



## STEP 3: FINDING THE INFORMATION NEEDED

If CSOs can prove that the problem exists and deepen people's understanding around it this is likely to help with finding an appropriate solution. The information gathered can range from testimonies by community members, pictures of the effects of the problem, or analysis and packaging of data.

Generating information can be structured around three key questions:

- 1) What are the duties, rules or commitments made that should address the problem?
- 2) What did the Government do?
- 3) What were the consequences?

Identifying government commitments that relate to the problem allows advocates to explain to those responsible what promises they have failed to deliver. Organisations must work through identifying political, legal or financial commitments that are of importance to their work from sources including policy documents as well as verbal agreements that have been made in political events.

INDICATORS	STATE SUMMARY	TREND 2018	LOCAL GOVERNMENT AREAS																			
			AKALERE	BACH	BOGODO	DIANGAH	DIMAD	ELAS	GAMAWA	GANEWA	GOSE	ITIL/AGADU	JAMABE	KATKALAN	MBFI	NEGU	NINGO	SHIRA	YAKA- WAL-BALEWA	TODD	YARF	ZAKI
% of pregnant women reporting for antenatal care before 20 weeks	29%	↑	30%	21%	42%	22%	21%	69%	54%	25%	35%	24%	25%	37%	27%	31%	24%	33%	51%	29%	31%	29%
% of pregnant women that attended at least 4th ANC1	51%	↓	25%	26%	42%	25%	25%	39%	24%	23%	27%	17%	21%	30%	44%	29%	24%	33%	39%	66%	67%	89%
% of pregnant women who received two doses of Intermittent Preventive Treatment for Malaria	43%	↑	44%	65%	44%	31%	49%	87%	25%	32%	39%	37%	36%	33%	42%	29%	23%	38%	62%	45%	36%	31%
% of pregnant women who attended post natal clinic visit within 3 days of delivery	22%	↓	36%	19%	19%	36%	16%	73%	39%	20%	9%	12%	17%	46%	34%	13%	12%	34%	22%	14%	36%	12%
% of HIV positive pregnant women on antiretroviral therapy (ART) prophylaxis 1	45%	↓	8%	42%	43%	50%	100%	123%	100%	0%	167%	0%	50%	100%	0%	133%	67%	100%	60%	111%	0%	0%
% of Deliveries taken by a skilled birth attendant	76%	↑	99%	66%	56%	86%	89%	96%	90%	110%	87%	80%	46%	94%	73%	60%	48%	98%	51%	74%	83%	38%
% of fully immunized children <1 year	28%	↑	30%	34%	35%	28%	26%	54%	29%	39%	26%	22%	24%	21%	27%	15%	16%	16%	31%	38%	37%	18%
% of new diarrhoea cases in under five year olds who are given ORS/zinc supplementation	81%	↓	64%	66%	82%	43%	91%	93%	69%	77%	91%	79%	50%	67%	92%	56%	91%	83%	88%	80%	87%	94%
% of females aged 15 - 49 years using any method of modern contraception	2%	↓	3%	4%	3%	2%	2%	8%	2%	2%	1%	1%	2%	2%	2%	3%	0%	1%	2%	3%	4%	1%
% of births which are stillborn 2	3%	↓	0%	0%	1%	2%	4%	2%	2%	4%	2%	1%	3%	2%	2%	3%	3%	4%	4%	4%	2%	1%
% of caesarian deliveries 3	2%	↓	1%	1%	3%	1%	1%	2%	0%	1%	1%	4%	1%	3%	1%	1%	1%	1%	2%	1%	1%	10%

Figure 5, Scorecards

It is then important to compare what has been done to the commitments that have been made. In the E4A-MamaYe project, we do this by utilising scorecards. A scorecard is a tool used to collect and visually present data gathered on a selection of indicators, and often includes advocacy asks or recommendations to target audiences based on an analysis of the data. This is then used as evidence to hold those responsible to account. See annex 1 for E4A-MamaYe's approach to scorecard development.

### CASE STUDY: Budget line for Family Planning commodities in response to scorecard evidence

In Lagos and Gombe States, the 2018 scorecards revealed that uptake of Family Planning services was low. During the validation meetings, the group discussed the evidence behind these findings and agreed that user fees for consumables constituted a key barrier to access. In response to this the Ministries of Health and Economic Planning in both States created a budget line for Family Planning commodities as a key step to increase funding.



Civil Society Organisations during the Organizational Capacity Assessment in Bungoma, December 2019