Engaging state and local government area leaders with the Nigeria RMNCAH+N scorecard

The scorecard tools are widely used within RMNCAH (reproductive, maternal, newborn, child and adolescent health) and other health programmes, including to highlight RMNCAH+N (reproductive, maternal, newborn, child and adolescent health and nutrition) needs and performance to high-level health and non-health leaders. The scorecards are uniquely suited for this purpose because they provide comprehensive information in a concise and easy-to-understand format.

In several states the presentation of scorecards is integrated into routine review and advocacy forums attended by state or local government area (LGA) leaders. For example, in Kano State the scorecard is presented during twice yearly multisectoral meetings with state and local government area leaders in attendance. In Kebbi State, the scorecard is disseminated to local government area chairs and legislators on a rotational basis during quarterly meetings linked to quarterly Integrated Support Supervision.

RMNCAH+N scorecard implementation in Nigeria

The Nigeria Federal Ministry of Health introduced the country's reproductive, maternal, newborn, child and adolescent health (RMNCAH) scorecard in 2013 at the federal level. In 2017, the scorecard was enhanced by expanded use of Nigeria's district health management information system (DHIS2), expanded to include focus on nutrition and decentralised to the state level.

Within states, the tool is further decentralised to the Local Government Area level and each state customises the scorecard to its context and needs. The RMNCAH and nutrition scorecard tools are used primarily by State Ministries of Health and, in several states, by non-health stakeholders to continuously monitor performance and strengthen accountability and action for maternal, newborn, child and adolescent health.

Learn more about how the RMNCAH+N scorecard works in Nigeria.

Impact of the use of the scorecard at state and local government area leadership level

Discussion of the scorecard at state and local government area leadership level has led to:

- successful advocacy for resources
- increased visibility of RMNCAH challenges and innovative solutions
- establishment and influence of health policy

Examples, from different states, of impact of use of the scorecard at leadership level are summarised below.

Increased state and local government financing – examples from Kebbi, Oyo and Adamawa States

In Kebbi State, the scorecard is shared with members of the state and local government area assemblies and chairpersons during routine quarterly meetings. The scorecard is also presented to the State Governor (the highest government leader at state level). These discussions have resulted in financial and non-financial resources being mobilised to address performance bottlenecks. For example, discussions on low immunisation coverage and overall suboptimal performance in the state led to a decision by the state government to increase of monthly primary health care financing by ₦62,000,000 (around US$150,000). This additional financing has gone towards increasing the number of essential health staff and other operational areas that have contributed to indicator improvements such as an increase in immunisation coverage from 58% to 82% and antenatal care attendance from 66% to 96% between 2018 and 2020.

In Oyo State, the scorecard is similarly used for advocacy to the State Governor, other state-level decision makers and local government area chairs. For example, the scorecard was used to reverse a decision to reduce the budget for health. In January 2020, the State Finance Commissioner had been considering cutting the health budget from ₦600,000,000 to ₦500,000,000. The scorecard was used to illustrate the need for even more funding than was initially allocated and this resulted in the budget being increased to ₦750,000,000 (around US$700,000). Additionally, two vehicles were procured, and an additional 1,000 health staff hired.

In Oyo State, the scorecard is also used to lobby for support from local government area chairpersons for specific underperforming programmes at local level. This has, for example, resulted in a 60% increase in primary health care revolving fund for five poorly performing local government areas, including authorisation of:

- ₦2,000,000 (around US$4,850) funding to address shortages in commodities and other essential materials in Ibarapa local government area
- ₦300,000 (around US$720) for purchasing newborn care items in Oluyole local government area and purchase of medicines in Ibadan local government area, among others.

In Adamawa State, the scorecard was used to monitor progress towards the “Saving One Million Lives” Initiative. The scorecard was used to assess the performance of selected indicators, which was used as a basis for awarding financing for results. Funds awarded ranged from ₦300,000 (around US$720) to ₦1,000,000 (around US$2,300).

Scorecard leads to increased multisectoral collaboration in Kebbi State

The Kebbi State Governor, in response to review of the scorecard, recommended the inclusion of non-health indicators to the scorecard to holistically reflect the status of determinants of child survival in the state. This multisectoral scorecard aims to include indicators from:

- Ministry of Agriculture
- Ministry of Animal Science
- Ministry of Health
- RUWASSA (Kebba State Rural Water Supply and Sanitation Agency the departments of agriculture, WASH, education, and others.

Oyo State Governor champions a new maternal and neonatal mortality reduction initiative

In 2020, the State Governor of Oyo championed the establishment of a state-led initiative, TỌMỌTÌYÁ, which aims to reduce maternal mortality by 30% and neonatal mortality by 20% in 2023 compared to 2020 levels.

The formation of this initiative was informed by analysis of the scorecard and a set of scorecard indicators are used to monitor progress towards TỌMỌTÌYÁ goals.

Scorecard advocacy leads to new health insurance legislation in Rivers State

In Rivers State, a bottleneck analysis of poor RMNCAH performance across the state revealed that the cost of healthcare to communities was a significant barrier to service uptake and therefore a major contributor to poor programme performance. This led to successful advocacy – championed by the Commissioner of Health to the State Assembly - for the passing of a health insurance bill. Passing of the health insurance bill, through lowering costs for health services, will greatly widen access, particularly for the most vulnerable women and children.

> "In another stakeholders meeting in 2021 February, the Honourable Commissioner of Health was very interested in the scorecard and he promised to push for the health insurance, which was still a bill as of that time. And he was able to get that bill out."
> **Health official in River State**

Conclusion

These best practices illustrate successes in high-level advocacy, and the role of leaders at different levels in resolving bottlenecks to RMNCAH+N progress. The scorecard has proved to be an effective mechanism for continuous engagement with, and response from leaders, within and beyond the health sector. The Government of Nigeria and its health partners are committed to strengthening the use and impact of the scorecard to rally high level engagement and action even further.

We recommend you share your scorecards widely and include a range of stakeholders (including political leaders, programme directors, partner organisations and community members and leaders) in the scorecard review process to increase the effectiveness of your scorecard.

Learn how to engage different stakeholders in the scorecard process.