

STATE LED ACCOUNTABILITY MECHANISMS: TRUST & MULTI-SECTORAL ACTION

Despite significant progress globally, poor quality of care, inaccessible data to inform decision making and a lack of transparency and accountability around health resource allocation continue to hinder improvements in reproductive, maternal and newborn health outcomes.

E4A-MamaYe works to ensure those in power are held to account for commitments to increase resources and improve the health, rights and wellbeing of women and girls. We do this by supporting civil society, government, media, parliamentarians and advocates at global, regional and national levels to work together to translate complex health system evidence into easy to understand formats that are used to inform advocacy and action.

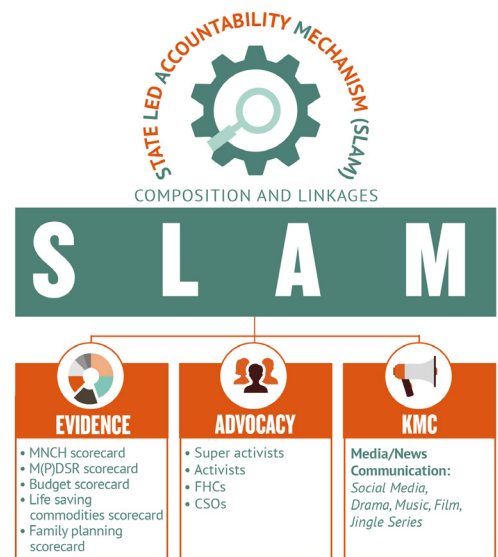
How?

Since 2013, E4A-MamaYe has supported selected states in Nigeria to establish State Led Accountability Mechanisms (SLAMs). These mechanisms are **multi-stakeholder coalitions** comprised of government, health professional associations, media, civil society and traditional institutions.

With a remit to monitor, review and use evidence to act to improve the maternal, newborn and child health outcomes in the state, one of the core features of the SLAM has been its ability to bring previously opposed sides together with a common advocacy goal.

“The intervention of MamaYe, which geared toward advocating and sensitising policymakers, traditional rulers, civil society, religious leaders to come together to improve health sectors. Many people involved. Happily, even governor, policymakers, commissioners realised need for us to collaborate and support health sector in the state.”

Civil society representative, Gombe



SLAMs are co-chaired by civil society and government representatives and include three sub-committees. Each sub-committee has a specific role and remit:

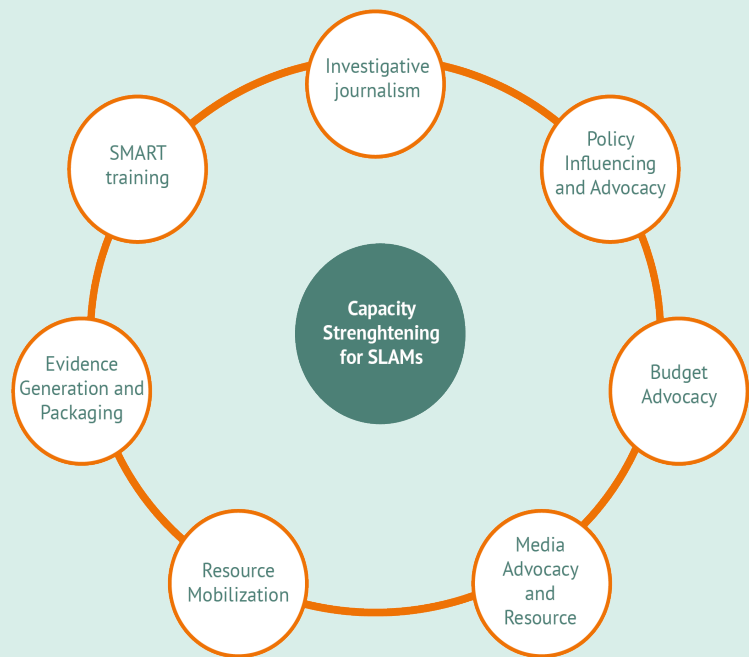
- **Evidence sub-committee:** reviews indicators and packages them into scorecards (scorecards are produced on family planning, the stock levels of life-saving commodities at facilities, MNCH outcomes and Maternal and Perinatal Death Surveillance and Response data).
- **Advocacy sub-committee:** develops ASKs based on evidence and these are included at the back of the Scorecard as a call to action. The sub-committee now develops advocacy strategies to present the ASKs and ensures actions are undertaken by relevant Stakeholders.
- **Knowledge management and communications committee:** facilitates transparency and ensures wide coverage of evidence and calls to action.

Successes

Government and other stakeholder's have embraced the principle of joint-ownership and collaboration within the SLAMs and meet quarterly to collate evidence, analyse and take actions. Government now looks to CSOs to help advocate to decision makers in areas where there are bottlenecks, with the result of more informed and targeted advocacy.

This has helped achieve the following results:

- **Increased budgetary allocation to health in Bauchi** rising from 9% to 15% in 2016 and from 15% to 17.1% in 2017
- The **creation of budget lines** in each state for key priority areas, including Maternal and Perinatal Death Surveillance and Response and family planning consumables. For example:
 - The Lagos State Accountability Mechanism for MNCH (LASAM) pushed for FP to be prioritised in the 2017 budget and a special budget line was created for FP consumables in the Primary Health Care Board Budget for 2017 with NGN49,773,120 (\$137,362) allocated. This budget line was also funded with the same amount in 2018.
- **Better drug availability in health facilities.** The Gombe State Accountability Mechanism presented findings from a drug availability survey in March 2017 showing stock-outs of key drugs across 22 secondary health facilities. In response to this, key actions - including directives for the immediate distribution of drugs, the provision for the regular monitoring of these drugs and their inclusion in the 2018 budget - were made and in November 2017, there were significant increases in the reports of "no stock-outs in the last three months" for magnesium sulphate (MgSO₄) and misoprostol among secondary health facilities.



Learnings



Creating the right platform enables Government and CSOs to work together to achieve a common goal.

Packaging of evidence in a user friendly manner makes **taking action** on critical issues relatively easier with **evidence based advocacy**.

The SLAM platform **enables government representatives on the platform** to address identified gaps without government bureaucracy.



The experience of the SLAM shows that **continuous advocacy is important** until the desired results have been achieved.

There is the need to guard against the Government Co-Chair relegating the CSO Co-Chair to second fiddle instead of equals. This is because there is the tendency for Government officials to arrogate the leadership of the SLAM to themselves because the discussion centres on Government activities.



There may be the **need** to key in and **adapt/expand existing structures** to accommodate the accountability mechanism instead of creating a new structure.

The SLAM model has shown new ways of engaging different stakeholders. Sustaining the platform is beneficial to all.