a mid-end of project evaluation for the “Promotion of Democratic Participation in 2 Local Government Areas in Kano State/Nigeria: Fostering Development with Focus on Maternal Health”, a project funded by Bishöpfliches Hilfswerk MISEREOR (the German Catholic Bishops' Organisation for Development Cooperation)/Katholische Zentrastelle für Entwicklungshilfe e.V (KZE). The project under evaluation was initiated in 2015 to implement a number of development interventions that ultimately aim to build the capacity of selected community groups in two Local Government Areas in Kano State, and enhance their potential in curbing the scourge of maternal deaths in Kano State. The project design envisioned a three-year period for implementing the desired interventions.

In the first phase of the project 'Promotion of Democratic Participation in 2 Local Government Areas in Kano State/Nigeria', activities were undertaken by CHRICED to educate and empower local communities and assist them to participate in decision making around resource allocation and their use in two LGAs Gwale and Kumbotso. This was an important step towards active citizens' participation. Whereas the first phase provided understanding of how government works and created optional spaces for interface between citizens and decision makers, the project's generic approach to fostering local participation was limiting. It was in order to build a sizeable local voice necessary to bring about change in issues that affect and directly connect with the poor that CHRICED embarked on this current phase to strengthen local participation and promote accountability in the management of health budgetary allocations in Gwale and Kumbotso. The goal is to improve the outcomes of government programmes and interventions in this sector, with emphasis on

addressing the scourge of maternal deaths in the target LGAs. Maternal mortality is a major cause of death of women and adolescents in Kano which has one of the worst rates of maternal deaths in Nigeria. By building capacity of communities to demand and obtain services, CHRICED hopes to make local governance work for the poor and improve accountability in the selected health sector.

The overall purpose of this evaluation exercise was to assess the relevance, efficiency, efficacy and impact of the project interventions and the sustainability of the project measures and make recommendations to enhance learning. The objectives of the evaluation were to:

- Review cumulative results achieved against agreed objectives during the project lifespan;
- Review project log frame and make recommendations to enhance demonstration of results;
- Review implementation strategies and approaches, and proffer solutions to enhance the effectiveness of the project Identify lessons learnt generally which would enhance development/ implementation of further projects.

The methodology of the evaluation contains several components: review of existing project documents, consultations with key CHRICED staff, documents review and interviews with some key staff in local NGOs, field visits to projects sites and primary health facilities, and key informant discussions. The evaluation relied on information included in the periodic project reports, some documents available from the project, and discussions and interviews with participants of the project since its initiation, and a detailed documentation review was made in

addition to all other methodological techniques mentioned above.

The evaluation team concluded that the project created a general environment of cooperation among the project communities, women, youth and professional groups, participating NGOs, religious groups, health workers, development partners, and key government institutions by fostering networking and coordination in activities to support and improve maternal health services. As a result, the project helped create synergy between about 30 women NGOs and 50 media organisations; a matter made possible only because of the project. The foundation for this was first laid in the first phase of the project and has been consolidated during the outgoing phase. The project enhanced the capacities of the participating community groups to a point where they became able to make linkage between government expenditure on health, quality of maternal health service provision and wellbeing of pregnant women and maternal death burden in the state. Furthermore, the project was able to deliver important advocacy messages, which directly and indirectly contributed to the change of some regulations and official approaches towards women health issues in Kano State. CHRICED was also able to establish good communications to spread awareness and disseminate information about their activities and about the women cause at large.

The knowledge and experience in different areas, in which the project acted, were documented through

publishing of research findings, developing of posters, leaflets, videos, jingles, etc. The project also compiled a database containing detailed information for all participants in the project, which can be used as a reference in future network activities.

At the phasing out of a critical project such as this, the issue of sustainability is of great importance. This is even more so because of the big investments made in capacity building and the need to use this capacity efficiently. The implementing partner, CHRICED is taking measures aimed at sustaining activities, where they have comparative advantages and good capacity built during the project's lifespan.

This report has been put together by Idea Consults; a professional program management and organizational development consulting firm.

Evaluation Team

The evaluation was carried out by an external team of specialists from **Idea Consults**. It was conducted in the period from November 9th, 2017 to February 28th, 2018. The team was composed of the following:

- | | |
|------------------------|---------------------|
| 1. Dayo Olaide | - Team Leader |
| 2. Chukwudera B. Okeke | - Gender Specialist |





Introduction

Poor public service delivery is an acknowledged and much-lamented feature of governance in Nigeria. The lack of accountability and poor citizens' engagement have been blamed, in part, for the situation, leading to waste in public resources and huge deficit in development indicators.

Nigeria's population and status as Africa's largest producer of oil and 12th in the world makes it central to Africa's democracy and development. In the last 18 years, since returning to civilian rule, the government has embarked on reform of institutions and sectors necessary to improve quality of elections and accelerate economic development. Although Nigeria successfully organised the fifth consecutive elections in 2015; adjudged globally as major improvement over the previous ones in 2003, 2007 and 2011, elections remain a major driver of conflict while the scale of poverty and infrastructural decay puts a constant sore on Nigeria's democracy. Variations in development index across states of the federation best expresses the challenges.

Kano state, Nigeria's largest state¹ depicts the opportunities and challenges that face democracy and how to deliver the benefits to citizens after eighteen years. Unemployment and illiteracy is high with a large population of Almajirai (a subset of street children found principally in northern Nigeria) that face limited economic opportunities. This combination raises the risk of violence in Kano and has kept it top of the list of states considered to be most violence-prone. The two project sites and many other rural local types of council have recorded violent outbreaks including by the Islamic terrorist group, Boko Haram. The local government council, embedded in Nigeria's federal system as the third-tier of government and closest to citizens, was originally designed to bridge interface between government

and the grassroots and thereby deliver development, but the local government councils are mostly dysfunctional. As a result, development goals for establishing them have remained mere aspirations with unmet community expectations.

A study of maternal mortality in Kano state over the six-year period 2005 to 2010 found an annual average maternal mortality ratio (MMR) of 1,625 per 100,000 live births.² Lending voice to this figure, a 2010 study reported that Kano state's 2008 MMR of 1600 maternal deaths of every 100,000 live births was higher than the regional average in the North-West zone of Nigeria (1026/100,000 live births) and thrice the national average.³ Ibrahim, in another report noted that Kano state's six-year average "far exceeds the average of 1000 maternal deaths per 100,000 deliveries estimated for Africa, the continent with the highest MMR on the planet".⁴ Dire as these figures are, Ibrahim cautioned that his findings - based on maternal mortality returns from government hospitals - are "not a conclusive result considering the fact that substantial number of maternal deaths are unaccounted for as the result of deliveries taking place at home and private hospitals in Kano."⁵ This limitation probably applies also to those of Galadanci et al., As their study was based only on statistics provided by the statistics department of the Kano State Health Services Management Board (KSHMB)⁶.

The project under evaluation addresses the problem of weak citizen participation in democratic governance by facilitating the practical application of governance knowledge (by residents) to improve maternal health service provision and delivery in Kano state. This is based on the premise that the challenge of high maternal mortality rates in Kano state is mainly - although not solely - a function of the

1. This is according to the 2006 National census

2. YarZever S. Ibrahim, "Temporal Analysis of Maternal Mortality in Kano State, Northern Nigeria: A Six-Year Review," *American Journal of Public Health Research* 2, no. 2 (April 5, 2014): p.66, doi:10.12691/ajphr-2-2-5.

3. H. S. Galadanci, S. A. Idris, and I. A. Yakasai, "Programs and Policies for Reducing Maternal Mortality in Kano State, Nigeria: A Review," *African Journal of Reproductive Health* 14, no. 3 (September 2010): p.32.

4. Ibrahim, "Temporal Analysis of Maternal Mortality in Kano State, Northern Nigeria," p.66.

5. Ibid.

6. The 2011 Nigeria Multiple Indicator Cluster Survey, which was published in 2013 and very usefully provided state disaggregated figures, was free of this limitation but offered no findings on maternal health, although its focus was on the situation of women and children.

failure of governance and poor service delivery. It is worth noting that although many births in Kano State take place at home, simply encouraging women to give birth in a health care facility may not, in itself, necessarily reduce maternal mortality. Facilities may turn away women who are unable to pay, or discriminate against women of lower social status. Additionally, many primary health care facilities are under-equipped and do not provide adequately trained personnel, and may even increase the risk of infection or complication in some cases due to lack of sanitation or the prevalence of poor care decisions. To this end, participation in local governance by

target group to improve maternal health services can contribute to reduction of the maternal mortality rates in the project area. This will not only constitute a valuable and reproducible exercise in democratic participation by poor and marginalised social groups but also improve their social conditions of existence. The central plank of this intervention was advocacy for legislative action to institutionalize free maternal healthcare programme and make adequate budgetary provision for it. The project selected Gwale and Kumbotso local government areas as project implementation areas (PIAs).



Project Description

Promotion of Democratic Participation in 2 Local Government Areas in Kano State, Nigeria", is a three-year project implemented simultaneously by Resource Centre for Human Rights & Civic Education (CHRICED) in Gwale and Kumbotso Local Government Areas in Kano State, North-west, Nigeria. The project commenced on May 1st, 2015 until April 30th, 2018. The project is funded by **Bischöpfliches Hilfswerk MISEREOR** (the German Catholic Bishops' Organisation for Development Cooperation) / **Katholische Zentrastelle für Entwicklungshilfe e.V (KZE)**. The project seeks to advance democratic participation in the two districts of Gwale and Kumbotso Local Government Areas by building citizens capacity to make active demand for quality maternal health services and hold service providers accountable.

The following activities were implemented during the lifespan of the project:

- Conducted a study on maternal mortality in the target areas
- Developed a draft bill for free maternal healthcare services in Kano State
- Held a validating meeting to ratify the draft bill on free maternal health services
- Presentation of the draft legislative bill on free maternal health to the Kano State House of Assembly
- Mobilized the target groups to support the bill in the Kano State House of Assembly
- Advocating for the passage of bill in the targeted area
- Carrying out advocacies to critical stakeholders to influence the passage of the Bill

- Organizing community outreach and awareness meetings around democratic participation and political accountability
- Organising state-wide consultative meetings to draw support for the passage of free maternal health bill
- Conducting a retreat for Kano State Assembly to present the objectives and clarifications on the Free Maternal Health Bill
- Broadcasting radio programs in support of the free maternal health programme
- Supporting citizen participation in public hearings for local government and state budgetary allocations Mobilizing funds to support the actualization and implementation of the programme
- Visiting health facilities to ascertain the level of compliance

2.1 Location/Area of the project:

The project site was in Gwale and Kumbotso Local Government Areas in Kano State. Headquarters of the two local governments are situated within the heart of Kano-City. It is about 50 minutes' drive from each of the local government headquarters to Malam Aminu Kano International Airport (MAKIA); 25 minutes' drive to Kano State Government House and State House of Assembly at Nasarawa Local Government; and 30 minutes' drive from Kano State Police Command.

Project Goal



The overall goal of this project is to advance the democratisation of political processes in two districts of Kano State in Northern Nigeria. Access to public services for the target population has improved and leads to an improvement of maternal health

3.1 Specific Objectives

Under the general purpose of advancing the democratisation of political processes in two districts of Kano State in Northern Nigeria; improving access to public services for the target population leading to improvements of maternal health, the project's specific objectives were:

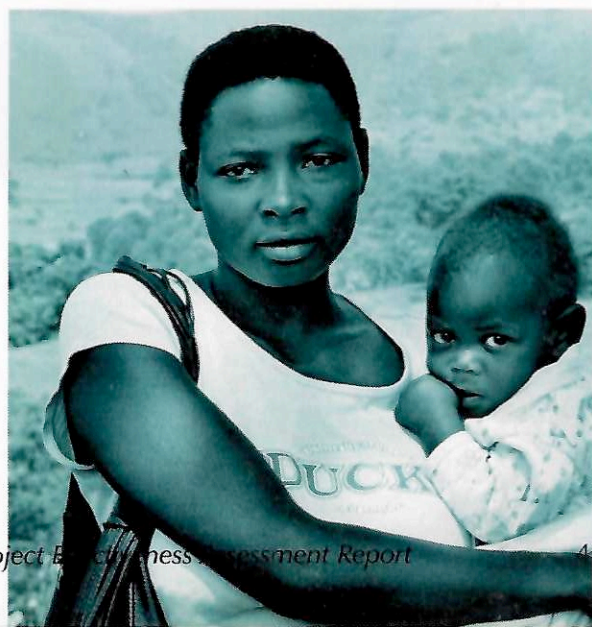
1. *The relevant legislative authorities have promulgated a law enabling the provision of free maternal care services in primary health facilities in Gwale and Kumbotso local government areas*
2. *Appropriate budgets for these services are provided by government;*
3. *Community-level civil society grassroots groups produce a monitoring report on public service delivery regarding the free maternity care programmes.*

Assessment of the project's success was conducted in line with the project objectives and parameters defined in the project description for the project objectives stated above.

1. For the **first project objective**, the project was assessed based on the results of a test of participants/stakeholders involved in the activities conducted to achieve that objective, and the level or stage of the process of legislation on 'Free Maternal and Child Healthcare in Kano State' initiated by CHRICED before the Kano State House of Assembly, with a 60% success rate by the participants as an indication of the project's success in that respect. The evaluation noted that while the project focus was on maternal health,

one of the key outcomes of some of the stakeholders' meetings resulted in the revision of legislative bill earlier submitted to the House of Assembly to now include "Child Health". This is a major achievement because when the law is eventually passed, it would have addressed the issue of both maternal and child mortalities in Kano State.

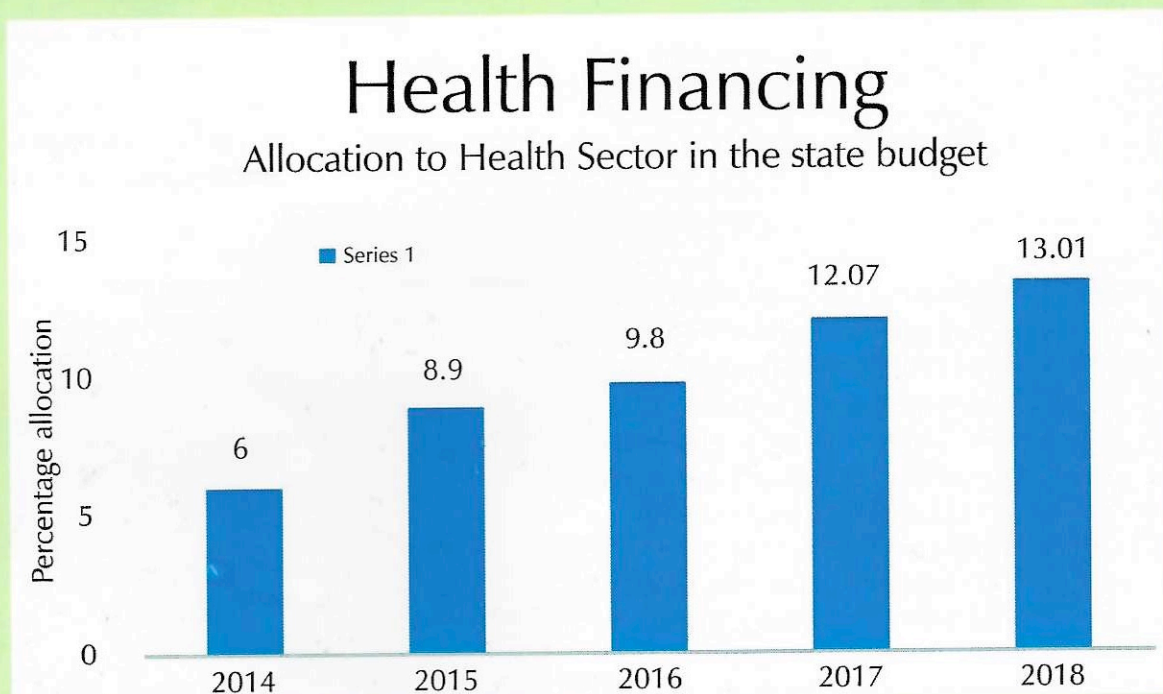
The political rancour and the eventual change of leadership in the Kano State House of Assembly have somehow resulted in the slow pace of passing the legislative bill. CHRICED should continue to monitor the progress and continue to advocate for the speedy passage of the legislation before end of tenure of this 8th Assembly. However, this evaluation noted with interest that while the specific legislation championed by CHRICED is going through the rigour of the legislative process, CHRICED advocacy rubbed off on a different legislation which created another institutional pathway towards addressing the problem of maternal mortality. The Kano State Health Trust Fund Law, which was passed by the State House of Assembly and signed into law by the Executive arm of government, makes provision for 5 percent of the Trust Fund to be devoted to maternal health intervention. By the time the Free Maternal and Child Health law is eventually passed, it would work contemporaneously with the provisions of the Trust Fund, to provide a robust pool of resources for



maternal health interventions in Kano State.

2. For the **second objective**, Budgetary allocations for 2015, 2016, 2017 and 2018 for the health sector by Kano State Government were used to assess the success of this objective. The trajectory of incremental growth in the state budget for the health sector confirmed the impact of CHRICED's project advocacy. The assessment noted from Kano State 2014-2018 approved budgets for health sector that before the commencement of the CHRICED project in 2015, Kano State allocation for the entire health sector was a paltry 6% in 2014. However, in 2015 when the project started, the health sector received a boost of 8% allocation. 2016 moved the budget to 9.8%; 2017 saw the sector enjoying 12.4%; and in 2018 got 13.01%. The consistent budget increase for the health sector can be reasonably attributed to the robust mobilisation, advocacy and media campaign conducted by the project. Similarly, the primary health care which hitherto was begging for attention with a miserable 2% of the health sector budget in 2014 has tremendously grown to 9.4% 2015, 11.5%

2016, 18% 2017 and 22% in 2018. In addition to this landmark achievement in budgetary increase, a legislation approving 5% of Kano State Health Trust Fund (KHETFUND) to maternal health was approved by the State Assembly and signed into law by the executive Governor in September 2017. Overall, this objective achieved a success rate of over 100%. However, going forward, there is the need for CHRICED to devise mechanism for tracking of budget releases and expenditures in the maternal/primary health care and tracking improvement in maternal mortality burden in the states. This has become even more desirable in view of volume of funds that are now allocated to maternal health programme in Kano State as a result of the project impacts. Tracking the movement in maternal mortality burden in Kano state will keep public attention to the contributions and any impact of the improvements in budget allocations on maternal health services in the target LGAs and statewide.



3. For the **third objective**, the assessment test was three-pronged: first, the level of participation by the target group, and second, the proportion of this group expressing commitment to continuing to advocate for free maternal health care in Kano State; and third, the number of dialogue exchanges conducted by chairpersons of Gwale and Kumbotso LGAs. The standard of success in this regard was again 70%. The first achievement of the previous project had to do with increased knowledge and participation by communities in the design and implementation of maternal health initiatives. The communities and beneficiaries were involved in identifying needs and designing strategies for this intervention. In the first place, the baseline data generated from the research commissioned by CHRICED on the maternal healthcare access and practices in the project communities elicited its findings from respondents in the community. This baseline data was generated using a methodology, which involved administering questionnaires on target group members, as well as organizing Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) for key stakeholders within the project intervention areas. The information provided by the communities, beneficiaries and leaders was the basis upon which certain key conclusions and recommendations were made in various areas of the maternal health intervention

chain both within government and outside government. A good example of this involvement of the communities and beneficiaries in needs identification and design of strategies for this project would be gleaned from the fact that it was the communities, beneficiaries and social influencers that called for a strategic impact evaluation to understand the maternal health goals of Kano State, in order to align those goals with the resources required to achieve them. This call has led to Kano State Health Policy keying into the National Health Policy with Primary Health care as the cornerstone. The assessors noted that Kano State has also reached advanced stage in the implementation of Primary Health care Under One Roof (PHCUOR).

3.2 Target Beneficiaries

The target beneficiaries of this project were composed of four main groups. The first group is composed of low-income women in Gwale and Kumbotso local government areas because they are the principal victims of maternal death. The second group consists of Women Leaders and Activists necessary as mobilisers, organisers and influencers. The project needs their support to achieve participation of the primary targets (low income women). The third group consists of Community Leaders and Activists from target communities. The final group consists of relevant elected and appointed state and local government officials - including those holding executive positions and others in the legislative arm of government. They are critical as their non-involvement could hamper the goal and strategies.





Evaluation Scope & Objectives

The ultimate objective of this evaluation is to assess the strengths and weaknesses of the project implementation and the impact of its deliverables, and to study the potential for sustaining its current activities in the future.

4.1 Objectives of the Evaluation

The overall purpose of this exercise was to assess the relevance, efficiency, efficacy and impact of the project interventions and the sustainability of the project measures and make recommendations to enhance learning. The objectives of the evaluation were to:

- Review the cumulative results achieved against agreed objectives during the project
- Review the project log frame and make recommendations to enhance demonstration of results
- Review implementation strategies/approaches and proffer solutions to enhance the effectiveness of the project
- Learn lessons generally which would enhance development/implementation of further projects.

4.1.1 Evaluation Questions

The Terms of Reference for the evaluation contained a group of questions to guide the evaluation of the project. These questions were grouped into three categories: Questions related to process, to outcome, and to impact.

4.1.2. Questions regarding focus:

- a) To what extent were the objectives achieved or are likely to be achieved?
- b) What were the major factors influencing the achievement or non-achievement of the objectives?
- c) Were the objectives realistic?

- d) Have there been indirect effects generated by the intervention of unplanned target groups or beneficiaries?
- e) Has the project management been able to adapt to the evolution of risks and external factors?
- f) What extent is the intervention important for the target group (for example, does it focus on an important problem/bottleneck)?
- g) Are the activities and outputs of the project consistent with the project goals and objectives (coherence of the planned chain of causality)?
- h) What approaches and techniques are used to monitor the projects' implementation - progress and constraints?

4.1.3 Questions regarding outcome/Impact:

- A) What real difference has the project made to the beneficiaries in terms of social, economic, political, cultural, and ecological changes, taking into account the gender dimension?
 - b) How many people have been affected?
 - c) Which other factors contributed to the changes that were generated, and to what extent can the changes be attributed to the project activities (plausibility)?
 - d) Has the real chain of causality been consistent with the chain of causality established (did CHRICED produce such a chain of causality prior to the project start? If no, it doesn't make sense to raise this question) at the planning stage? If not, what were the differences?)
 - e) In which measure have the results of the project and the realisation of the specific objective contributed to the overarching goal?
 - f) What are the views of the stakeholders, the target groups and the beneficiaries on the project impact in the democratisation process in Nigeria?

Methodology

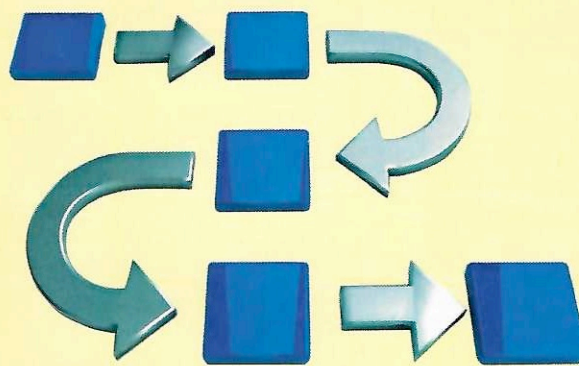
The Consultants worked in close consultation with project implementation staff, low income women, women leaders and activists. In the project communities, community leaders and activists, and elected state and local government officials. This evaluation was conducted between 9th November and 28th February 2018 and included a desk-based document review and key informant interviews, structured questionnaire in both Gwale and Kumbotso Local Government Areas in Kano State, as well as interviews with key staff, and field visits to projects sites and primary health facilities, and key informant discussions. The process used in the evaluation included the following:

5.1 Desk Review

The project portfolio was reviewed to provide an overall picture of the Project concentrating on the aspects of relevance, impacts effectiveness and efficiency that can be dealt with at the literature level. The desk review covered project documents, logical framework, and plan of operations, records of inputs, progress reports and contractual correspondence to verify that such documents and contractual correspondence are in accordance with good practices. The desktop portfolio review covered: projects concepts, proposals, implementation reports, and previous monitoring and operational documents to understand the project activity cycle and results; project strategies and technical reports to assess the consistency of project strategies with national priorities and community needs, and administration of semi-structured questionnaire assess the perception of the various stakeholders on the purposes and priorities of the Project.

5.2 Consultations with Key CHRICED Officials and Project Staff

The evaluation team held an initial meeting with the Key project staff of CHRICED which includes the Executive Director, Media & Civic Engagement Manager, Finance/Admin. Manager, Senior Programme Officer, Assistant Project Officer, and other staff involved in the project. Moreover, the team of evaluators was accompanied by Project Officer in charge of youth and community mobilization during several field visits. Finally, the team conducted skype meetings with the project staff



to discuss the partial findings of the evaluation as the evaluation process proceeded.

5.3 Field Visits to primary health Facilities

The team conducted field visits to Dorayi Babba Health Clinic and Filin Mushe Clinic in Gwale Local Government Area; and Marmara MCH and Sharada MHC clinic in Kumbotso Local Government Areas. During these visits, the team interacted with women and health workers to ascertain the state of maternal health services given to women, the state of free medical care, the compliance and how it has led to improvement of maternal and child health in Kano State.

5.4 Interviews with various stakeholders of the project Key Informant

23 key respondents (10 Males/13 Females) were interviewed in Gwale and Kumbotso Local Government Areas in Kano State. Respondents included staff of CHRICED, journalists, community leaders, Health workers, members of Kano State House of Assembly, women, youths from Gwale and Kumbotso local government, and CSOs. The table in Annex 1 shows the breakdown of respondents.

5.5 Case studies

To assess the impact of the project on the beneficiaries and the benefits accrued from the project, the team resorted to case studies. The selection of the cases was done using random sampling techniques. A complete list of beneficiaries was drawn and randomly selected to get the number of people to be interviewed. However, few of the people selected by the evaluation team were not available for the interview, therefore more cases were selected by the program officer who knew best who would be willing to devote time to attend interviews. Accordingly, the samples in this regard are varied depending on the beneficiary's willingness to attend. The table below indicates the number of beneficiaries for whom case studies were conducted.

Respondent Category	Male	Female
Journalists	1	2
CSOs	2	3
Partners (International Organisation)	1	1
Academia	1	1
Members of State House of Assembly	2	0
Health workers	2	3
Community leader	1	0
Facility users (women / youths)	0	3
Total (23)	10	13

Case studies conducted for some of the beneficiaries shed light on the importance of this project.

Case: Amina Receives free antenatal care

29 year old Amina lived with her husband, Bashiri who faced many difficulties in providing and taking care of her. Because of financial difficulties, Amina was forced to give birth at Traditional birth attendant's home where she lost three pregnancies sequentially. CHRICED heard of Amina's predicament, and through the project of **"Promotion of Democratic Participation with focus on maternal health"** identified her. Discussions were held with Amina's husband and with his permission, the project involved Amina in trainings and workshops where she received information about benefits in attending antenatal care, and the implication of lack of antenatal care on maternal and child health. Amina attended all the public meetings organised by CHRICED. She used these meetings as platform to tell her pathetic story adding her voice on the need for institutionalization of free maternal health care in Kano State. In December 2017, Amina got pregnant again and visited the Gwale Health Centre. She was surprised to receive free consultation and pregnancy drugs without paying a Kobo. Amina words during the interview: "I am so

“

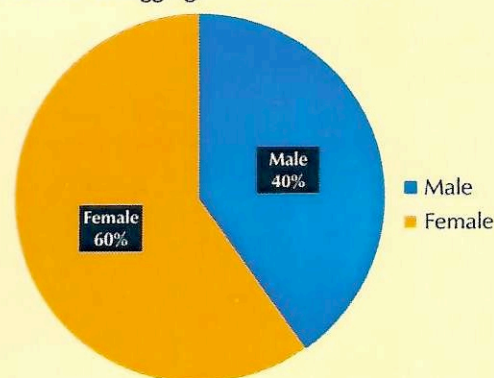
glad about what CHRICED is doing, I never knew I can get free treatment, I did not know I am having pregnancy induced diabetes until I visited the clinic where the doctor subjected me to tests". "Indeed, there is power in advocacy! Now I can speak aloud and engage the political office holders on issues women face in my community. ”

5.6 Questionnaires

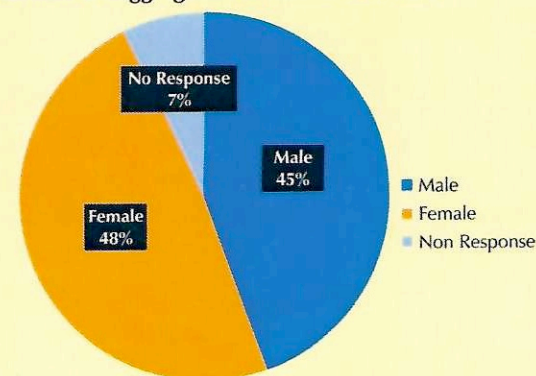
The team used several questionnaires to survey responses concerning the impact of the project. The questionnaires were distributed among samples of the target groups across the two-local government such as low-income women, women leaders, community leaders, elected local government officials and members of State House of Assembly. Respectively, 61 persons in total- 30 from Gwale and 31 from Kumbotoso (see chart below) in each of the two LGAs filled questionnaires to evaluate the project. The questionnaire comprised of five sections with questions on Demography, project objectives, relevance, effectiveness, efficiency and sustainability (copies of the questionnaires and analysis are attached)

Fig. 1

Gender Disaggregation in Gwale LGA



Gender Disaggregation in Kumbotoso LGA



Findings

To respond to the above assessment questions, five separate yet interlinked areas of review were identified and key findings under each heading are summarized below:

Headline findings 1: The evaluation findings revealed that project interventions, to a very large extent, have contributed to a more responsive, accountable, inclusive, participatory and representative decision-making at the Gwale and Kumbots Local Government Areas (LGAs).

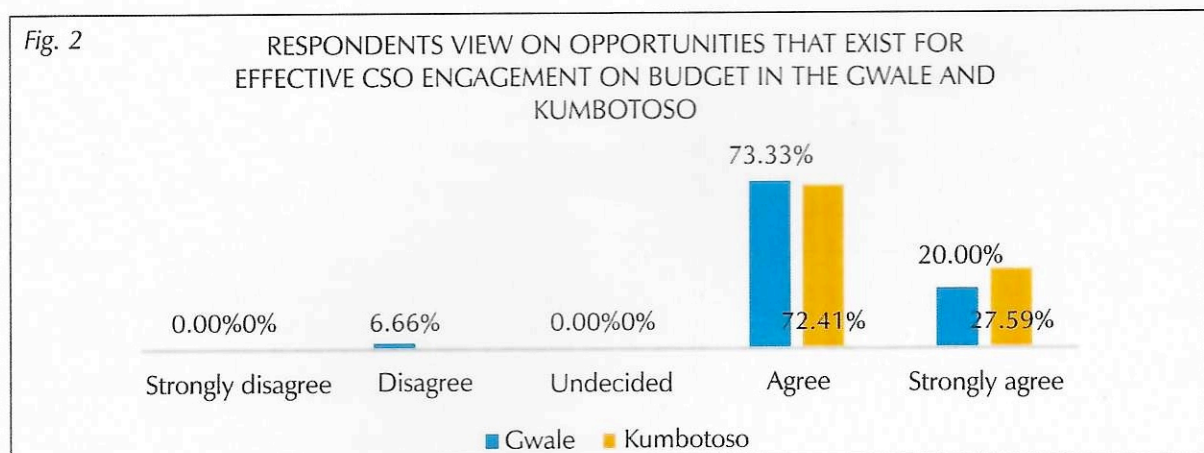
Headline findings 2: There is evidence that capacity has been built for community and local NGOs to advance the democratization of the political space and processes in the two project LGAs. For instance, the annual public hearings on Local and State budgets gave citizens in the project communities the opportunity to participate in making decision that affects them.

Headline findings 3: The project had an inclusive approach. All respondents interviewed said the activities of the project was inclusive irrespective of status, gender,

ethnicity, and religion. Examples would be found in the robust participation of stakeholder and the citizen-groups in the conduct of a study on maternal mortality, active participation in the public hearing, statewide consultative meetings, and participation in the drafting and validation of the draft bill on free maternal and child health care.

Headline Findings 4: The project advocacy led to the institutionalization of Health Trust Fund Law, and the Free Maternal and Child Health Bill under consideration by the Kano State Assembly.

This was my first time of ever participating in public hearing on state budget. The opportunity to participate in this public hearing on the 2017 budget availed me the avenue to air my voice on some of the challenges we face in the community. For instance in my community women find it very difficult to go to the clinic due to the far distance. We mentioned it during the hearing and the House Majority Leader promised to get motor cycle ambulances for my community to enable our women get to the clinic quickly. (youth activist)



6.1.1. Other findings

Respondents also felt that the project's objectives were very relevant to the context, as citizens had regular engagements with local and state government on a selected service delivery and policy issues; their opinion is sought and considered, and are given sufficient information to monitor their (government's) implementation plans. In the event of the donor deciding to continue funding the project, it is recommended that the project continues to deepen its focus on sustainability in the implementation of free maternal health bill, creation of awareness around the bill among the rural communities - including educated and non-educated as well as promoting inclusion.

This is necessary to ensure a change in government, after the next general elections in 2019, does not affect the momentum around the need for a bill for free and affordable maternal health services in the state. In addition, it was widely recognized that, the activities of the project are in line with the project goal and its objectives.

6.1.2. Impact of interventions

- a. Although this project was only implemented over two years, the evaluation finds that to a large extent the project objectives were achieved. For instance, the hitherto neglected executive order became almost a legal obligation, as a result of the project, for the governments of Kano state, and the 44 local government areas, including Gwale and Kumbotso to provide free maternal care services at primary healthcare facilities.
- b. There was also improved budgetary allocations and funding for free maternal health care services at primary healthcare facilities in Gwale and Kumbotso local government areas of Kano State. The project has had major influence in the social, political, economic and cultural life of beneficiaries. For instance, it was frequent practice before the intervention for a lot of women to deliver through traditional birth attendance. But with consistent education, mobilization, advocacy and awareness campaigns, by the project, more women (together with their spouses) and community influencers expressed support for pre-natal and ante-natal visits, delivery by trained health workers, as a result of the intervention.

- c. There is evidence of a shift in the gender dynamics in target LGAs. In the past women generally require spousal approvals to visit a health facility. This is changing, however. For example, beneficiaries reported that the CHRICED radio programme on maternal health, which sensitized the public on the importance of regular antenatal care and giving birth at health facility under trained health service providers have resulted in behavioural changes both in the life of women and their spouses.
- d. Women reported improvement in the understanding of how to care for their pregnancy, including regular visit for antenatal and many more were willing to give birth at the facilities. They also reported improved support from their husbands who are more willing to give approval to them to visit health facilities and even escort them on some visits.
- e. The free maternal health care also has economic impact on government spending on health in the state because it has led to increase in the number of women that seek maternal health care in hospitals.

Other factors that contributed to the changes resulting from the project implementation included the scoping study on maternal and child health done by CHRICED. The report provided evidence from the lived realities of women interviewed in target communities. The public relations activities including community town hall meetings, holding of public hearing for community actors, and the visits to health facilities with community leaders and women groups helped to improve community involvement and showed increasing democratization process where citizens participate in budgetary process as well as policy formulation.

6.1.3. Effectiveness of project interventions.

Monitoring data revealed that project outcomes and impacts were achieved. Respondents interviewed revealed that one of the significant factors that influenced the achievement of the project objectives is the stakeholder participatory approach which CHRICED employed throughout the project planning and implementation stage. By involving community leaders, husbands (as heads of households) and women, the project was able to

build proper understanding of the project goal, boost confidence of community gatekeepers and important decision makers at the household levels. It helped the project avoid suspicion which, from the experience of CHRICED staff, is capable of delaying or completely frustrating the project.

6.1.4. Efficiency of project interventions

The desk review of project document as well as discussions with the project staff revealed that the project objectives have been achieved within the stipulated time around which the activities were designed. The timing of the activity aligned inputs to outcomes, such that the target groups could engage supply side activities like the budget cycle in a manner that helped realize the objectives. Although there was a slight tweaking of activities to make room for the all-important retreat for members of the Kano State House of Assembly, this did not affect the realization of broad program objectives within the time scale. Importantly too, a legislation to further institutionalize maternal healthcare by providing dedicated funding for maternal health intervention was enacted within the time frame of this intervention.

In addition to this, respondents revealed that CHRICED approach of showing communities the pathways through which they could engage the governance system worked very well for them. For instance, the community meetings CHRICED organised allowed efficiency and for the elements of sustainability to thrive. CHRICED did not take over the roles of communities as that would have been unsustainable and very expensive.

Through this project I was empowered to engage the governance process in the most cost effective and programmatically functional manner. (Youths from Gwale and Kumbotso Local Government Areas

More still, the interventions were very cost effective, and benefited from CHRICED sound fiscal policies, which places priority on value for money and cost efficiency. Planning was a key aspect of CHRICED program implementation as all activities were arranged several weeks before they were to be held. This helped avoid unnecessary expenses, and

provided a better pricing mechanism for programme implementation. In addition, it was noted that CHRICED has good financial management systems and processes for tracking and evaluating resource use, such as cash flow forecast, and imprest system. Also, the expenditure approval system requires regular vetting of expenditure requests not just to verify expenditure against budget but also to identify changing patterns in pricing which allows for quick attention to and investigation of variations for corrective action. CHRICED has procedures in place to monitor progress against budget and objectives at regular intervals (generally monthly). To ensure appropriate monitoring and reporting CHRICED has a good M&E system such as result frame work, work plan, indicators and data base which is being used to collect, collate and analyse data for the use of evaluations. This system helps to permit periodic appraisal of the project's performance, physical outputs, benefits, expenditures and impacts.

6.1.5 Evaluation Results

Relevance: To what extent is the intervention important for the target group (for example, does it focus on an important problem/bottleneck)? And to what extent are the initial objectives of the project still appropriate?

99% of the respondents interviewed indicated through their responses that the intervention is very important because it helps to educate and improve the community's awareness about health rights and assist them to make demand for maternal and child health services thereby contributing to active community participation in democratisation processes in the two local government areas.

“The intervention is well needed in the community because there are poor indicators when it comes to maternal or child health care”. (Journalist)

“The objective of the project is still valuable but then after the passing of the bill there is need to follow up on implementation for sustainability especially considering the fact that, soon there is going to be elections which may result in a change of government. As a result, there is need to follow-up and ensure the sustainability of the bill even with the new government” (CSO participant)

“We should continue working on these issues of maternal and child health. It was just two years, and some issues have been uncovered. I feel

strongly that those issues are key to the local context so it would be better to continue for a reasonable period and see the impact” (Community Member)

6.1.6. Are the activities and outputs of the project consistent with the project goals and objectives (coherence of the planned chain of causality)?

Respondents acknowledged that the project activities and outputs are in line with the project goal. However there is need to add activities such as awareness creation and sensitization on the health bills and establishment of mechanism or strategies that will be used to monitor its implementation and ensure that the right beneficiaries are aware and benefit from the improved services.

6.1.7 Outcomes and impacts: What real difference has the project made to the beneficiaries in terms of social, economic, political, cultural, and ecological changes, taking into account the gender dimension?

Discussions with the respondents revealed the project has brought about fundamental changes in life of the target population of marginalized and vulnerable groups, women and youth, which the project gave the opportunity to air their voices in the governance process. In the social context, this project has afforded poor and vulnerable citizens affected by the problem of maternal mortality, to see themselves, not as helpless on-lookers, but as important and powerful pressure bloc, that could make government respond to their needs. The trainings, workshops and strategic communications conducted as a result of the project has awakened the consciousness and returned confidence and belief to these marginalized citizens - helping to debunk the narratives, which tend to suggest that material neglect by poor governance system is an act of God, which should be borne in silence; and empowering citizens to make active demand on duty bearers in their local government areas. This programme has clearly demonstrated to them the truism in the Nigerian Constitution and in international human rights instruments that the welfare of the people is the primary purpose of government. The belief in their collective influence in the political processes will likely grow with experience of organizing and making demands on the implementation of the newly introduced health law in the state.

Similarly, this intervention has been able to debunk the elitist ritualistic notion of democracy, which tends to equate democracy to simply periodic elections. The project has been able to show citizens that democracy must deliver concrete deliverables to the people and factor their interests in the governance process. For

instance through training, meetings with the citizens, legislature, Kano Emirate Council; citizens are now able to call government to account, demanding good governance using issue of maternal mortality. On the other hand it has helped to put the elite on their toes knowing that citizens will make demands on their political responsibilities. On the cultural and gender side, this intervention has been able to use social influencers to educate the ordinary folks against cultural practices, which deny the right of women to speak out, demand and access quality maternal healthcare.

“We found it difficult to imagine that a woman could sit with her husband and take decisions together about family planning. As a result of this project, women can now sit and discuss family planning options with their men. Otherwise they would be outside and the men would take decisions and inform them later. Now with this project we feel safe to sit with men and discuss” (Women from Gwale and Kumbotso local government area of Kano state.)

The 'right to life' is a central human right that is always enforceable in a court of law. But the right to life is worthless except citizens have access to food, clean water, satisfactory shelter and the right to health.

Safe guarding the 'right to life' requires that socio-economic rights such as the right to health to be taken into account.

The right to health is guaranteed by section 17(c) & (d) of the Nigerian 1999 Constitution (as amended). CHRICED

6.1.8. How many people have been affected?

In addition, around 90% of respondents revealed that through town hall meetings, radio programme, public hearing and other activities, the project has helped to enhance their advocacy skills and empower them more on maternal and child health information as well as the capacity to engage the government on problems that affect them. One respondent stated clearly that more than 2,000,000 people/audience have been reached directly or indirectly by the project advocacy messages.

I knew about this project when I tuned my radio and heard a man discussing about maternal and child health. The discussion was so interesting, I learned a lot about the importance of the free

if passed. (Community women sampled from Gwale LGA of Kano state)

6.1.9. Which other factors contributed to the changes that were generated, and to what extent can the changes be attributed to the project activities?

The project's capacity to engage with a broad range of stakeholders, including civil society organizations, youths, members of Kano State House of Assembly, religious leaders, professional groups, media organisations, traditional rulers, community leaders, including marginalized women during the validation workshop for the research report on maternal health access and practices and other activities of the project, was to a large extent attributable to the collaborative approach adopted by CHRICED throughout the project planning and implementation phases. One interesting feedback from discussions with respondents was the fact that the project was stimulating a change of attitude amongst key demographics. Further, that the CHRICED insistence on the collaborative approach helped to overcome power dynamics that may have affected and limited intra-group and inter-group discussions especially in rural communities. Similarly, the use of community gatekeepers as champions helped the project to avoid suspicions and thereby build alliances early in the project planning which eventually carried on throughout the project implementation phase. Respondent revealed that another factor that attributed to changes in the project was the participation of citizens especially marginalised group in the public hearings which availed them the opportunity to participate in the budget discussions.

6.1.10: What are the views of the stakeholders, the target groups and the beneficiaries on the project impact in the democratization process in Nigeria?

95% of the respondents revealed that with partnership with other projects with similar objectives in the state, it has helped to enhance changes in the behaviour of stakeholders in resolving selected blockages in core governance processes for better delivery of public goods for instance increase in citizens' participation in a range of budget-related advocacies, bill advocacies, participation in public hearing and discussions, and making inputs that influenced the content of the 2017 Budget. The State Houses of Assembly improved the budget scrutiny process, fostering inclusion and participation.

“The participation in the public hearing has availed us the opportunity to push for a robust legislation for Free Maternal and Child health [care] to comprehensively address the gaps in the maternal health delivery system in Kano State”. (Community respondent)

6.1.11. Are the project objectives still relevant given achievement so far?

The project has succeeded in advancing the democratization of political processes and increased access to public services for the target population leading to improvement of maternal health care provision. However, much remains to be done. Overall, key respondents felt that should the project continue it would do well to continue working on the same issues, with 30% of respondents arguing for a deeper focus rather than a wider scope of work during a potential third phase.

“We should continue working on these issues. It was just two years so some issues have just been uncovered. I feel strongly that those issues are key to the local context so it would be better to continue for a reasonable period and see more impact.” (Youth from Kumbotso Local Government Area).

The two years has allowed the project to raise awareness and begin identifying potentially successful strategies for addressing issues of maternal health and lack of participation in governance process and there is a need to begin to dig deeper into the issues to see actual results.

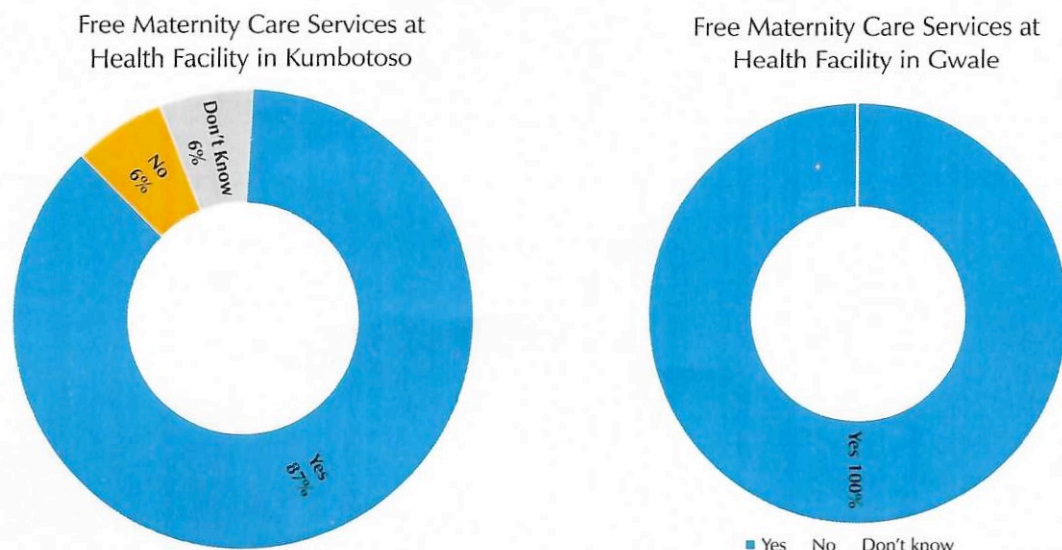
6.1.12 Impact: Did the project achieve the planned results?

The sections below seek to assess progress made against each of the project's three key objectives. The emphasis is placed on achievements in Gwale and Kumbotso local government areas.

Objective 1: The relevant legislative authorities have promulgated a law enabling the provision of free maternity care services in primary health facilities in Gwale and Kumbotso local government areas.

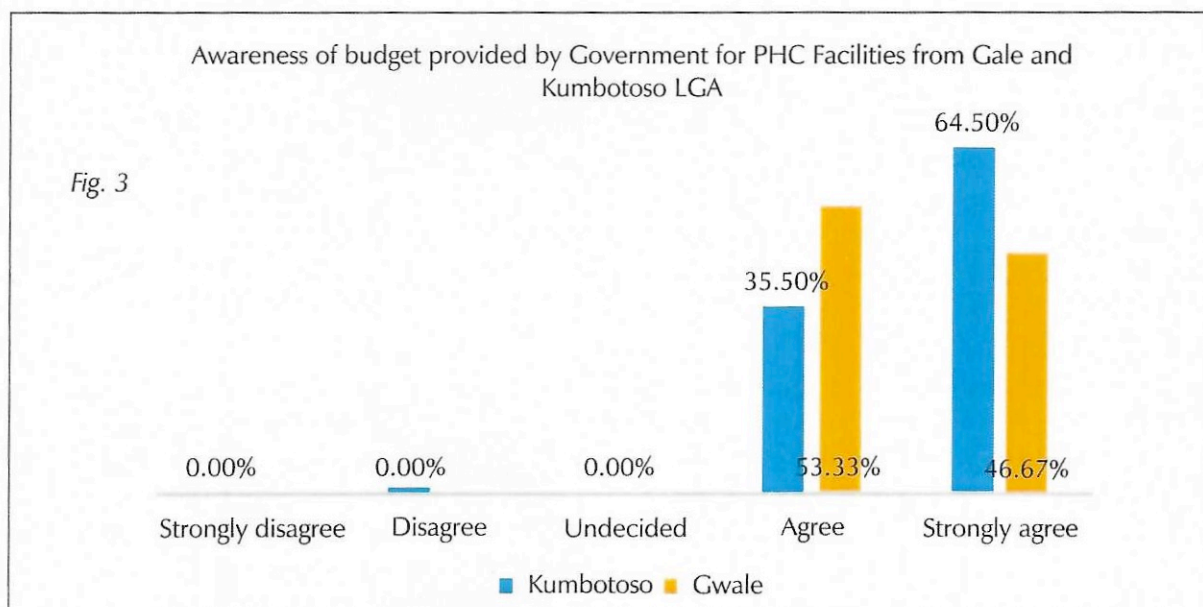
100% of respondents from Gwale and 87% from Kumbotso local government area of Kano state stated that they are aware of the free maternal and child care services bill, and the skeletal free maternal care

services now available in primary health facilities. They were further asked if they were aware of the kind of free services, and if it included the free maternity care package. 80% stated they are aware of free consultations and few drugs, while 20% said no idea. This shows that there is need for more awareness on the free maternal health bill and even the “skeletal” services. Such would have to focus on the rights and responsibilities of the communities and procedure for accessing the free maternal health packages. See chart below:



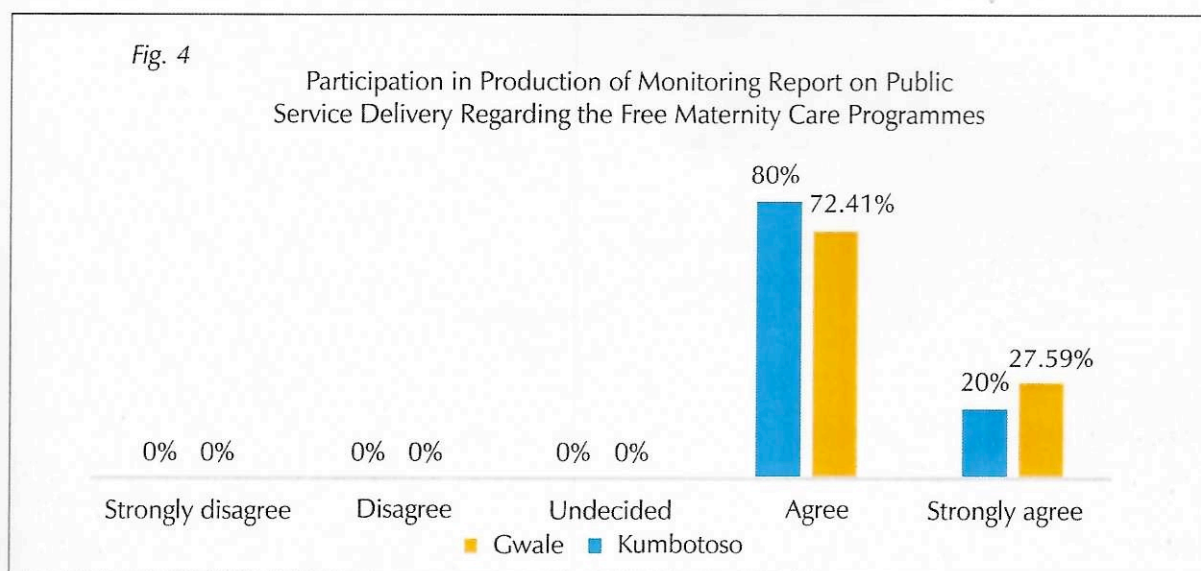
Objective 2: Appropriate budgets for these services are provided by government.

Respondents were asked if they are aware of the budget allocations by government to maternal and child health services. 30% of the respondent stated that they were aware of the budget allocations for PHC facilities while 70% of the respondents agreed that they participated in the public hearing which culminated in various presentations calling for much more robust funding in the budget to address the scourge of maternal mortality. However, the respondents don't know the exact amount allocated. This reveals that there is a great need for establishing a strategy or mechanisms that will lead to more active involvement of citizens in budget process. For instance, radio programme in Hausa dialect may be considered to enlighten every citizen about primary health care services available to them, opportunities for participation in budget discussions and actual budget allocations in the local government areas. See chart below



Objective 3: Community-level civil society grass roots groups produce a monitoring report on public service delivery with regard to the free maternity care programmes.

Discussions with stakeholders and community members in Gwale and Kumbotso local government areas revealed that they participated in the baseline research that generated a monitoring report on public service delivery with regards to free maternity care programme. However, it is important to note that the information provided by the communities, beneficiaries and leaders was the basis upon which certain key conclusions and recommendations were made in various areas of the maternal health intervention chain both within government and outside government. To ascertain this information, participants were asked if they participated in development of monitoring report on public service delivery regarding to free maternity care. 80% In Gwale stated they participated and 72% in Kumbotso also confirmed their participation



“Yes, we participated in the survey including Focus Group Discussions (FGDs) and suggested for a strategic impact evaluation to understand the maternal health goals of Kano State. Also during the launching of the report more than 60% of the target population was present. (Community Member)”

6.1.13. Efficiency: what measures were taken to ensure effective financial implementation, monitoring and reporting?

Most respondents both within CHRICED and partners highlighted that CHRICED have good financial mechanism including internal and external audit, cash transfer procedures including forecast, financial software such as Peach -Tree which it uses to record and manage all financial transactions. Also, majority of partners testified that CHRICED has good transparency and accountability system in place.

“They are very open; [they] call for press conference when necessary, [and] share their final year report to stakeholders”. (DFID staff, Kano)

6.1.14. Economy: what measures were taken to ensure cost effectiveness in procurement and implementation?

The assessors noted that the project teams made a range of efforts to ensure cost-effectiveness during the project's implementation. This is apparent from the fact that CHRICED financial and procurement policies and procedures helped to ensure value for money through rigorous planning for events and the implementation of procurement processes. In addition, partners' contacts and networks on the ground allowed them to maximize the use of funds to increase outputs for the same amount of money.

6.1.15. Efficiency: to what extent did grant management requirements support the delivery of results?

The project's grant management processes focused on value for money and the alignment of expenditures to impact. CHRICED used several of its programme outputs to amplify the focus of the grant on addressing the stated issues in the project plan. The CHRICED Programmes and Finance teams, worked in tandem to ensure seamless and efficient realisation of milestones, as enunciated in the grant

agreement. The half-yearly external/independent audit of financial expenditures, narrative reports and end of project report gave a comprehensive overview of how CHRICED grant management aligned value for money to the realisation of set objectives within the timescale of this project

6.1.16 Efficiency: Were the available resources sufficient for the activities implementation?

CHRICED staff during the interview informed that at some point in the project, CHRICED had to make some adjustments due to emerging funding constraints, in order to accommodate some activities necessitated by changes in the policy formulation framework. As a result of certain changes in the policy landscape, which made it imperative to prioritise some activities not previously envisaged, CHRICED was tasked with the decision to do some virements in favour of the more recently prioritized activity. The rationale for this was the need for slight change of strategy because of feedback from the policy implementers, communities, beneficiaries and social influencers. The pursuit of a maternal health legislation, which would benefit, not just the project areas, but the entire Kano State meant some activities were dropped and replaced. Specifically, the two-day retreat for Principal Officers and members of the Kano State House of Assembly in Kaduna State to deliberate on the free maternal health bill is one instance of an adjustment which had to be made on the programme. Again the assessment tested the changes in activities by relying on correspondents between CHRICED and its donor, Misereor/KZE. It was observed that for every line of changes in the approved budget and activities, CHRICED sought and received a new approval before effecting such changes. This aptly demonstrated faithfulness and compliance with signed procedures and contracts.

6.1.17 Were the effects achieved at reasonable costs?

Both the data from beneficiaries and key interviews provide vast evidence that the effects of the project were achieved at reasonable costs. Based on the specific objectives of this intervention, the effects achieved have been far reaching, even going beyond the scope of the project intervention areas. In terms of ensuring that local governance responds to citizen pressure towards the improvement of maternal

health, this project has had a catalytic effect on the legislative process, such that beyond the two local governments of Gwale and Kumbotso, the remaining 42 local governments in Kano State are benefiting from its multiplier effects. For instance, *“The campaign for free maternal and child health law is having a good effect in terms of putting attention on Primary Health Care Centers in the State”. (Youth from Kumbotso LGA)*. The strategic communications, and the advocacy mounted by CHRICED on the need for stakeholder to concert efforts towards reversing the scourge of maternal mortality, yielded other legislative initiatives, including the Kano State Health Trust Fund Bill, which has been passed. This legislation provided a dedicated 5% of the Trust Fund, for maternal health interventions in the state.

6.1.18 Efficiency: to what extent did the management, decision-making and relationships structures of the project support the successful implementation of the project?

A range of management and decision-making structures were established at the inception of the project. These structures, especially in the communities placed emphasis on the need for participatory approaches, and a bottom up mode of citizen engagement, which led to involvement of the beneficiaries in the project planning as well as activity implementation. This provided insights regarding how the programme is shaping their roles as citizens and suggested areas that could be explored to strengthen impact of the intervention on maternal health. In terms of feedback, the role of the communities and beneficiaries has enabled CHRICED pick up valuable lessons for adjustments.

“Another example of feedback proving helpful for programme implementation relates to beneficiaries drawing attention to the inadequacy of training for many health personnel produced by health institutions in Kano State. This was forcefully canvassed by one of our participants during the workshop organized by CHRICED for Local Governments officials, community health workers, and other social influencers. These feedbacks have in turn impacted the further redesign of implementation strategies”. (CHRICED STAFF)

6.1.19. Effectiveness: how well did the project predict and react to risks?

A risk matrix was developed for the project, however not all staff were aware of its existence. CHRICED management staff responsible for decision making were more in tune with the predicted project risks factors. Most of the major external risks envisaged from a low to high level include; religious crisis and Boko Harm insurgency. However, CHRICED has been able to leverage on its strong contacts and networks to glean information on security before fixing activities.

6.1.20. Effectiveness: how has the approach to management and administration system, including monitoring, data collection, and learning affected the overall impact of the project?

A robust Monitoring & Evaluation framework was developed for the project. However, this document primarily captured specific outputs and outcomes that were relevant to the project implementation. These include indicators which have helped in measuring progress against specific targets making it easy to get an overall sense of achievements both in terms of outputs and outcomes.

6.1.21. Effectiveness: how did the project ensure accountability to beneficiaries?

Beneficiaries were involved in the project from the outset, as part of the baseline research and were also involved in community-level stakeholder and advocacy committees. Information about the project in general as well as ongoing progress and key research findings were shared with beneficiary groups at regular intervals

6.1.22. Did the project result in any policy reforms at local or national level?

Overall, during the project implementation, the main successes in this area have been the project's contribution to promulgating a set of laws enabling the provision of free maternity care services in primary health facilities in Gwale and Kumbotso local government areas. The project campaign and advocacies elicited actions from policy makers, especially the legislature, which enacted the Health Trust Fund Law, the Drug Revolving Fund, and the Contributory Healthcare Scheme. The Maternal and Child Healthcare Bill, which is still going through the legislative process, also provides the framework for the mobilization of resources for maternal healthcare, and to entrench accountability in the management of those resources.





The financial analysis of the project will be broken down into two different domains. The first, which is the one explored in this section, relates mainly to the general analysis of the financial performance of the project with focus on project activities. It traces the breakdown of the main components of the project's investments and their relative weight. The second domain trace down the Management expenses of the project such as costs associated with staff salary, utility, travel expenses, operating costs etc.

CHRICED has kept files for all its expenditures, and demonstrated proper book keeping, and maintained a well-documented tracing of all expenditure of this project. Based on the financial records, the budget expenditure was in line with MISEREOR/KZE approved budgets. In other words, judging by CHRICED financial files, the evaluation team was able to establish that CHRICED expenditures were in line with project approved budget.

Table 2: General Analysis of project activities

Project Activity	Budget	Total Expenditures	Balance
Workshops, Meetings, Conferences	14,050,000	13,960,084	89,916
Publications	5,720,200	5,719,725	475
Research study/ Baseline on maternal mortality	7,118,100	7,161,300	-43,200
Budget monitoring	2,975,800	2,972,300	3,500

The table above demonstrates that the project spent almost NGN29,813,409 and consumed most of its allocated budget. The bulk of these expenditures were spent on the Implementation of project activity.

7.1 Analysis of General Management Expenditures

Concerning the general management component of the expenditures, the team compiled details of these expenditures from CHRICED records; the table below details some of the main sub-categories of this component.

Activity	Budget	Total Expenditure	Balance
Staff Costs	7,920,000	7,920,000	Nil
Communication and routine transport	1,500,000	1,469,889	30,111
Auditing	483,750	483,750	Nil
Utility	2,356,800	2,356,835	-35
Other expenses	Nil	Nil	Nil

General Attainment of Outputs

8

This section investigates the main outputs of the project:

1. Conducting a study on maternal mortality in the target areas

The project conducted a research on maternal mortality across seven communities of Gwale and Kumbotso Local Government Areas of Kano state. The study aimed to provide research based knowledge on the State of maternal healthcare, the nature of access, as well as the public perception of the performance of maternal healthcare facilities in communities in terms of quality of service. The study included the following elements: Desk research of published sources to gather secondary information, Focus group discussions, Key informant interviews, and Questionnaire-based field survey to gather primary data.

In Gwale Local Government Area, three communities in Dorayi, Kabuga, and Gwale were covered. In Kumbotso Local Government Area, Panshekara, Galadanci, Kumbotso, and Gurungawa were the focus. The survey sample included 100 women and 100 men selected randomly, divided according to a 60:40 ratios between Gwale and Kumbotso LGAs. The ratio was based on the populations of the local government areas according to the most recent population census figures.

Interacting with project beneficiaries and communities revealed that the research provided evidence on key factors driving maternal and child deaths in the project areas ranging from Age at First Childbirth, number of children, desire for more children, knowledge of family planning and its usage, antenatal clinic attendance, reasons for attendance, places of delivery and post-natal attendance. Also, majority of the respondents stated that participating in the research as well as the Validation Workshop was a good step in the right direction. They made this point because those on the demand and supply side of the maternal health system in the project area were called upon to review the report, brainstorm on the key findings and recommendations. Respondents noted that the sessions also gave them the opportunity to assess the findings with a view to making their inputs before publication and release of the report.

2. Mobilising the target groups to support the bill in the local government areas

Interaction with respondent revealed that after the

drafting of the bill, CHRICED again took it through a process of engagement, where inputs were made by target groups and beneficiaries. CHRICED mobilized youths and women from various communities in Gwale and Kumbotso LGA to attend the Public Hearing organized by the Kano State House of Assembly on the 2017 Budget. 30 youths from Gwale and Kumbotso Local Government, and other civil societies groups, academia and community leaders. The respondent noted that the opportunity to attend the budget hearing ensured citizens' inputs were reflected in the 2017 budget process.

3. lobbying and advocating for the passage of bill in the targeted areas

The team conducted several advocacies during the implementation of the project. This included visits to District Head (Hakimin) Gwale, Alhaji Abass Inuwa and, Kano Emirates Committee on Health and members of the State House of Assembly. Based on the interaction with the respondent it was clear that as a result of the advocacy effort, Honorable Naziru Zakari Sheka, a member of the Health Committee representing Kumbotso also has agreed to sponsor the bill. Also, committee was set up within the Emirate council to generate data on maternal and child mortality, and coordinate efforts at the grassroots level to address issues of maternal and child health. Based on CHRICED research and advocacy, a list of hard to reach communities was requested by the Kano State House of Assembly. The lawmakers also relied on CHRICED technical expertise to get the right quotes for the cost of motorbike ambulances, which could be used for the transportation of expectant mothers to the hospital in communities with difficult terrain.

4. Broadcasting radio programs in support of the program in the area

The team validated the radio programs done by CHRICED by assessing the clips, and perception of the people on the programme. Questionnaire was composed and few questions were asked to assess the impact of the radio programme. Majority of the respondents revealed that the radio programme enhanced their knowledge on maternal and child health issues. Also, they testified listening to the programme. From the analysis, the project has made good progress towards general attainment of its outputs. More than 60 % of women who participated in the programme demonstrated capacity in service delivery monitoring.

Advocacy by CHRICED



In general, the team was able to obtain some information about advocacy conducted by CHRICED during its field visits. In assessing the advocacy activities, it is important to mention advocacy activities which CHRICED has undertaken such as: Advocacy visits to relevant executive and legislative officials; Workshop for public officials; Town-hall meetings between constituents and elected public officials; Target group participation in public hearings on budgeting and bills; Airing of radio jingles; Publication and distribution of handbills and posters (produced in English and Hausa Languages), and Open-air rallies. During our discussion with the target group on achievements based on the listed advocacy activities implemented, many cited the procurement of tricycle ambulances for transportation of women in labour from the communities to health facilities as a key milestone. Respondents also pointed at improvement in health budgetary allocation, as well as citizen participation in public hearing leading to making their voice heard on issues that affect them, especially with specific reference to maternal health issues. Another significant achievement was the enhancement of target and beneficiary group advocacy skills. This, the respondents noted, empowered them to be able to advocate on maternal and child health issues. Majority of the respondents cited the Kano State Health Trust Fund Bill which has been passed into law and the provision of dedicated 5 percent of the Trust fund, for maternal health intervention in the state. Also, women using the primary health facilities in Gwale LGA of Kano state revealed that consultation for pregnant women and drugs are free.

Sustainability

Ensuring Ownership and Lasting Change



To what extent will activities be sustained by local beneficiaries/partners after the funding comes to an end?

● There is some evidence already that the approach adopted by the CHRICED was potentially conducive to longer-term sustainability due to the high-levels of buy-in and engagement it encouraged from the outset. Particularly in terms of its capacity to mobilize community members and other key stakeholders in the collection and analysis of data, the project has done significant work. The involvement of members of the State House of Assembly, community /religious leaders, media personnel, CSOs and academia in achievement of project deliverables was especially significant. There are indications that they would be committed to working together in future and integrating some of the project activities into their work. The involvement of key stakeholders across policy making and societal influencing groups was also considered to be crucial in ensuring longer-term sustainability once funding comes to an end. Discussions with CHRICED staff and partners also demonstrated that there is a growing understanding of the need to integrate some of the

activities into their broader programme of work:

“We are beginning to absorb it into our normal work, even when the project ends there is so much to do.” (CHRICED staff)

● 40% of respondents felt that it was crucial to continue encouraging buy-in and focus on close monitoring of maternal health interventions the way civic agencies like CHRICED are doing so far. Importantly, the sustainability of the efforts put into this project so far would depend heavily on how civic agencies are able to track resource budgets from the point of allocation to the points where service to the citizen is rendered.

“If you as an organization are taking up something and you don't involve other people, sustainability becomes a problem; buy-in becomes a problem. But once you get other people to be involved from the outset, they can make the issue their own. We had a lot to learn from working with others. If they take your message for you, then you have a whole host of people on board and they can sing the anthem for you where you are not. That is the beauty of working together.” (DFID Staff Kano)

Conclusion

Lessons Learned

Recommendations

11.1 Conclusion

The 24-month project served as an opportunity to operationalize the project framework, which aimed to advance the democratization of political processes in two districts of Kano State in Northern Nigeria. This is with a view to building on lessons learned and promoting a broader roll-out of the approach in future. On balance, despite the relatively short implementation period, the basic premises of the project are valid in practice and that broader stakeholder engagement in participatory process promotes an improved understanding, buy-in and action. The focus areas of the project were largely considered to be relevant at all levels and progress was made towards the achievement of the project's objectives.

Overall some of the projects primary areas of achievements would be located in the broad attempt to debunk the elitist ritualistic notion of democracy, which tend to circumscribe democracy to the ritual of periodic elections. This project emphatically advanced the efficacy of citizens' participation in governance process. The project has been able to show the citizens that democracy must deliver concrete deliverables to the people and factor their interests in the governance process. On the cultural and gender side, this intervention has been able to use social influencers to educate the ordinary folks against cultural practices, which deny the right of women to quality maternal healthcare. In terms of

gender, women participation has been at the heart of this project. Women were trained to be the leading voices for their own interests, especially as they are the ones most affected by problems like maternal mortality.

However, to consolidate gains and promote wider impact and sustainability, more remains to be done in areas of advocacy, primarily by building on initial successes achieved and linking work being undertaken in the implementation areas to the national level through strong partnerships.

For future work, it is essential that the project team strengthen its approach to incorporate strategies to ensure follow up on implementation of sustainability of the bill, especially as 2019 General Elections approaches.

Longer-term sustainability should be promoted by continuing to encourage buy-in of key beneficiaries at local, national and international level and emphasizing collaborative advocacy work with other CSOs with the same focus.

11.2 Lessons learned

Whole process of the project research and advocacy yielded tremendous learning for future course of action for promoting Maternal and Child Health in Kano State through an integrated process of sensitising communities, influencing key decision makers for coming up with supportive legislation and effective implementation. Below are key lessons

learnt:

- The most important lessons learned from the previous project is about how the poor, who are affected the most, are interested and alive to responsibility of canvassing for change when empowered, and provided with the right channels to voice out their concerns.

- Communities in Gwale and Kumbotso LGAs are very much vibrant and open for discussing their health and other social issues. The only issue is that they do not find a supportive environment to express their views.

- Although there are some social and cultural barriers in discussing maternal health particularly sexual and reproductive health issues, but whenever people are offered appropriate environment to share their issues and propose locally feasible solutions, they do it comfortably.

- Formerly, Maternal Health (MH) in the underserved areas has not been at the centre stage of focus by policy makers at different levels but through well designed outreaches to media and through community mobilisation backed up by sustained research and advocacy efforts of CHRICED, this issue has now come to the forefront at key decision makers' level.

- Acceptance of Maternal Health as priority issue at policy levels provides advocates and researchers a window to build upon in terms of putting those issues at the core of the development debate. Particularly in poor and marginalized communities, it is important to constantly get the attention of key stakeholders particularly policy makers on these issues. The extent of CHRICED work has made it easier to establish a nexus between maternal and new born child health issues.

- There is evidence through this process that various key stakeholders: communities, religious and cultural leaders, as well as civil society and professional groups are willing to accept their responsibilities for ensuring a supportive environment for maternal health. However, no formal or official mechanism exists for integrating efforts of each player for creating a real change or larger impact. This situation implies greater responsibilities on civil society organizations, academia and researchers to forge sustained partnerships mainly aiming at integrating efforts at various levels through an informed and robust

coordination mechanism to bring about tangible improvement in Maternal Health status of women and eventually channelling their energies in the development process.

- There is good acceptance and reception of the planned measures by the Kano State legislature to the law making policies centred on development; and this should be explored by CSO.

11.3 Recommendation

The opinion of the evaluator is that, by the evaluation parameters defined in the project description, the project titled Promotion of Democratic Participation in 2 Local Government Areas in Kano State / Nigeria: *Fostering Development with Focus on Maternal Health* by the Resource Centre for Human Rights and Civic Education (CHRICED) has achieved its objectives. The project has demonstrated both the desirability and feasibility of the effort of strengthening democratic local governance by encouraging a culture of political accountability and improving citizen access to public services. The target population are happy with the improvements of maternal health achieved through the project. The project was welcomed enthusiastically by the local and government officers and members of the public, particularly in Gwale and Kumbotso Local Government Area, indicating significant potential to contribute to the development of a democratic culture in Nigeria.

However, the fact that this is a second phase of CHRICED project on maternal health only allows it to create further immediate and transient effects, such as has been assessed in this report. To create truly significant outcomes that will contribute to achieving the defined project purpose, CHRICED would need to run the project for a more extended period, and must also focus on tracking budgetary allocation for maternal health. This would allow time for its impact to grow in the project locations, giving time for the project outcomes to mature for detailed evaluation. The assessor therefore recommend that this project phase should be followed by a more extended and detailed project in pursuit of the defined purpose.

Oladayo Olaide
Team Leader

Bridget Chukwudera Okeke
Gender Expert

Annexes

Annex 1 Key informant interviews

Respondents for key format interviews (23)		
Respondent Category	Male	Female
Media personnel	1	2
CSOs	2	3
Partners (International Organisation)	1	1
Academia	1	1
Members of State House of Assembly	2	0
Health Workers	2	3
Community leader	1	0
Facility users (Women/Youths)	0	3
Total (23)	10	13

Annex 2: Questionnaire

Section A: Demographics

1. Age
 - (a) 20 - 30
 - (b) 40 - 50
 - (c) 60 - 70
2. Gender
 - a) M/F
3. Marital Status:
 - (A) Married
 - (b) Never married
 - (c) Divorced (d)Widowed
4. Language _____
 - (a) Hausa
 - (b) Igbo
 - (c) Yoruba

Section B: Project Objectives

5. Are maternity care services in primary health facilities in your local government free?
 - (a) Yes
 - (b) No
 - (c) Don't Know

6. Do you know of any law on free maternity care services in primary health care facilities?

- (a) Yes
- (b) No
- (c) Don't Know

7. What category of people and children received this health care services?

- (a) Under 5
- (b) 6-12
- (c) Post antenatal care mothers

8. Which of the following services are free?

- (a) Consultations
- (b) Drugs
- (c) Investigations
- (d) Surgeries

On the Likert scale below, tick the box that best captures your response to the following questions

9. I am aware that there is a budget provided by Government for primary health care facilities

Strongly disagree	Undecided	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. I know the opportunities that exist for effective CSO engagement on Budget with government in my State.

Strongly disagree	Undecided	Agree	Strongly Agree

11. I was part of the Civil Society groups that produced a monitoring report on public service delivery regarding the free maternity care programmes.

Strongly disagree	Undecided	Agree	Strongly Agree

12. I participated in budget tracking process of public service delivery regarding to free maternity care programme.

Strongly disagree	Undecided	Agree	Strongly Agree

13. If "strongly agree" What obstacles did you encounter during this process?

14. Do you participate in the legislative process of free maternity bill?
If yes, what role do you play?

Section C: Relevance

15. Does the project objectives help to solve the needs of the target groups? If yes, how ?

16. Do you think the objectives of this project is still valuable? If Yes, how? If No, please suggest on other possible objectives

17. Do you think the activities listed below will help to achieve the project goals and objectives?

- conducting a study on maternal mortality in the target areas and writing a report on its findings
- drawing up a draft bill for free maternity services
- mobilising the target groups to support the bill
- lobbying and advocacy for the bill
- carrying out public relations activities
- organising community meetings
- broadcasting radio programmes
- conducting public hearings
- mobilising funds

- visiting health facilities.

18. How relevant is the project to other key stakeholders such as UN agencies , NGO etc .

Section D: Effectiveness

19. Do you participate in the lobby and advocating for the passage of free maternal health bill? If yes, what challenges do you encounter during this process?

20. Do you listen to radio programme sponsored by CHRICED advocating for free maternal health bill? If yes, what is the programme all about?

On the Likert scale below, tick the box that best captures your response to the following questions.

21. The above listed objectives are realistic
22. The relevant legislative authorities have promulgated a law enabling the provision of free maternity care services in primary health facilities in Gwale and Kumbotso local government areas.
23. Appropriate budgets for these services are provided by government.
24. Community-level civil society grass roots groups produced a monitoring report on public service delivery regard to the free maternity care programmes.

Strongly disagree	Undecided	Agree	Strongly Agree

25. In your opinion, what factors do you think can influence the achievement or non-achievement of the above listed objectives?(please refer to Question 20)

16. Do you think that the project design and its implementation put into consideration gender inclusion which gave leverage to partnership between the members of the community and the state house on assembly on public hearing participations. If yes, how?

26. Do you think that there have been indirect effects generated by the intervention in the State House Assembly/ Do you think this intervention has led to improvement in other areas of maternal health or wellbeing of women in the state? If yes, how? For

instance, has it led to the State House of Assembly suggesting new strategies for better life of women and children in the state?

18. Has the project contributed to the reduction or increase of tensions in the project area; has it contributed to a collaboration of Muslims and Christians, etc? (The Catholic Bishop of Kano will be informed about the evaluation of the project -that he will be interviewed by the evaluator and that he receives a copy of the final report of the evaluation).

Annex 3: In-depth Interview Guide for evaluation of project 'Promotion of Democratic Participation in 2 Local Government Areas in Kano State / Nigeria.

Introduction:

Good morning, Good afternoon, Evening. Thank you for your willingness to have this discussion. My name is ----- an external consultant to CHRICED. We have been retained to evaluate a project titled, "Promotion of Democratic Participation" implemented by CHRICED to advance democratisation and accountability of local governance processes. The project aims to contribute to improved access and provision of maternal health services, reduction of maternal mortality burden and risk in Gwale and Kumbotso local government areas in Kano state.

Specific key objectives of the project are:

1. The relevant legislative authorities have promulgated a law enabling the provision of free maternity care services in primary health facilities in Gwale and Kumbotso local government areas;
2. Appropriate budgets for these services are provided by government;
3. Community-level civil society grass roots groups produce a monitoring report on public service delivery regarding the free maternity care programmes.

This interview is part of the evaluation process to interview beneficiaries and those who have participated or have been involved in the project implementation.

Please with your kind permission, I will like to tape record our conversation. The purpose of this is to get all the details that you provide and at the same time be able to carry on an attentive conversation with

you. I assure you that all your comments will remain confidential. I will be compiling a report which will contain all participant's comments without any reference to individuals. If you agree to this interview and the tape recording, please sign this consent form."

"I'm now going to ask you some questions that I would like you to answer to the best of your ability. If you do not know the answer, please say "No Idea". You are free to discontinue the interview if at any point you become uncomfortable with any question.

Relevance: This Question goes to stakeholders such as Media personnel, Community Leaders such as (Hakimin) Gwale, Alhaji Abass Inuwa, Chief Imam of Ja'en in Gwale Local Government Area, Health Workers, CSOs,

- a. Having participated in the project implementation, do you think the objectives of the project are suitable to solve the needs of the target population?
- b. Did we do the right thing in the right way?
- c. To what extent is the intervention important for the target group (for example, does it focus on an important problem/bottleneck)? To what extent are the initial objectives of the project still appropriate?
- d. To what extent are the initial objectives of the project still appropriate?
- e. Are the activities and outputs of the project consistent with the project goals and objectives? (coherence of the planned chain of causality)

Section A Objectives:

1. Can you give me a brief description of maternity care services in the primary health care center in your local government?
 - Probe to know if the services are free and what kinds of service are free. Which categories of people participate in these services?
 - Probe to know if there is any law on free maternity health service in primary health centers
2. Are you aware of the budget amount provided by Government for primary health care facilities in your state?
3. Are there any opportunities for effective CSO engagement on Budget with government in your State? If yes, kindly explain.
 - Probe to know if it is because of this project implementation that facilitated or gave more leverage for partnership between the CSOs or member of the citizens to effectively engaged in the

budget.

- Probe to know the kind of engagement that exists.
4. Do you participate in the legislative process of free maternity bill?

If yes, what role do you play?

5. To the best of your knowledge does the project objectives help to solve the needs of the target groups? If yes, how?

Section B Effectiveness

6. To what extent were the objectives achieved or are likely to be achieved? What were the major factors influencing the achievement or non-achievement of the objectives?

7. Do you think that the project design and its implementation put into consideration gender inclusion which gave leverage to partnership between the members of the community and the state House of Assembly on public hearing participation? If yes, how?

8. Do you think that there have been indirect effects generated by the intervention in the State House of Assembly/ Do you think this intervention has led to improvement in other areas of maternal health or well-being of women in the state? If yes, how?

9. How well did the project predict and react to risk?

10. How has the approach to management and administration system, including monitoring, data collection, and learning affected the overall impact of the project?

11. How did the project ensure accountability to beneficiaries?

Section C: Efficiency

12. Are the communities, beneficiaries, and leaders involved in identifying needs and designing strategies? If yes How?

13. What measures were taken to ensure effective financial implementation, monitoring and reporting?

14. What measures were taken to ensure cost effectiveness in procurement and implementation?

15. To what extent did grant management requirements support the delivery of results?

16. Were the available resources sufficient for the activities implementation?

17. Were the effects achieved at reasonable costs?

18. To what extent did the management,

decision-making and relationships structures of the project support the successful implementation of the project?

Section D: Project Impact

19. In your own opinion, what changes has this project made in the life of target population? (looking at the social, economic, political, cultural, and ecological changes, considering the gender dimension)

20. To the best of your knowledge, what factors do you think attributed to these changes? (for example, is it as a result of project activities? if yes, explain)

21. Did the project achieve the planned results?

22. How many people have been affected?

23. Which other factors contributed to the changes that were generated, and to what extent can the changes be attributed to the project activities?

24. What are the views of the stakeholders, the target groups and the beneficiaries on the project impact in the democratisation process in Nigeria?

25. Are the project objectives still relevant given achievement so far?

26. Did the project achieve the planned results?

Section E: Sustainability:

27. To what extent will the activities be sustained by local beneficiaries/partners after the funding comes to an end?

28. Did the project result in any policy reforms at local or national level?

Annex 4 Terms of Reference for the Evaluation

The overall purpose of this evaluation is to assess the relevance, efficiency, efficacy and impact of the project and the sustainability of the project.

Purpose of the Evaluation

As stated above, the overall purpose of the evaluation is to determine if the project activities are beginning to bring about expected changes and assess the factors that are crucial to producing (or preventing) changes happen and draw lessons for future programming. Specifically, this evaluation aims to:

- To evaluate the output /outcomes and impact of the project against its three objectives.
- To assess realisation of project objectives and results achieved.
- To assess the logical framework (impact oriented indicators, attribution of measures to outcomes and effects) and recommendations for the

project implementation scheme and strategies for future projects.

- To assess the project's financial management and value for money.
- To draw lessons for future programming.

Areas of Review/Evaluation Questions

In order to respond to the above assessment questions, five separate yet interlinked areas of review have been identified and are outlined below.

A. Relevance: did we do the right thing in the right way?

- Having participated in the project implementation, do you think the objectives of the project is suitable to solve the needs of the target population?
 - Did we do the right thing in the right way?
- To what extent is the intervention important for the target group (for example, does it focus on an important problem/bottleneck)? To what extent are the initial objectives of the project still appropriate?
- To what extent are the initial objectives of the project still appropriate?
- Are the activities and outputs of the project consistent with the project goals and objectives (coherence of the planned chain of causality)

B. Impact: did the project achieve the planned results?

For each project output/ outcome the consultants should review how effective project activities have contributed to achieving the outcomes. This should be undertaken through a desk review of project performance from the M&E framework, reports, Consultants should advise whether the current set of outcomes for the project are still relevant and appropriate, and whether revisions are necessary as the project moves forward, bearing in mind the need for baseline data if this option is recommended.

- In your own opinion, what changes has this project made in the life of target population? (looking at the social, economic, political, cultural, and ecological changes, considering the gender dimension)

- To the best of your knowledge what factors do you think attributed to these changes? (for example, is it as a result of project activities if yes explain)

- Did the project achieve the planned results?

- How many people have been affected?
- Which other factors contributed to the changes that were generated, and to what extent can the changes be attributed to the project activities?

- What are the views of the stakeholders, the target groups and the beneficiaries on the project impact in the democratisation process in Nigeria?

- Are the project objectives still relevant given achievement so far?
- Did the project achieve the planned results?

C. Achieving value for money: economy, efficiency & effectiveness

- Efficiency: what measures were taken to ensure effective financial implementation, monitoring and reporting?

- Efficiency: to what extent did grant management requirements support the delivery of results?

- Efficiency: how well did the various activities transform the available resources into results?

- Efficiency: to what extent did the management, decision-making and relationships structures of the project support the successful implementation of the project?

- Efficiency: how well did the project predict and react to risks?

- Effectiveness: to what extent have the resources allocated enabled the project to achieve the planned results (i.e. what did we get for our money)?

- Effectiveness: to what extent did the project deliver the expected results?

- Effectiveness: how has the project's approach to monitoring, data collection, and learning affected the overall impact of the project? (for example, to what extent was learning from baseline incorporated into the project's implementation plan to achieve change?)

- Effectiveness: how did the project ensure accountability to beneficiaries?

Table 1			
General characteristics of the respondents		Gwale n (%)	Kumbotso n (%)
Interviewee		30	31
Gender			
	Male	12 (40)	14 (45.16)
	Female	18 (60)	15 (48.39)
	No response	0 (0)	2 (6.45)
Age			
	20-30	27 (90)	22 (70.97)
	40-50	2 (6.67)	5 (16.13)
	60-70	1 (3.33)	2 (6.45)
Marital status			
	Married	20 (66.67)	20 (64.52)
	Never married	7 (23.33)	6 (19.35)
	Divorced	2 (6.67)	2 (6.45)
	Widowed	1 (3.33)	1 (3.23)
Language			
	Igbo	2 (6.67)	5 (16.13)
	Hausa	27 (90)	20 (64.52)
	Yoruba	0 (0)	4 (12.90)
	No response	1 (3.33)	2 (6.45)

Table 2			
Project objectives		Gwale n (%)	Kumbotso n (%)
Free maternity care services at Health Facility in LGA			
	Yes	30 (100)	27 (87.10)
	No	0 (0)	2 (6.45)
	Don't know	0 (0)	2 (6)
Knowledge of any law guaranteeing free maternity care services in PHC			

	Yes	30 (100)	21 (67.74)
	No	0 (0)	2 (6.45)
	Don't know	0 (0)	6 (19.36)
Category of people and children who received this health care services			
	Under 5	6 (20)	2 (6.90)
	6-12	1 (3.33)	2 (6.90)
	Ante and post-natal care mothers	23 (76.67)	27 (87)
Services that are free			
	Consultation	30 (100)	9 (50)
	Drugs	0 (0)	5 (27.78)
	Investigations	0 (0)	4 (22.22)
Awareness of budget provided by Government for PHC facilities			
	Strongly disagree	0 (0)	0 (0)
	Disagree	0 (0)	0 (0)
	Undecided	0 (0)	0 (0)
	Agree	16 (53.33)	11(35.5)
	Strongly agree	14 (46.67)	20 (64.5)
Knowing opportunities that exist for effective CSO engagement on Budget with Government in my state			
	Strongly disagree	0 (0)	0 (0)
	Disagree	2 (6.66)	0 (0)
	Undecided	0 (0)	0 (0)
	Agree	22 (73.33)	21 (72.41)
	Strongly agree	6 (20)	8 (27.59)
Being part of the Civil Society groups that produced a monitoring report on public service delivery regarding the free maternity care programmes			
	Strongly disagree	0 (0)	0 (0)
	Disagree	0 (0)	0 (0)
	Undecided	0 (0)	0 (0)
	Agree	24 (80)	21 (72.41)
	Strongly agree	6 (20)	8 (27.59)

	Undecided	0 (0)	0 (0)
	Agree	22 (73.33)	21 (72.41)
	Strongly agree	6 (20)	8 (27.59)
Being part of the Civil Society groups that produced a monitoring report on public service delivery regarding the free maternity care programmes			
	Strongly disagree	0 (0)	0 (0)
	Disagree	0 (0)	0 (0)
	Undecided	0 (0)	0 (0)
	Agree	24 (80)	21 (72.41)
	Strongly agree	6 (20)	8 (27.59)
Participation in budget tracking process of public service delivery regarding to free maternity care programme			
	Strongly disagree	0 (0)	0 (0)
	Disagree	0 (0)	0 (0)
	Undecided	0 (0)	0 (0)
	Agree	28 (93.33)	2 (6.90)
	Strongly agree	2 (6.67)	27 (93.10)
Obstacles encounter during the process (Q13)			
	Free response		
Participation in the legislative process of free maternity bill			
	Yes	30 (100)	29 (100)
	No	0 (0)	0 (0)

Table 3			
Relevance		Gwale	Kumbotso
		n (%)	n (%)
The project helps to solve the needs of the target groups			
	Yes	28 (93.33)	19 (72.22)

	No	0 (0)	4 (11.11)
	No response	2 (6.67)	5 (16.67)
The objectives of the project are still valuable			
	Yes	29 (96.67)	17 (94.4)
	No	0 (0)	0 (0)
	No response	1 (3.33)	1 (5.56)
The following activities helped to achieve the project goals and objectives: i. Conducting a study on maternal mortality; ii. Drawing up a draft bill for free maternity services; iii. Mobilizing the target groups to support the bill; iv. Lobbying and advocacy for the bill; v. Carrying out public relations activities; vi. organizing community meetings, etc.			
	Yes	26 (86.67)	29 (100)
	No	0 (0)	0 (0)
	No response	4 (13.33)	0 (0)
Relevance of the project to other key stakeholders (Q18)			
	Free response		

Table 4			
Effectiveness		Gwale	Kumbotso
		n (%)	n (%)
Participation in the lobby and advocating for the passage of free maternal health bill			
	Yes	28 (93.33)	17 (94.44)
	No	0 (0)	0 (0)

	No response	2 (6.67)	1 (5.56)
Listening to radio programme sponsored by CHRICED advocating for free maternal health bill			
	Yes	30 (100)	15 (83.33)
	No	0 (0)	0 (0)
	No response	0 (0)	3 (16.67)
The following listed objectives are realistic: i. The relevant authorities have promulgated a law enabling the provision of free maternity care services in PHC in Gwale and Kumbotso LGA; ii. Appropriate budgets for these services are provided by government; iii. Community-level civil society grass roots groups produced a monitoring report on public service delivery regard to the free maternity care programmes			
	Strongly disagree	0 (0)	
	Disagree	1 (3.33)	
	Undecided	1 (3.33)	
	Agree	23 (76.67)	3 (16.67)
	Strongly agree	3 (10)	15 (83.33)
	No response	2 (6.67)	0 (0)
Factors that can influence the achievement or non-achievement of the listed objectives (Q22)			
	Free response		
The project design and its implementation put into consideration gender inclusion on public hearing			

	Yes	28 (93.33)	0 (0)
	No	0 (0)	0 (0)
	No response	2 (6.67)	0 (0)
There have been indirect effect generated by the intervention in the state house of assembly which led to improvement in other areas of maternal health or well-being of women in the state			
	Yes	25 (83.33)	0 (0)
	No		0 (0)
	No response	5 (16.67)	0 (0)

About CHRICED



Legal Status

The Resource Center for Human Rights & Civic Education (CHRICED) is registered in October 2006 with the Corporate Affairs Commission (CAC) as a non-profit, non-partisan, non-governmental organization [NGO] for the promotion of human rights, democratic participation, accountability and inclusiveness on the basis of the Nigerian Constitution and other national and international human rights instruments.

Vision

CHRICED envisions a democratic Nigeria where participation, inclusion and transparency are guaranteed and state and non-state actors actively collaborate towards accountable and responsive use of resources for the collective wellbeing of citizens.

Mission

CHRICED's mission is to mobilize state and non-state actors to actively collaborate towards fostering the rule of law, accountability and the responsive use of resources for the collective well-being of the people.

Civic education is our strategic vehicle for empowering citizens, in pursuit of this mission.

CHRICED Thematic and Approach

CHRICED is a Nigerian not-for-profit, and a knowledge-driven platform of active citizens working for the promotion of human rights, rule of law, democracy and accountability. CHRICED uses democratic principles to safeguard rights and ensure the benefits of democracy accrue to citizens. With offices in Lagos and Kano, CHRICED is currently pioneering rights-based approach to tackle the debilitating problem of maternal mortality in northern Nigeria. The organization is also intervening in the region to improve accountability in management of local government resources. Access to education for

the girl-child through robust community action has been another core focus of her intervention, as well as preventing the labour exploitation of the vulnerabilities of almajiri street children in Northern Nigeria. CHRICED programme targeting marginalized youths, especially in the poor rural areas, has focused on promoting equitable access to economic and livelihood opportunities for youths in northern Nigeria. CHRICED also has over a decade-old experience in monitoring and advocating transparent and credible elections within Nigeria and outside Nigeria.

The rights approach allows CHRICED to call out government and agencies based on national and international legislations and commitments endorsed by the Nigerian government. She work in partnership with community based associations and organisations, religious bodies, traditional rulers, women groups, government and its agencies, youths and the media. This broad spectrum of engagement has over the years increased CHRICED ability to reach diverse constituencies, amplifying their voices and legitimizing her convening power both as friends of the people and critical allies of government.

Governance and Management

CHRICED is governed by a 2-member Advisory Council comprising Dr. Olisa Agbakoba, SAN (Nigerian, former President of Nigerian Bar Association) and Martin Wilde (German; Secretary General of German Association of Catholic Entrepreneurs). An 8-member Board of Directors, headed by Professor Momodu Kassim-Momodu, a renowned Lawyer, academic and social activist is responsible for the strategic direction of the organization. Other members are deliberately selected from the academia, professional groups and civil Society. The Board meets at least twice annually. The CHRICED Secretariat is headed by the Executive Director, who supervises the programme, finance, media, civic engagement, and administrative staff.