

LEVERAGING ACCOUNTABILITY ACTIONS FOR IMPROVED MATERNAL AND CHILD HEALTH OUTCOMES IN KANO STATE, NIGERIA



Assessment of the Project of the Promotion of Democratic
Participation in 2 Local Government Areas in Kano State / Nigeria

FEBRUARY 2024



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

Katholische Zentralstelle für Entwicklungshilfe e.V. (KZE) MISEREOR
● IHR HILFSWERK

Leveraging Accountability Actions for Improved Maternal and Child Health Outcomes in Kano State, Nigeria

Assessment of the Impact of the Promotion of Democratic Participation in 2 Local Government Areas in Kano State / Nigeria

EVALUATION REPORT

February 2024



Fighting for Justice to Guarantee Peace...

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About CHRICED

Resource Center for Human Rights & Civic Education (CHRICED) is a Nigerian nonprofit, and a knowledge-driven platform of active citizens working for the promotion of human rights, rule of law, democracy, and accountability. CHRICED is registered in October 2006 with the Corporate Affairs Commission (CAC). CHRICED is certified through equivalency determination by **NGOsource**, a project of **TechSoup** and the **Council on Foundations**, as equivalent of a United States public charity organization.

Vision

CHRICED envisions a democratic Nigeria where participation, inclusion, transparency, and accountability are guaranteed for the well-being of citizens.

Mission

CHRICED is committed to the advancement of a democratic, representative, and inclusive political culture in Nigeria by mobilizing state and non-state actors to actively collaborate in fostering the rule of law, accountability, and 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

With offices in Abuja and Kano, CHRICED is currently pioneering rights-based approach to tackle the decades-old marginalization, human rights violations, economic deprivation and social emasculation and other forms of historic injustices suffered by the indigenous people in Nigeria. CHRICED is addressing the crippling issue of maternal and child mortality in northern Nigeria. We are also intervening in the region to improve accountability in management of constituency projects and local government resources. Another key focus of our intervention has been to increase access to education for girls through strong community action, as well as to prevent the labour exploitation of vulnerable Almajiri street children in Northern Nigeria. CHRICED program targeting marginalized youths, especially in the poor rural areas, has focused on promoting equitable access to economic and livelihood opportunities for youths in Nigeria. CHRICED also has experience in monitoring and advocating transparent and credible elections within and outside Nigeria.

Governance Structure

CHRICED has three-layer structure:

The Advisory Council composed of eminent individuals who have distinguished themselves in their respective areas of endeavour. It meets at least once in a year to provide leadership and guidance to the Centre. Although the Council does not have formal decision-making powers, the Chairman of the Council is the Chairman of the Centre. In this way, it feeds into other structures of the Centre. In addition, the Council provides guidance to the Board and Secretariat in an effective manner.

The Board of Directors is responsible for policy formation in accordance with the guidance received from the Council. The Board approves the work of the Secretariat and meets at least twice in a year. In between, a Management Committee comprising three board members and the Executive Director is responsible for the work of the Centre.

The Secretariat is the administrative and coordinating centre of the organization. It is headed by the Executive Director who is mandated in accordance with the aims and objectives of CHRICED, to manage and steer the organization to success. The Executive Director is responsible for recruitment of core staff, subject to approval of the Board, and s/he is answerable to the Board.

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We are thankful to all stakeholders in the project communities, such as the Kano Emirate Council, Kano State Ministry of Health, Kano State House of Assembly (KSHoA), professional groups, CHRICED Advocacy Committee, community leaders, Primary Healthcare Management Board, CSO members, and the Media, for sharing valuable insights on the impact of the program in their communities and how these changes are leading to behaviors that can reduce maternal and child mortality and its adverse effects.

We also want to express our gratitude to our funding partners **Bishöpfliches Hilfswerk Misereor e.V.** and **Katholische Zentralstelle für Entwicklungshilfe e. V. (Misereor/KZE)** who supported this project. Their financial and logistical support has been crucial in enabling us to implement this important initiative and make a positive difference in the lives of our beneficiaries.

In conclusion, we are truly thankful to everyone who has played a role in this project of 'Promotion of Democratic Participation in Nigeria'. Your hard work, dedication, and collaboration have been essential in achieving our goals and making a meaningful impact in the communities we serve. We look forward to continuing our partnership and working together towards a brighter future for mother and child in Nigeria.

Acronyms

ANC	Antenatal Care
BHCPF	Basic Health Care Provision Fund
CSOs	Civil Society Organizations
EFCC	Economic and Financial Crimes Commission
ET	Evaluation Team
FLHWs	Frontline Health Workers
HCW	Health Care Worker
ICPC	Independent Corrupt Practices and Other Related Offences Commission
IEC	Information, Education and Communication
KSHA	Kano State House of Assembly
KII	Key Informant Interview
KSDMC	Kano State Drug Management Committee
LGA	Local Government Area
MCH	Maternal and Child Health
MH	Maternal Health
MMR	Maternal Mortality Ratio
MNCH	Maternal Newborn and Child Health
ODK	Open Data Kit
OEDC	Organization for Economic Co-operation and Development
PWD	Persons with Disability
PCACC	Public Complaints and Anti-Corruption Commission
PHC	Public Health Center
QGIS	Quantum Geographic Information System
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
CHRICED	Resource Centre for Human Rights and Civic Education
SLAMs	State Level Accountability Mechanisms
SDGs	Sustainable Development Goals

1.0 Executive Summary

In 2021, Resource Center for Human Rights and Civic Education (CHRICED) commenced another phase of the project “*Promotion of Democratic Participation in 2 Local Government Areas in Kano State, Nigeria*”. The project was designed to advance the democratization of political processes in two districts of Kano State in Northern Nigeria, as well as improve accountability and impact of maternal health funds in Kano state”. The project was centered on these expected outcomes:

1. The legal framework provides for free care for mothers and children and the population is informed about it.
2. The population is able to monitor government budgets, the actual allocation of which ensures that maternal and child health is improved.
3. Accountability of political and civil society leaders has increased in the healthcare sector.
4. Dialogue between citizens and politicians in the districts of Gwale and Kumbotso has intensified.

The purpose of this evaluation report was to provide veritable quantitative and qualitative data as evidence of project implementation, results achieved and any possible shift in status quo as it relates to the accountability and transparency practices to be implemented to enable improved Maternal Health (MH) outcomes in Kano state. The Evaluation Team (ET) reviewed the processes of implementing the project activities and the “change” that occurred as a result of the project activities. The overarching goal of the evaluation study is to provide a basis to show the impact of promoting accountability practices amongst political and community actors on maternal health outcomes in Kumbotso and Gwale Local Government Areas (LGAs). The evaluation findings are intended to amplify the efforts of the actors to effectively demand for accountability by using evidence/data for any demand or advocacy for improvement.

1.1 Evaluation Questions

The project evaluation questions were formulated with the aim of gathering insights into the project's implementation procedures, identifying achievements, best practices, and obstacles encountered throughout the period spanning from 2021 to mid-2023.

The evaluation questions are:

1. What is the relevance of the project “*Promotion of Democratic Participation in 2 Local Government Areas in Kano State, Nigeria*”?
2. What are the outcomes of the project activities?
3. What lessons learned and best practices can be identified?

1.2 Methodology

The evaluation was designed in agreement with CHRICED, using a mixed-method of data collection - qualitative and quantitative. The evaluation team utilized multiple sources of data (quantitative and qualitative) to enhance the credibility of the research and arrive at a conclusive interpretation of the project findings. Qualitative method was used because the evaluation required assessment of outcomes, change stories in attitudes, practices and knowledge. In addition, the quantitative measures provided us with the output changes in terms of figures.

1.3 Evaluation Findings

1. The evaluation analytics shows that the implementation design was appropriate for the promotion of inclusiveness and accountability practices among policy actors in Kano state
2. In view of the sensitive nature of the project area, the project shows diverse ways and strategies that can be adopted to get the buy-in of political and non-political actors in the state.
3. The project design promoted access to action-based data for duty bearers, community leaders, religious leaders, health workers and decision makers to make appropriate decisions that will promote budget inclusiveness and transparency in spending.
4. Collaborating with media personnel, professional groups and

development partners was a relevant strategy that enhances the awareness and impact coverage of the project.

5. The involvement of the community members in the demand for accountability has a significant impact on the sustainability of the project.
6. Through the strategic actions implemented by CHRICED, the MNCH bill was drafted by a key subject expert and revised to have a final version by relevant stakeholders. This led to the translation of the free MNCH bill into Law in Kano state.
7. There was heightened awareness of the MNCH bill. The awareness activities involved the implementation of capacity building sessions on MNCH, airing MNCH messages on radio programs and media publications.
8. The project has made its contribution towards the improvement in the knowledge of the democratic processes involved in maternal health budget development as well as “practicing demand for accountability” amongst policy and non-policy actors engaged.
9. In 3 years, six capacity building sessions on effective accountability demand were conducted for media and civil society organizations. Cumulatively, 87 actors from 71 media and civil society organizations participated in the capacity building sessions. Furthermore, CHRICED supported 80 community actors to participate in the Kano State House of Assembly Public hearing from the 2 project LGAs in Kano State
10. Thirty-five (35) citizens, 19 females and 16 males were trained on Primary Healthcare expenditure tracking. The outcome of the training was the effective tracking of 50 PHCs in Kumbotso (26 PHCs) and Gwale LGAs (24 PHCs) by the trained citizens (Monitors).
11. The outputs of the activities implemented by CHRICED, such as PHC project monitoring, report- back sessions and radio programs have resulted in improved quality of projects carried out at the health facility assessed.
12. This project revealed the evidence of change that has occurred in terms of health budget accountability, transparency and

inclusiveness in budget development. The findings clearly showed that the status quo, as at the inception of the project, has remarkably changed.

13. Improved democratic process in maternal health budget development: Inclusiveness in maternal health budget development.
14. Cumulatively, 464 participants (56% males and 44% females) participated at any of the 4 report- back sessions organized between 2021 and mid-2023.
15. The COVID-19 vaccination forecast plan projected that there would be a 59% higher likelihood for men to receive the COVID-19 vaccine. Nevertheless, the actual vaccination data revealed that women received a significantly higher number of vaccine doses, surpassing men by 23%.

Lessons Learned

1. The project has demonstrated that by implementing the necessary stakeholder engagements, project support, buy-in, and ownership can be achieved effortlessly. Therefore, it is anticipated that the project delivery team will incorporate this knowledge into future projects to be carried out at CHRICED by creating a comprehensive stakeholder engagement plan.
2. The monitoring of health projects and the demand for accountability have proven to be successful and overall, have the ability to offer diverse and pertinent foundations for decision-making. This is evident through the enhanced understanding of budgetary development processes and the increased demand for accountability.

2.0 Background

Improving maternal, neonatal, and child health is a global priority as it directly impacts the well-being and survival of individuals. Saturno-Hernández, *et al.*,¹ 2019 reported that Maternal and Child Health (MCH) remains a critical indicator of national well-being and development. Maternal and child health is a vital component of global efforts to achieve the Sustainable Development Goals (SDGs) and promote universal health coverage. Governments across the globe have intensified their efforts to reduce neonatal mortality and morbidity. This is evident in the commitments made by countries under the SD goals agenda, which specifically target the reduction of preventable deaths among newborns and children under 5 years old. These efforts have yielded positive results, with many sub-Saharan African countries witnessing a decline in maternal deaths and an increase in skilled birth attendance. Global efforts to improve maternal, neonatal, and child health have gained significant momentum in recent years². These efforts are driven by the recognition that neonatal mortality accounts for a significant proportion of all child deaths in many countries, particularly in sub-Saharan Africa. Additionally, access to quality care for maternal and neonatal services is recognized as a crucial component in reducing neonatal mortality rates.

Despite the gains achieved in improving the health outcomes of women and children in sub-Saharan Africa and Nigeria specifically, there's a significant gap that exists in equitable distribution of health services, maternal and child health financing and accountability.

These unmet gaps could beset the achievement of the SDG maternal death

1. Saturno-Hernandez PJ, Martinez-Nicolas I, Moreno-Zegbe E, Fernandez-Elorriaga M, Poblano-Verastegui O: Indicators for monitoring maternal and neonatal quality care: a systematic review. *BMC Pregnancy Childbirth* 2019, 19(1):25.
2. Kisiangani, I., Elmi, M., Bakibinga, P. *et al.* Persistent barriers to the use of maternal, newborn and child health services in Garissa sub-county, Kenya: a qualitative study. *BMC Pregnancy Childbirth* 20, 277 (2020). <https://doi.org/10.1186/s12884-020-02955-3>

target (3.1) which is to reduce global MMR to less than 70 deaths per 100,000 live births by 2030.^{3,4}

Nigeria, with a population of over 200 million, is the most populous country in Africa and the seventh most populated country in the world. The maternal and child health landscape in Nigeria is complex and marked by regional disparities. Nigeria had the highest predicted number of maternal deaths, accounting for more than one-quarter (28.5%) of the total global maternal mortalities estimated globally in 2020. This contributed to the country having one of the highest infant mortality rates in Africa, with nearly 82,000 maternal deaths^{5,6}.

One of the critical interventions reported to have a demonstrable impact on MCH outcomes in Nigeria is the effective monitoring of health financing and accountability. The responsibility for the provision of health services is shared by the three levels of government – federal, state and local governments. The Local Government is directly responsible for primary health care, but the overarching influence of state governments often blurs the accountability line. As a result, the state government plays an important role (beyond the policy making provided in the constitution) in the provision of primary health care. Collectively, allocations which accrue from the Federal to states, and to local governments areas, if transparently and efficiently spent would make a huge impact, in terms of reducing the scourge of maternal deaths in the state. In the critical area of sustainability, prudent and efficient use of resources is likely to translate into opportunities for communities to tap other funding sources to address the gaps in the maternal health delivery system. This implies that funding streams in the private sector, and philanthropic resources could be tapped for further improvement of the maternal health delivery chain. However, the effective

3. WHO: Sustainable development goals (SDGs) : Goal 3. Target 3.1 : By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births [poster]. . *WHO Regional Office for the Western Pacific* 2016, <https://apps.who.int/iris/handle/10665/208272> (Accessed 6th Oct 2022).

4. WHO: Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. 2019, <https://apps.who.int/iris/handle/10665/327595>(Accessed 6th Oct 2022).

5. World Health Organization (2023). Trends in maternal mortality: 2000 to 2020. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Available: https://srhdpeuwpubsa.blob.core.windows.net/whdh/SRHIHS/Gold/country_profile.zip [Accessed 22 Dec 2023]

6. World Health Organization (2023). Trends in maternal mortality: 2000 to 2020. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Available: https://srhdpeuwpubsa.blob.core.windows.net/whdh/SRHIHS/Gold/country_profile.zip [Accessed 22 Dec 2023]

way to achieve this is to ensure decision makers in the maternal health sector effectively and efficiently utilize the resources, which have already come in.

The state-level accountability mechanisms (SLAMs) project led by Options⁷ in Kano, Nigeria was reported to have supported the achieved increase of state budgetary allocation for free RMNCH services from 9.74% in 2016 and 12.4% in 2017. It was reported that between 2013 and 2015, MacArthur Foundation supported some grantees to improve maternal health accountability in Nigeria. The evaluation of the project showed that there was significant progress in government's stakeholders' understanding of the relevance of maternal health challenges and there was an intentional prioritization of maternal health in the budget-planning process. In addition, there was increased use of evidence-based data produced by the engaged Civil Society Organizations (CSOs) for informed decisions on maternal health funding.

2.1 The Project Description

Promotion of Democratic Participation in two Local Government Areas in Kano State/Nigeria for Improved Maternal Health Budget Transparency and Accountability

The project, funded by Katholische Zentrastelle für Entwicklungshilfe e.V. MISEREOR, e.V, was launched to contribute to improved accountability practices in the maternal health sector across Gwale and Kumbotso LGAs in Kano state, Nigeria. The Kano State Development Plan 2016 – 2025, is premised on the themes of inclusive economic growth, human capital development and the strengthening of public institutions. There are clearly stated commitments by governmental actors to work towards a healthcare delivery system that is efficient, affordable and accessible by a greater majority of people. Alongside this is the clearly stated mission to develop and implement appropriate policies and programmes as well as undertake all necessary action that will strengthen the health system to enable it to deliver effective quality and affordable healthcare.

7. <https://options.co.uk/article/using-collective-voices-to-enhance-state-level-accountability-in-nigeria/>

2.1.1 Project Expected Outcomes

The overall goal of this project was 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, among other things, to an improvement of maternal health.

Specifically, it was expected that the following outcomes will be achieved through the implementation of the project activities.

1. The legal framework provides for free care for mothers and children and the population is informed about it.
2. The population is able to monitor government budgets, the actual allocation of which ensures that maternal and child health is improved.
3. Accountability of political and civil society leaders has increased in the healthcare sector.
4. Dialogue between citizens and politicians in the districts of Gwale and Kumbotso has intensified.

2.1.2 Rationale for Project Evaluation

This project grant has a life cycle of three years (mid-2021 to mid-2024). The evaluation study covers the 2021 to mid-2023. It focused on assessing the changes that have occurred as a result of the project's activities during this period. Through this evaluation study, practical recommendations and valuable insights are provided to enhance future project interventions and initiatives. Additionally, the evaluation study aims to gain a comprehensive understanding of the project's processes, relevance, and effectiveness, specifically in the Promotion of Democratic Participation in 2 Local Government Areas in Kano State, Nigeria. Most importantly, the evaluation seeks to deepen understanding of how the project activities have influenced maternal and child health budget accountability and transparency, ultimately impacting the health outcomes of mothers and children.

3.0 The Evaluation Methodology

The evaluation design was the product of multiple consultations with the Project team, the project beneficiaries and the end users of the Primary Healthcare Centers that were monitored. The evaluation study was designed to provide decision-enabled data. The Evaluation Team (ET) adapted the Organization for Economic Co-operation and Development (OECD) evaluation criteria method such as relevance, coherence, effectiveness, efficiency, impact and sustainability. These criteria provided a normative framework used to determine the merit or worth of the project under review. These criteria served as the basis upon which evaluative findings were built on:

1. Relevance of the project: The extent to which the project is suited to the priorities and policies of the target group and CHRICED.
2. Outcomes: This evaluation determined the outcomes generated because of the project activities implemented. Outcomes tracked included the positive, negative, intended, or unintended outcomes.
3. Sustainability: This was done to measure whether the benefits of the project are likely to continue after funding has been withdrawn (i.e., environmentally as well as economically, technically and socially sustainability of the benefits).

Relevance

- 1 To what extent is intervention important for the target group?
- 2 Are the activities and outputs of the project consistent with the project goals and objectives?

Outcomes

- 1 What real difference has the project made to the beneficiaries?
- 2 Did the project achieve its expected out comes?

Sustainability

- 1 To what extent are the benefits of the project likely to continue once donor funding has ceased?
- 2 Has the project contributed to a peaceful co-existence of Muslim, Christians and other faiths in the project areas?

3.1 Study Sites

CHRICED implemented the project under review in two selected LGAs, Kumbotso and Gwale, in Kano State. Kano state is ascertained as one of the most populous cities in Nigeria, situated in the geopolitical Northwest in the country. It had a population of 12,983,135 and forty-four local government areas. Gwale and Kumbotso LGAs, the project areas, have a combined population of 1,892,942 or 14.58% of Kano state population. The population of Kano is 51% male and 49% female. Kano has a population growth rate of 3.5 percent, while its poverty index stands at 72.5%. The State's huge population also presents a very heavy burden of poverty, especially in the rural areas. Similarly, the number of citizens in Kano living below the poverty line presents serious implications for the provision of healthcare, and by extension maternal health. Over 8 million citizens of the state live below the poverty line, while unemployment stands at a high rate of 39.5% for women, compared to men who face an unemployment rate of 16.7%.⁸ Kano state is reported to be characterized by the high fertility rate, high maternal and child mortality and low utilization of maternal and child health services. There are appreciable numbers of active development partners, Civil Society Organizations (CSOs), and media personnel actively working to improve the health outcomes of mothers and children in Kano state.

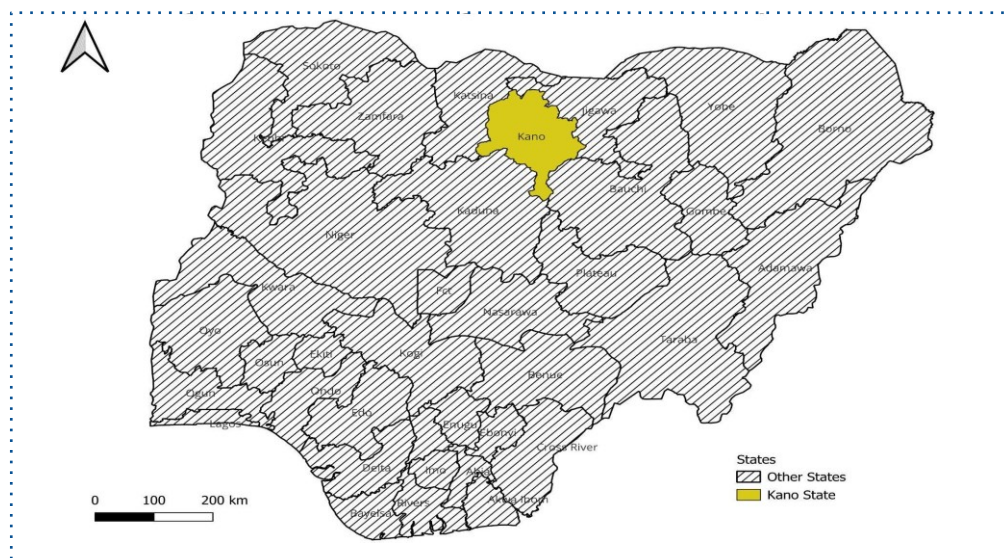


Figure 1: Map of Nigeria showing the implementation state

8 <https://www.fhi360.org/sites/default/files/media/documents/Kano%20RHFA%20report.pdf>

3.2 Evaluation of Participants

This evaluation study ensured a participatory approach in determining all persons engaged to provide appropriate information needed for the review of the project. The participants included the Head of Facilities under review, Coordinators of Health, Development partners, Civil Society Organization(s), Media personnel, public officials, and project implementation team at CHRICED. The non-probability sampling, namely, purposive sampling, was used to select the participants. The major criteria of inclusion were if the persons were directly or indirectly exposed to the project activities (intervention) implemented by CHRICED. The sample size was calculated using openepi software using the formula below:

$$n = \frac{DEFF * N * p(1-p)}{[(d^2 / Z^2) * (1-\alpha) / 2 * (N-1) + p * (1-p)]}$$

Where:

Proportion of those who had ever utilized PHC services (P): 45.7%⁹

Confidence limits as % of 10 (absolute +/- %) (d): 5%

Design effect (for cluster surveys-DEFF): 1

Z is the z-score: 1.95

The effective sample size is 382. We got a response rate of 96% (367)

Table 1: Evaluation participants and sample size

Category of Respondents	Sample size	Type of interview
Public Officials	3	Key Informant Interview(KII)
CHRICED Monitors	5	Key Informant Interview(KII)
Media professionals/Institutions	5	Key Informant Interview(KII)
CSOs	3	Key Informant Interview(KII)
Head of Facilities	6	Key Informant Interview(KII)
Caregivers	344	ODK
Total	365	

9 Oluwadare T, Adegbilero-Iwari O, Fasoro A, Faeji C. Utilization of Primary Healthcare Centers by Residents of Ido-Ekiti, Nigeria. *Ethiop J Health Sci.* 2023 Mar;33(2):227-236. doi: 10.4314/ejhs.v33i2.7. PMID: 37484180; PMCID: PMC10358379

3.3 Data Management

3.3.1 Evaluation Tools

The evaluation tools were designed from the Project's objectives and strategically framed to elicit appropriate answers to the evaluation questions.

1. Questionnaire (use of Open Data Kit, ODK)
2. In-depth Interview (Qualitative)

3.3.2 Data Sources

3. Primary Data: This comprises all quantitative and qualitative data gathered through the evaluation tools designed for this study.
4. Secondary Data: This comprises all project documents, reports terms of reference, proposals, MCH tracked database and report, literature reviews on topics related to healthcare financing, health budget monitoring, accountability and transparency and rights-based approach in budget development, on platforms such as Google, PubMed and Ajol.

3.3.3 Data Collection

The relevant evaluation tool was administered to the selected respondents. The method of data collection for the quantitative data was through the application of Open Data Kit (ODK) to users of health facilities (mothers). The Key Informant Interview (KII) was used to elicit information from public officials, development partners, traditional birth attendants, media personnel, CSOs and Head of PHCs selected.

3.4 Data Analysis

All quantitative data was analyzed and visualized using Excel spreadsheet. The qualitative data was analyzed thematically using Nvivo.

4.0 Evaluation Findings

This section articulates the qualitative and quantitative findings from the study. Findings have been triangulated from the secondary data (project data and literature review) and the primary data sourced from the evaluation study participants (health facility users, health workers, state government officials, and development partners and media professionals). The findings are represented in this order: Respondents' demographics, project relevance, the demonstration of project outcome level results and the project sustainability.

4.1 Respondents Demographics

In this study, we interviewed 344 women who had visited the primary health care facility to seek health help and 3 Civil Society Organizations (all males), 6 Head of Head Facilities (all males), 5 Media professionals (all males), 5 CHRICED project monitors (all males) and 2 Public Officials (all males). In summary, the Evaluation Team (ET) interacted with 365 respondents. In Figure 2, we have shown more detailed characteristics of the study respondents. All participants were drawn from 2 Local Government Areas (LGAs); namely Kumbosto and Gwale in Kano state, Nigeria.

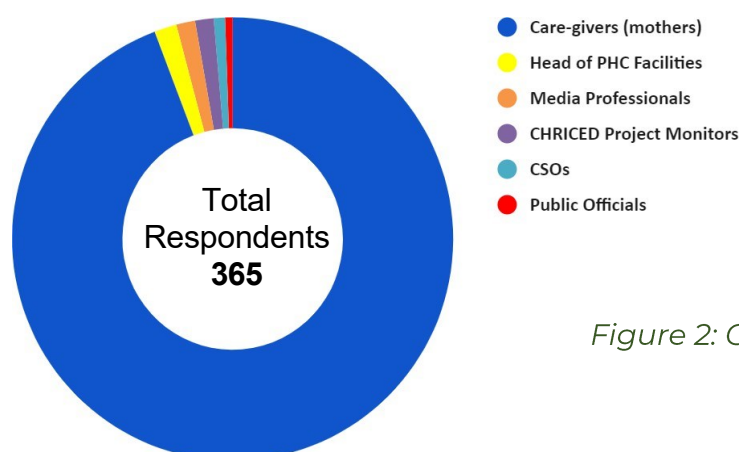
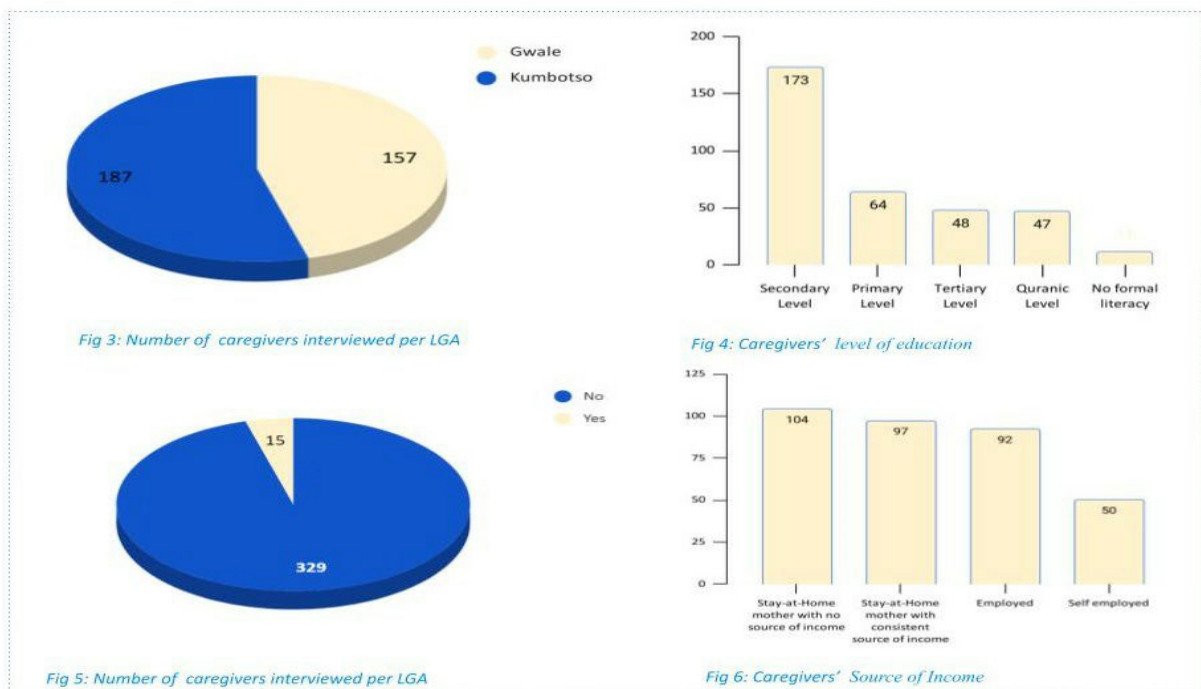


Figure 2: Category of Study Respondents

The caregivers (mothers) interviewed were more of the Islamic religion (90%); 4% of the care-givers reported to have at least a form of disability. More of the care-givers were in the age range of 18-25 years. Notably, 50% of women interviewed had achieved secondary level of education, 19% had Primary level of education whilst 14% had tertiary level of education and

Quranic education respectively. Only 3% of the women (caregivers) had no formal literacy (Fig 4). Literally, 69% of the women had a source of income either as a stay-at-home mum, self-employed or employed by someone else. (Fig 6)



4.2 Project Relevance

The project's relevance was assessed in terms of its importance to the target beneficiaries and the specific needs; the alignment of its activities with CHRICED priorities and areas of work and its capacity to develop complementarities and areas of synergy with other programs, which is a measure of how well the beneficiary needs and priorities are being addressed by the project.

Evaluation Question1:

Project Relevance:

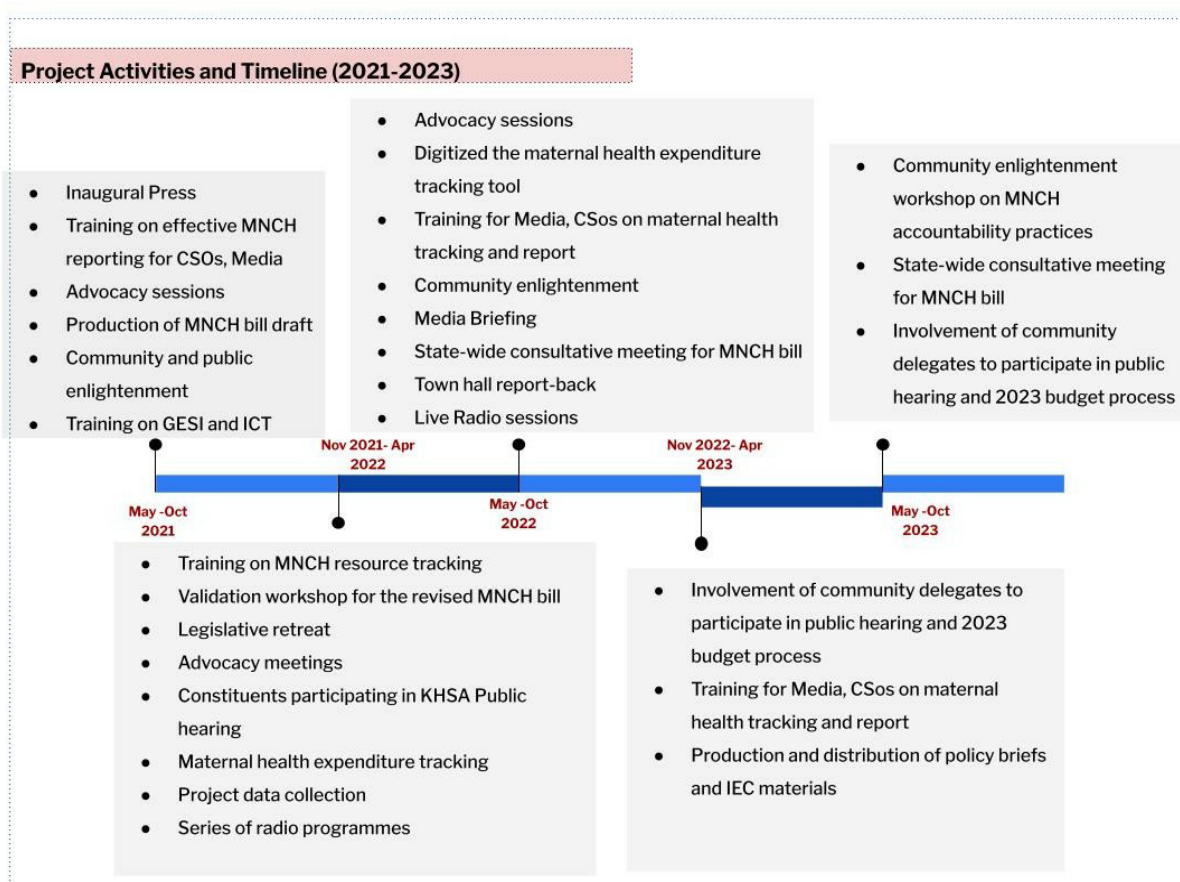
To what extent was the intervention important for the target group? Are the activities and outputs of the project consistent with the project goals and objectives?

In 2021, the ET conducted the baseline assessment on the project relevance. It was reported that the appropriateness of the MCH accountability project cannot be overemphasized as the Kano state records one of the highest fertility rate, high maternal and child mortality rates in Nigeria. The project

responded to the need to improve the quality of health care rendered to women at health facilities through MCH budget monitoring for transparency and accountability.

In 2023, the report still holds through as there are significant changes in the quality of healthcare meted to women at health facilities, there are intentional and data-driven interventions deployed to demand for quality health care and effective MNCH budget processes.

Furthermore, the review of project documents, and data collated from the field, it was found that the project activities and outputs both contributed to the project expected outcomes. The project was reported to be useful as it responded to the needs and interest of the stakeholders from the community groups, facility health workers, CSOs, the media and government stakeholders. The MCH budget monitoring and facility monitoring promoted the use of evidence-based data for advocacy, capacity building, programmatic decision-making actions and demand for accountability.



4.3 Project Outcomes

Overall, the project activities demonstrated a commendable level of success. The assessment findings indicate that a substantial portion of the planned activities were successfully accomplished during the review period. In addition to the execution of the intended activities, the evaluation examined the impact of the project activities and the resulting changes.

Objective 1: The legal framework provides for free care for mothers and children and the population is informed about it.

The project was planned to implement activities that would lead to a policy and framework that will facilitate the achievement of having improved MCH outcomes in Kano state. The evaluation findings show that the organization conducted a series of strategic and consultative meetings to advocate for the revision and the translation of the MNCH bill into law.

Evaluation Question 2:

What are the short-term changes that have happened to the project beneficiaries as a result of the project activities?

1.1 Achieved the Passage of the Free MNCH Bill to Law in Kano state.

One of the remarkable outcomes planned for the project to achieve was to aggregate efforts, plans, and strategies to drive the passage of the MNCH Bill into Law in Kano state.

The implication of having the MNCH bill was the creation of the windows for the government to explore funding of maternal and child health care service delivery while ensuring that access to maternal and child health care service is a matter of right other than a privilege.

...having the MNCH bill passed into Law is a giant step and a great milestone toward reducing the rate of maternal and child mortality in Kano State. Several efforts have been made for this bill to be passed but to no avail. I am certain by this development the law has come to stay and this will also make development partners come and invest and provide some assistance in making sure that Kano women and children get good and qualitative healthcare services.

Chairman, Association of Nigeria Nurses and Midwives, Kano state chapter

CHRICED, in partnership with other development partners and CSOs

proposed for a Free Maternal and child healthcare bill to be passed into law in order to create a legal framework for the already existing policy for Kano state free maternal health and childcare.

It was reported that several efforts have been made to achieve this feat but it never saw the light of the day until CHRICED brought in their strategies. The factors that enabled and facilitated the reality of the outcomes include strategic engagements with state government officials, development and media organizations, community engagements, organizational adaptation, vision and perseverance. Interactions with the evaluation

...the awareness programme contributed immensely in the sense it made people aware. Our people now ask a lot of questions. We went to some people and asked them, we went to Murtala and this is the problem we found. And we are told that everything is free but it happens that some items we have to purchase. So these people are responsible. They come to the government directly and inquire of what is happening. They tell them, this is what our clients used to tell us. When they ask questions, we direct them to the appropriate agency that can respond to their questions, when they go there, we are being instructed to fund so and so...
Representative, Consumables, Kano state

participants suggest how significant and critical this achievement is to having an improved MNCH services in Kano state. The processes involved in the passage of the bill into law by the Kano State House of Assembly ensured the inclusiveness of the Constituents.

They were given the opportunity to lend their voices to the call for the passage of the bill. This further made the Legislators impressed with the level of awareness and citizen's consciousness about the bill, hence were motivated to vote massively for the passage of the bill when the call was made. After the passage of the MNCH bill into Law, CHRICED commenced the awareness and advocacy programme that was designed to create enlightenment among the Kano citizens and actors to push and engage with the application of the law.

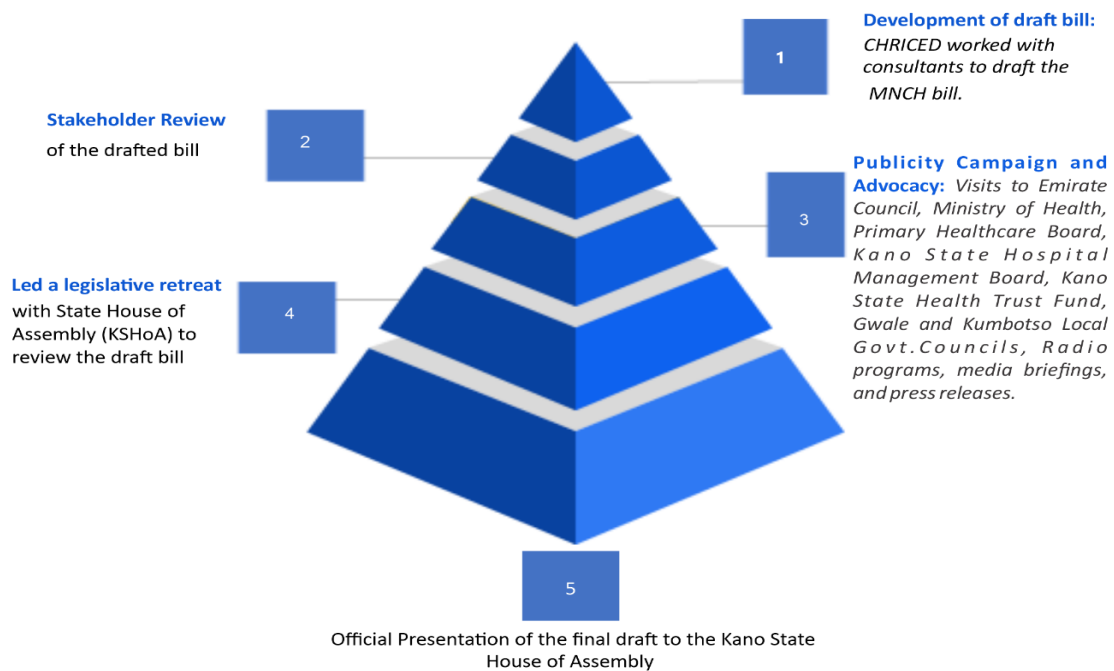


Fig 7: Summary of strategic activities implemented by CHRICED to achieve the Passage of the MNCH Bill into Law in Kano state (2021-2023)

1.2 Increased awareness of the Free MNCH Bill amongst the Population in Kano state

The outcome of the awareness and enlightenment activities on radio, advocacy, and platform creation and town hall engagements were assessed by interviewing the project beneficiaries. It was reported that these activities have led to the improvement in MNCH government-led interventions.

Notably, evidence shows that the advocacy and community enlightenment workshops held in Gwale and

Kumbotso LGAs resulted in increased understanding of community

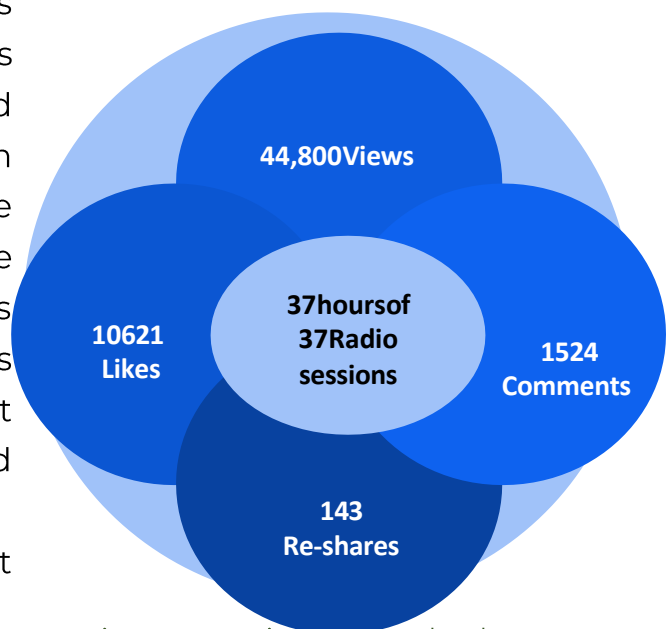


Fig 8: Reactions towards the CHRICED radio awareness programmes on MNCH (2021-2023)

members' role in facilitating the achievement of an inclusive, transparent and the implementation of expected MCH interventions with the highest standard of value. The second leg of the Community Enlightenment Workshop on Strengthening Maternal and Child Healthcare through Accountability Interventions in Kano State was conducted in May 2023. During the enlightenment sessions, the primary purpose was to work with key stakeholders to devise strategies for not only getting the Free MNCH bill enacted into law, but also ensuring its implementation. The evaluation data indicates that by the conclusion of the workshop, every participant had gained a greater understanding of the MNCH Law, their respective roles in attaining optimal implementation of the law, and their rights and responsibilities as outlined in the new legislation.

4.3.1 Performance Measurement (Outcome 1)

The Evaluation data shows that the first objective the project under review planned to achieve was implemented as intended with the actualization of the desired outcome as measured by the performance indicators designed for the project at inception. (Table 2)

Table 2: Performance Indicators for Outcome 1

s/n	Result/Outcome	Performance Indicator	Target	Actual	Comment
1	The legal framework provides for free care for mothers and children and the population is informed about it	The relevant laws have been passed in the state.	Yes	Yes	The MNCH bill has been passed into Law in Kano state on 3rd May 2023
2		Number of media articles that provide information about the MNCH laws	15	33	33 of 45 articles produced within the project life cycle were specifically on MNCH

**Refer to annex 2 to see the list of media articles and publications produced (2021-2023)*



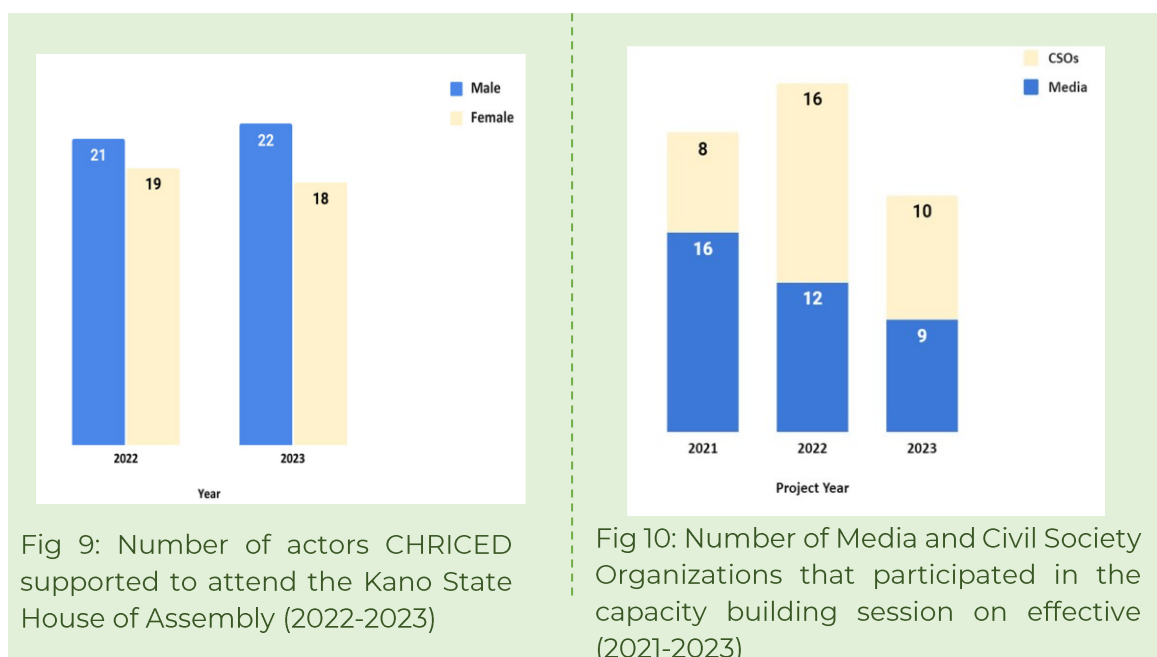
Objective 2: The population is able to monitor government budgets, the actual allocation of which ensures that maternal and child health is improved.

The second objective was set to ensure effective tracking of MCH resource allocation and release for improved outcomes for mothers and children in Gwale and Kumbotso LGAs. CHRICED moved to conduct capacity building sessions for select citizens on how to effectively monitor government budgets for MCH related projects. Notably, the resources of 50 PHCs were monitored within the course of the project life-cycle. The results achieved from these key activities are highlighted below.

2.1 Increased knowledge of selected citizens on resource budget, distribution and service delivery processes

One of the key activities of the project was to build the capacity of CSOs, media and government stakeholders on how citizens can participate in governance and also demand for transparency and accountability in governance. In addition, it was aimed to strengthen the capacity of the media and civil society organizations to make accountability demands with respect to maternal health projects in the project focal LGAs of Gwale and Kumbotso and Kano State. In 3 years, six capacity building sessions on effective accountability demand were conducted for representatives from the media and civil society organizations. Cumulatively, 87 actors from 71 media and civil

society organizations participated in the capacity building sessions. Furthermore, CHRICED supported 80 community actors to participate in the Kano State House of Assembly Public hearing from the 2 project LGAs in Kano State. The implication and impact of having community members participate in the public hearing is that the exposure enabled the participants to have the required knowledge to prepare and design MNCH intervention proposals for funding. As such, for each public hearing that was attended per year, CSOs were able to submit proposals for inclusion of PHCs in their respective constituencies in the budgets. In total, apart from CHRICED presentations at the public hearings, 12 community-based organisations (CBOs) from Gwale and Kumbotso LGAs mentored by CHRICED submitted memorandums for inclusions in the state and LGA budgets during the Kano State House of Assembly public hearings of 2021 and 2022.



2.2 Tracking of selected Primary Health Care Expenditures across the project LGAs

Another key strategic activity of the project was to build the capacity of citizens on how to track MCH funds and expenditure tracking across selected PHCs in Gwale and Kumbotso LGAs in Kano state. In

actuality, 35 citizens, 19 females and 16 males were trained on Primary Health Care expenditure tracking. The outcome of the training was the effective tracking of 50 PHCs in Kumbotso (26 PHCs) and Gwale LGAs (24 PHCs) by 100% of trained citizens (Monitors). The tracking of PHC expenditure and infrastructure assessment was conducted in 2022. The PHC monitoring themes were healthcare services provided, utilization of health services rendered, Facility offering free health services, Quality of health services rendered, MCH budget allocation and release to PHCs, Drugs in PHCs, Health facility infrastructure, access and proximity of PHC, distribution of Health workers across the PHCs, and the challenges of healthcare workers working in PHCs.

2021 PHC Tracking Select Findings

The healthcare services available at most PHCs are quite comprehensive. The services are appropriate and align with the PHC standard care.

Most healthcare services are free. Paid services include pharmaceutical, registration, and scanning

The PHC centers serve the highest number of communities across both LGAs, thus the highest number of patients.

All facility accessed purchased rugs and consumables from the KSDMC on request

Most facilities practice commodity forecasts. However, all facilities still experienced SO of at least a commodity in 2020 and 2021.

The SO of anti-malaria drugs occurred more frequently in Gwale LGA

The average amount required by PHC for healthcare in 2021 increased by 57% as compared to 2020

The average amount utilized by BHCPF in 2021 increased by 28% as compared to 2020

In Gwale LGA, 97% of women interviewed reported knowing the free Maternal Health Services (MHS) rendered at the most recent facility they had visited.

In Kumbotso LGA, 92% of women interviewed reported knowing the free MHS rendered at the most recent facility they had visited.

The level of awareness of Free MHS in Gwale LGA is higher as compared to Kumbotso LGA.

Citizens in Gwale and Kumbotso LGAs have had to implement some initiatives to foster the functionality and effectiveness of the PHCs.

Facilities in Kumbotso have more covid19 forecast needs; this can be justified by the population variations across both LGAs.

4.3.2 Performance Measurement (Outcome 2)

The success of the second project outcome was assessed on 5 proxy indicators as highlighted in table 3.

Table 3: Performance Indicators for Outcome 2

S/N	Result/outcome	Performance indicator	Target	Actual	Comment
1.	The population is Able to monitor government budgets, the Actual allocation Of which ensures That maternal and Child health is improved.	The budget available to the 50 primary healthcare centres is well above the salary costs for The staff of these facilities, making it possible to treat mothers and children.		There is a significant change in the allocation of funds for capital projects in the Primary Health Centers (PHCs) compared to the previous approach of majorly spending on recurrent expenses, which accounted for 75% to 80% of the budget. In the target LGAs, there has been a notable shift, with capital projects in the PHCs receiving 52% (2021) and 56% (2022) of budget Allocations. Salary of HCWs was not assessed viz-a-viz the resources allocated and Quality of service as salary information was not accessible	Outcome data is available for the proxy indicators listed in numbers2-6
2		Number of trained citizens on MCH budget tracking	30	35	
3		Percentage of trained citizens who tracked PHC projects	100%	100%	
4		Number of PHC resources tracked	50	50	
5		% of women of reproductive age satisfied with the quality of care received in the most recent facility visit	Not target ed	68%	

6		% of facility users (women of reproductive age) that would visit the facility again	Not targeted	96%	Facilities are visited because of the following reasons: affordability and quality care, proximity to residence, free health services (ANC), Follow up visits, crowd control and the affordable transportation fee to the facility
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Objective 3: Accountability of political and civil society leaders has increased in the healthcare sector.

The project has implemented various actions to enhance accountability practices among selected CSOs, media organizations, and government stakeholders. These actions include engaging stakeholders strategically, advocating for change, and mobilizing community delegates to participate in the budget hearing of the Kano State House of Assembly. In May 2021, the project commenced with an inaugural press briefing that focused on the state of maternal health in Kano. The briefing emphasized the importance of concerted efforts to reduce maternal and child mortality in the state. The project aims to achieve this goal by improving inclusion, transparency, and accountability in the planning and management of health budgets and programs in Kano State. The outcome of the inaugural meeting was the commitment and preparedness of the government, stakeholders, development partners, CSOs, and other actors to collaborate with CHRICED in order to achieve the desired goal. Notably, the project has fostered partnerships and collaborations among CSOs that share the same objective of reducing maternal and child mortality through transparent and accountable MCH funding and expenditure.

In addition, CHRICED helped to strengthen the methods used by CSOs, youth and women groups, and activists to demand accountability by aiding them in attending budget public hearings, and events on maternal and child health in Kano State. The statewide consultative forums organized by CHRICED on the imperatives of accountability in the use of maternal and child health resource budgets provided journalists and CSOs with an informative overview of the best practices, significant impediments, and problems of maternal health interventions.

4.3.3 Performance Measurement (Outcome 3)

The success of holding political leaders and CSOs accountable was contingent upon the adoption, ratification, and implementation of the Voluntary Service Charter on accountable governance by the Kano State Health Management Board (KSHMB), Kano State Primary Healthcare Management Board (KPHCMB), and Kano State Health Trust Fund (KHETFUND). Additionally, evidence of improvement in accountability practices within the health sector was also necessary. Upon evaluating the project activities, the Evaluation Team (ET) discovered that the initial plan to implement the Voluntary Service Charter had to be altered due to the need for increased efforts and resources to actualize the MNCH bill, which had been passed into law. The successful implementation of the MNCH law would have addressed the elements of the service charter. Consequently, the second outcome was evaluated based on alternative measures taken to promote accountability, as outlined in Section 3. The following section describes the evidence of change in accountability practices among the political leaders and CSOs.

3.1 Improved democratic process in maternal health budget development: Inclusiveness in maternal health budget development
It is crucial to highlight the changes that have been observed during the development of the health budget in Kano state. Majority of the evaluation respondents have reported significant improvements in

the democratic processes of health budget development and spending. These changes have been attributed to the project activities facilitated by CHRICED, as noted by most respondents. The current budget development process is relatively inclusive and participatory, involving relevant stakeholders from institutions, ministries, CSOs, development partners, and even community members. The ET sought to determine if the current experience in budgetary development is an enhancement compared to previous years. The findings indicate that substantial progress has been made since the implementation of the project under review, particularly in terms of adopting a more democratic approach.

“As a stakeholder that has been involved in the health budget development process, I can say the process is now more open and inclusive, drawing inputs from participants outside the institutions of government... There also has been interaction between actors within the government and civil society through such processes as public hearings, which are held at the Kano State House of Assembly. At the level of the local government, grassroots participation to factor in the needs of local communities has played an important role in the budget development process. It is however important to state that the reflection of the voices and concerns of grassroots and community stakeholders in the budgeting process could be related to campaigns and advocacies.”

Development Partner, FCDO

“We have extended invitations to NGOs like the MNCH2 to engage us in seminars, which took place either within the state or in Zaria and Kaduna. These seminars have been conducted multiple times to ensure transparency and accountability in the allocation of funds to the health sector. We have also collaborated with CHRICED on three separate occasions to address transparency and accountability in budgeting, particularly in relation to maternal and child health. However, CHRICED goes beyond seminars and mobilise communities to actively participate in the budgetary processes.”

Public Official, Kano State House of Assembly Committee on Health

“Budgets are now participatory budgets, we are promoting

participatory budgets because the budget is for the people, everyone is being considered during budgeting unlike before. Thanks to CHRICED.”

CSO, Women Peace Security Network (WPSN)

“There are changes in terms of budget allocation, adequate facilities, budget comes earlier now than before and there is an increase in working capital, more participation of community members”.

Coordinator, Kumbotso LGA

The PHC budgeting process or request for funds seems to be inclusive as PHC in-charges reported that meetings are held to deliberate and gather facility needs that require attention. This process equally shows that a targeted amount has been defined for expenditure for each facility, thus the facility needs must be within the budget cap before it can be approved.

All the unit in-charges, including myself as the facility manager, participate in a meeting where we discuss the issues and needs of each unit. Based on these discussions, we then create a budget for the facility. This is because we operate a basic, provisional health system. Our budgeting process is outlined in our quality improvement plan, which guides us in addressing our issues effectively. Once the budget is finalized, the money is allocated after receiving authorization from the board. This ensures that we do not exceed the allocated amount. Additionally, as a service unit under the facility, if we encounter any issues, we communicate them to the local government through a formal letter. We also provide details on the necessary measures and maintenance required. The local government then responds to our letter accordingly. This is the process we follow to manage our budget and address any concerns.

Male Respondent, Head of Facility, Kumbotso LGA, Kano State

Objective 4: Dialogue between citizens and politicians in the districts of Gwale and Kumbotso has intensified.

The Community actors organized report-back sessions to foster access to the decision makers and enhance accountability practices of government-led projects at the community level. Cumulatively, 464 participants (56% males and 44% females) participated at any of the four report-back sessions organized between 2021 and mid-2023. The category of participants are the community leaders, elected and appointed public officeholder, health professional groups, traditional birth attendants, community women, media personnel, women of childbearing age, health workers and CBOs.

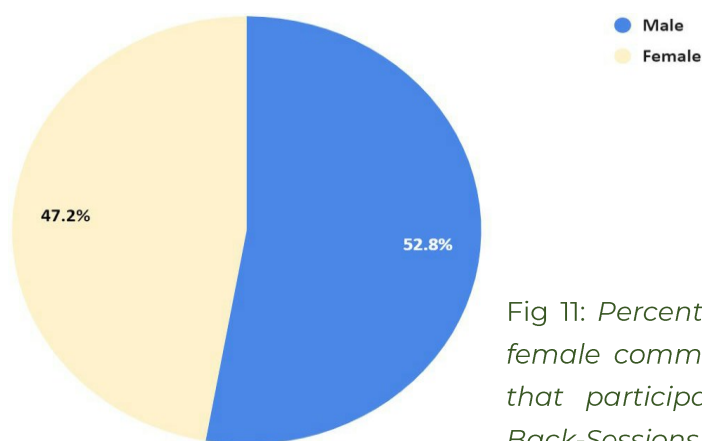


Fig 11: *Percentage of male vs female community members that participated in Report Back-Sessions (2021- 2023)*

4.3.4 Performance Measurement (Outcome 4)

The key indicator used to measure the achievement of an intensified dialogue between the citizens and the politicians is the evidence of initiatives led by citizens within the community. The ET assessed women’s awareness of any citizen-led initiative implemented in the community to improving MNCH services in LGAs of interest. It was found that 20% of the women interviewed were able to report 19 initiatives driven by community philanthropists, NGOs and community associations.

The initiatives were either to renovate the PHC facility, building a facility, donating drugs and consumables, and facility equipment.

MNCH Initiatives driven by Individuals, Associations or Organizations

Kumbotso LGA

1. *A philanthropist bought a weighing scale for the PHC and also mounted a canopy.*
2. *Mai Unguwa Nasiru built the children ward but not yet completed.*
3. *Muntari Wada Mai gidan-Ruwa built the female ward but not yet complete.*
4. *Alhaji Aminu gave scaling machine and BP apparatus.*
5. *Mai unguwa Nasiru built a block in the Kumbotso health post in 2021.*
6. *Community provided the hospital with a borehole.*
7. *Safinatul Khair Foundation rendered help to PHC facility by supplying refrigerators and dustbins.*
8. *Jarumta Youth Association supplied benches for 2 PHCs.*
9. *Munir Babba Dan Agundi, Member, Federal House of Representatives supplied drugs to 5 PHCs.*
10. *Philanthropist, who want to remain anonymous, fenced one PHC in 2022.*
11. *Anonymous persons donated ANC drug.*
12. *Kabuga Aisami community Association built the maternity and laboratory room in 2021.*
13. *Medicines Sans Frontiers donated to the department of maternity.*

Gwale LGA

1. *Air Vice Marshal Labaran Halliru Imam contributed N300,000 to Imam Halliru PHC in Gwale LGA.*
2. *Jarumta Youth Association supplied benches for 2 PHCs in Gwale LGA.*
3. *Aisha Kabir Sarki donated Bench and Chairs to one PHC.*
4. *Tallafin Daida Kai donated chairs and curtains.*
5. *Dangote Foundation built a modern PHC in Gwale.*
6. *Munir Babba Dan Agundi, Member, Federal House of Representatives supplied drugs to 5 PHCs in Gwale.*

Objective 5: As part of the response to COVID-19, disadvantaged groups have equitable access to government health care.

CHRICED successfully carried out awareness programmes on COVID-19 and its vaccination in the Kano State. This was accomplished through the sponsorship of various radio talk show and jingles, investigative media reports, regular press releases, as well as the dissemination of Information, Education, and Communication materials related to COVID-19. Additionally, the organization actively participated in promoting transparency in the distribution of relief packages in Kano state. The monitoring reports were shared with government officials, and the data collected during the monitoring process played a crucial role in making well-informed decisions by the

government during the vaccine and palliative distribution. In addition, CHRICED initiated the tracking of COVID-19 vaccine administration in healthcare facilities across the target LGAs in Kano State during the period.

COVID-19 vaccination plan and forecast data was analysed and it was found that 22 (44%) of all assessed PHCs reported to have COVID-19 vaccine forecast. Facilities in Kumbotso have more covid19 forecast needs; this can be justified by the population variations across both LGAs. The vaccination forecast plan estimated that men were likely to receive the COVID-19 more by 59%. However, in actuality, the vaccination data showed that women received more doses of vaccines as compared to men by 28%.

Table 4: COVID-19 Forecast Plan in Gwale and Kumbotso LGAs, Kano

LGA	PHCs that had COVID-19 vaccination forecast	Ave # of persons planned to receive COVID-19 in PHCs from vaccine forecast 2021	Ave # of men planned to receive COVID-19 in PHC from vaccine forecasting 2021	Ave # of women planned to receive COVID-19 in PHC from vaccine forecasting 2021
Gwale	8	11314	5804	3811
Kumbotso	14	2031	1297	667
Grand Total	22	13 345	7 101	4 478

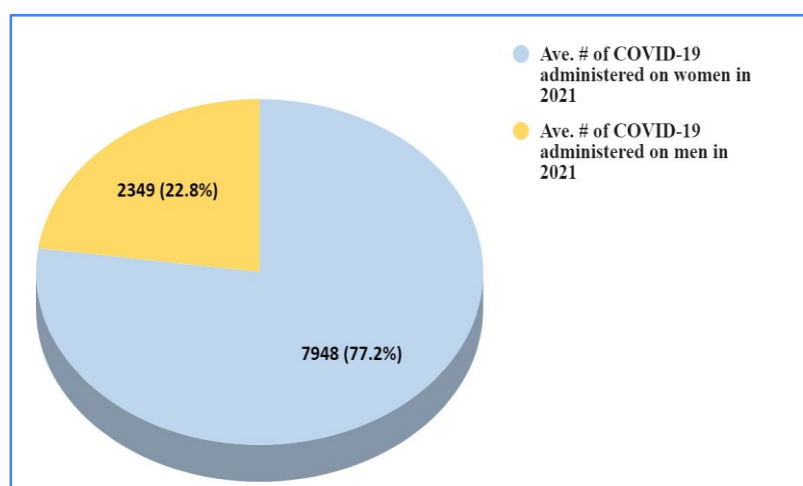


Fig 12: Administration of COVID-19 vaccine on women and men in Gwale and Kumbotso LGAs, Kano

5.0 Improvement in health-seeking behavior and Quality of Maternal Health services received at PHCs in Gwale and Kumbotso LGAs

1. The significant change in the distribution of funds for capital projects in the Primary Health Centers (PHCs), with 52% (2021) and 56% (2022) of the budget allocated, compared to the previous spending of 75%-80% on overhead costs, serves as evidence of a policy and behavioral shift.
2. The management of PHC budgets has shown a change in behavior through the inclusive process of budgeting or requesting funds. This is evident in the holding of meetings by PHC in-charges to discuss and gather the necessary requirements for the facilities that require attention.
3. The process of inclusive budgeting, which requires that the allocated expenditure for each facility aligns with the budget limit in order to receive approval, further demonstrates a change in behavior.
4. The change in behavior towards addressing maternal and child mortality in the targeted Local Government Areas (LGAs) can also be attributed to the voluntary contributions and donations made by private individuals and philanthropic groups.
5. The reported increase in citizen participation in project activities, such as PHC resource tracking, community awareness campaigns, involvement in public hearings, budgetary processes, capacity building sessions, and town-hall meetings, has led to enhanced project monitoring efforts and demands for accountability and transparency. These practices have had a positive impact on the quality of maternal and child health services provided at PHCs.
6. The involvement of community health committees in the targeted LGAs has fostered a sense of ownership and responsibility among community members, leading to increased engagement and participation in healthcare decision-making processes. This change in behavior has resulted in better alignment of healthcare services with the needs and preferences of the local population.

5.1 Reported Experiences of U5 Care-givers at Health Facilities

On average, 75% of the U5 Caregivers reported that it only took 10 minutes or less to be attended to by a skilled healthcare worker. Of all caregivers who had health consultations with HCW, 204 (59%) were referred to the facility laboratory unit for diagnostics services. It was found that 89% of them waited for 15 minutes or less to be attended to at the laboratory. Majority (84%) of them had to pay an average amount of N310 (\$0.4) for the laboratory services. The ET further assessed the amount of time it took to access the pharmaceutical services at the facility of visit, and it was found that 59% of the U5 caregivers that had seen the HCW needed to visit the pharmacy and this was achieved within 15 minutes as reported by 57% of those who had to go to the pharmacy for drugs. The average amount paid by 48% of the respondents was N2103 (\$2) for drugs.

5.2 Reasons for visiting the facility and Quality of health services received

The ET further inquired why the respondents had to choose to seek health-help at the specific facility. Majority had reasons related to the free health services rendered at the facility for pregnant women and children, orphans and older people and if a fee had to be paid; it was reported to be affordable. There were responses that pointed at the fact that the U5 caregivers, who are mostly mothers, were influenced by their husbands to visit the particular facility for health care, others mentioned that the facility was the closest to their residence and because of the history of perceived quality care that has been received at the facility. Notably, 234 (68%) of the respondents were satisfied with the quality of care rendered to them and 330 (96%) would visit the facility again because of these reasons; affordable and quality care, proximity to residence, free health services (ANC), Follow up visits, crowd control and the affordable transportation fee to the facility.

Health workers reported the improvement in healthcare services uptake across the PHCs. It was found that the uptake was low before the project commenced but the average number of women attended to on a daily basis has increased to 150, especially for ANC.

“There has been a great change in the turnout rate of women attendance. Before, our attendance was quite low. But with ANC matter, we now have approximately 150 pregnant women to attend to on a daily basis. This is because we conduct two sessions per day, with a minimum attendance of 100 women per session.”

Male Respondent, Head of Facility, Kano state

“The impact of your intervention, which encompasses training and guidance, is instrumental in transforming not only the behavior of our staff but also the way services are delivered. The way services are provided influences the way people approach us. As you receive our service, you acknowledge its value, eliminating the need for me to actively promote it. It is you who spreads the word and mobilizes others. This facility has undergone a remarkable transformation. They are now operating in a much-improved manner.”

Female Respondent, Head of Facility, Kano state

The health facility officers reported that there was Free Health services- there was nothing to pay for, down to card. However, it is worthy of note that this is only limited to ANC services, and to children and the elderly.

You cannot say the lab is free unless you have a malaria test. And if a malaria kit is available, we are doing it free. But when we exhaust it, we have to buy it. So if you say we buy it, you know that we cannot do it free. That's a little bit of money that people pay. And drugs, we are getting drugs from DSME and we are rendering diarrhea. So you know, we cannot give the drugs for free. But in the case of malaria cases, once there is malaria and we have the commodities in hand, it's also free.

Male Respondent, Health Facility Staff, Kano state

Insights gleaned from the facility experiences in each facility unit shows that waiting time at each health unit was between 10-15minutes. It was found that the amount of time needed to spend at a facility is one of the determining factors for a woman within the reproductive age to attend the facility. As the mothers were satisfied with the waiting time, the predicting effect on health seeking behavior would be positive. Facility users were able to have a one-stop health at the facility. That is, the PHCs rendered almost all the basics healthcare package expected at health facilities especially the laboratory and pharmaceutical services. This is also an encouraging factor that could lead to increased use of PHCs within the community.

6.0 Project Sustainability

1. The project delivery team, project stakeholders, beneficiaries, and government stakeholders have demonstrated their commitment to sustainability practices such as strategic community engagement and stakeholder advocacy. This prioritization has helped secure buy-in and project ownership.
2. The media personnel who have received training on MCH issues have become champions for change within their respective organizations. They have taken on the responsibility of tracking, investigating, and reporting on MCH issues, concerns, and successes, ensuring that these issues remain in the public eye and are addressed by decision-makers.
3. The increased awareness within the community about citizens' rights to participate in budgetary development processes and demand accountability has motivated community members across the state to actively practice "demand for accountability".
4. The project sustainability plan aligns with all of the above, focusing on the target group's interest in holding decision-makers accountable for the issue of maternal mortality. CHRICED recognizes this as a significant milestone and has utilized specific strategies to push for the MNCH bill to become a law in Kano state.
5. The capacity-building efforts aimed at citizens in the target communities have been successful in translating knowledge and skills into self-led initiatives. Community members have taken on advocacy roles, actively tracking and demanding accountability from decision-makers, ultimately holding them responsible for their actions.
6. The project's sustainability strategy is not just theoretical, but is being implemented in practical terms. This can be seen in the project communities, where constituents are actively urging political office

holders to organize town hall meetings to discuss maternal and child health priorities in local government budgets. These accountability channels are increasingly opening up, allowing citizens to ask important questions about the allocation and use of public resources for maternal and child health.

7. The success of these accountability channels is leading to the proliferation and institutionalization of such practices. As more citizens demand accountability and actively engage in the decision-making process, these channels are becoming a permanent fixture in the governance structure, ensuring that decision-makers are held accountable for their actions related to maternal and child health.

7.0 Strategies Deployed for Project Implementation (Best Practices)

The project evaluation findings had identified key strategic actions deployed whilst implementing the project activities. It was found that the strategic actions played significant roles in ensuring that the project did not just achieve an activity-based results but also bringing about transformative changes.

7.1 Advocacy engagements with relevant stakeholders at all levels:

1. Between 2021 and mid-2023, CHRICED organized a total of 12 advocacy sessions involving 112 (male 84; female 28¹⁰) stakeholders. These stakeholders included representatives from Local Government Authorities, Traditional Rulers, Primary Healthcare stakeholders, Legislators, Academics, CSOs, and the Media (Table 5). The strategic advocacy methods employed by CHRICED successfully garnered support from the stakeholders, ultimately resulting in the passage of the MNCH bill into law. These methods also provided an avenue for thorough examination of the bill draft, fostering a greater sense of ownership among the stakeholders.

Table 5: Advocacy sessions facilitated by CHRICED (2021-2023)

S/N	Type of Advocacy Session	M	F	Total	Purpose of advocacy	Year
1	Advocacy visit to Kumbotso LGA	11	2	13	To increase awareness of the project scope and secure buy-in	2021
2	Primary Healthcare Management Board	4	2	6		2022
3	Advocacy visit to Director Public Health Kano State Ministry of Health	3	1	4		2022
4	Advocacy visit to Speaker Kano State House of Assembly	10	1	11		2022

10. The statistics depict the contrast in representation between males and females in decision-making bodies within Kano State. It highlights the prevailing patriarchal and dominant nature of Nigeria's most populous state.

5	Advocacy visit to Kano Emirate Council Committee on Health (KECCOH)	11	2	13	To increase awareness of the project scope and secure buy-in and facilitate the passage of the Free MNCH bill into Law	2022
6	Advocacy visit to Kano State Ministry of Planning & Budget	1	6	7		2022
7	Advocacy to Emir of Kano	9	2	11		2022
8	Advocacy meeting with Aminu kano Centre for Democratic Studies (Mambayya House), a Research Centre of Bayero University Kano.	8	4	12	Strengthen collaborative efforts to achieve project goals	2023
9	Advocacy meeting with strategic media stakeholder(I)	5	2	7	Strengthen the drive to report MNCH issues, concerns and events	2023
10	Advocacy meeting with strategic media stakeholders (II)	7	2	9		2023
11	Advocacy meeting with strategic media stakeholders (III)	6	2	8		2023
12	Advocacy meeting with Publishing stakeholder	9	2	11	secure extensive coverage and publication of reports on maternal and child health	2023
	Total	84	28	112		

2. Four report-back sessions and six enlightenment workshops were organized and led: The report-back sessions held in study LGAs offered constituents an opportunity to connect with their elected political representatives and encouraged community members and leaders to participate in government initiatives around maternal and child health within their areas. The enlightenment workshops equipped community actors with effective tools and strategies to engage with decision makers. This method of engagement ensured that the voices of men, women, adults, and youths, especially persons with disabilities (PWDs) were amplified and taken into consideration.
3. CHRICED adopts an inclusive project management approach that prioritizes Gender Equity and Social Inclusion (GESI). As part of this approach, GESI transformative principles are integrated into all project activities, ensuring the active participation of community members, including women, youth, and persons with disabilities (PWDs).

4. The successful implementation of the project was greatly influenced by the positive response from the community. The utilization of various media platforms such as radio shows, jingles, posters, flyers, press conferences, and policy briefs, along with the distribution of IEC materials, played a significant role in stimulating a strong interest among the target group regarding maternal health accountability. This interest was crucial in capturing the attention and involvement of the project community members. Without their genuine concern for maternal and child health matters, achieving the desired outcomes would have been challenging.
5. The project team for this particular project exhibited a resilient spirit. Additionally, they possessed the necessary expertise, capacity, and passion to provide exceptional services. As a result, they were able to successfully achieve the essential project objectives. Furthermore, the capacity of CHRICED to mobilize various community interest groups and motivate them to actively participate in the governance of the maternal and child health sector is noteworthy. CHRICED has a proficient workforce that enables them to comprehend their areas of strengths and areas that require them to deploy external assistance.

7.2 Challenging factors

1. The project faced numerous challenges due to the poor economic situation in Nigeria, which was characterized by factors such as inflation and volatility in commodity prices. To address these external issues, CHRICED took measures to carefully manage and control its consumption of essential inputs, ensuring efficiency and minimizing wastage.
2. The project was also implemented under hostile political environment and operational context. State actors seeing the rising voices of citizens have attempted to clamp down on critical civic agencies raising fundamental questions about corruption, and bad governance. In response to these challenges, the project team at CHRICED implemented a comprehensive risk management strategy. This involved conducting thorough assessments of the political landscape and

engaging in proactive advocacy efforts to protect the rights and freedoms of CSOs. They collaborated with other like-minded organizations to form alliances, amplifying their collective voices and increasing their influence in policy-making processes.

3. In addition, CHRICED invested heavily in capacity building initiatives for its staff and volunteers, equipping them with the necessary skills and knowledge to navigate the complex political environment. This included training on legal frameworks, human rights, and advocacy strategies. By strengthening their understanding of the legal landscape, CHRICED was able to ensure compliance with the new regulations while still effectively carrying out their work.
4. Added to the political challenges, the project also faced security hurdles such as cattle rustling, kidnapping and banditry in some of the political wards covered by the project. To overcome this, CHRICED leveraged on its partnerships with local communities and utilize their knowledge and resources. This enabled them to find innovative solutions to transportation and communication challenges, ensuring the smooth implementation of project activities.
5. Despite the external challenges, CHRICED remained steadfast to its mission of promoting democracy and accountability. They actively engaged with stakeholders at all levels, including government officials, community leaders, and citizens, to foster dialogue and collaboration. By building trust and fostering relationships, CHRICED was able to navigate the political landscape and effectively advocate for change.
6. Overall, the project's success in the face of numerous challenges can be attributed to CHRICED's strategic approach, resilience, and commitment to its mission. By carefully managing resources, navigating the political landscape, and building strong partnerships, CHRICED was able to overcome external obstacles and made a substantial impact in addressing maternal and child health resource accountability issues in Gwale and Kumbotso LGAs in Kano state.

8.0 Lessons Learnt

Some of the lessons learnt are:

1. This project highlights the significance of development organizations focusing on enhancing the capacity of citizens and actors in demanding accountability. By empowering citizens and organizations to effectively advocate for accountability, it not only improves the overall effectiveness and efficiency of their demands but also ensures that these demands are strategically aligned with the desired outcomes.
2. The project emphasizes the importance of understanding the influence and interest of stakeholders in order to determine the most appropriate method of engagement. By conducting a thorough stakeholder analysis, development organizations can identify key stakeholders and tailor their engagement strategies accordingly. This ensures that the right stakeholders are involved in the decision-making process, fostering a sense of ownership and ultimately leading to the successful translation of policies or initiatives into action.
3. This project underscores the need for development organizations to prioritize effective strategic engagement with stakeholders. By actively involving stakeholders in the review process of the MNCH draft bill, it not only increases their understanding and buy-in, but also allows for their valuable input and feedback. This collaborative approach not only strengthens the legitimacy and credibility of the final outcome but also enhances the likelihood of successful implementation.
4. In conclusion, this project highlights the key takeaway that development organizations must prioritize effective strategic engagement with stakeholders. By enhancing the capacity of citizens and actors in demanding accountability, understanding stakeholder influence and interest, and determining appropriate methods of engagement, development organizations can ensure the successful translation of policies and initiatives into action. This ultimately leads to more impactful and sustainable development outcomes.

8.1 Recommendations

There are several possible significant roles that can be undertaken by the Kano state government, CHRICED, CSOs, development partners, media personnel, and community members to enhance the accountability and transparency of the health budget in the state. By doing so, they will effectively contribute to tackling one of the most pressing issues of our time - **maternal and child mortality**.

8.1.1 Kano State Government

1. Creating a plan of action and monitoring strategy to facilitate the implementation of the Maternal, Newborn, and Child Health (MNCH) Law involves developing a comprehensive roadmap that outlines the specific steps and actions required to effectively implement the law. This plan should include clear objectives, timelines, and responsibilities for each stakeholder involved in the implementation process. Additionally, a monitoring strategy should be established to regularly assess the progress and impact of the implementation efforts, ensuring that the desired outcomes are being achieved.
2. Establishing annual performance indicators to monitor the progress of the MNCH implementation plan is crucial for tracking the effectiveness of the initiatives and identifying areas that require improvement. These indicators should be measurable, specific, and aligned with the goals and objectives of the MNCH Law. Regular monitoring and evaluation of these indicators will provide valuable insights into the success of the implementation plan and enable necessary adjustments to be made if needed.
3. Ensuring timely allocation and release of funds to drive the implementation of the MNCH Law is essential for its successful execution. Special fund should be allocated in the state budget specifically for MNCH programs and initiatives. It is crucial that these funds are released in a timely manner to avoid delays in implementation and to ensure that the necessary resources are available to support the initiatives outlined in the MNCH Law.
4. Implementing awareness programmes aimed at enhancing citizens' understanding of the MNCH Law is crucial for its successful

implementation. These programmes should be designed to educate and inform the public about the importance of maternal, newborn, and child health, as well as the rights and entitlements provided by the MNCH Law. This can be done through various channels such as community outreach programs, state television and radio, bill boards, and educational materials.

5. Demonstrating renewed commitment to developing performance indicators that can effectively track health budget performance during budget preparation involves ensuring that the budgetary allocations for the health sector are aligned with the goals and objectives of the MNCH Law. This requires a thorough analysis of the health budget and the development of performance indicators that can accurately measure the impact and effectiveness of the allocated funds. This commitment should be reflected in the budget preparation process, with a focus on prioritizing MNCH initiatives and ensuring that the necessary resources are allocated accordingly.
6. Demonstrating renewed commitment to fostering an enabling environment for Civil Society Organizations (CSOs) and development partners to thrive within the state involves creating a supportive and collaborative environment for these stakeholders to actively participate in the implementation of the MNCH Law. This can be achieved by engaging CSOs and development partners in the design of implementation action plan and the performance evaluation.

8.1.2 Resource Centre for Human Rights and Civic Education (CHRICED)

1. Develop a comprehensive communication strategy to raise awareness about the MNCH Law among key stakeholders, including government officials, healthcare providers, community leaders, and the general public. This strategy should include targeted messaging, media campaigns, and community engagement activities to ensure widespread recognition and understanding of the law.
2. Support the Kano state Government to establish a robust monitoring and evaluation framework for the implementation of the MNCH plan. This framework should include clear indicators, data collection

methods, and reporting mechanisms to track progress and identify areas for improvement. An annual performance metric should be developed to assess the effectiveness of the plan and inform future decision-making.

3. Conduct training programmes for project community members and citizen monitors to enhance their understanding of the MNCH Law and their ability to assess the performance of healthcare facilities and services. This capacity-building initiative should focus on equipping individuals with the necessary knowledge and skills to monitor and report on the quality of care provided to mothers and children.
4. Strengthen partnerships and collaboration among civil society organizations, advocacy groups, and government agencies to advocate for the accountability of maternal and child health budgets in Kano state. This can be achieved through joint advocacy campaigns, policy dialogues, and public forums to raise awareness about the importance of the MNCH Law and the need for its effective implementation.
5. Advocate for the adoption of a unified system and framework to track the budget allocated for maternal and child health in Kano state. This should include advocating for transparent and accountable budgeting processes, regular financial audits, and the establishment of mechanisms to ensure that allocated funds are effectively utilized for MNCH programs. This unified system will help ensure that resources are allocated efficiently and effectively to improve maternal and child health outcomes in the state.

8.1.3 CSOs and Development partners

1. Strengthened collaborative efforts to demand for accountability of all maternal health projects and further promote the awareness and the implementation of the MNCH Law in Kano state.
2. Promote a single system and framework for maternal health budget tracking in the state.
3. Collaborate with CHRICED and other partners to Support the government of Kano in formulating yearly performance indicators to monitor the implementation of the MNCH plan.

Conclusion

Through the use of metrics and indicators, it is evident that the objective to enhance the understanding of maternal health budget and spending among citizens was successfully accomplished. The active participation of citizens, including members of civil society organizations and media personnel, demonstrates their increased knowledge and awareness of maternal health budget and spending.

The effectiveness of the training sessions organized by CHRICED is strongly suggested by the outcome of the project. The improved understanding of citizens indicates that the training sessions were impactful and informative. This success can be attributed to the well-designed and well-executed training sessions that effectively conveyed the necessary information to the participants.

Furthermore, the project aimed to promote inclusiveness, accountability, and transparent practices among public officials in Kano state. Over the past three years, there has been notable progress in achieving these goals. Public officials have shown a greater commitment to inclusiveness, accountability, and transparency, which is evident in their actions and decisions.

One of the key indicators of progress is the satisfaction expressed by most respondents regarding the improved quality of care provided to mothers visiting Primary Health Centers (PHCs). This indicates that the project has had a positive impact on the healthcare system, resulting in better services and outcomes for mothers.

Additionally, the project aimed to strengthen the relationship between constituents and politicians. This objective was successfully accomplished through the implementation of six town hall meetings as originally planned. These meetings provided a platform for constituents to engage with politicians, express their concerns, and hold them accountable. The successful implementation of these meetings indicates that the project effectively facilitated dialogue and collaboration between constituents and

politicians.

In conclusion, the project's four objectives were successfully accomplished based on the analytics. The metrics used as indicators clearly demonstrate an improved understanding of maternal health budget and spending tracking among citizens. The training sessions organized by CHRICED were highly effective in achieving this outcome. Furthermore, there has been notable progress in promoting inclusiveness, accountability, and transparent practices among public officials in Kano state. Most respondents expressed satisfaction with the improved quality of care provided to mothers visiting PHCs. Lastly, the project successfully strengthened the relationship between constituents and politicians through the implementation of town hall meetings.

Annexures

Annex 1: Data Collection Plan and Tools

A detailed field plan, including the fieldwork plan, and the evaluation deliverables project results framework and monitoring data

Annex 2: MCH Articles and Publications

Area of Focus	Topic	Media Name	Media links
Stories on MCH	Kano lacks adequate nurses, midwives in rural facilities – Prof. Ahmad	Kano Focus	https://kanofocus.com/2021/08/11/ka-no-lacks-adequate-nurses-midwives-in-rural-facilities-prof-ahmad/
	Strengthening accountability in Kano's MNCH intervention	Daily news24.ng	https://dailynews24.ng/strengthening-accountability-in-kanos-mnch-intervention/
	Abandoned Health Center Projects in Kano Communities	Metro Daily	https://metrodailyng.com/2020/11/21/abandoned-health-centre-projects-in-kano-communities-cause-childbirth-fatalities/
	Imbibe the attitude of reporting maternal and Child healthcare Projects- CHRICED charged Kano Journalist - kano Daily	Kano Daily	https://kanodaily.com.ng/2021/08/06/imbibe-the-attitude-of-reporting-maternal-and-child-healthcare-projects-chriced-charged-kano-journalist/
Capacity building	CHRICED Trains Media Professionals On Strengthening Maternal And Child HealthCare	Nigerian tracker	https://nigeriantracker.com/2021/08/05/chriced-trains-media-professionals-on-strengthening-maternal-and-child-healthcare/
Enlightenment on MCH Quality Care	CHRICED moves to redress citizens rights on access to quality healthcare in Kumbotso	Daily news24.ng	https://dailynews24.ng/chriced-moves-to-redress-citizens-rights-on-access-to-quality-healthcare-in-kumbotso/
MCH Bill related messaging and awareness programmes	Kano State Assembly ready to pass the MNCH Bill into Law	Tribune Online	https://tribuneonline.ng/kano-assembly-ready-to-pass-maternal-child-bill-into-law-%E2%80%995-speaker/?fbclid=AR11IQH_MyOo0ab5j6I_9XIE56PItdOdFSUeXryM8VPh7mX2b5tQ_XMkdk
	Kano State Assembly ready to pass the	Triumph News	http://triumphnews.org/knha-ready-to-pass-into-law-maternal-

	MNCH Bill into Law		child-bill/?fbclid=IwAR3ZCTo6SiZB FGKmure4C17Xks_pZ6jue1U-FSwOy98prlvhS Mf9c9Z9578
	Kano State Assembly ready to pass the MNCH Bill into Law	Vanguard Nigeria	https://www.vanguardngr.com/2021/12/we-wont-hesitate-to-pass-free-maternal-child-healthcare-bill-into-law-kano-speaker/?fbclid=IwAR0BBIB7mkB YsBLP6YkR40YeGfO2jv2KiSQ-viCNOK5JTHpf6A QIJsrUBY
	Pass Bill to reduce Maternal Mortality	Punch Nigeria	https://punchng.com/well-pass-bill-to-reduce-maternal-mortality-says-kano-speaker/?amp&fbclid=IwAR3zb5YTBZ5sYdV4MG3hPVrBtgoY504EEMZDqNbnZwBCZFsoW1lyrxo uh8
	CHRICED Advocates for the passage of free healthcare bill into law in Kano	Radio Nigeria	https://radionigerianortheast.gov.ng/chriced-advocates-for-passage-of-free-maternal-child-healthcare-bill-into-law-in-kano/?fbclid=IwAR1-vj v ml EhQUXgRCQhyn bNkaZNg-0Ve kKTD7dLox-H1BncWam DguOgIE Ns
	CHRICED Solicits Ministry's Support on MNCH actualization	Daily news24.ng	https://dailynews24.ng/chriced-solicits-kano-health-ministries-support-on-mnch-actualization/?fbclid=IwAROU XxqmYTDvP1SM wtaOEn Qia CXiqHSj3 vrnK7lb LeNKTX o340rzJu UX1s
	PHCs with continuous neglect creates hardship in communities	Daily news24.ng	https://l.facebook.com/l.php?u=https%3A%2F%2Fdailynews24.ng%2Fspecial-report-inside-kano-phcs-where-continuous-neglect-creates-hardship-in-communities%2F%3Ffbclid%3DIwAR2qCZj2wr7WrM5Viv zjM yCPh x24hMelz0AQphwONyF azwrjtUus 28fy8LQ&h=AT0eMRqSyl RN9UI HNbkxs VYPu-AA7q83fJV7wh-kkvn4jxUY5AzEgDz zmv 90nwrW BCPFUDwflRvg2J3KVM_Gon uR_lp_dm

			Xbbs4KLINrsxGsTIU VwgtEdNV6 zxm H2fheEq87oUD8B8 SP6Epc0 8klc
	Towards enhanced MNCH service delivery in Kano state	Daily news24.ng	https://dailynews24.ng/towards-enhanced-mnch-service-delivery-in-kano-tate/?fbclid=IwAR3RPJO Lddnan 6bPFHG8g GOhxu0mSmq DKbJfQ m8HXXuNVa1Q LtzuanOdgCg
	Long road to free MNCH Service	Guardian Nigeria	https://guardian.ng/features/health/long-road-to-free-maternal-child-healthcare-legislation-in-kano/
	Long road to free MNCH Service	Stallion Times	https://stalliontimes.com/2023/05/09/long-road-to-free-maternal-and-child-healthcare-law-in-kano-state/
	Long road to free MNCH Service	The Explainer	https://theexplainer.com.ng/long-road-to-free-maternal-and-child-healthcare-legislation-in-kano-state/
	CHRICED Calls for full implementation of free MNCH in Kano state	Stallion Times	https://stalliontimes.com/2023/07/13/chriced-calls-for-full-implementation-of-free-mnch-law-in-kano/
	The Maternal and Child Health Care Act will reduce maternal mortality (Dokar Kulawa Da lafiyar mata da kanaan yara zata rage mutuwar mata masu juna biyu)	Freedom Radio	https://freedomradionig.com/dokar-kulawa-da-lafiyar-mata-da-kanaan-yara-zata-rage-mutuwar-mata-masu-juna-biyu-chriced/
	CHRICED Calls for collective action to realize quality MNCH delivery	Stallion Times	https://stalliontimes.com/2023/05/04/chriced-calls-for-collective-action-to-realize-quality-mch-delivery/
	Long road to free MNCH Service	Stallion Times	https://stalliontimes.com/2023/05/09/long-road-to-free-maternal-and-child-healthcare-law-in-kano-state/

	Long road to free MNCH Service	Platinum Post	https://platinumpost.ng/2023/05/09/long-road-to-free-maternal-and-child-healthcare-law-in-kano-state/
	CHRICED Lauds Kano Lawmakers over passage of free MCH	The Explainer	https://theexplainer.com.ng/chriced-lauds-kano-lawmakers-over-passage-of-maternal-and-child-healthcare-legislation/
	CHRICED Lauds Kano Lawmakers over passage of free MCH	Daily Fact	https://dailyfactng.com/chriced-applauds-kano-state-assembly-for-the-historic-passage-of-the-maternal-and-child-healthcare-bill/
	CHRICED Lauds Kano Lawmakers over passage of free MCH	Stallion Times	https://stalliontimes.com/2023/05/04/chriced-applauds-kano-state-assembly-for-historic-passage-of-fmnch-bill/
	Non-Profit Works to Reduce Maternal and Child Mortality	Nigeria Info	https://www.nigeriainfo.fm/news/homepagelagos/non-profit-works-to-reduce-maternal-and-child-mortality/
	PUBLIC HEARING: (CHRICED), called on KNHA to monitor and ensure that funds allocated to PHCN have positive impact on facilities	Time Express Nigeria	https://www.timeexpressnigeria.com/public-hearing-chriced-called-on-knha-to-monitor-and-ensure-that-funds-allocated-to-phcn-have-positive-impact-on-facilities/
	Partner CSOs To Monitor Budgetary Allocations, CHRICED Tells Kano Lawmakers	The Explainer	https://theexplainer.com.ng/partner-csos-to-monitor-budgetary-allocations-chriced-tells-kano-lawmakers/
	CHRICED sends important message to Kano Assembly	PM News Nigeria	https://pmnewsnigeria.com/2023/01/08/chriced-sends-important-message-to-kano-assembly/
	Free Maternal Healthcare Bill Scales First Reading, CHRICED calls Journalists to Support	Time Express Nigeria	https://www.timeexpressnigeria.com/free-maternal-healthcare-bill-scales-first-reading-chriced-calls-journalists-to-support/
	CHRICED Demands Prompt Passage of	Radio	https://www.radionigeriakaduna.gov.ng/blog/2022/12/31/chriced-demands-prompt-passage-of-


	Free MNCH bill	Nigeria	free-maternal-newborn-child-healthcare-bill/
	Kano Assembly bill scales first reading	Stallion Times	https://stalliontimes.com/2022/12/28/kano-assembly-fmch-bill-scales-first-reading/
	CHRICED Calls on Media to be Resilience in reporting MNCH	Stallion Times	https://stalliontimes.com/2023/04/30/chriced-calls-on-media-to-be-resilience-in-reporting-mnch
	Adequate utilization of MNCH resources- Solution to needless deaths of women and children	Time Express Nigeria	https://www.timeexpressnigeria.com/2023/04/adequate-utilization-of-maternalchild-health-care-resources-solution-to-needless-deaths-of-women-children-chriced/
COVID-19	Data gaps in COVID 19 Vaccination for PWDs	Stallion Times	https://stalliontimes.com/2023/01/06/how-kano-records-data-gap-in-covid-19-vaccination-for-pwds/
	Data gaps in COVID 19 Vaccination for PWDs	Blazon News Nigeria	https://blazonnewsng.com/how-kano-records-data-gap-in-covid-19-vaccination-for-pwds/
	How Perception is militating against COVID 19 vaccine uptake in Kano communities	Stallion Times	https://stalliontimes.com/2022/12/22/how-perception-is-militating-against-covid-19-vaccine-uptake-in-kano-communities/
	Health Workers in Kano communities share shocking experiences	Stallion Times	https://stalliontimes.com/2022/12/30/covid-19-health-workers-in-kano-communities-share-shocking-experiences/
	Health Workers in Kano communities share shocking experiences	Arewa Agenda	https://arewaagenda.com/covid-health-workers-kano/
	How Misinformation worked against COVID-19 vaccines uptake in Kano rural communities	Equal News2	https://www.equalnews4.com/2023/01/09/how-misinformation-worked-against-covid-19-vaccines-uptake-in-kano/
	How lack of storage facilities foot- drags COVID-19	Stallion Times	https://stalliontimes.com/2022/12/03/how-lack-of-storage-facilities-foot-drags-covid-19-vaccination-

	vaccination in Kano rural communities		in-kano-rural- communities/
	How lack of storage facilities foot- drags COVID-19 vaccination in Kano rural communities	Daily News	https://dailynews24.ng/how-lack-of-storage-facilities-foot-drag-covid-19-vaccination-in-kano-rural-communities/
	COVID-19: How Poor Incentives Affected Vaccination in 2 Kano Communities	Stallion Times	https://stalliontimes.com/2023/04/14/covid-19-how-poor-incentives-affected-vaccination-in-2-kano-communities
	How Corruption Mars Covid-19 Vaccine Administration in Kano	Stallion Times	https://stalliontimes.com/2023/04/18/how-corruption-mars-covid-19-vaccine-administration-in-kano/
	How Corruption Mars Covid-19 Vaccine Administration in Kano	The Campus Watch	https://www.thecampuswatch.com/2023/04/18/investigation-how-corruption-mars-covid-19-vaccine-administration-in-kano/

“Around the world, birth is a joyous occasion. Yet, every 11 seconds, a birth is a family tragedy. A skilled pair of hands to help mothers and newborns around the time of birth, along with clean water, adequate nutrition, basic medicines, and vaccines, can make the difference between life and death. We must do all it takes to invest in universal health coverage to save these precious lives.”

Henrietta Fore, UNICEF Executive Director

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