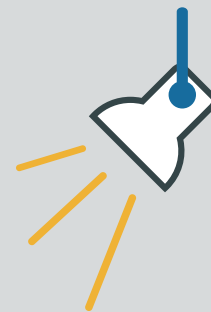


May 2019  
Number 6

## Accountability Note



# Setting the Stage for Increased Accountability: The White Ribbon Alliance Nigeria Campaign to Improve Maternal, Newborn, and Child Health in Niger State

Rachel Sullivan Robinson



## About Accountability Research Center (ARC)

The Accountability Research Center (ARC) is an action-research incubator based in the School of International Service at American University. ARC partners with civil society organizations and policy reformers in the global South to improve research and practice in the field of transparency, participation and accountability.

For more information about ARC, please visit the website: [www.accountabilityresearch.org](http://www.accountabilityresearch.org).

## About White Ribbon Alliance

White Ribbon Alliance (WRA) has the mission of activating a people-led movement for reproductive, maternal and newborn health and rights. Through its network of National Alliances, WRA helps citizens understand that they have the power to hold their governments accountable for promises made and money spent, so that women and girls realize their rights to quality health and well-being.

For more information about WRA, please visit the website: [www.whiteribbonalliance.org/](http://www.whiteribbonalliance.org/).

## About ARC Publications

ARC publications serve as a platform for accountability strategists and researchers to share their experiences and insights with diverse readers and potential allies across issue areas and sectors. These publications frame distinctive local and national initiatives in terms that engage with the broader debates in the transparency, participation and accountability (TPA) field. Research publications include brief *Accountability Notes*, longer *Accountability Working Papers* and *Learning Exchange Reports*.

## Rights and Permissions



The material in this publication is copyrighted under the Creative Commons Attribution 4.0 Unported license (CC BY 4.0) <https://creativecommons.org/licenses/by/4.0/>. Under the Creative Commons Attribution license, you are free to copy, distribute, transmit, and adapt this work, including for commercial purposes, under the following conditions:

**Attribution**—Please cite the work as follows: Robinson, Rachel Sullivan. 2019. “Setting the Stage for Increased Accountability: The White Ribbon Alliance Nigeria Campaign to Improve Maternal, Newborn, and Child Health in Niger State.” Accountability Research Center, *Accountability Note* 6.

**Translation**—If you create a translation of this work, please add the following disclaimer along with the attribution: This translation was not created by the Accountability Research Center (ARC) and should not be considered an official ARC translation. ARC shall not be liable for any content or error in this translation.

## Notes on Support

Support for ARC comes from the Ford Foundation, the William and Flora Hewlett Foundation, the John D. and Catherine T. MacArthur Foundation, and Open Society Foundations.

## Disclaimer

The findings, interpretations, and conclusions expressed here are those of the authors.

# Contents

|                                                                                                                                                                                                           |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| About the Author .....                                                                                                                                                                                    | 4  |
| Acknowledgements.....                                                                                                                                                                                     | 4  |
| Summary .....                                                                                                                                                                                             | 5  |
| Background .....                                                                                                                                                                                          | 7  |
| Lesson 1 –<br>Campaigns that simultaneously engage government and enable citizens to voice their opinions<br>can increase state government participation in activities that increase accountability ..... | 9  |
| Lesson 2 –<br>Compromise over the meaning of “accountability” can both facilitate and constrain<br>progress towards accountability .....                                                                  | 12 |
| Lesson 3 –<br>Campaigns can facilitate events where citizens learn about their rights, devise strategies<br>for achieving them, and engage with government representatives .....                          | 14 |
| Lesson 4 –<br>Campaigns can train citizen journalists to report on accountability failures .....                                                                                                          | 16 |
| Conclusions.....                                                                                                                                                                                          | 18 |
| Endnotes .....                                                                                                                                                                                            | 20 |
| References .....                                                                                                                                                                                          | 22 |

# About the Author



**Rachel Sullivan Robinson**, Associate Professor in the School of International Service at American University and a Faculty Collaborator with the Accountability Research Center, studies global health interventions and the NGOs that implement them in sub-Saharan Africa. She has worked in Nigeria since 2006, focusing on a variety of topics including family planning, HIV/AIDS, sexuality education, and LGBTQ populations. She is the author of *Intimate Interventions in Global Health: Family Planning and HIV Prevention in Sub-Saharan Africa* (Cambridge University Press, 2017), as well as articles in journals such as *Demography*, *Sociology of Development*, and *World Development*. The MacArthur Foundation, the Council of American Overseas Research Centers, and the National Science Foundation have funded her research. She teaches courses on statistics, population studies, global health, NGOs, and development, and holds a PhD in sociology and demography from the University of California, Berkeley.

## Acknowledgements

I first and foremost thank the people I interviewed in Niger State for sharing their time and insights. It was a pleasure to have the opportunity to get to know them and their state better. I also particularly thank the staff of White Ribbon Alliance Nigeria—Tariah Adams, Tonte Ibraye, and Oreoluwa Ojo—for their time and efforts in introducing me to the campaign and to the community they have built in Niger State. From the global White Ribbon Alliance, Kristy Kade and Moses Ngulube (now with CARE) provided important support and perspective. White Ribbon Alliance's grant from the Bill and Melinda Gates Foundation along with a School of International Service Dean's Summer Research Award funded the research. At the School of International Service, the ARC team—Jonathan Fox, Angela Bailey, Julia Fischer-Mackey, and Suzan Osman—propelled the project forward from start to finish and Hatem Zayed provided first-rate research assistance. Finally, Moses Ngulube, Ruth Carlitz and Marta Schaaf gave excellent feedback on an earlier draft of this Note. All errors and omissions are my own.

## Summary

# Setting the Stage for Increased Accountability: The White Ribbon Alliance Nigeria Campaign to Improve Maternal, Newborn, and Child Health in Niger State

Most African governments have made extensive commitments to provide primary health care to their citizens; in many cases these commitments date from the post-independence era, but have been reinvigorated in response to the Millennium and Sustainable Development Goals. Yet poor service delivery plagues the health care systems of many African countries, in particular affecting women and children who depend on local health centers for prenatal and basic primary care. One route to improving such care is through holding government accountable for its health care promises. But in many of these contexts, democracy is fragile and civil society is weak, leaving few institutions for holding government to account. In these contexts, can external actors support such pro-accountability change?

This accountability note begins to answer this question with reference to White Ribbon Alliance Nigeria's campaign to improve maternal, newborn, and child health in Niger State. Campaign activities promoted citizen demand for quality maternal health care and government responsiveness to those demands through advocacy to key health system actors, community dialogues to share information and set strategy, town halls to bring together citizens and government representatives, and the training of a cadre of citizen journalists to expose poor quality health care as well as highlight government responsiveness to citizen demands. This note puts forward four lessons drawn from the campaign's experiences:

1. In contexts where both civil society and the state lack capacity, campaigns that simultaneously engage government and enable citizens to voice their opinions can increase state government participation in activities that increase accountability.
2. Compromise over the meaning of "accountability" can both facilitate and constrain progress towards accountability.
3. Where citizens desire more from government and are willing to demand services, campaigns can facilitate events where citizens learn about their rights, devise strategies for achieving them, and engage with government representatives.
4. Where citizens are willing and able to challenge government, campaigns can train citizen journalists to report on accountability failures.

The analysis is based on more than 40 interviews conducted in 2017 and 2018 with relevant actors in Niger State as well as a review of campaign and government documents. Although an impact of the campaign on health care utilization is not yet visible, the campaign has convinced the previously reticent state government to engage with citizens, and anecdotal evidence suggests improvements to health care facilities in response to town halls and citizen journalist reports. The government has also invited White Ribbon Alliance Nigeria to train all of the state's local health committees responsible for oversight of primary health care facilities, demonstrating how collaboration has created a pathway towards greater accountability.

Taken together, these findings support the proposition that external actors can play a vital role in supporting and magnifying citizen demands for better health care while simultaneously enabling government responsiveness to those demands, thus laying the groundwork for greater accountability.

# Background



**W**hite Ribbon Alliance Nigeria (WRA Nigeria) was founded in 2009 and is based in Nigeria's capital, Abuja. A member of the Global White Ribbon Alliance, WRA Nigeria's mission is "Activating a people-led movement for reproductive, maternal and newborn health and rights" (White Ribbon Alliance 2019). With funding from the Bill and Melinda Gates Foundation (the Gates Foundation) via the Global Alliance, in 2015 WRA Nigeria began a campaign in three local government areas of Niger State—Chanchaga, Lapai, and Wushishi (see Figures 1 and 2 for more details)—to increase citizen-led accountability for maternal, newborn, and child health. With a recent reinvestment from the Gates Foundation, the campaign will continue through mid-2021. As shown in Figure 3, WRA Nigeria's initial campaign had three main goals: (1) increasing citizen demand for the right to involvement in health-related decisions; (2) public commitment from the State Ministry of Health to implementing accountability processes; and (3) implementation of those processes. According to WRA Nigeria's theory of change, achieving these goals should ultimately improve maternal and child health. The analysis below focuses on three of the campaign's main activities: advocacy to policymakers and other key leaders; facilitating town halls and community dialogues; and training citizen journalists.<sup>1</sup>

WRA Nigeria's campaign uses a social accountability approach. The evidence base for the ability of social accountability initiatives to improve health is growing. Following initial positive results in Uganda (Björkman and Svensson 2009), the number of such initiatives has increased. A recent systematic review of articles reporting on social accountability efforts in the health sector in African countries found the vast majority identified positive outcomes (Danhoodo, Nasiri and Wiktorowicz 2018). Community mobilization efforts, of which social accountability campaigns are an example, have also been associated with positive maternal and child health outcomes in sub-Saharan Africa (Beck, Munro-Kramer and Lori 2018). In a study of a campaign in Gujarat, India, which is similar to WRA Nigeria's, researchers found

**Figure 1. States of Nigeria**



Credit : <https://thenationonline.ng/niger-set-committee-investigate-military-villagers-clash/>

improved service delivery for maternal health (George et al. 2018), and other research from India has shown community-based monitoring of maternal health services to be effective in building political capacity (Balestra et al. 2018). But not all campaigns have increased health care utilization or improved health outcomes (Raffler, Posner and Parkerson 2019). Research also indicates significant barriers to pro-accountability efforts, including limited health system capacity, insufficient funding for accountability programs, and inadequately localized understandings of accountability and the steps necessary for providers and managers to achieve it (Danhoodo, Nasiri and Wiktorowicz 2018, Martin Hilber et al. 2016).

Promising outcomes associated with social accountability interventions in the health sector in sub-Saharan Africa suggest their potential to improve maternal, newborn, and child health in a Nigeria. Nigeria has one of the highest rates of maternal mortality in the world—estimated in 2015 to be over 800 maternal deaths per 100,000 live births—and is the source of a fifth of maternal deaths globally (WHO et al. 2015). In Niger state,

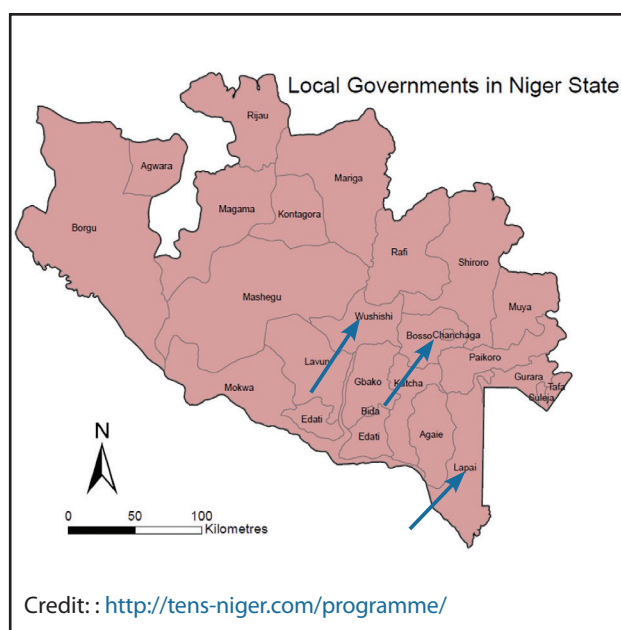
poor maternal, newborn, and child health are the result of many factors related to both limited supply of high quality care and low demand for facility-based care. The population is 85 percent rural, approximately 80 percent Muslim, and Shari'a law has been practiced in parts of the state since 2009 (Kunnuji et al. 2017). Almost half of the population of 5.3 million is under the age of 15, and approximately a third of the population lives below the poverty line (Bill and Melinda Gates Foundation 2017). As of 2013 (the most recent data available), more than a quarter of women in Niger state received no antenatal care, less than a third of babies were delivered by a skilled provider, and only 23 percent of children aged 12-23 months had received all basic vaccinations (National Population Commission and ICF Macro 2014). People interviewed for this study understood maternal mortality to be the result of women not seeking antenatal care and failing to deliver in facilities, in part because of cultural/religious barriers and poverty, but also because of poor quality facilities and poor quality/underpaid staff who did not treat women with respect. A review of deliveries at the state's tertiary and secondary hospitals indicated that delay in getting laboring women to health care facilities is an important proximate cause of maternal mortality.<sup>2</sup> The average travel time to a referral facility is 60-80 minutes (Bill and Melinda Gates

Foundation 2017), and people often must pay for services that should actually be free (Daaor 2016). In addition, a 2017 primary health care assessment survey found that approximately a quarter of staff were absent from post at the time enumerators visited the facility (Bill and Melinda Gates Foundation 2017), and the state's primary health care facility performance monitoring system was described in 2016 as "weak, irregular and uni-directional" (White Ribbon Alliance Nigeria 2016, p. 39). Improving maternal, newborn, and child health in Niger State thus requires improving the quality of primary health care services as well as increasing women's (and men's) trust in primary health care facilities so that they will seek preventative care as well as go to facilities with sufficient time to benefit from necessary referrals.

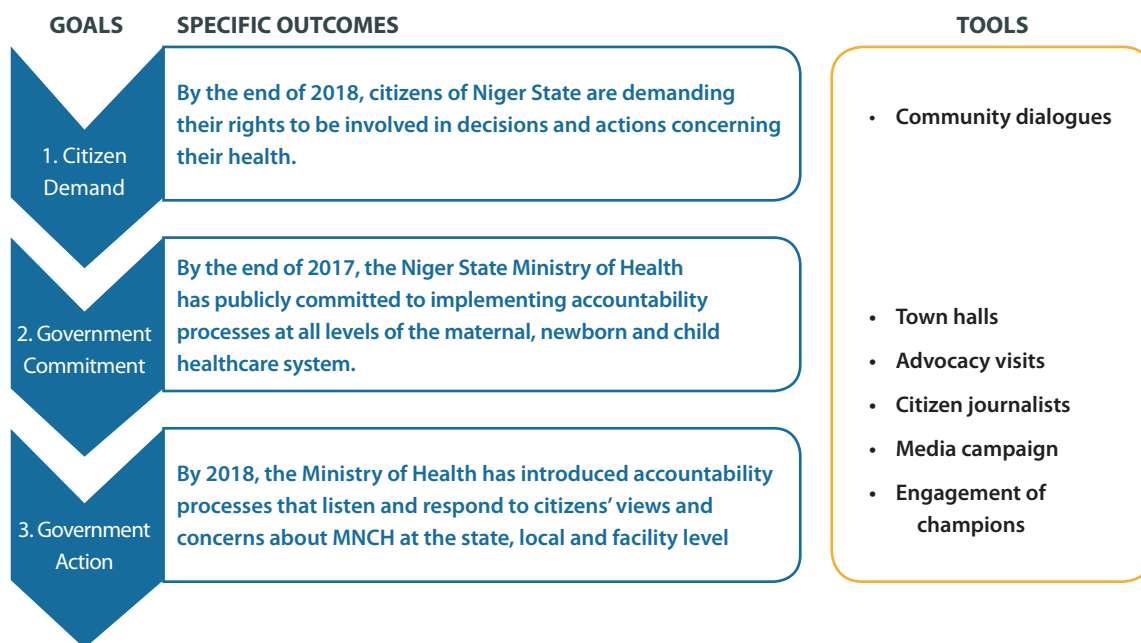
Decades of military dictatorship as well as high levels of corruption have left Nigerians with low expectations for government, and although a democracy, voters do not hold full ability to sanction and reward elected officials (Freedom House 2019, Smith 2007). In addition, reliance on oil revenue, weak tax collection infrastructure, and a large informal economy mean the government collects, and citizens pay, few taxes (Bodea and LeBas 2014), giving citizens in most states little stake in monitoring how the government uses revenue. Although these characteristics describe Nigeria overall, Niger State is no different. Here, only 15 percent of the state government's total revenue in 2018 was internally generated (National Bureau of Statistics 2019), which is not even enough to cover wages for state workers (BudgIt 2017).

Government commitment to primary health care has increased in Nigeria in the past five years. The 2014 National Health Act led to the creation of the national Primary Health Care Development Agency, state-level Primary Health Care Development Agencies, and the reinvigoration of the Primary Health Care Under One Roof initiative, which refers to integration of all primary health care services under one authority. The primary health care provision system is decentralized, with management authority granted to the state Primary Health Care Development Agency, which oversees implementation at the local government and ward level. Each ward should have a 20-member ward health development committee that represents the community and oversees the primary health care facilities in the ward.

**Figure 2. Local Government Areas of Niger State, Including White Ribbon Target Local Government Areas (Chanchaga, Lapai, and Wushishi)**



**Figure 3. Model of WRA Nigeria's Campaign in Niger State**



While the reorganization of primary health care is supposed to be occurring nation-wide, Niger State is ahead of the curve. Niger State has the best ranking among states in the north-central zone for Primary Health Care Under One Roof (National Primary Health Care Development Agency 2015). The state launched a health plan, Niger Health 1.0, in 2016 (WHO Nigeria 2016). The plan outlines how to implement the National Health Act and includes a commitment to a functioning primary health care facility in each ward of the state. As a result of this plan, Niger State was selected along with only two other states (Abia and Osun) to pilot the Basic Health Care Provision Fund element of the National Health Act, with support from the World Bank and the Gates Foundation.<sup>3</sup> The National Health Act calls for 1 percent of Nigeria's general revenue to be available for primary health care.<sup>4</sup> The funding is supposed to go directly to facilities, with half to support primary health care services (equipment, drugs) and the other half for health insurance to help reduce out-of-pocket expenditures (White Ribbon Alliance Nigeria 2018a). Niger Health 1.0 also led the Gates Foundation to select Niger State as a primary health care focal state (along with

Kaduna) and to sign a memorandum of understanding directly with the state in 2017.

The material for this *Accountability Note* comes from more than 40 interviews conducted by the author in 2017 and 2018 in Minna, Niger State, in cooperation with WRA Nigeria staff. The interviews were with citizens, citizen journalists, professional journalists, religious and traditional leaders, civil society organizations, the Niger State Ministry of Health, implementing nongovernmental organizations (NGOs), health care providers, ward health development committees, and elected officials. Each interview lasted approximately 45-60 minutes and questions centered around respondents' understandings of the drivers of poor maternal, newborn, and child health in the state, the barriers to increasing accountability, and their impressions of the WRA Nigeria campaign. All but two were conducted in English; the other two were conducted entirely or partially in Hausa, with translation provided by someone else present during the interview. All respondents gave consent to participate, as well as to be quoted.

## Lesson 1 –

### Campaigns that simultaneously engage government and enable citizens to voice their opinions can increase state government participation in activities that increase accountability



Civil society in Niger State consists primarily of organizations that exist in most states, such as Jama'atu Nasril Islam, the Federation of Muslim Women's Associations in Nigeria, and the Niger State Market Men and Women Association. Prior to WRA Nigeria's campaign (described in the Background section and summarized in Figure 3), there was little citizen involvement in health-related decision making in Niger State. Although most wards had ward development committees, mandated since 2000 to institutionalize community participation, particularly in health, these committees served as a political mechanism to receive and dispense patronage, not as sites of citizen action. By the end of WRA Nigeria's initial campaign, a number of key individuals had made statements and/or taken actions that demonstrate commitment to some form of citizen involvement in the health care provision process. Key individuals include the Commissioner of Health (the head of the State Ministry of Health), the executive director of the Primary Health Care Development Agency, the First Lady of Niger State, traditional leaders, and leaders in the state assembly.

The state government was initially skeptical of WRA Nigeria's campaign. In particular, they were used to working with service provision NGOs, with whom they would set up a memorandum of understanding. WRA Nigeria does not, however, provide services, so the state had no prior model to structure its relationship with WRA Nigeria. Because of the focus of WRA Nigeria's campaign on accountability, the state also had concerns that WRA Nigeria might be anti-government, or in support of the opposition party. Thus WRA Nigeria spent the initial year of the campaign almost exclusively building trust and securing buy-in among key state actors, which they accomplished through repeated advocacy visits, patient explanations of the campaign's goals, and

leveraging early supporters to win over those who were more skeptical.

That trust and relationships are necessary for a successful campaign is not surprising, and the particular strategies WRA Nigeria used to build trust are also common across NGOs, but it is likely that trust is even *more* important to campaigns for accountability than for other types of goals. Specifically, to convince a government to be open to partaking in accountability activities means that bureaucrats and elected officials must agree to receive and address criticism. Although such an agreement is presumed to undergird democratic systems, it can be a relatively unfamiliar position in places where civil society and democracy are not robust. Furthermore, in a context of limited resources, representatives of government may have very real concerns about their capacity to respond to demands placed on them. As a result, helping government representatives understand the benefits to the government of engaging in accountability activities is extremely important, and is one of the strategies WRA Nigeria took.

A key advantage for the WRA Nigeria campaign was that it targeted individuals involved in primary health care. Most people involved with primary health care see a role and need for community involvement in health, which created a natural point of entry for the campaign. In particular, the key agency within the Ministry of Health tasked with primary health care, the Primary Health Care Development Agency, has been particularly supportive of the campaign. Its executive director, Dr. Yahaya Nauzo, is a doctor originally from Niger State who had practiced medicine in the US for many years and became an early backer of the campaign. Other important support came from the First Lady of Niger State, Dr. Amina Abubakar Bello, an OB/GYN who still sees patients at the general

hospital and has an NGO, the Raise Foundation, which supports maternal health. She has provided support to the campaign throughout its existence, and has made public statements in support of accountability. Most directly, in January 2018 she stated at a kickoff event for maternal, newborn, and child health week, “To improve [maternal, newborn, and child health] service delivery we must ensure that accountability structures are in place that protect the people and also provide space for citizens to hold health providers accountable” (White Ribbon Alliance Nigeria 2018b).

The Emir of Minna, the most important religious leader in the state has supported WRA Nigeria’s campaign in large part because of an overarching commitment to health. This support was particularly important at the beginning of the campaign, when the Emir reached out to the Commissioner of Health in support of WRA Nigeria. The campaign also made a bond with a traditional leader, Alhaji Abdullahi Galadima Kagara, who honed an interest in health during participation in polio vaccination campaigns and joined the technical working group on accountability. Kagara garners significant respect from high-level figures in Niger State because of his position as a traditional leader and has significant national service, and so has facilitated communication between WRA Nigeria and the Commissioner of Health.

Part of WRA Nigeria’s success in cultivating the support of high-level individuals in the state is due to the energy and skill of their staff members. The two staff members most frequently on the ground in Niger State, the program manager and communications officer, both speak Hausa and spent countless hours in dialogue with influencers (traditional and religious leaders as well as elected officials) and citizens in and around community dialogues and town halls. As described in the following section, much of the initial part of the campaign was an exercise in learning by doing, and the adaptivity of the WRA Nigeria staff in this process contributed to the connections they were able to forge with actors at all levels in the state.

Respondents described a need for persistent and continuous interaction with high-level individuals, but not always focused explicitly on the goals of the campaign. More important is to first build relationships with these individuals, so that advocacy will be taken seriously. As an elected official put it, “Most times, government

doesn’t respond immediately to a campaign. They need to see first if the program is serious. Persistence is key—you need to keep coming back. If you don’t come back, it seems your program is not serious.”<sup>5</sup> A traditional leader described persuading government officials as follows: “You need to make friends, not girlfriends, with those in power. Come say hello, but stay no more than 15 minutes. Know the club that they attend, and go discuss with them there. They may listen more at the club than elsewhere.”<sup>6</sup>

WRA Nigeria was able to capitalize on the relationships that they built first in order to bring on board those key actors who were more reticent about the campaign. As one respondent from the Ministry of Health put it, “The power of White Ribbon convinced the government to come to the table—White Ribbon is connected.”<sup>7</sup> WRA Nigeria may have also benefitted from being an organization from outside the state. One Ministry of Health official noted that it was good to have an outside organization facilitate town halls because a previous attempt at such events, initiated solely by the government, had produced only the answers the government wanted to hear and thus quickly fizzled.<sup>8</sup>

Another way in which WRA Nigeria has helped to position the Niger State government to be held more accountable is through their support for ward health development committees, part of a feedback system crucial to accountability whose potential has yet to be fully realized. Ward health development committees are supposed to provide co-management of community based primary health care services, including the full and active participation of everyday citizens. The WRA Nigeria campaign, along with UNICEF, helped to “reactivate” many of the state’s ward health development committees. This included setting up committees where none existed, ensuring that committees were formed according to the national guidelines (e.g., at least 40 percent women, not all members from the same family, etc.), developing a framework for improving the performance of committees, and holding a capacity building workshop for committees in its three focus local government areas in August 2017. WRA Nigeria also led efforts to develop a unified reporting template for committees that met the needs of government and donors. To do so, they brought together all relevant stakeholders for discussion, developed a draft template that was then subject to further discussion, and finalized the template.

A unified template will reduce the time spent on reporting (one as opposed to multiple forms), and should facilitate the collation of feedback. The template was being rolled out at the end of the initial three-year campaign.

There are other concrete ways in which WRA Nigeria's activities appear to have influenced the Niger State government. Ward health development committees have been included in planning activities around the biannual maternal, newborn, and child health week of activities promoting awareness and use of services. Following WRA Nigeria's capacity building workshop for ward health development committees, community members reported three health centers were without light, leading the Primary Health Care Development Agency Executive Director to have the electric utility fix the problem (White Ribbon Alliance Nigeria 2017).<sup>9</sup> Towards the end of the initial three-year campaign, the governor and deputy governor made more specific commitments to involvement in town halls and monitoring of health facilities, and the State Ministry of Health agreed to have

citizens involved in monitoring the disbursement of the Basic Health Care Provision Fund. While the exact outcomes of these commitments remain to be determined, their symbolic value is powerful, and they are concrete items for which citizens and WRA Nigeria can continue to press.

The following section describes how WRA Nigeria framed "accountability" to government officials as something of benefit to government, which ultimately led to a compromise by WRA Nigeria over how to refer to the campaign's accountability activities. But first and foremost, WRA Nigeria realized that they had to educate policymakers about accountability, the same as other citizens. In particular, some officials were concerned that they did not have the authority or capacity to respond to people's demands. To counter this concern, WRA Nigeria has argued that town halls allow citizens to express their needs, which officials can then use to lobby the state and health bureaucracies for additional resources to address those needs.



Community Engagement in Niger State. Credit: WRA Nigeria.

## Lesson 2 –

### Compromise over the meaning of “accountability” can both facilitate and constrain progress towards accountability



**W**RA Nigeria’s campaign goal was initially phrased as increasing “citizen-led accountability” for maternal, newborn, and child health services, but they have purposefully switched to using “citizen engagement” in Niger State as a compromise to facilitate working with the government, whose own term is “community action for health.” To many, “accountability” sounds like a financial term. As a WRA Nigeria staff member explained, “‘accountability’ sounds aggressive, offensive; ‘engagement’ is better. WRA Nigeria tries to be subtle in their messaging. ‘Accountability’ is a bitter pill to swallow—always thinking you’re talking about how much money, what it’s spent on, and so forth.”<sup>10</sup> Reflecting this interpretation, a traditional leader explained, “People hear ‘accountability’ and they think money, corruption (especially), and everyone wants to run—you won’t get cooperation. You need to explain what is meant. Talking about citizens and government working together is the best thing to do.”<sup>11</sup>

Differences in interpretation of the meaning of “accountability” between WRA Nigeria and the government hampered the first year of WRA Nigeria’s campaign. An early campaign brief reported,

The concept of citizen-led accountability is quite foreign to many people, including policy makers, and most of them found the concept unfriendly and were concerned it would instigate the masses to turn against them. We had to explain the benefits of citizen-led accountability to them and assure them we were working toward a mutually-beneficial relationship for citizens and the government. (White Ribbon Alliance Nigeria n.d.)

In order to address this issue, WRA Nigeria brought people together to identify barriers. They found that the media primarily understood accountability in terms of budgets for health and the associated release of funding.

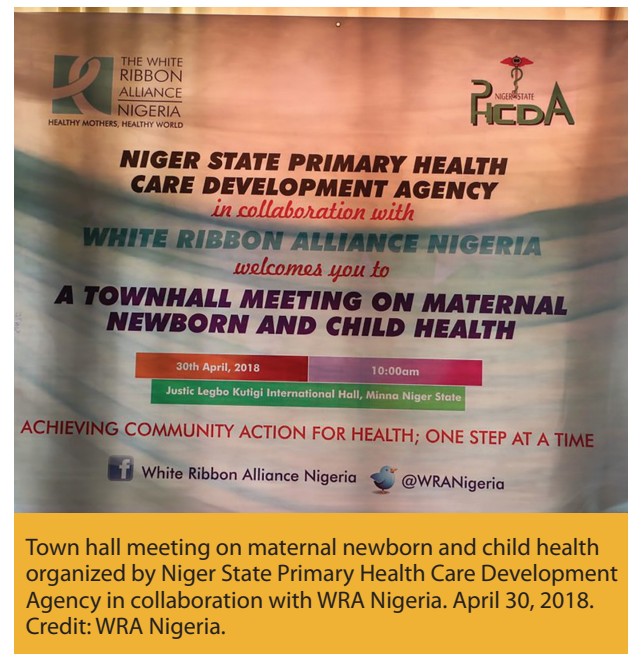
As a result, the communications officer explained citizen-led accountability as being about finding solutions, and emphasized that citizen opinion and feedback are a critical resource for policy formulation and implementation. She also held a meeting with policymakers to say that accountability is not *only* about budgeting, but that maternal, newborn, and child health problems are better served when everyone comes together and talks. WRA Nigeria has also stressed their willingness to cooperate with the state’s strategic plans in the health sector, and has noted that because greater accountability should ultimately improve health care quality, it will also help increase health care utilization, contributing to achieving those strategic plans.

This contextualization of the meaning of accountability has helped convince the government that WRA Nigeria’s campaign benefits them. For example, at the 2018 launch of the “What Women Want” campaign in Niger State, the Commissioner of Health described WRA Nigeria’s campaign as “Part of the initiative of [the] governor of Niger State to try and bring the people much closer to governance. It is part of his initiative to try and get the voice of the people, especially our women.”<sup>12</sup> Thus at least part of the appeal of the campaign to the Niger State government is as a mechanism for the community to share information about their needs with the government.

Within its own documents, the Ministry of Health uses the term “community action for health” which refers to community ownership of, and involvement with, health care. This is the term that the government has come to understand as synonymous with WRA Nigeria’s “citizen engagement.” Relatedly, the Ministry of Health has also proposed changing the name of the town halls to “Lafiya” (Hausa for “healthy”) forums, referring to events the Ministry of Health hosted in the past for service providers and citizens to discuss issues. While WRA Nigeria

has largely accepted the substitution of “community action for health” for “citizen engagement,” they worry that the Lafiya forums represent a different process. In particular, WRA Nigeria is concerned that officials see Lafiya forums primarily as information gathering opportunities, as opposed to platforms for joint solution development and action planning with real potential for holding leaders accountable.

There are two potential costs to WRA Nigeria compromising to refer to “accountability” as “engagement.” The first is that the government could be agreeing to a form of citizen participation in health provision that may not in the end successfully hold the government to account, but will instead consist solely of citizens providing information to government. A second, related potential cost may occur if the essence of accountability is lost, but the idea of citizen engagement remains. Specifically, if state health officials understand citizen engagement to mean citizens assuming the activities of the state—such as the physical maintenance of health facilities, the procurement of drugs through rotating funds, and the provision of volunteers to serve as health workers—the campaign will have unintentionally burdened citizens with the responsibilities of the state. Both of these potential costs could ultimately limit the effectiveness of the campaign on health outcomes. But without the compromise, it is not clear that WRA Nigeria could have achieved the necessary government buy-in for engaging in town halls and other conversations related to accountability.



Compromise will always be context specific, but for accountability campaigns in restricted civic spaces, finding language that allows constructive conversation about “accountability” will likely be central to the process. Accountability campaigns related to health have the benefit that those in the primary health care field have, at some level, a commitment to community involvement in health care. As such, those individuals will likely make important government allies for accountability campaigns.

## Lesson 3 –

### Campaigns can facilitate events where citizens learn about their rights, devise strategies for achieving them, and engage with government representatives



Citizens in Niger State have indicated in numerous ways that they are willing and able to hold government to account for promises made regarding health care. In order to do so, however, they need support. WRA Nigeria has provided this support by organizing town halls and community dialogues, and through training citizen journalists.

Prior to WRA Nigeria's campaign, a 2015 survey demonstrated that citizens felt poorly engaged in governance and service delivery (White Ribbon Alliance Nigeria 2016). Fewer than 5 percent of respondents agreed that government informed citizens on how it spent money or that government regularly asked people what they thought of its plans to improve services. However, 73 percent agreed that they could express dissatisfaction with government services in public hearings

where policymakers were present. Respondents also reported willingness to express their dissatisfaction with government to the press (White Ribbon Alliance Nigeria 2016:21). The reporting on these 2015 survey results does not indicate, however, how government responded to such complaints, or whether respondents were satisfied with any responses received.

There is certainly plenty of frustration with the quality of maternal, child and newborn health care. Many respondents described incidents of poor care that either they or close friends/family had experienced. As one citizen journalist explained, "It doesn't take much convincing for people to demand rights—it's not as though they don't know about what they're experiencing. Some say they can't talk back at the government, but I say you can."<sup>13</sup> Similarly, a traditional leader reported, "People are willing to complain, but they don't know how to start because they don't know their rights."<sup>14</sup>



Participants talking about their experiences at health care centers at a town hall meeting organized by Niger State Primary Health Care Development Agency in collaboration with WRA Nigeria. April 30, 2018. Credit: WRA Nigeria.

Community dialogues are primarily for the community alone (although have had lower level members of government present) while town halls bring together citizens and representatives of government. The town halls and community dialogues have been very popular among citizens as well as individuals lower in the state government hierarchy as well as in parallel authority structures (religious and traditional leaders) because it gives them better access to those with power. Within the first three years of the campaign, White Ribbon hosted seven community dialogues and five town halls across the three focal local government areas. WRA Nigeria reported that the community dialogues were attended by an average of 375 people, and the town halls by an average of 550 people.

Each town hall and community dialogue produces a joint action plan. In the case of a community dialogue, the plan directs WRA Nigeria's advocacy efforts. A town

hall action plan is put together jointly by citizens and individuals from the Primary Health Care Development Agency. The Executive Director of the Primary Health Care Development Agency then takes the plan to the Commissioner of Health, and WRA Nigeria follows up with the Executive Director to address whether the plan has been carried out. In order to evaluate the impact of town halls and community dialogues, it is imperative that these action plans be publicly available, that they have clear outcomes, and that someone keeps track of whether government and any other actors committed to action do what they have promised.

The costs associated with community dialogues and town halls remain a challenge for sustainability. Refreshments and reimbursement for transportation costs are crucial to ensuring continued participation in community dialogues and town halls. Ideally the government would host them, but someone in the Ministry of Health stated bluntly that “Government is struggling

to put workers in facilities—it’s too much to ask government to do town halls in every community as well.” Another possibility is to ask religious and traditional leaders to host them, but it would be important to assess whether people make the same types of demands as when they are hosted by a civil society organization, and whether the follow-up operates the same way.<sup>15</sup>

In addition to deepening the accountability ecosystem, the direct outcomes of the town halls suggest some positive impact. For example, following one town hall, the government supplied necessary equipment to 10 facilities in Chanchaga Local Government Area; the equipment had been procured prior to the town hall, but was sitting unused in the state medical store. Another town hall highlighted the lack of qualified midwives in health facilities, following which the state government ultimately employed an additional 100 midwives, part of the ongoing broad effort to improve primary health care in the state.



Participants talking about their experiences at health care centers at a town hall meeting organized by Niger State Primary Health Care Development Agency in collaboration with WRA Nigeria. April 30, 2018. Credit: WRA Nigeria.

## Lesson 4 –

### Campaigns can train citizen journalists to report on accountability failures



Citizen journalists write stories about issues they observe with the health care system which WRA Nigeria then helps publish primarily in online forums. The media in Niger State are largely state-owned, and do not operate from a tradition of critique. WRA Nigeria has trained approximately 30 citizen journalists: all have at least a secondary education, more than half are women, and four are professional journalists. They do not receive any compensation for their work. Seven of the original journalists trained had left the area by the middle of the campaign, so WRA Nigeria trained replacements. The training included information on maternal health issues, how to write human interest stories, using pictures to tell stories, partnering with the media, how to plan community meetings, how to access policy-makers, and ethics in journalism. Approximately half of the remaining 20 citizen journalists were “active” (seeking and/or contributing stories) after the third year of the campaign. The professional journalists already had a history of reporting on health issues and have the greatest potential to hold the government accountable given they are better writers and can place stories in more high-profile venues. In contrast, WRA Nigeria staff must spend a great deal of time editing the stories of the non-professional citizen journalists before publication. WRA Nigeria has provided grants to facilitate travel to hard-to-reach areas of the state as poor road conditions and limited transport complicate citizen journalists’ access. Although citizen journalists indicated that community members informed them of health issues, residents were not always willing to share stories about negative health experiences given that doing so often meant reliving traumatic events.

One of the most important contributions made by the professional citizen journalists is tracking the state health budget, even though they struggled to obtain copies of the detailed state budget.<sup>16</sup> The percentage of the state’s budget allocated to health has increased



Mohammed Yahaya, a citizen journalist.  
Credit: Rachel Robinson.

steadily in recent years, from 8 percent in 2015 to closer to 12 percent in 2017 (Bill and Melinda Gates Foundation 2017). This figure is below the 15 percent suggested for national budgets by the Abuja Declaration, but more relevantly, does not necessarily translate into actual funding for health as the state government in recent years has released less than 20 percent of the budgeted amount.<sup>17</sup> A citizen journalist noted that the state tended to release funds when donors offered matching funding that required the government to release its own funds first.<sup>18</sup> The failure to release funds plagues both the national and state government’s budget, and is not unique to Niger State or the health sector. A respondent working for a health care financing partner NGO noted that in order to ensure that more money is released, agencies need to both (a) have a plan so that they can quickly ask for money when it becomes available, and (b) use the money that they are given so that they are justified in asking for more.<sup>19</sup> Future social accountability initiatives would be strengthened if complemented by more systematic budget monitoring and the application of

open government principles, in line with the Nigerian government's participation in the Open Government Partnership.

There is anecdotal evidence of stories published by the citizen journalists leading to action by the government. Two of the professional citizen journalists published articles perceived by the government as quite critical, some of which are no longer available online. One of these stories was on health budget tracking, and the other covered a variety of issues, including a dilapidated health facility, a nurse who saw 80 patients in a day, and the Ministry of Health not spending funds allocated in the budget (Atori 2017). Ultimately the government became more accepting of critical media coverage of health issues. These journalists were willing to take the risk; as one put it, "You're not a journalist if not willing to report on accountability."<sup>20</sup> Another story by a citizen journalist that led to change described a facility lacking mattresses for laboring women. Other stories have described the experience of a laboring woman who reached a primary health care center only to find no staff present, and the experience of a woman who delivered at home because her local health facility was not open.

The non-professional citizen journalists can be divided into two groups. One consists of "super-mobilizers," individuals active in their communities, desiring change, and interested in writing as well. The other group is less involved, and generally has not sought out stories after an initial effort. Super-mobilizers "can get people [to come out]. Being a citizen journalist brings them respect, relevance, and trust. People tell [the citizen journalists] their health problems."<sup>21</sup> One super-mobilizer carries out a number of watch-dog activities, including visiting the homes of families with newborns in his neighborhood and asking for details about the delivery.<sup>22</sup> Super mobilizers have also spoken up at town halls to share information on their communities with the government officials present. For example, one such citizen journalist persisted in speaking at a town hall even after a senior government official tried to silence him.

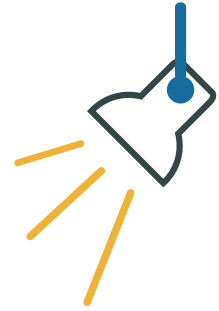
Citizen journalists reported being personally impacted by engagement with WRA Nigeria. One stated, "I know my rights as a human being because of work with White Ribbon."<sup>23</sup> Another noted that being a citizen journalist had made him the go-to source when community members found new problems with health facilities.<sup>24</sup>

Another citizen journalist also reported trickle-down effects of the training she had received from WRA Nigeria. "When we are mobilizing, I tell people to go for antenatal [care], to go the hospital for delivery. We talk to the leader of the village before mobilizing. We do community dialogue the way White Ribbon taught us. Now we teach them, and they are responding. I tell my own story."<sup>25</sup> But journalists vary in their willingness to call out the government; as one explained, "Some citizen journalists don't want to write reports because of the implications for them as they are working for the government indirectly in some way."<sup>26</sup>

Although the non-professional citizen journalists have received training and have at least secondary school certificates, they are not writers, and so have needed substantial support from WRA Nigeria to produce their articles. One possible way to reduce this burden would be to turn the non-professional journalists into key informants for professional journalists. Technology is another possible strategy for amplifying the work of the citizen journalists. Several of the "super-mobilizer" citizen journalists have already used photos transmitted via SMS to achieve impact. In one case, a citizen journalist complained during a town hall of a dilapidated facility. The Commissioner of Health, who was present at the town hall, asked to see evidence and took down her number. Following the town hall, she returned to the facility, took pictures, and then sent them to the Commissioner. In another case, the citizen journalist happened to be at the hospital and found no staff person in the waiting room. He sent a photo of the empty desk to a friend at the Ministry of Health who then resolved the issue because he knew the source of the photo was a citizen journalist.<sup>27</sup> Citizen journalists as well as others could thus benefit from apps or other platforms to facilitate such reporting as organizations in other countries have developed (Wahedi et al. 2018). Such technology could increase the number of Niger State citizens able to monitor health facilities, particularly in hard-to-reach parts of the state, although technology is by no means a panacea for accountability failures (McGee et al. 2018).

The stories of the citizen journalists, particularly those written by professional journalists, have garnered responses from the government. In addition, a select group of those trained as citizen journalists have used that information and motivation to mobilize their communities further to engage in social accountability activities.

# Conclusions



In Niger State, like many places in sub-Saharan Africa, both civil society and the state lack capacity and there is a weak health system. WRA Nigeria's campaign there demonstrates that citizens are willing to demand better health care services, and have benefitted from the support of an outside organization in doing so. WRA Nigeria's support has included intensive engagement with the government of Niger State to gain their participation in accountability activities as well as facilitation of community dialogues, town halls, and the training of citizen journalists. Although the campaign has not yet increased health care utilization (Robinson 2019), the campaign has convinced the previously unwilling state government to engage with citizens, and anecdotal evidence suggests improvements to health care facilities in response to town halls and citizen journalist reports. The state government's request to have WRA Nigeria

train ward health development committees in the local government areas beyond the campaign's initial three focal areas indicates the extent to which it has accepted the campaign's presence in the state, and the benefits it perceives will flow from greater citizen engagement in health care provision. Finding funding for this additional training is an important next step.

Taken together, these findings support the proposition that external actors can play a vital role in supporting and magnifying citizen demands for better health care while simultaneously enabling government responsiveness to those demands, thus laying the groundwork for greater accountability. Key next steps involve identifying how the campaign's activities can be sustained without as much input from WRA Nigeria.

# Endnotes

---

1. Two other areas of work, not discussed here, include outreach to civil society organizations and media campaigns.
2. Interview #28 – NGO.
3. Interview #33 – Ministry of Health.
4. Although the National Health Act was passed in 2014, this funding element was included in the budget for the first time only in June 2018 (ONE 2018).
5. Interview #27 – elected official.
6. Interview #35 – traditional leader.
7. Interview #39 – Ministry of Health.
8. Interview #16 – religious leader.
9. Interview #23 – Primary Health Care Development Agency.
10. Interview #41 – WRA Nigeria staff.
11. Interview #35 – traditional leader.
12. See <https://www.youtube.com/watch?v=BmOQoMWT4qk&t=17s>
13. Interview #2 – citizen journalist.
14. Interview #7 – traditional leader.
15. Interview #38 – Ministry of Health/donor.
16. Interview #32 – citizen journalist.
17. Interview #6 – citizen journalist; Interview #8 – Ministry of Health.
18. Interview #6 – citizen journalist.
19. Interview #28 – NGO.
20. Interview #32 – citizen journalist.
21. Interview #42 – citizen journalist.
22. Interview #16 – citizen journalist.
23. Ibid.
24. Interview #21 – citizen journalist.
25. Interview #31 – citizen journalist.
26. Interview #42 – citizen journalist.
27. Ibid.

# References

---

- Atori, Dan. 2017. "Niger's Budget Takes Toll on Maternal Child Health" *New Telegraph Online*. (<http://www.citizens-post.org/news/2017/3/6/nigers-budget-takes-toll-on-maternal-child-health>).
- Balestra, Giulietta Luul, Jashodhara Dasgupta, Yatirajula Kanaka Sandhya and Jenevieve Mannell. 2018. "Developing political capabilities with Community-Based Monitoring for health accountability: The case of the Mahila Swasthya Adhikar Manch." *Global Public Health* 13(12):1853-64.
- Beck, Dana C., Michelle L. Munro-Kramer and Jody R. Lori. 2018. "A scoping review on community mobilisation for maternal and child health in sub-Saharan Africa: Impact on empowerment." *Global Public Health*:1-21.
- Bill and Melinda Gates Foundation. 2017. *Memorandum of Understanding on the Collaboration for Strengthening the Primary Health Care System of Niger State* Seattle: Bill and Melinda Gates Foundation.
- Björkman, Martina and Jakob Svensson. 2009. "Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda." *The Quarterly Journal of Economics* 124(2):735-69.
- Bodea, Cristina and Adrienne LeBas. 2014. "The Origins of Voluntary Compliance: Attitudes toward Taxation in Urban Nigeria." *British Journal of Political Science* 46(1):215-38.
- BudgIt. 2017. "Summary of 2017 Proposed Budget." Retrieved July 10, 2018, (<http://yourbudgit.com/data/niger/>).
- Daaor, Victoria. 2016. *A Rapid Political Economy Analysis in the Context of Government Accountability for Maternal, Newborn and Child Health in Five States*. Abuja: White Ribbon Alliance Nigeria.
- Danhoundo, Georges, Khalidha Nasiri and Mary E. Wiktorowicz. 2018. "Improving social accountability processes in the health sector in sub-Saharan Africa: a systematic review." *BMC Public Health* 18(1):497.
- Freedom House. 2019. "Nigeria." Retrieved May 15, 2019, (<https://freedomhouse.org/report/freedom-world/2019/nigeria>).
- George, Asha S., Diwakar Mohan, Jaya Gupta, Amnesty E. LeFevre, Subhasri Balakrishnan, Rajani Ved and Renu Khanna. 2018. "Can community action improve equity for maternal health and how does it do so? Research findings from Gujarat, India." *International Journal for Equity in Health* 17(1):125.
- Kunnuji, Michael O. N., Rachel Sullivan Robinson, Yusra Ribhi Shawar and Jeremy Shiffman. 2017. "Variable Implementation of Sexuality Education in Three Nigerian States." *Studies in Family Planning* 48(4):359-76.
- Martin Hilber, Adriane, Carolyn Blake, Leah F. Bohle, Sarah Bandali, Esther Agbon and Louise Hulton. 2016. "Strengthening accountability for improved maternal and newborn health: A mapping of studies in Sub-Saharan Africa." *International Journal of Gynecology and Obstetrics*.
- McGee, Rosie, with Duncan Edwards, Colin Anderson, Hannah Hudson and Francesca Feruglio. 2018. *Appropriating Technology for Accountability: Messages from Making All Voices Count*. Brighton: Institute for Development Studies.

- National Bureau of Statistics. 2019. *Internally Generated Revenue At State Level (Q4 & Full Year 2018)*. Abuja: National Bureau of Statistics.
- National Population Commission and ICF Macro. 2014. *Nigeria Demographic and Health Survey 2013*. Abuja, Nigeria, and Rockville, MD: National Population Commission and ICF Macro.
- National Primary Health Care Development Agency. 2015. *Primary Health Care Under One Roof Implementation Scorecard III Report*. Abuja: National Primary Health Care Development Agency.
- ONE. 2018. "The 2018 Budget: ONE Applauds Funding for the National Health Act, Hails the Nigerian People." Retrieved May 15, 2019, (<https://www.one.org/africa/press/the-2018-budget-one-applauds-funding-for-the-national-health-act-hails-the-nigerian-people/>).
- Raffler, Pia, Dan Posner and Doug Parkerson. 2019. "The Weakness of Bottom-Up Accountability: Experimental Evidence from the Ugandan Health Sector." *Innovations for Poverty Action Working Paper*.
- Robinson, Rachel Sullivan. 2019. "Using Social Accountability to Improve Maternal, Newborn, and Child Health in Nigeria." Paper presented at the Population Association of American Annual Meeting, April 11-13, Austin, TX.
- Smith, Daniel Jordan. 2007. *The Culture of Corruption*. Princeton, NJ: Princeton University Press.
- Wahedi, Katharina, Walter Flores, Claudia Beiersmann, Kayvan Bozorgmehr and Albrecht Jahn. 2018. "Using information communication technology to identify deficits in rural health care: a mixed-methods evaluation from Guatemala." *Global Health Action* 11(1):1455347.
- White Ribbon Alliance. 2019. "Vision". Retrieved April 15, 2019, (<https://www.whiteribbonalliance.org/vision/>).
- White Ribbon Alliance Nigeria. 2016. *Report of Baseline Assessment: General Policies that might Support Citizen led Accountability in Niger State and Nigeria*. Abuja: White Ribbon Alliance Nigeria.
- White Ribbon Alliance Nigeria. 2017. "November Monthly Report."
- White Ribbon Alliance Nigeria. 2018a. "April Monthly Report."
- White Ribbon Alliance Nigeria. 2018b. "January Monthly Report."
- White Ribbon Alliance Nigeria. n.d. "Campaign Brief."
- WHO, UNICEF, UNFPA, World Bank Group and United Nations Population Division. 2015. *Trends in maternal mortality: 1990 to 2015: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*. Geneva: World Health Organization.
- WHO Nigeria (Minna). 2016. "Minister of Health Flags-Off 8-Point Health Reform Agenda in Niger State." June 2.





## Accountability Research Center Publications

### Accountability Notes

- समीर गर्ग और शुची पांडे. 2018. स्थाई बदलाव के लिए सीखने की रणनीति की भूमिका: भारत में मितानिन सामुदायिक स्वास्थ्य कार्यकर्ताओं द्वारा सावर्जनिक उत्तरदायित्व को बढ़ाने पर कार्य. *Accountability Note ४*.
- Samir Garg and Suchi Pande. 2018. "Learning to Sustain Change: Mitanin Community Health Workers Promote Public Accountability in India" *Accountability Note 4*
- Elana Berger. 2018. "How a Community-Led Response to Sexual Exploitation in Uganda Led to Systemic World Bank Reform" *Accountability Note 3*.
- Walter Flores. 2018. "How Can Evidence Bolster Citizen Action? Learning and Adapting for Accountable Public Health in Guatemala." *Accountability Note 2*.
- Walter Flores. 2018. "Lecciones sobre acción ciudadana y rendición de cuentas en los servicios públicos de salud de Guatemala." *Accountability Note 2*.
- Abdulkarim Mohammed. 2017. "Following the Money in Ghana: From the Grassroots to the Hallways of the IMF." *Accountability Note 1*.

### Learning Exchange Reports

- Brenda Rodriguez Herrera, Rebeca Salazar Ramírez, and Mariana González Moyo. 2018. "First Meeting of Auxiliary Watershed organizations: Good Practices, Limitations, Lessons, and Prospects. Rapporteur's Report." *Learning Exchange Report 4*.
- Marta Schaaf, Caitlin Warthin, Amy Manning, and Stephanie Topp. 2018. "Report on the Think-in on Community Health Worker Voice, Power, and Citizens' Right to Health. *Learning Exchange Report 3*.
- Joy Aceron, Angela Bailey, Shaazka Beyerle and Jonathan Fox. 2017. "Citizen Action Against Corruption." *Learning Exchange Report 2*.
- Victoria Boydell, Jonathan Fox and Sarah Shaw. 2017. "Transparency and Accountability Strategies & Reproductive Health Delivery Systems." *Learning Exchange Report 1*.

### Working Papers

- Joy Aceron. 2019. "Pitfalls of Aiming to Empower the Bottom from the Center: The Case of Philippine Participatory Budgeting." *Accountability Working Paper 4*.
- Nani Zulminarni, Valerie Miller, Alexa Bradley, Angela Bailey, Jonathan Fox. 2018. "Movement-building for Accountability: Learning from Indonesian Women's Organizing" *Accountability Working Paper 3*.
- Francis Isaac, Danilo Carranza and Joy Aceron. 2017. "From the Ground Up: Multi-Level Accountability Politics in Land Reform in the Philippines." *Accountability Working Paper 2*.
- Suchi Pande and Rakesh R. Dubbudu. 2017. "Citizen Oversight and India's Right to Work Program: What do the Social Auditors Say?" *Accountability Working Paper 1*.

### Books

- Joy Aceron (Ed.). 2018. *Going Vertical: Citizen-led Reform Campaigns in the Philippines (Second Edition)*. Quezon City and Washington DC: Government Watch (G-Watch) and Accountability Research Center (ARC).

See all publications at <http://accountabilityresearch.org/publications/>