

PROJECT ASSESSMENT REPORT

Social Mobilization for Accountability in the Implementation
of Resource Budgets for Maternal Health
Interventions *and Accountability*

Supported by

Katholische Zentralstelle für Entwicklungshilfe e.V. (KZE)

MISEREOR
IHR HILFSWERK



Promotion of Democratic Participation in Nigeria - *Social Mobilization for Accountability in the Implementation of Resource Budgets for Maternal Health Interventions in 2 Local Government Areas in Kano State*

Project Evaluation

Prepared by:

Resource Centre for
Human Rights &
Civic Education
(CHRICED)



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Do You Want These Pregnant Women To

DIE



**JOIN HANDS TO HOLD THE GOVERNMENT
ACCOUNTABLE FOR THE USE OF OUR MATERNAL**



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

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MISEREOR/KZE



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List of Acronyms and Abbreviations

ANC	Antenatal Care
AIDS	Acquired Immunodeficiency Syndrome
AMKAS	Accountability Mechanism on Maternal Health in Kano State
APC	All Progressives Congress
BBC	British Broadcasting Corporation
BP	Blood Pressure
CAMA	Companies Allied Matters Act
CBHI	Community-Based Health Insurance
CBN	Central Bank of Nigeria
CCT	Conditional Cash Transfer
CHRICED	Resource Centre for Human Rights & Civic Education
CLAST	Citizen-led Accountability and Strategies and Tools
COVID 19	Coronavirus Disease 2019
CSOs	Civil Society Organizations
DFID	Department for International Development
FCDO	Foreign, Commonwealth and Development Office
FCT	Federal Capital Territory
FHC	Facility Health Committee
FMOH	Federal Ministry of Health
FSSHIP	Formal Sector Social Health Insurance Programme
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
IBM	International Business Machines
IEC	Information Education and Communication
KHETFUND	Kano State Health Trust Fund
KHMB	Kano State Health Management Board
KII	Key Informant Interview
KPHMB	Kano State Primary Healthcare Management Board
KSCHMA	Kano State Contributory Healthcare Management Agency
LGA	Local Government Area
LGHD	Local Government Health Department
MCH	Maternal and Child Health
MH	Maternal Health
MNCH	Maternal, Newborn and Child Health
MNCH2	Maternal Newborn and Child Health Programme
NANNM	National Association of Nigeria Nurses and Midwives
NBS	Nigerian Bureau of Statistics
NGOs	Non-Governmental Organizations
NUJ	Nigerian Union of Journalists
ODK	Open Data Kit

PDP	Peoples' Democratic Party
PHC	Primary Health Care
PME	Planning, Monitoring and Evaluation
PPE	Personal Protective Equipment
Q1	First Quarter
SARS	Special Anti-Robbery Squad
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SMOH	State Ministry of Health
SPSS	Statistical Package for Social Science
SUV	Sport Utility Vehicle
TBA	Traditional Birth Attendants
UK	United Kingdom
VAT	Value-added tax
WHO	World Health Organization
WPSN	Women Peace and Security Network
YOPSIS	Youth Society for the Prevention of Infectious Diseases
Y-O-Y	Year on Year

Executive Summary



Since 2018, Resource Center for Human Rights and Civic Education (CHRICED) has been implementing the project *Promotion of Democratic Participation in 2 Local Government Areas in Kano State, Nigeria*. The established main objective of the project is “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 is centered around four objectives: (i) To increase the knowledge of citizen monitors on resource budget, distribution and service delivery processes, and the skills required for organizing effective tracking of Maternal Health (MH) spending and quality service delivery; (ii) To improve the accountability of political and civil society leaders in the targeted areas; (iii) To improve the quality of maternal health service delivery in the implementation of maternal health spending; and (iv) To strengthen the engagements between the constituents and politicians in the districts of Gwale and Kumbotso, Kano.

The purpose of this evaluation report was to assess the extent to which the project achieved its key milestones, which formed the basis of project implementation. To carry out this task, the evaluation team worked to check for the various strands of evidence, which could provide insights into what the project has achieved. For this to be realized, the evaluation has to provide veritable quantitative and qualitative data as evidence of project implementation. The results achieved and any possible shift in status quo as it relates to the budgetary development and spending processes of Maternal Health (MH) in Kano state, would have to be brought to the fore. In effect, the evaluation is intended to provide data for holistic review of the processes of implementing the project mandates, the current practices of MCH budget development, and the processes for ensuring transparency and accountability in the use of maternal health resource budgets in Kano state.

Similarly, the overarching goal of the evaluation study was to provide a data-driven basis, to point out the short, medium and long term effects of CHRICED monitoring of MH funds and related health sector projects in Kumbotso and Gwale Local Government Areas (LGAs). The activities aimed at tracking expenditures on maternal health in order to demand for inclusiveness in budget development processes were intended to provide evidence based precursors for transparency and accountability. As alluded to by the project implementers, these interventions aimed to amplify citizens demand for duty bearers to fulfill their obligations to improve the health outcomes for mothers, infants and newborns in the state. The evaluation study gleaned information in five aggregate areas, with key encircling questions developed to derive both qualitative and quantitative data. The evaluation surveyed the relevance of the project, outcomes, effectiveness, efficiency and the project sustainability.

One of the challenges encountered in the course of this evaluation was the limited availability of a number of the public officials and policy actors.¹ The officials and key actors in the policy formulation process were targeted as respondents to participate in the data collection effort. Attempts at data collection with some of them posed challenges because of their strained schedules, especially given the responsibility of responding to the COVID 19 pandemic. This constrained the robustness of responses. To mitigate this, the evaluation team resorted to and utilized the virtual data collection methods to have access to some of the respondents in this category. The disruption encountered as a result of the use of virtual spaces include poor internet connectivity and unobserved body languages were addressed by preparing for alternative sources of internet connections and efforts to probe for clarity when required.

CHAPTER ONE

I. Introduction:

The state of the health system of a country is one of the key indices, which determine the quality of life of its citizens. A functional, efficiently run and affordable healthcare system is critical to the welfare and well-being of citizens. This has made healthcare financing a veritable tool for the improvement of the healthcare system, thus, optimizing health outcomes. There has been an established relationship between the health of a nation and its economic development. Diseases, epidemics and pandemics such as HIV/AIDS, maternal mortality, under-5 mortalities, malaria, and tuberculosis have over the years combined to undermine development, and this in turn impoverished many developing nations such as Nigeria. There is therefore an urgent need to pursue improved health outcomes among the citizens of Nigeria, especially women and children.

An important aspect of the intervention is to track the efficiency and effectiveness of maternal health spending. This is to ensure the big-budget figures being devoted to healthcare impact on the lives of women and children across the country. Although the project is principally focused on Kano, maternal health is something that affects everyone. We were all once nestled in the wombs of our mothers for around nine months before we finally arrived in this world. We also believe the impact of the work we are doing in Nigeria's most populous state will resonate better if we have allies in the media from all over the country.

In terms of branding and image projection, CHRICED describes itself as a knowledge-driven platform of active citizens working for the promotion of human rights, rule of law, democracy, and accountability. CHRICED further describes its vision as the realization of a democratic Nigeria where participation, inclusion, and transparency are guaranteed and state and non-state actors actively collaborate towards accountable and responsive use of resources for the collective well-being of citizens. To achieve this noble mission, CHRICED has stressed the importance of providing veritable platforms to serve as an interface between the government as duty bearers, and the citizens as right holders. It is imperative to state that the right to comprehensive and quality healthcare, including Maternal, Newborn and Child healthcare is a universal right that is further guaranteed for all Nigerians by the provisions of the 1999 Constitution. Section 17, subsection 3 (d) of the Constitution of the Federal Republic of Nigeria, 1999 (as amended), clearly states that *“The State shall direct its policy towards ensuring that: there are adequate medical and health facilities for all persons”*.

Making particular reference to the responsibility of the government for the provision of

¹ <https://www.worldometers.info/world-population/nigeria-population>

Maternal, Newborn, and Child healthcare services to the citizens, subsection 3 (h) of the same Section 17 of the Constitution stated further that: *“the state shall direct its policy towards ensuring that; the evolution and promotion of family life is encouraged”*. Despite these clear constitutional provisions and hefty annual budgetary allocation to maternal health at the Federal and State levels, thousands of women and children still die in Nigeria daily due to the absence of quality healthcare before, during and after childbirth.

Nigeria practices the decentralized health system whereby the Federal Ministry of Health (FMOH), State Ministry of Health (SMOH), and Local Government Health Department (LGHD) all play respective roles in managing the healthcare system. The FMOH is the overall health policy formulating body. It coordinates and supervises the activities of the other levels. Primary Health Care (PHC) is the setting stone of the Nigerian health system. It is however imperative to know that the PHC financing system in Nigeria is still bereft of transparency, accountability and inclusiveness. The dismal state of PHCs across the country is having its direct consequence on the overall performance of the health system. The importance of this work, apart from its foundational basis in the Constitution, comes from the fact that there are now a number of sources from which monies are pouring into the health sector in Kano State. Apart from the budget, other sources of health funds pouring into the health sector, include; the National Health Insurance Scheme (NHIS), the Contributory Health Scheme, the Kano Health Trust Fund and even the Basic Health Provision Fund, among others.

With such quantum of financial resources coming into the health sector, there is a need for citizens to know how well it is translating into quality maternal health services for the good people of Kano State.

Poor financing has been identified as one of the problems faced by PHCs in Nigeria. Even with the revenue mobilization and pooling strategies to increase the fiscal space in the system, by mandating federal, state and local governments to allocate at least 15% of their total budgets to health in line with the 2001 Abuja declaration¹, there is the question about how transparently the funds are being managed. Some states claiming to have allocated more than the agreed 15% to PHCs across the country still tend to have poor primary health care operations and quality health services. This calls for citizens-led transparency and accountability initiatives. This is what CHRICED has been doing with its project in Gwale and Kumbotso in the last three years.

1 https://www.who.int/healthsystems/publications/abuja_report_aug_2011.pdf?ua=1

Healthcare budget development processes

Budgeting is related to the process of defining the allocation of resources to produce the best outputs given the level of revenues. The budget is the government's forecast of revenue and planned expenditure, usually provided on an annual basis. A health budget therefore is the portion of the national budget allocated to the health sector, including all ministries and agencies involved in health-related activities. According to WHO (2016), a health budget, typically included in the general government budget, is more than a simple accounting instrument to present revenues and expenses; rather, it is a crucial orienting text, declaring key financial objectives of the country and its real commitment to implementing its health policies and strategies.

The budget cycle starts with the government planning for the use of the coming year's resources. To allow this to be done in accordance with health priorities, health planning stakeholders have to engage strategically in this process and be prepared to support it. Ministries of budget/finance and related entities are the leading agents for budget development. Ministries of health play a critical role to prepare, present and negotiate credible, priority-oriented budget proposals for the sector. Civil society and the general public can seek to influence health budget definition by engaging with the executive or the legislature. There are several actors within and external to the health sector that are identified as key role players in financing of the health sector in Nigeria. Actors within the health sector include the Federal Ministry of Health and its Agencies at all levels.

In Nigeria, the budget development process starts with the government planning for the use of the coming year's resources. To allow this to be done in accordance with health priorities, health planning stakeholders have to engage strategically in this process and be prepared to support it. Ministries of budget/finance and related entities are the leading agents for budget development. Civil society and the general public can seek to influence health budget definition by engaging with the executive or the legislature WHO (2016). The culture of accountability and transparency in maternal health allocations, release and spending among public officials in Nigeria is yet to be fully embraced. As such, diversion and wastage of health resources is inevitable.

³ See Kaduna State Annual School Census, August 2017.

⁴ Ibid

⁵ Ibid

Healthcare financing in Kano State

Kano State is the most populous state in Nigeria based on figures from the last official census conducted in 2006. The State has faced several challenges delivering health care to its citizens. This is apparent in the fact that the state has poor health indices. In a video teleconference for the 2017 health program year, Governor Ganduje Abdullahi, of Kano state made a commitment to revise the goals and objectives as well corresponding progress made since the commencement of the government's tripartite agreement on health, with Dangote Foundation and Bill and Melinda Gates Foundation. According to him, "the government aims to strengthen the control of HIV/AIDs and Tuberculosis, Polio eradication, Malaria control, cholera, measles control and other child killer diseases in collaboration with development partners". In 2018, his government allocated 13 percent of its 2018 budget to the health sector as part of deliberate attempts to improve quality health care services. In 2019 and 2020, the allocated budget to health increased by 1% and 2% respectively.

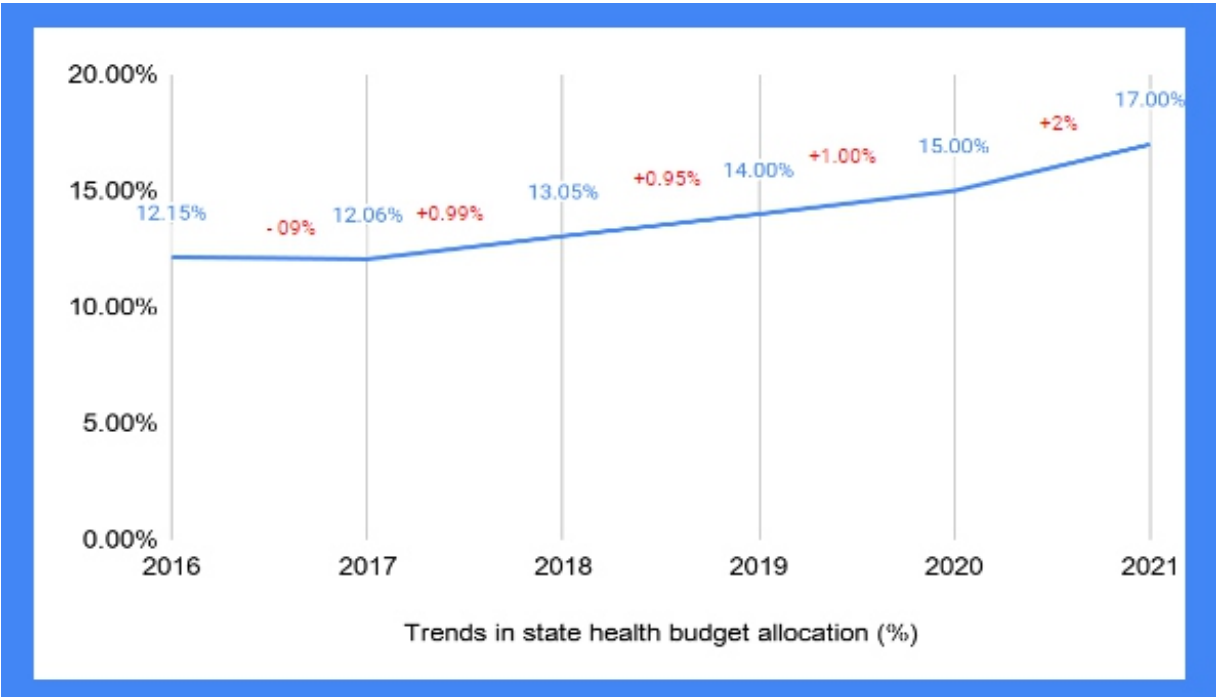


Figure 1: Trends in Kano state health budget allocation (%)

Healthcare financing in Kano State is primarily financed by the public through tax revenue. The federally collected revenue consist of crude oil and gas export proceeds, petroleum profit tax,

⁶ See CHRICED, 2018, State of Universal Basic Education (UBE) in Kauru, Kubau and Zaria LGAs in Kaduna State: A Baseline Survey.

⁷ See <https://www.unodc.org/e4j/en/anti-corruption/module-9/key-issues/costs-of-corruption-in-education.html>

royalties and the related proceeds of domestic crude oil sales/other oil revenues, companies' income tax, customs and excise duties, value-added tax (VAT), tax on petroleum products, education tax, and other items of independent revenues to the federal government. On the other hand, as part of the internally generated revenues, states have rights to capital gain tax, personal income tax excluding those on armed forces, (external affairs officers, residents of Federal Capital Territory and Nigerian police), stamp duties, capital transfer tax, pools betting and betting taxes, motor vehicle and driver licenses. Similarly, sources of internal revenue for Local Government Areas are license fee on television set and wireless radio and market and trading fees/licenses.

Kano State is one of the States in the federation that has allocated more than the 15% of the 2001 Abuja Declaration; nonetheless, most of the PHCs in the state are under-equipped, understaffed and under-utilized. An insight in Kano State service delivery and the implementation shows minimum standards in primary health care across the different LGAs in the state. It is clear that there are gaps in service delivery and adherence to the minimum standards for primary health care. The resultant effect is poor health seeking behavior among patients in the state. These challenges are strongly connected to the poor accountability and transparency in the release and spending of health funds in the state.

2. CHAPTER TWO: Maternal Health project interventions in Kano state



There have been some relevant interventions towards improving maternal health outcomes in Kano state. In 2016, the Kano State government signed into law, a bill that establishes the Kano State Contributory Healthcare Management Agency (KSCHMA) with the overall goal of ensuring all residents of the state have access to quality and affordable healthcare services with financial and social risk protection². As at 2019, the Kano State Governor noted that the healthcare financing scheme is operational across 245 healthcare facilities in the state (134 PHCs, 37 secondary facilities and 74 private health facilities)³.

Kano state was the first to commence free maternal services in primary healthcare facilities in Nigeria. The free services include free antenatal care, assisted vaginal delivery (forceps and vacuum), free caesarean section (elective and emergency), free post abortion care services, free management of ectopic and free laparotomy for obstetric complications. Other programs include free treatment for the under 5 and free vesico-vaginal fistula repairs. These 3 programs are managed by the free maternal and child health implementation committee that was set up by the State government in 2002⁴.

Kano State introduced an approach known as Partnering for Accountability. This approach is reflected in the activities of the Accountability Mechanism on Maternal Newborn and Child Health in Kano State (AMMKaS) which aims to facilitate citizen participation in governance. As a multi-stakeholder partnership, it includes Civil Society Organizations (CSOs), media, government and professional bodies who promote innovative accountability and transparency in Maternal, Newborn and Child Health (MNCH) initiatives in the state (Nigerian Health Watch, 2019). CHRICED has been part of AMMKaS engagements and has actively convened stakeholders in the civic space to deepen maternal health accountability. Apart from using strategic advocacy efforts to engage political actors in order to influence transparent spending and timely release of finances for health in the state, the partnership worked to generate evidence to influence decision making at the policy level.

At the time CHRICED was implementing its projects, other interventions were being implemented. One of them is the DFID Maternal Newborn and Child Health programme (MNCH2), which is a five-year country led, UK government funded healthcare programme working in 159 LGAs in six supported states of Kano, Kaduna, Katsina, Zamfara, Jigawa and Yobe. CHRICED regularly engaged in exchanges with the implementers with the goal of sharing

2. <https://maternalfigures.com/recLSC1ax2uZyMeoF>

3. <https://maternalfigures.com/recLSC1ax2uZyMeoF>

4. <https://maternalfigures.com/rec49w3pFflPxeGEC>

experiences and building the right synergies.

This evaluation study sought to determine the outcomes of the MCH project, the effectiveness of accountability measures and the sustainability of the project. It focused on the effects of the specific project of Promotion of Democratic Participation in two LGAs in Kano State: *Social Mobilization for Accountability Implementation of Resource Budgets for Maternal Health*.

Right-based approaches to accountability and transparency

Good health system governance is characterized by responsiveness and accountability which are critical for the efficient functioning of any institution. This is even more critical for institutions saddled with ensuring the health and well being of citizens. Webster's English Dictionary defines the term "accountability" in two ways. First, it is "the quality or state of being accountable." Secondly the term could also refer to "the obligation or willingness to accept responsibility or to account for one's actions"⁵. Transparency ensures that appropriate and complete information that can be used to measure the authorities' performance and to guard against any possible misuse of powers is made available. In that sense, transparency serves to achieve accountability, which means that authorities can be held responsible for their actions.

A rights-based approach (RBA) is a conceptual framework that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. It seeks to analyse obligations, inequalities and vulnerabilities, and to tackle discriminatory practices and unjust distributions of power that impede and undercut human rights⁶. This described framework ensures that citizens are not just aware of their rights but they can go as far as demanding for the realization of their rights. Development programmes are expected to be designed to promote human rights and empower duty-bearers to fulfill rights and/or the ability of "rights-holders" to claim rights⁷. The Universal Declaration of Human Rights had developed the PANEL principles to guide the application of human rights. They are; (1) Participation, (2) Accountability, (3) Non-discrimination and equality, (4) Empowerment and (5) Legality.

These principles confirm the rights of citizens to be included in the decisions that affect their rights, monitor the human rights standards, commitment to all-inclusive policies and practices, and access to information.

5. <https://www.merriam-webster.com/dictionary/accountability>

6. <https://socialprotection-humanrights.org/introduction-to-a-rights-based-approach/>

7. <https://www.humanrightscareers.com/issues/what-is-a-human-rights-based-approach/>

8. <https://www.humanrightscareers.com/issues/what-is-a-human-rights-based-approach/>

Changes in the external framework conditions and project organization⁹

Political, economic and social changes (positive or negative) encountered whilst implementing this project.

Political:

In 2018, Kano state had a seemingly peaceful experience. Notwithstanding, the period was marked by partisan skirmishes between rival political factions, as the jostling for political advantage continued to intensify in the build up to the 2019 general elections. Factions within the ruling All Progressives Congress (APC) in Kano State, remained polarized along camps led by the incumbent and immediate past governors of the State. The struggle for political supremacy eventually led to the defection of the former Governor, Senator Rabiu Musa Kwankwaso and his supporters to the major opposition party, Peoples' Democratic Party (PDP). The project implementation period was marked by instability of the leadership in the Kano State legislature. At the last count, the Kano State House of Assembly has produced four Speakers within the period of the implementation of the project. On July 30, 2018, The Kano State House of Assembly impeached its Speaker, Alhaji Abdullahi Atta. The assembly also re-elected Alhaji Kabiru Rurum, the immediate-past speaker of the house, who had also been impeached in 2017 over allegations of corruption. The change in leadership is believed to be related to the feud between Mr Ganduje and his predecessor, Rabiu Kwankwaso; and to ensure a core loyalist of Mr. Ganduje holds the position of speaker¹⁰.

A scandalous video was published appearing to show Governor Abdullah Umar Ganduje of Kano State pocketing vast wads of American dollars in what was said to be bribe payments from public works contractors. The Kano State governor could be seen in the video collecting the dollars before rolling them into his white dress, “babanriga,” in one of a series of questionable deals allegedly struck over a span of several months. The first set of at least 15 clips in possession of online-based Daily Nigerian was published by the platform. The two minutes' video was recorded in 2017 in what Daily Nigerian described as a sting operation aimed at putting the spotlight on the governor's alleged penchant for contract racketeering. The Governor however, denied the claim by the on-line medium, and has gone to court to seek redress. CHRICED followed up on the development with interest, as the matter opened up a new vista in the fight against corruption, which is the mantra of the government at the federal level.

Early 2020, the Emir of Kano, Muhammadu Sanusi II, who was one of Nigeria's most influential

9. Culled from Project report

10. <https://www.dailytrust.com.ng/kano-assembly-impeaches-speake...>

Muslim traditional leaders, was dethroned by Governor Abdullahi Ganduje. The ex-Emir was deposed for showing "insubordination" to the authorities in Kano state. Mr Sanusi, who was also an ex-central bank chief, has had frosty relations with the Kano Governor since 2017.

As a traditional leader in Nigeria, the ex-Emir had little or no constitutional powers but he was able to exert significant influence as he was seen as custodian of both religion and traditional authority in Kano state. Mr Sanusi was seen as a reformist and had been critical of some government policies - a stance that frequently put him at loggerheads with ruling politicians. The government said he was removed "in order to safeguard the sanctity, culture, tradition, religion and prestige of the Kano emirate", accusing the former emir of "total disrespect" of institutions and the governor's office.

#ENDSARS Protest

The period of the implementation of the project also coincided with the #EndSARS protests, which saw young Nigerians taking to the streets to demand an end to police brutality. The Special Anti-Robbery Squad (SARS), which was the target of the public anger, was a police unit established in 1992 as a special squad to address the incessant rise in robberies and violent crimes in Nigeria¹¹. The squad has however been indicted for engaging in serious human rights violations especially against youths, who have been a target of the squad's inhumane acts, brutal interrogations techniques and even murder. The failure of the Nigerian government to hold perpetrators accountable is said to have fueled the impunity of most SARS officials to act with impunity¹².

In response to the call for an end to police brutality, the Federal Government mandated states to establish judicial panels to examine the grievances, which triggered the protests. Several states established the panels, and have been receiving and adjudicating petitions.

EndSARS protest in Kano

The *EndSARS* protests in Kano had an agenda, which was different from what was obtained in other states in Nigeria. The Coalition of Northern Groups (CNG) protested over the level of insecurity bedeviling the northern region¹³. While some groups protested against insecurity, there were other groups, like the National Youths Council of Nigeria (NYCN) which was against the agenda of #securenorth. In this season, some level of disunity affected the various groups as they were not on the same page. Thus, there were pro and against #securenorth clashes that led to conflicts, thuggery attacks, killings, chaos and destruction of properties¹⁴.

11. <https://www.vanguardngr.com/2017/12/founded-sars-police-rtd-cp-midenda/>

12. <https://reliefweb.int/report/nigeria/lessons-endsars-movement-nigeria>

13. <https://dailytrust.com/kano-securenorth-protest-resumes-saturday-despite-thug-attacks>

14. <https://dailytrust.com/kano-securenorth-protest-resumes-saturday-despite-thug-attacks>

In Kano state, two girls reportedly lost their lives at Ahmadiyya Line in Sabongari area of Kano metropolis as hoodlums hijacked the #EndSARS protests in the city. The girls, who were just passersby, were attacked by the hoodlums, with machetes and daggers, inflicting deep cuts on them. The hoodlums also invaded St Thomas' Catholic Church, on Airport Road, ransacked and broke the glass windows, and set ablaze a Toyota Camry and a motorbike parked within the church premises, just as another Toyota SUV was set ablaze at the nearby St Louis' premises. In October 20 2020, further violence was prevented by the presence of security forces who hampered the clash between the groups for and against the #securenorth movement¹⁵. CHRICED reported extensively on how the political and economic environments posed challenges in the course of the implementation of the project. One aspect was the growing threat of insecurity in the North West geo-political zone. This manifested in such problems as armed banditry, kidnapping and cattle rustling. At some point, the priority of many government stakeholders shifting to how to contain insecurity. It became challenging getting them to focus their full attention on maternal health concerns.

Apart from the security threats, the project faced challenges on the economic front. The pandemic came with certain economic realities including loss of livelihoods, hyper-inflation, instability in exchange rate. The cost of basic commodities jumped up as government choose the time of the crisis to hike the price of basic services like electricity tariffs and fuel price. Another aspect of the COVID problem was the transparency and accountability deficits, which underlie government spending on the pandemic. The lack of trust in what government was doing could be seen in the various misinformation targeted at discrediting COVID-19 vaccines. Several unsubstantiated claims are being made online to discourage uptake of vaccines.

In the period covered by the evaluation, CHRICED continued working to enlighten the populace about the threats posed by the pandemic, just as the organization continued to advocate for a transparent and accountable handling of the pandemic by the authorities. There is evidence to show that CHRICED engaged key governance issues through its robust media advocacy. Through press conferences and online dissemination, CHRICED took on key policy issues which had ramifications for the welfare of citizens. These interventions were important at the height of the pandemic because at a time CHRICED and other citizen groups were working to mobilise citizens to ensure accountability in the use of public resources for key services like maternal health, education and infrastructure.

15. <https://leadership.ng/how-ganduje-checked-endsars-protests-in-kano/>

The Pandemic, COVID 19

The most recent pandemic in the name of COVID 19, a new strain of coronavirus, a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), originated in Wuhan, China during the latter days of 2019. In February 27 2020, Nigeria recorded the first case of COVID 19¹⁶. The pandemic brought to the fore the gaps and deficiencies in the health system in Nigeria. The challenges are in the range of under-equipped facilities, under-staff facilities, poor healthcare financing and neglect of staff welfare.

The Central Bank of Nigeria (CBN), corporate organizations, private organizations, NGOs, CSOs, religious bodies and individuals graciously declared and committed their support in cash and in kind to cushion the effects of the pandemic on the citizens. There have been claims of poor accountability and transparency in the management of pooled funds and items earmarked for palliative purposes. Non-for-profit organizations such as CHRICED have been deeply involved in the monitoring of the distribution of palliatives in Kano state.

The series of protests across the country, and the poor handling of the unrest by the government created distrust in the actions distrust in the federal and state authorities, especially in the north as the authorities did not address the myriad of security challenges faced by citizens in the region¹⁷.

The Economy

The Gross Domestic Product (GDP) report indicated that Nigeria's economic recovery stalled in Quarter 2 and 3 of 2018¹⁸, with growth edging down after hitting a two-year high in Quarter 1, 2018. In the third quarter of 2020, Nigeria recorded two consecutive quarters of negative growth, leading to a declaration by the government that the country had entered a recession. In February 2021 however there was a declaration by government officials that Nigeria has finally exited the recessionary phase into which it slipped in the third quarter of 2020. According to a Gross Domestic Product (GDP) report released by the National Bureau of Statistics, Nigeria's GDP grew by 0.11% (year-on-year) in real terms in the fourth quarter of 2020. Although the government was been very vocal in using the data to proclaim a vast improvement in the economy, the realities on the ground present different outcomes.

The hyperinflation, which dominated the economy all through the previous quarter continued to pose a challenge to economic stability. Nigeria's inflation rate rose to 16.47% (year-on-year) in

16. NCDC. The Nigeria Center for Disease Control. NCDC Coronavirus COVID-19 Microsite. Available from: <https://covid19.ncdc.gov.ng/>. [Last accessed on 2021 Jan 25]

17. <https://cng.ng/swat/>

18. https://www.nigerianstat.gov.ng/pdfuploads/GDP_Report_Q2_2020.pdf

January 2021 as against 15.75% recorded in December 2020. Nigeria's consumer price index, (CPI) which measures inflation is reported to have increased by 16.47% (year-on-year) in January 2021. This is 0.71% points higher than the rate recorded in December 2020 (15.75%). According to the National Bureau of Statistics, the core areas with the most inflationary trends were recorded in prices of passenger transport by air, medical services, hospital services, passenger transport by road, pharmaceutical products, and paramedical services. Added to this is the volatility of the exchange rate, with multiple exchange windows creating a disparity in the system. As was the case in the previous quarter, the COVID-19 pandemic remained a major issue on the front burner of the public discourse in Nigeria. Hundreds of cases continued to be recorded on daily basis, just as new variants of the deadly virus were reportedly found in Nigeria. While the Nigerian government has been making claims that it is managing the economy properly in response to the pandemic, the vast majority of citizens have continued to groan about the effects of the pandemic, especially the devastating impact on jobs and livelihoods in the poverty capital of the entire world.

3 CHAPTER THREE: Project Description



Resource Center for Human Rights and Civic Education (CHRICED) is a Nigerian not-for-profit, and a knowledge-driven platform of active citizens working for the promotion of human rights, rule of law, democracy and accountability. CHRICED uses democratic principles to safeguard rights and ensure the benefits of democracy accrue to citizens. CHRICED is currently pioneering a right-based approach to tackle the debilitating problem of maternal and child mortality in northern Nigeria. In addition, CHRICED also intervenes in the region to improve accountability in management of local government resources.

The project, *Promotion of Democratic Participation in 2 Local Government Areas in Kano State / Nigeria*, is being implemented by CHRICED and fully funded by **MISEREOR - Katholische Zentralstelle für Entwicklungshilfe (Aachen)**. The project timeline is between May 01, 2018 until April 30, 2021.

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Project Goal

The overall goal of this project is 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.

Project Objectives

The four core objectives of the project are:

1. To increase the knowledge of citizen monitors on resource budget, distribution and service delivery processes, and the skills required for organizing effective tracking of Maternal Health (MH) spending and quality service delivery.

2. To improve the accountability of political and civil society leaders in the targeted areas;
3. To improve the quality of maternal health service delivery in the implementation of maternal health spending
4. To strengthen the engagements between the constituents and politicians in the districts of Gwale and Kumbotso, Kano

For the first project objective, the project was assessed based on the measurement of a key indicator focusing on the number of citizens monitors trained to acquire the knowledge and skills to accurately track maternal health budgets. The target was to train 30 monitors in the course of the implementation of the project. The assessment of the evaluation indicators showed CHRICED met the target of training the 30 monitors. The evaluation went on to confirm if the trained monitors actually got the knowledge disseminated to them. This was verified using a second indicator to check the number of trained monitors that successfully tracked and submitted tracking reports. The evaluation found that on this indicator the target of 83 percent of monitors successfully tracking and reporting was met because 25 of the 30 trained monitors successfully tracked and reported their findings.

It is pertinent to state that the realization of the milestones captured in the indicators for objective one involved the use of strategic advocacy to get the buy in of critical stakeholders, especially the government. CHRICED was able to achieve the tracking by winning the support of key officials at the state, local government and facility levels by getting them to understand through robust exercise that the tracking was to bring to the fore the needs, gaps and weaknesses within their systems with a view to addressing them. The managers of health facilities therefore came to the realization that the tracking CHRICED was mobilizing the communities to do was in their own enlightened self-interest especially with the fact that improved health facilities would translate to better working conditions for the various health professionals in the system.

For the second objective, the first indicator measured focused on the development, ratification and adoption of the Service Charter. The activities, which would have been implemented to realize this indicator had to be adjusted due to the restrictions imposed by the attempts by government to prevent the spread of the COVID-19 pandemic. Specifically, the challenge of the pandemic, which affected the development of the Charter necessitated adjustments and redesign of previous project plans. Given the threat posed by COVID in the project areas, CHRICED deemed it critical to request a virement in order to move resources to implement the response to the COVID problem. These changes therefore affected activities relating to the development of the Service Charter. The second indicator used to assess the realisation of objective two was the level of inclusiveness in the budget development process. The target

under this indicate was to determine if there was increased accountability among public officials directly responsible for the governance of the health sector. Qualitative data from the evaluation showed evidence of change, which could be deduced from the excerpt from a Key Informant Interview granted by a development partner.

The key informant from a donor agency asserted what has changed is the extent of citizen awareness, and influence on the budgetary process. The point was made that the level of awareness and influence on the part of citizens in terms of engaging key budget processes both at the local government and state level has been raised. The evaluation found that one of the milestones of the project is that the Kano State Assembly and the legislative bodies at the local government level do not complete the budget processes without consulting intensively with citizens organized through CSOs like CHRICED.

For the third objective, the test was determined by an indicator which assessed the level of satisfaction of end users of PHCs. The target for this indicator was put at 80 percent at the conception of the project. At the end of implementation given the milestones recorded, 98 percent of users whose views were captured through quantitative instruments returned an actual satisfaction level for the ongoing improvements in the PHCs at 98 percent. To test the extent of the realization of the fourth objective, which is to strengthen the engagements between the constituents and politicians in the districts of Gwale and Kumbotso, an indicator focusing on the number of town hall meetings facilitated by CHRICED and government officials was used.

The evaluation found that CHRICED achieved the target of six (6) town hall meetings planned to be held between government officials and community members. The evaluation similarly found that CHRICED placed emphasis on quality management of events and engagements with project beneficiaries. It further notes that project had a defined outcome frame which was clear and realistic. In terms of value for money, the evaluation confirmed CHRICED's effective use of resources. An example pointed out in the evaluation is the effort CHRICED took to organize activities in the localities of the target groups to mitigate costs, especially at a time of economic volatility. The evaluation also noted that CHRICED also did security mapping of event venues to ensure there are no threats, which could make the project incur unforeseen costs.

Project Activities

Guided by the earmarked objectives of this project, the following activities were implemented within the project timeline. CHRICED was guided by the rights-based approach to implement the project activities.

Research

- Carried out a research-based knowledge study on the impact of lack of accountability on maternal health delivery, and issuing and publishing reports and policy issues.

Capacity Building

- Conducted three days training workshops for media and CSOs
- Conducting a 2-day training for 30 citizen monitors on expenditure tracking of maternal health funds

MCH budget tracking

- Conducted expenditure tracking in 50 primary health centers through the trained monitors
- Collated data on MCH expenditure tracking of 50 PHCs across Kumbotso and Gwale LGAs

Public relations activities

- Implemented a publicity campaign to increase public awareness of the project and to gain the support and cooperation of key interest groups. This activity entailed periodic meetings with duty bearers, internet solutions, design and deployment of resource materials such as project reports and other public relations material

Stakeholder engagements

- Supported the conduct of town hall meetings, leading to the gradual institutionalization of accountability mechanism
- Facilitated the participation of delegations of civil society groups, and community groups in public hearings on local and state budgets
- Facilitated the conduct of six brief meetings between the target group and the elected political representatives

Evaluation Scope

The evaluation study was designed to provide decision-enabled data. Specifically, the themes of evaluation included:

Relevance of the project: The extent to which the project is suited to the priorities and policies of the target group and CHRICED

Relevance

- *To what extent is the intervention important for the target group?*
- *To what extent are the initial objectives of the project still appropriate?*

Are the activities and outputs of the project consistent with the project goals and objectives?

Outcomes: This project determined the outcomes generated as a result of the project activities implemented. Outcomes tracked include the positive, negative, intended or unintended outcomes.

Outcomes

- *What real difference has the project made to the beneficiaries*
- *How many people have been affected?*

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

Effectiveness: The evaluation study assessed the effectiveness of the project by looking into the extent to which the project achieved its objectives, i.e. a comparison of the intended outcome with the observed outcome

Effectiveness

- *To what extent were the objectives achieved or are likely to be achieved?*
- *What were the major factors influencing the achievement or non-achievement of the objectives?*
- *Were the initial objectives realistic?*
- *Have there been indirect effects generated by the intervention of unplanned target groups or beneficiaries?*

Efficiency:

This measures the qualitative and quantitative outputs in relation to the inputs, that is, the balance between the resources available and the realisation of the action.

Efficiency

- *Were the available resources sufficient for the action implementation?*
- *Were the effects achieved at reasonable costs?*
- *Was the project implemented in an economically justifiable way under the given circumstances? Are there any benchmarks to support the answers?*
- *Were the objectives achieved on time?*
- *In which way did the available resources contribute to the results achievement?*
- *Could the results have been achieved with a different use of resources?*
- *What is the contribution of local actors to results achievement?*

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).

Sustainability

- *To what extent are the benefits of the project likely to continue once donor funding has ceased?*
- *What were the major factors which influenced the achievement or non-achievement of sustainability of the (programme or) project?*
- *Has the project contributed to a peaceful co-existence of Muslim, Christians and other faiths in the project areas?*

4: CHAPTER FOUR: Evaluation Methodology



The evaluation is a short term outcome evaluation of the project under review to identify the relevance, benefits, effectiveness, efficiency and sustainability of the project. The project outcomes were measured retrospectively. In detail, the subsequent subsections describe the evaluation design, study sites, evaluation tools, study participants and ethical issues considered during the assessment period.

Evaluation Design

The research team employed an outcome study design (non-experimental) using a mix of quantitative and qualitative research methods. The focus of evaluation was on the Process (inputs, activities and outputs) of the project. In addition, short term outcomes were tracked amongst the intervention group (project areas, facilities and engaged stakeholders). The evaluation design utilized in this study was on the premise of producing a valid appraisal of the project's benefits.

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 North West in the country. It had a population of 9,410,288 based on the official 2006 national population and housing census, the population growth is estimated at 3.1% per annum¹⁹. 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.



Fig 2: Map of Kano, showing focal LGAs

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

Research 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 include 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 was if the persons were directly or indirectly exposed to the project activities (intervention) implemented by CHRICED.

Table 1: Research participants and sample size

Category of respondents	Portfolio of respondents	Sample size	Type of interview
Public Officials	Chairman Kano House of Assembly Committee on Maternal Health	1	Key Informant Interview(KII)
	Coordinator of Gwale Local Governments	1	
	Coordinator of Kumbotso Local Governments	1	
Health workers	Head of facilities, Gwale	3	Key Informant Interview(KII)
	Head of facilities, Kumbotso	3	
	TBAs	6	
Community members	Facility users in Gwale	25 , 8 per facility	ODK
	Facility users in Kumbotso	25, 8 per facility	ODK
	TBAs	1 per facility	KII
Professional groups	Nigerian Union of Journalists, (NUJ)	1	KII
	National Association of Nigeria Nurses and Midwives (NANNM)	1	
Development partner	FCDO	1	KII
CSOs	WPSN	1	
	YOPSIS	1	
CHRICED Staff	Project staff	1	KII

Data Management

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)

Data Sources

1. Primary Data: This comprises all quantitative and qualitative data gathered through the evaluation tools designed for this study.
2. 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.

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.

Table 2: Outcome framework and means of verification

Project Results	Outcome Indicators	Target	Source of data	Means of verification
Increased knowledge of citizen monitors on resource budget, distribution and service delivery processes, and the skills required for organizing effective tracking of maternal health spending and quality service delivery.	Number of trained citizens of knowledge and skills of tracking maternal health budget	30 citizens	Evaluation analytics	Training report
	% of trained citizens who tracked MH budget and PHC projects	83% (25 of 30)	Evaluation analytics	Project tracking report

Accountability of political and civil society leaders in the targeted area has increased; and service delivery and quality of service in the implementation of maternal health spending has improved	Status of Voluntary Service Charter	Adopted, Ratified and Implemented	Desk review	Project report
	Inclusiveness in budget development (Increased accountability amongst engaged public officials)	Improved inclusiveness experiences during budget development	KII interviews with project stakeholders	Evaluation data
Improved quality of maternal health service delivery in the implementation of maternal health spending	Percentage of PHC users satisfied with the quality of care received	80% of users are satisfied	Facility exit interviews with PHC users	Evaluation data
Dialogue between constituents and politicians in the districts of Gwale and Kumbotso has intensified	Town Hall meetings conducted	6 dialogue meetings	KII interviews with project stakeholders	Evaluation data

Data Analysis

All quantitative data was entered, analyzed and visualized using IBM Statistical Package for Social Science (SPSS, Version 21.0)). Only descriptive statistics was used in this analysis. The qualitative data was analyzed thematically.

5: CHAPTER 5: Key Findings



This section comprises the evaluation results as it relates with the objectives set for this assessment study and the five (5) themes of evaluation.

Socio-Demographics

The public officials engaged in this evaluation study had a robust understanding of the health systems in Kano state, especially, Gwale and Kumbotso LGAs, on the premise of years of experience in decision-making positions in Kano state. The development partners and CSOs interviewed are some of the recipients of CHRICED whilst implementing the activities of the Miseror project. The Head of

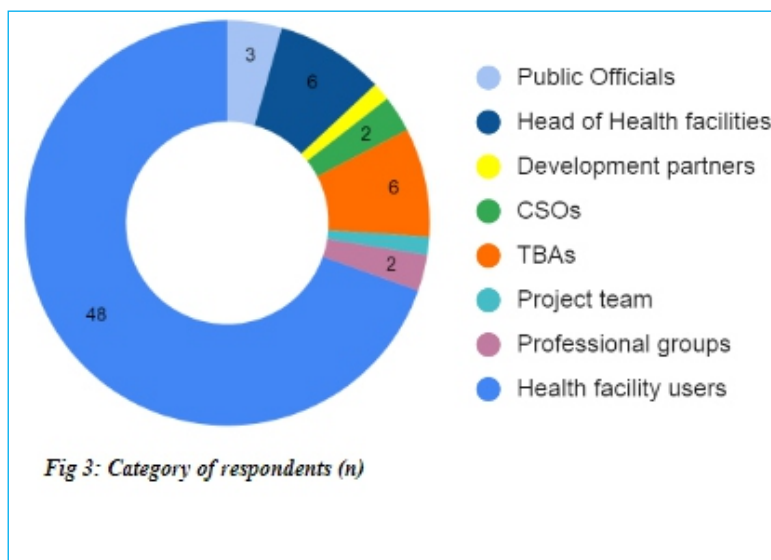


Fig 3: Category of respondents (n)

The Head of facilities, interviewed, 83% male, has had an average work experience for 3 years. However, the TBAs have had, on average, 5 years' experience as a traditional birth assistant. Of all users of the health facilities interviewed, 73% consistently utilized the health facility, mostly because of the quality of care received at the facility and their proximity to the facility.

Relevance of the project

The evaluation data points to the fact that the applicability of the project under review is very much in tandem with the challenge of lack of accountability in the use of maternal health funds. This is on the premise that Kano state is among the prioritized states in Nigeria because of the huge population and high fertility rate²⁰. Although some progress has been reported in the quality of care, there remains a plethora of challenges in maternal and child health services at the primary health care facilities. One of the most ranked reported factors responsible for the existing gap in quality health services include inadequate health care funds, appalling management of healthcare financing, its transparency and accountability system. Evaluation data strongly suggests that CHRICED responded to these challenges by engaging appropriate community members and leaders, religious and traditional leaders, development partners, CSOs, public

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

officials, health workers, professional groups such as Nigeria Union of Journalists (NUJ) and Association of Nurses. The findings from this evaluation study shows that CHRICED implemented activities that are strategically conducted to achieve the project goal- *to advance the democratization of political processes in two districts of Kano State Nigeria, as well as improve accountability and impact of maternal health funds in Kano state.*

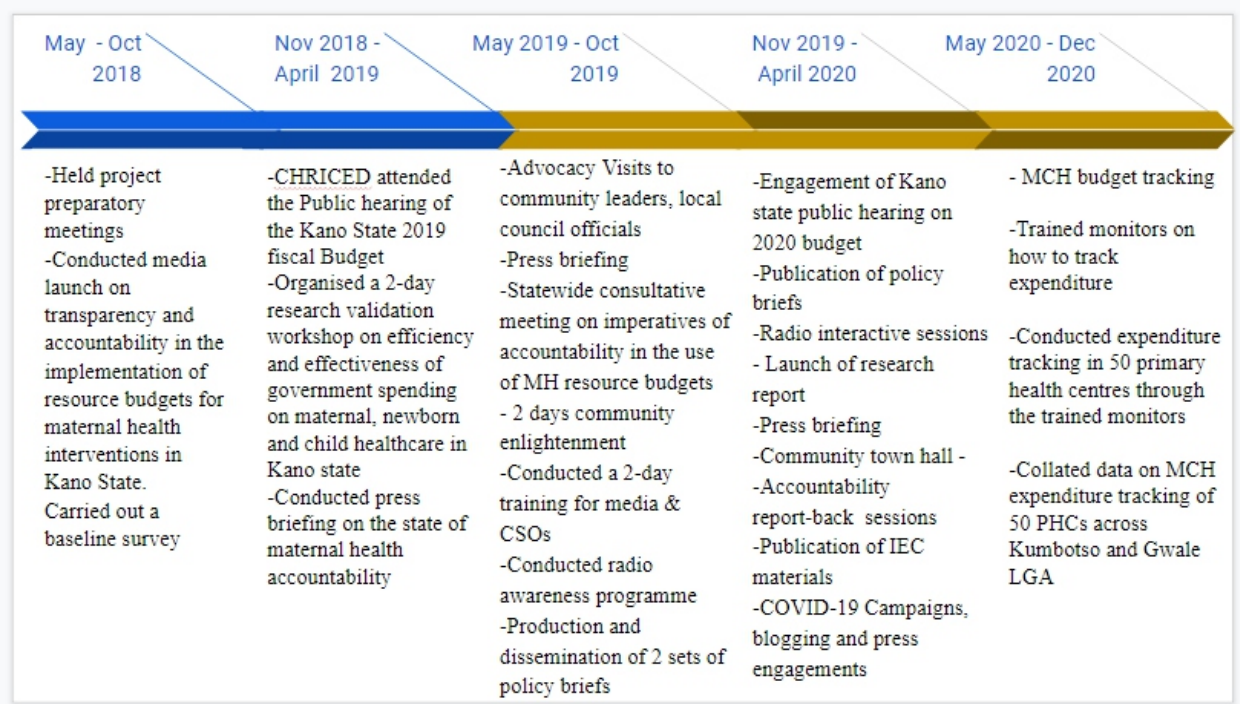


Figure 4: Project activities implemented by CHRICED, May 2018 - Dec 2020.

Project Outcomes

The evaluation team worked to ascertain and understand the outcomes, changes or results that have occurred on the basis of activities implemented in Kumbotso and Gwale LGAs as it relates to budgetary development, allocation and transparency in spending of healthcare funds. Furthermore, the effects of monitoring maternal health budget and spending on the quality of maternal health services delivered to women and children at health facilities was assessed.

Improved democratic process in maternal health budget development: Inclusiveness in maternal health budget development

The evaluation data spotted some clear changes in the budget development process.. Majority of the evaluation respondents reported significant improvements in the democratic processes of health budget development as well as spending. Notably, most respondents linked these changes to the project activities facilitated by CHRICED. It was learnt from respondents that compared to the situation in the past, the current process of budget development is, to some extent, inclusive and participatory as relevant stakeholders from institutions, ministries, CSOs, development

partners and even community members are now carried along. The research team made an attempt to understand if the current experience in budgetary development is an improvement over what was obtainable in 2017. It was found that significant progress has been made when compared to the democratic approach before the implementation of the project under review.

“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

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.

CSO, 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

Deepened understanding of citizen's rights to demand for accountability and transparency from duty-bearers

One of the noteworthy findings from the body of evidence adduced in the course of the evaluation is the increased level of awareness, understanding and knowledge of citizen's rights to engage duty bearers to be accountable and transparent in their dealings with MH funds and interventions in Gwale and Kumbotso LGAs. There are several Means of Verification to show that CHRICED facilitated several enlightenment sessions targeted at amplifying the rights of the citizens to demand accountability. CSOs and media were specifically trained on the rights to engage duty-bearers to be more accountable.

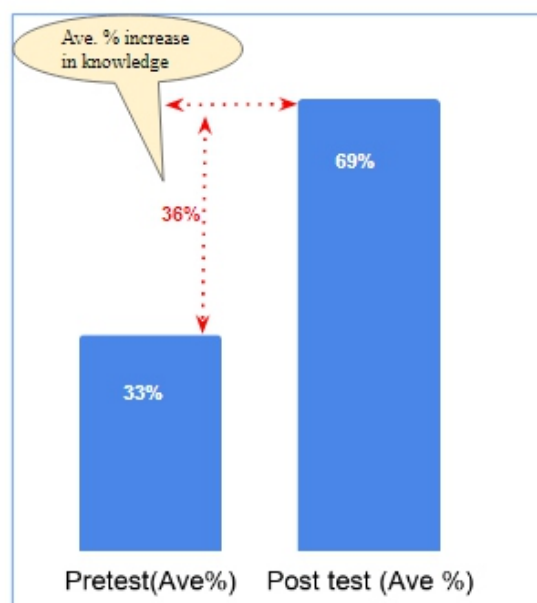


Fig 5: Increased level of knowledge among trained participants

Through the pre-post test analysis, it was found that all trained participants had increased capacity to make demand for accountability and transparency in the management of maternal health funds.

“The outcomes of the training sessions CHRICED conducted for CSOs and Media is the deepening and enhanced synergy between the NUJ and CSOs to collectively track maternal health projects, the inclusion of new actors and issues in maternal health public spaces”

Desk review report

The evaluation team also studied clips, reports and documents from the radio discussion series implemented by CHRICED. It was found that radio awareness program, titled *“Cries of Our Mothers”* provided platforms for members of the community to be apprised of the experiences of mothers in the community and also, for more people to voice out their opinions. Further means of verification, including social media content analysis showed that during the radio programme sessions, listeners followed the live and recorded discussions by responding to questions and concerns raised for attention.

This evaluation could also confirm that the radio interactive sessions conducted in English and the local language, Hausa, further heightened the awareness on the experiences of pregnant women. Gaps in accountability in maternal health funds and the primary healthcare system in the state were brought to the fore in the course of the programmes.

There was also sufficient data as obtained by the evaluation team, which indicated that the press briefing organized by CHRICED at the onset of the project started the process of raising awareness. The pressure from these public engagements compelled the governance systems to put in place robust accountability mechanisms for monitoring maternal health expenditures in the focal LGAs, Kano State.

Also sighted as part of the evaluation data were the policy briefs and publication of Information Education and Communication (IEC) materials produced informative content. The evaluation team understands that these materials were widely disseminated by CHRICED. A quick review of the materials by the evaluation team indicated that the IEC materials contributed to heightened awareness of the menace women of child bearing age are exposed to, especially at child birth. The evaluation team also saw evidence of the conduct of town hall meetings of different formats, including the innovative accountability report-back session. Those sessions facilitated an outpour of dialogue between community members and leaders, religious and traditional leaders, and activists. This move achieved a strengthened interaction with duty bearers and decision makers, thus leading to a conscious effort in being accountable and transparent whilst utilizing maternal health projects in the communities.

Extrapolation of activity data clarified the work CHRICED did to strengthen the methods at which CSOs, youths and women groups and activists. This boosted the demand for accountability by assisting those groups to participate in public hearings on maternal health in Kano state. A close study of content from CHRICED ICT usage showed Information and Communication Technologies (ICTs) were also deployed to enhance transparency and accountability. CHRICED used the Whatsapp messaging app to collect data on state of facilities and the details of maternal health accountability in the facilities. This effort created an active platform for citizens to be involved in budgetary processes. In the view of this evaluation the statewide consultative meeting on imperatives of accountability in the use of maternal health resource budgets, exposed journalists and CSOs to the best practices, critical barriers, and challenges of maternal health interventions discussed.

“But my involvement in this project has actually enriched my beliefs that eventually some things can change because when you have a project of this significance, it shows that possibilities are there that in the future some people will wake up to their responsibilities”

Engaged Journalist, Kano

We invited NGOs like MNCH2 and they engage us in seminars either here in the state or Zaria and Kaduna like we have done before severally to ensure transparency and accountability of the money allocated to the health sector. We also did this with CHRICED about 3 times on transparency and accountability of the budget especially on MCH.

Public Official, Kano State House of Assembly Committee on Health

Increased monitoring/tracking practices of MH budget and spending by citizens

In this evaluation study, findings suggest that the identified increase in awareness and knowledge of maternal health budget tracking among engaged journalists, community leaders, CSOs, has translated to a deliberate sense of responsibility to be a part of the budgetary development processes as well as monitor its release and spending.

It has actually assisted and boosted my knowledge because it really aids me in coming up with working with the community facility health committee to promote transparency and accountability for them to be in the picture of how much exactly is being released to the hospitals and the day to day running of the facilities. It has really engaged, educated and assisted the facility health committee and also me being part of the process.

CSO, WPSN

I have been involved in the tracking and monitoring committee as a Local Technical Assistant and adviser for MNCH2 under DFID project (LTA). In monitoring and establishing

*Health Committee and also engaged in quarterly and monthly assessment of facilities
Development Partner, WPSN*

**Impact of citizen's engagement on improving MH through budget tracking/monitoring:
Evidence of change**

This evaluation on the face of the evidence can assert that reported improvement in citizen's involvement in MH budgetary processes, project monitoring and acts of demand for accountability and transparency will leave an indelible impact on the quality of MH services, improved sense of community ownership, strengthened partnerships between public officials and community members.

The establishment of the Facility Health Committee

One of the ripple results of the heightened awareness in community project involvement and monitoring within the intervention LGAs is the establishment of the Facility Health Committee (FHC). This platform has become an avenue for resource persons to come together to educate the people in the LGAs during ceremonial gathering, joints and worship sites telling them how important it is to allow their women to come to the facilities.

“Establishing a Facility Health Committee is like an eye opener because the committee creates awareness to the people so they are becoming informed about the role they are supposed to play in the Health Budget, they relate with their representatives (FHC) more and give demands of what they want and how they want it...”

CSO, WPSN

Improvement in quality of PHC projects

This evaluation finds that owing to the close monitoring conducted by citizens who are journalists, CSOs, and community leaders, there is a reported increase in the quality of MH projects carried out in accordance to plan, quality and budget. CHRICED project monitors/trackers did an assessment of forty-nine (49) facilities. It was found that more than 50% of the facilities had an ongoing project. More so, the status of selected items, equipment and structure of each facility was assessed on the basis of availability and functionality. The result shows that most equipment, wards and structures in the PHCs are in a good condition as at the time of assessment (November, 2020). This finding resonates with the description of a midwife and decision-maker that was interviewed.

There is also a good change because there have been purchases of equipment that

aids the assistance of pregnant women during antenatal care e.g. BP apparatus which wasn't available as of 2017..... Head of Association of Nurses, Kano

Improved quality of MCH services in PHCs at Gwale and Kumbotso LGAs

Data from the evaluation supports the fact that overarching outcome of the project is the improvement of citizens oversight. This will surely translate to better maternal health services in the future

There is a lot of improvement on the state of MCH in the last 3 years, the reason being that there is more awareness which has resulted in less maternal death because women now visit the hospital at the early state of their pregnancy. Where they receive lectures on the "dos" and "do not" of pregnancy. They also come for routine checkups and immunization after delivery. Head of Association of Nurses, Kano

The free antenatal care policy in Kano state has exerted a huge impact on the health seeking behavior in the selected LGAs. Money is no longer a concern as it relates to ANC services, thus, more women give birth with the assistance of a skilled-birth attendant.

There is an increased number of patients/clients that come to the PHC to receive quality care. Free drugs are now more available than before. There is a reduced mortality rate in the PHC. TBA, Ja'en PHC, Gwale LGA, Kano

The state of MCH in this PHC is now upgraded to some level, we are really happy with the achievement. There is a turnout of patients and quality care is received. TBA, Sabuwar PHC, Kumbotso LGA

Unintended project outcome

At the onset of the project, no one knew there would be a pandemic that will shut down almost all life transactions. Remarkably, CHRICED was at the forefront of raising awareness on the threats posed by COVID-19. After the first case of COVID-19 was recorded in Kano, the State quickly recorded a huge number of cases. In fact, Kano became one of the epicenters, with case load rivaling Lagos. CHRICED deemed it necessary to make an adjustment in the project in order to respond to the threats posed by the pandemic. The public enlightenment, which CHRICED spearheaded through radio interventions and social media engagements contributed in reversing the increasing rate of COVID infections in the state. Although, the numbers of infections have gone down in Kano State, COVID-19 remains a threat, which has to be combatted especially in the area

of information dissemination. This evaluation deems it important to keep a close watch on the vaccine distribution and uptake to ensure the poor and vulnerable groups are not marginalized. CHRICED was also actively involved in the promotion of transparency in the distribution of palliatives in Kano state. The monitoring reports were shared with government actors, some of which made use of the data for more effective distribution efforts.

Health facility tracking and assessment findings

In November 2020, CHRICED trained 25 citizens (12 males, 13 females) of Kano state to work as PHC funding and spending trackers in Gwale and Kumbotso LGAs, Kano. The trackers worked across 49 selected PHCs in the study LGAs using a budget tracking tool that is a combination of paper based tool and ICT (whatsapp) for final collation. The tracking results are highlighted below:

Gwale LGA

Utilization of PHCs

- PHCs such as Ja'en (500) and Kabuga (300) have the highest average patients seen daily
 - Range is 10-500 patients
 - Average is 88 patients daily

PHC projects

- MCH Filin Mushe facility is quite equipped to address MCH concerns in the LGA
- Projects by type (either construction, rehabilitation, consumables) are mostly ongoing in government facilities. However, there are still questions that require answers, such as, *"Is this the expected quality or quantity? "What is the timeframe of delivery?"*
- The status of available facility amenities (electricity, generator, structure, ward, theatre, laboratory etc.) are mostly in a fair or poor condition.

Sources of funds

- Funds are mostly from donors and partners
- PHCs in Gwale have more patients that seek healthcare hence more resources are directed towards some selected facilities
- Only 4 of 49 facilities assessed reported to have received money for each operation from MoH in relation to MCH. This is 21% of all facilities accessed.
 - a. These four facilities are in Gwale LGA.
 - b. On average, these 4 facilities attend to 250 patients daily and received on monthly basis:
 - i. Ja'en PHC - N25 000

- ii. Kabuga PHC - *N90 000*
- iii. Gidauniya Alheri PHC - *N30 000 (30th Oct. 2020)*
- iv. Ungwan Jakada PHC - *Free drugs*

Drugs and Consumables

- Drugs are mostly procured from Kano state drugs management and consumables supply agency and it is usually based on request

Staffing

- There are 603 staff across 23 facilities. The average staff per facility is 26. The average permanent staff per facility is 3 while the temporary staff per facility is 24. Despite this, only 2 or 3 staff are always found on duty.
- Most staff interviewed are of the opinion that their salaries are paid at appropriate time
- Doctors are found in 3 facilities in Gwale. 13 Nurses across 11 PHCs

Free Maternal healthcare services

- Most PHCs assessed in Gwale render antenatal, postnatal, vaccination, family planning, and labor services at no cost.
- Awareness of free services was quite good as all users of health facilities interviewed reported to be aware of free MCH services

Access to PHCs

- 91% of the beneficiaries utilize facilities closest to them
- The amount of time needed to get to the closest facility in Gwale will take a minimum time of 10mins and maximum time of 30 minutes.
- 67% of TBAs interviewed had benefited from government interventions

COVID 19

- 14 of 23 PHCs were operational at the peak of COVID-19
- 18 PHCs received PPE supports during the peak of the pandemic
- 42 persons (women and children) were reported to have died during the peak of the pandemic

Challenges

- Security, shortage of staff and qualified professionals, and supplies constraints seem to be more paramount in the LGA

Kumbotso LGA

Utilization of PHCs

- Mariri (300 patients) and Sheka (70 patients) PHCs have the highest average patients seen daily.

Sources of fund

- Kano state ministry of health is reported to be the major source of fund for most facilities on a monthly basis
- Ahmad Ado Bayero facility and Mariri PHCs are equipped and adequately funded facilities for MCH services

PHC projects

- Same as in Gwale, projects of different types (either construction, rehabilitation, consumables) are always ongoing in government facilities. However, there are still questions that require answers, such as, *“Is this the expected quality or quantity? “What is the timeframe of delivery?”*
- Facilities are mostly in the state of “fair or poor”. However, most Pharmacies and beddings assessed are in good condition as at the time of the assessment. The good condition of beddings is a result of non-admittance of parents.

Drugs and Consumables

- 22 (85%) facilities reported that they purchase drugs from Kano state drugs management and consumables supply agency.
 - Most of these facilities have their last date of drug within the months of October and November, 2020.
 - In Kumbotso LGA, the State Government is committed to consumables, equipment and human resource

Staffing

- There are 482 staff across 19 facilities. The average permanent staff per facility is 9 while the temporary staff per facility is 10
- 33% of TBAs interviewed had benefited from government

Free healthcare services

- Most PHCs assessed render antenatal, postnatal, vaccination, family planning, and labor services at no cost.
- 69% of users of facilities that were interviewed were aware of free MCH services

Access to PHCs

- 73% of PHC users at Kumbotso visited facilities closest to them
- Challenges attributed to assessing farther facilities include lateness of staff, lack of equipment, poor staff relation and non-free services.
- The amount of time needed to get to the closest facility in Kumbotso will take less than 10 minutes and at the maximum time, it takes an average of 45 minutes.

COVID 19

- 23 of 25 PHCs were operational at the peak of COVID-19
- 15 out of 25 PHCs received PPE supports during the peak of the pandemic
- 38 persons (women and children) were reported to have died during the peak of the pandemic

Challenges

- Challenges of women from TBA's perspective includes
 - Poor awareness
 - Mobility challenges
 - Poor road
 - Insufficient consumables, equipment and drugs
 - Insufficient labor ward
 - Insufficient bed
 - Financial constraints and shortage of staff
 - Findings suggest that PHCs in Kumbotso have more events of challenges such as Security concerns, personnel, supplies, funding, management of patients and community relation issues.

Number of PHCs with ongoing projects by LGAs

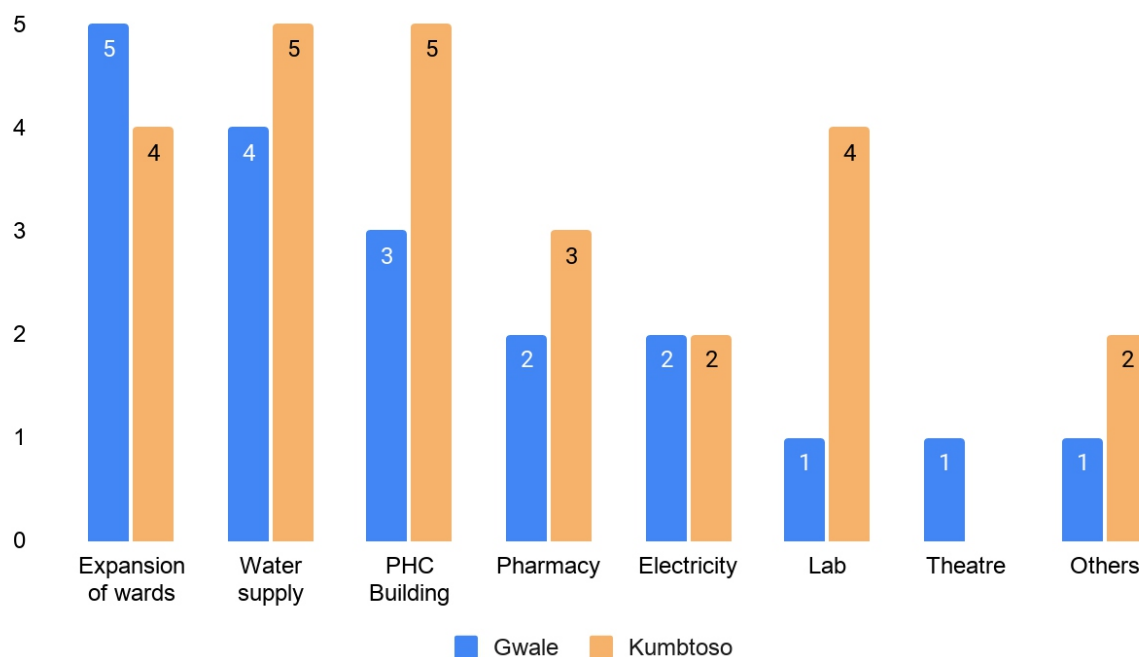


Fig 6: Number of PHCs with ongoing projects by LGAs (N= 23, multiple responses apply)

Kumbotso LGA

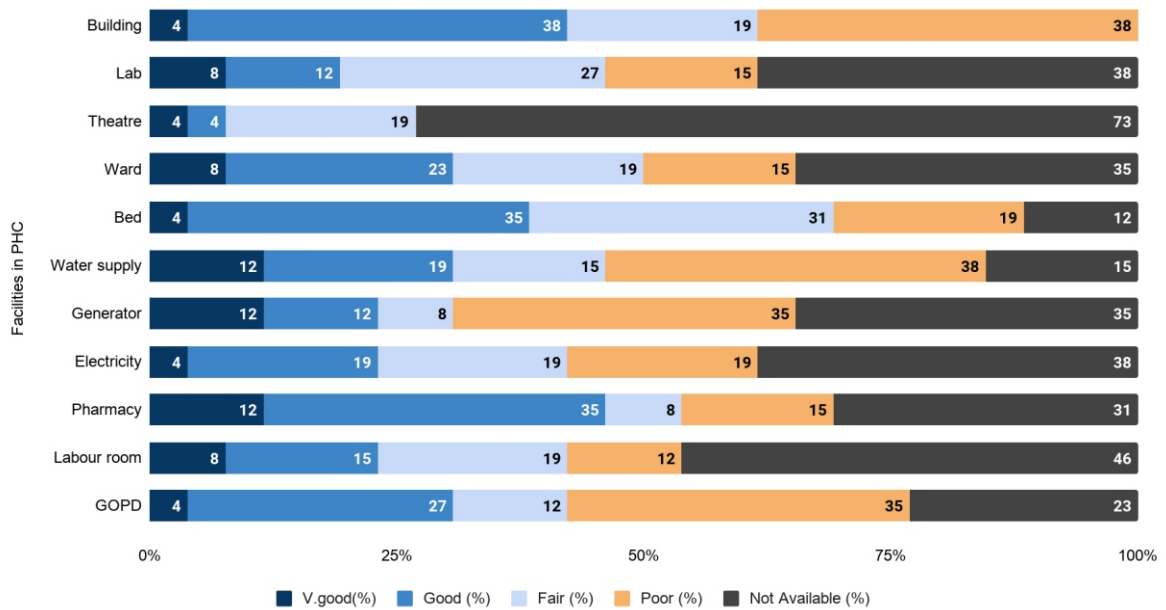


Fig 7: Status of selected facility items in Kumbotso PHCs (N= 26, multiple responses apply)

State of PHC

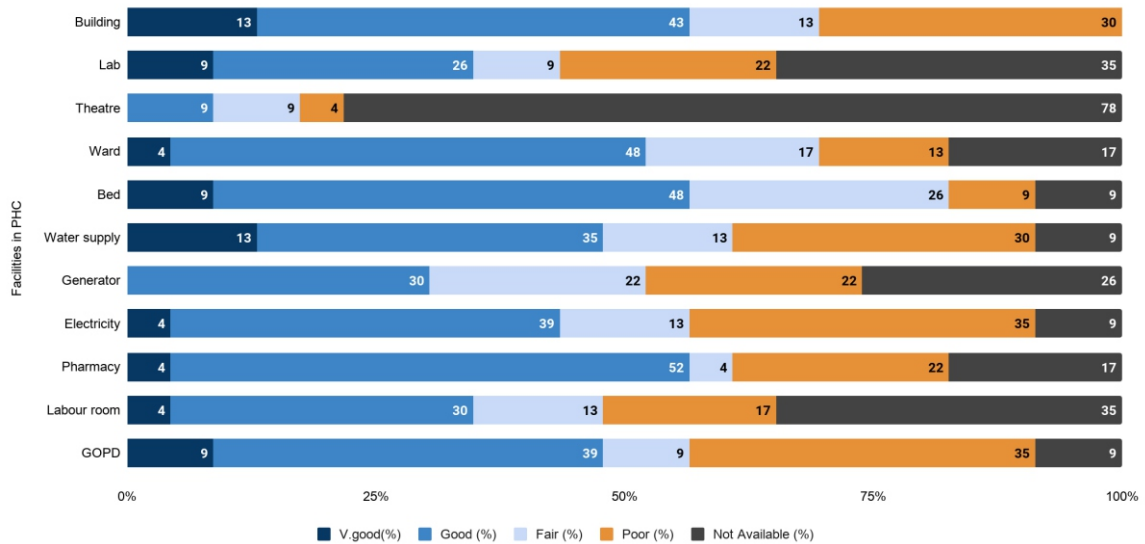


Fig 8: Status of selected facility items in Gwale PHCs (N=23)

The Effectiveness of the project

The evaluation study assessed the extent to which the project goal, objectives and targets were met, exceeded or under-achieved. The approach adopted was to measure the observable metrics of progress made for identified indicators. A comparison between the actuals and set targets for the success indicators was done to ascertain the achievement of project objectives. Findings show that CHRICED implemented

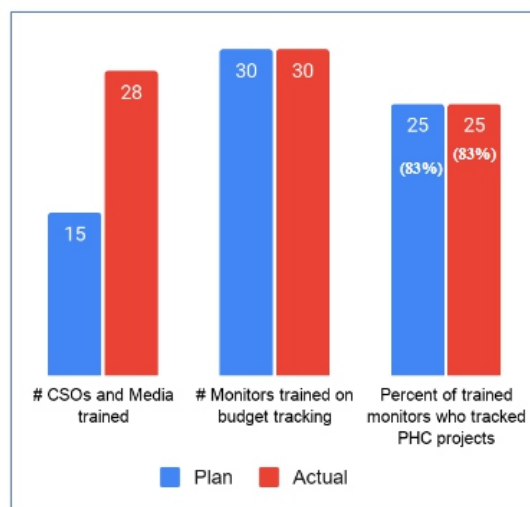


Fig 9: Planned vs actual indicator metrics

Measuring the outcome(s) of monitoring MCH budgets in Gwale and Kumbotso LGAs

Objective 1:

To increase the knowledge of citizen monitors on resource budget, distribution and service delivery processes, and the skills required for organizing effective tracking of maternal health spending and quality service delivery.

Indicator 1.1: Number of trained citizens of knowledge and skills of tracking maternal health budget

Target: 30 engaged citizens

Actual: CHRICED trained 28 CSOs and media citizens in Kano; and 30 monitors

Indicator 1.2: Percentage of trained citizens who tracked PHC projects

Target: 83% (25) trained monitors are expected to track PHCs

Actual: 83% (25) trained monitors tracked PHCs

Objective 2:

To improve the accountability of political and civil society leaders in the targeted areas

Indicator 2.1: Voluntary Service Charter on accountable governance is adopted, ratified and implemented by Kano State Health Management Board (KHMB), Kano State Primary Healthcare Management Board (KPHCMB), and Kano State Health Trust Fund (KHETFUND) and the target groups.

Voluntary Service Charter on accountable governance			
	Target	Actual	Comments
Developed by CHRICED	Yes	No	The outbreak of the COVID-19 pandemic affected the development of the charter. This necessitated adjustment in project plans. Given the threat posed by the pandemic, CHRICED deemed it critical to request a project in order to move resources from other project activities to implement the response to the COVID problem. This has therefore affected activities relating to the service charter. However, in the phase of the project being proposed, CHRICED will look to develop, ratify and galvanise decision makers to implement the service charter.
Adopted by			
KHMB	Yes	No	
KPHCMB	Yes	No	
KHETFUND	Yes	No	
Ratified by			
KHMB	Yes	No	
KPHCMB	Yes	No	
KHETFUND	Yes	No	
Implemented			
KHMB	Yes	No	
KPHCMB	Yes	No	
KHETFUND	Yes	No	

Indicator 2.2: Inclusiveness in budget development (Increased accountability amongst engaged public officials)

Target: Yes

Actual: Yes. The evidence of change can be deduced from the excerpt from a Development partner that was interviewed.

I think what has changed is the extent of citizen awareness, and influence on the budgetary process. Level of awareness and influence on the part of citizens in terms of engaging key budget processes both at the local government and state level has been raised. Now the Kano State Assembly and the legislative bodies at the local government level do not complete the budget processes without consulting intensively with CSOs like CHRICED. Development partner, Kano

Objective 3: To improve the quality of maternal health service delivery in the implementation of maternal health spending

Indicator 3.1: Percent of PHC user's satisfied with quality of care received

Plan/Target: 80%

Actual: 98%

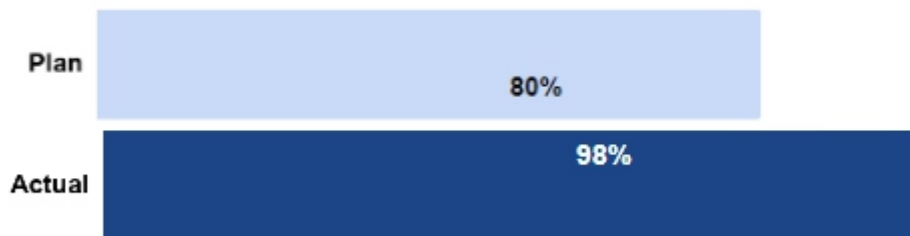


Figure 10: Percentage of PHC users satisfied with the quality of care received

Objective 4:

To strengthen the engagements between the constituents and politicians in the districts of Gwale and Kumbotso

Indicator 3.1: Number of town hall meetings facilitated by CHRICED and government officials

CHRICED achieved the target of six (6) town hall meetings planned to be held between government officials and community members.

6: CHAPTER SIX: Conclusions And Recommendations



Project Efficiency:

The evaluation picked up strands of information, which strongly suggests that the project management team at CHRICED placed emphasis on quality management of services. Evaluation data points to the fact that project had a defined outcome frame which was clear and realistic. The project management lead at CHRICED described the value for money strategies adopted in the course as “excellent”; in his words, *CHRICED timed activities in ways, which ensured effective use of resources. An example is the effort CHRICED took to organize activities in the localities of the target groups to mitigate costs, especially at a time of economic volatility.* Evidence is available to show how CHRICED also did security mapping of event venues to ensure there are no threats, which could make the project incur unforeseen costs. The proposed estimated budget was NGN 130,225,000.00. The cost implication of the outcomes generated from the activities implemented by CHRICED is worth every amount spent.

Table x: Summary of cost implication as at October 31, 2020 based on External Audit Report

Budget category	Planned expenditure NGN	Actual expenditure NGN	Budget vs actual NGN
Staff costs	26,662,500.00	22,200,000.00	4,462,500.00
Project activities	93,900,000.00	72,729,064.00	21,170,936.00
Project Administration	9,300,000.00	8,301,928.00	998,500.00
Reserve	362,500.00	362,500.00	-

Project Sustainability

This evaluation is of the view that CHRICED has established a system, which would contribute to deepening the culture of accountability demand amongst engaged citizens. The trained journalists have taken up the responsibilities to put an eye on the MH spending and report on all issues, concerns and wins. The heightened community awareness on the rights of citizens to be involved in budgetary development processes and demand for accountability has challenged community members in Gwale and Kumbotso LGAs to practice “demand for accountability”. The sustainability plan for this project is anchored on the interest of the target group in making

accountability demands on the specific issue of maternal mortality. CHRICED recognized this as a critical milestone of the project, which informed the strategy of citizen monitoring of maternal health expenditure. With the capacity of citizens built to use key accountability tools, CHRICED expects the knowledge and skills to translate to self-led efforts, including advocacies, tracking and citizens accountability demands, to hold decision makers accountable. In practical terms, CHRICED is already seeing key elements of its strategy for sustainability take firm roots. This is exemplified by the trend being witnessed in project communities, where constituents have been pressing political office holders to organize town hall meetings to discuss maternal health priorities in local government budgets. Such accountability channels are increasingly opening up to allow citizens to ask key questions about public resources devoted to maternal health, and how they are being expended by the decision makers. CHRICED expects to see a proliferation and institutionalization of such channels of accountability demands.

By being consistent and strategic in taking up the issue of maternal health accountability in Kano State. CHRICED also mobilizes community actors and social influencer groups, and coordinated with other health Partners to participate in the budgetary process has been a key contribution to the change; also worked with Partners and other citizen groups including the AMKAS to advocate and campaign for transparency, accountability and efficiency in the use of financial and human resources set aside to tackle the maternal health problem in the state...

Development Partner, FCDO

The determining factors of project outcomes factors

The evaluation efforts identified some factors that favored or delayed the implementation of the project.

Facilitating Factors

On the whole, this evaluation was able to glean information from interviews and documentary sources, which point to the fact that a number of key factors facilitated the implementation of the CHRICED project of *Social Mobilization for Transparency and Accountability in the Implementation of Maternal Health Resource Budgets*.

1. Community acceptance: The deep interest of members of the target group in fostering maternal health accountability contributed to the effective implementation of the project. Without a deep and enduring interest in maternal health issues, it would not have been possible to get the attention of target group members in the project communities. Nonetheless, it is critical to make the point that the interest of target group members

across the project intervention areas did not happen as a coincidence. It was the product of earlier investments, which was made possible by earlier phases of the project. It is important to state that CHRICED leveraged on the momentum recorded from previous interventions themed around democratic participation and maternal health accountability. The number of activists, community women, social influencers and other gatekeepers, who had been trained by CHRICED in previous phases of the project contributed in no small measure to the effective implementation of the project.

2. Strategic Approach: CHRICED strategy of ensuring the key issues of focus in the project are thoroughly researched before the implementation of the other activities is a key factor to note. It would be recalled that CHRICED conducted a research into the efficiency and effectiveness of maternal health spending in Kano State. Seeing the challenges and gaps as documented by the research, it became a lot more effective to focus on the core areas where the research indicated gaps.
3. Effective human resource at CHRICED: The project team on this project had resilient spirits; they also possess the required skills, capacity and willingness to deliver quality services. This translated in terms of the realization of key project deliverables. Project staff was able to acquire additional capacities from such training as the Citizen-led Accountability and Strategies and Tools (CLAST). The different efforts by CHRICED to build capacity contributed in no small measure towards the level of progress recorded in the course of the implementation of this design. Added to this is the factor of CHRICED capacity to galvanize a wide array of community interest groups, and inspire them to take more than a passing interest in governance of the maternal health sector.

Challenging factors

1. Poor attitudinal disposition of political actors: A major external factor that negatively affected the implementation of the project had to do with the attitude of political actors. Although the vast majority gave a good backing to the project, there were some who resisted the project possibly because of fears that their failure to deliver in the area of quality maternal health will result in a political backlash. There were others who made arguments that maternal mortality is not the only challenge, and that there are other aspects of governance, which had to be attended to. CHRICED was able to mitigate this factor by ensuring it won the support of key allies and social influencers in the traditional, religious and gate keeping spheres.
2. Poor economic situation in Nigeria: Nigeria entered its second recession in five years in

the course of the implementation of this project. The consequence of this disruptive economic outlook is that the project had to face the reality of the volatility in the price of goods and services. The further implications of economic factors like inflation, volatility in commodity prices created challenges for the project. Added to this is the epileptic nature of critical services such as electricity, water supply and other necessities for the running of the project. In the course of implementation, the project was confronted with the challenge of hike in electricity tariffs, fuel price, and cost of banking services. These posed a big challenge for the implementation of the project, but CHRICED tried to mitigate these external issues by carefully and prudently controlling its consumption of a number of those core inputs to ensure efficiency and prevent any form of wastage.

3. Hostile political environment: Importantly, there is also a need to put in perspective the hostile political environment and operational context within which CSOs have operated in time of the implementation of this project. 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. At the level of legal requirements for operations as a CSO, state actors in the period of this project implementation increasingly leveraged their powers to make laws to constrain and limit the work of CSOs. At the last count, various legislations have been introduced to limit the work of CSOs and muffle their voices. These legislations include the *Bill for An Act to Establish the Civil Society Regulatory Commission*, widely referred to as the NGO Bill, the *National Commission for the Prohibition of Hate Speech Bill of 2019*, and the amended *Companies and Allied Matters Act (CAMA)*.

Although the government would usually spin the narrative that these legislations are aimed at promoting accountability and transparency in the civic space, the reality is that most of these laws contain draconian provisions, which are easily used to undermine the work of pro-democracy organizations. With the weak adherence to the rule of law, and the propensity to undermine the rights of citizens, CHRICED as well as other Nigerian CSOs in the period under review faced extreme difficulties in their work. At the highest level of decision making, political actors in Nigeria have become jittery and suspicious about the efforts of CSOs to push for reforms in terms of ensuring there is accountability and good governance.

CHRICED has observed that since the #EndSARS protests, which channeled legitimate demands of youths for an end to police brutality and other manifestations of human rights abuses and bad governance, the Nigerian authorities have stepped up their assault

against civic voices. In doing so, the security agencies and other institutions of the government have been deployed to mount a full blown effort to undermine the work of human rights organizations. Human rights activists and protest leaders in the course of this implementation were hounded and imprisoned for no just cause. All these developments constituted external threats to the project, which necessitated strategic adjustment in messaging and communication around project objectives

Best Practices

Conduct and facilitation of the report-back sessions

The report-back session conducted in study LGAs promoted the involvement of community members and leaders in government projects being implemented in their environs. The voices of men, women, adults and youths were amplified and heard through this method of engagement.

Collaboration with media personnel, CSOs, development partners, and professional groups

Collaboration has been termed as a platform that promotes mixed skills, experiences and ideas that enhances the value and importance of a cause. The campaign designed to raise awareness of accountability and transparency practices among government officials gained significant attention because of the collaborative efforts from other CSOs, media and professional groups carried along whilst implementing the project.

Adjustment of the project to respond to the challenges posed by COVID-19

COVID was not an envisaged risk in the project planning matrix, but CHRICED adjusted very well to the health and economic crisis posed by the pandemic. Apart from the virement to address the information gap, which characterised the onset of the pandemic, CHRICED rigorously implemented COVID prevention protocols. And in the next phase of the project, and due to the lessons learned in the current phase, CHRICED has factored in the pressure the pandemic has posed to the Primary Healthcare Sector by adding the renovation of selected PHCs to respond to COVID-induced pressures, which may worsen maternal mortality in the project areas.

Lessons learnt

The evaluation indicates that the fundamental lesson learnt from this project is that citizens have the interest in holding their elected and appointed representatives accountable for how they spend public resources. This however is very much dependent on the level of skill and capacity they are able to build within their networks. CHRICED has further learnt of the need to constantly update these capacities, and inspire communities to deepen their learning by doing.

Secondly, CHRICED testimonials points its learning in the direction of citizens raising their voices by drawing attention to their unpalatable social conditions, which will in turn make decision

makers to act. This evaluation further notes that CHRICED implemented the project with the notion that if citizens remain silent, decision makers will also refuse to act. The evaluation notes verifiable reports about how after the tracking of health facilities in the course of the project implementation, action was taken by decision makers to correct some anomalies in some PHCs.

When citizens raised their voice about a health facility, which was located under a tree, there was uproar and the government was forced to act on the situation. It can be imagined that if the unacceptable state of the health center did not come to the front burner of the public discourse as raised by citizens, the health facility in question would have remained in its rudimentary state.
(CHRICED Report)

This evaluation concludes that the health project monitoring and demand for accountability activities have been effective and in general, capable of providing varied and relevant bases for decision making, which is demonstrated by the increased knowledge about budgetary development processes and demand for accountability.

The evaluation further observes after reviewing implementation documents that CHRICED has learnt to constantly revise the results framework and monitoring plan as the need arises. This will further strengthen our approach to measuring project impacts.

Another important lesson learnt is to have an emergency response plan for every project planned to be implemented. CHRICED was able to adjust, and adapt to the wake of COVID-19 pandemic. Some of the project activities had to be changed in response to the pandemic.

Recommendations

This evaluation is of the considered position that there are a number of potential key roles that the Kano state government, CHRICED, CSOs, development partners, media personnel and community members can implement to strengthen the health budget accountability and transparency in the state. This will invariably contribute to addressing one of the greatest challenges of our time- maternal mortality.

The evaluation also draws attention to the importance and decisive role to be played by the adoption of a Service Charter and the passage of the Free Maternal Health Bill. Although these critical outputs were reportedly delayed as a result of the pandemic, and the frequent leadership changes in the House of Assembly, push to achieve these milestones in the next phase will be pivotal for the sustainability of the project. The Free Maternal Health Bill will institutionalize the changes and effects of this intervention, and it can still be realized despite the disruptions apparent in the high turnover of leadership in the Kano State House of Assembly. In terms of the Service Charter, it will be an important toll to collate a number of the best practices, which will help deepen the various dimension of maternal health accountability.

In the next phase of the project, it is recommended that CHRICED should vigorously push to engage key processes for the ultimate realization of these objectives.

Kano Government

1. Consistent commitment to prioritize the health budget allocation.
2. Continued efforts to involve the leaders of all categories of Kano population during budget development
3. Indicators that can track health budget performance should be developed during budget preparation. Allocation of resources in the budget should be tied to key indicators of performance, example, and reduction in the number of maternal deaths from previous budget cycles.
4. Renewed commitment to create an enabling environment for CSOs and development partners to thrive in the state
5. Establishment of a health budget monitoring committee in each LGA
6. The State should ensure that substantial funds budgeted for the human development sector- health and education especially- do not end up as overheads and recurrent expenditure so as to allow for the purchase of critical inputs such as drugs and consumables.

CHRICED

1. Renewed commitment to intensify the practice of risk management plan. This is needed as a mitigation plan for all unplanned events that CHRICED has no control over.
2. Renewed efforts to be guided by project results framework and monitoring plan, even from the project initiation level by developing the monitoring and evaluation system, which requires a budget for baseline development, indicator measurement, and so on.
3. Strengthened commitment to digitize all data collection tools and monitoring
4. To improve strategies for the promotion of democratic budget development, it is recommended to conduct: (1) research to understand the underlying causes of political actors' unwillingness to practice budget accountability and inclusiveness without being challenged to do so (2) studies that will show the missing-link between budget allocation, releases and spending, and 3) assessment on the most effective proven strategies for budget maternal health budget and project monitoring.
5. Intensify efforts to institutionalize recorded milestones through the Service Charter and the Free Maternal Health Bill.
6. Continue the monitoring of allocation of COVID-19 resources in the project areas,

especially with respect to vaccination targets.

CSOs and Development partners

1. Strengthened collaborative efforts to demand for accountability of all maternal health projects.
2. Adopt strategies that will portray all development partners and CSOs as groups working to complement and amplify the efforts of the political actors and not as their “investigators”
3. Promote a single system and framework for maternal health budget tracking in the state.

Conclusion

This evaluation points to the achievement of the cardinal objectives of the project, except for the singular objective, which was adjusted as a result of the COVID problem. The analytics of the remaining objectives, set for the project under review leads to the conclusion that they were achieved. The indicator metrics show that there has been an improved knowledge of maternal health budget and spending tracking among engaged citizens. These citizens are either CS, and media. This finding suggests that the training sessions conducted by CHRICED were effective. More so, inclusiveness, accountability and transparent practices among public officials have improved compared to what was obtainable in the past three years in Kano state. Furthermore, the project sought to intensify the relationship between the constituents and the politicians. This was achieved through the conduct of six town hall meetings as planned.

Annexes

Annex 1: [Health facility assessment database](#)

Annex 2: [Health facility assessment findings slide deck](#)

Shin za ka so **RASUWAR** Mata masu dauke da **JUNA-BIYU?**



**GUDUNMAWARKA ZA TA IYA TAIMAKAWA WAJEN CETO RAYUWARSU!
GOYI BAYAN KUDIRIN DOKAR JIHAR KANO NA SAMAR WA MATA MASU JUNA-BIYU SAUKI!!**



Sako daga:
**Resource Centre For Human
Rights & Civic Education (CHRICED)**

Da Hadin Gwiwar:
MISEREOR/KZE

MISEREOR
• IHR HILFSWERK

About CHRICED



Legal Status

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

Vision

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

Mission

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

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

CHRICED Thematic and Approach

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

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

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

Governance and Management

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