# KEEPING MATERNAL AND NEONATAL HEALTH ON THE AGENDA:
## A CASE STUDY FROM NIGERIA

## INTRODUCTION

The **E4A-MamaYe** programme provides support to coalitions established to advance the maternal and neonatal health (MNH) agenda in targeted geographies. One of the main objectives of the programme is to make this priority issue more prominent on the policy agendas of governments, ensuring that MNH is adequately planned and budgeted for and that governments deliver on their commitments to the population to improve MNH services.

To achieve this objective, **E4A-MamaYe** acts as a technical assistance provider, giving coalitions the tools and support they need to conduct evidence-informed advocacy and to call governments to account for the promises they have made. In Nigeria, **E4A** has primarily supported State Led Accountability Mechanisms (SLAMs) for this purpose since 2012. The current programme supports SLAMs in Bauchi, Lagos and Niger.

In the past two years, we have been looking to ensure that these coalitions are able to advance priority issues on government agendas with minimal technical assistance and direction from **E4A**. This has meant ensuring that the coalitions are trained and mentored in the approaches **E4A** as a programme itself uses, including political economy analysis (PEA), Steps to Change, budget analysis, advocacy and monitoring.

This case study aims to explore the extent to which coalitions, specifically SLAMs, have been able to use these approaches, what the approaches mean to them and their work, and how this has informed their advocacy work.



## METHODOLOGY

This case study has been informed by a desk review of the original **E4A-MamaYe** programme objectives, the steps to change and supporting documentation developed by the SLAMs, key informant interviews and focus group discussions held with members of the SLAMs.

## Key informant and focus group profiles

| State | Interview type | Frequency | Number of men | Number of women | Total |
|---|---|---|---|---|---|
| Bauchi | Key informant interviews | 4 | 3 | 1 | 4 |
| Bauchi | Focus group discussion | 1 | 5 | 3 | 8 |
| Lagos | Key informant interviews | 4 | 2 | 2 | 4 |
| Lagos | Focus group discussion | 1 | 3 | 7 | 10 |
| Niger | Key informant interviews | 3 | 4 | 2 | 6 |
| Niger | Focus group discussion | 1 | 7 | 3 | 10 |

The key informant interviews and focus group discussions were led by members of the **E4A-MamaYe** team, who had established working relationships with the participants. While this may have introduced an element of bias, in that the participants' answers may have been influenced by what they thought the programme team wanted to hear, we felt that the established relationships would facilitate more thorough probing on the issues.

The analysis and interpretation of the data was conducted by the **E4A-MamaYe** team, with findings and insights validated with members of the SLAMs.

### Limitations

This study is based on both programme documentation and qualitative interviews. As such, the findings are limited by the quality of the documentation kept by SLAMs and the programme, which may have been affected by personnel turnover.

Interestingly, during the study we found that those interviewed did not always recall the advocacy successes of the mechanisms. This is natural, and we have supplemented the findings with our own knowledge, obtained through our partnerships with the SLAMs. There may, however, be other areas of success that have not come through in this report but nonetheless have happened.



## FINDINGS

### Increased prominence of priority issues

In the last year, the SLAMs have contributed MNH being given a higher priority on government agendas. For example:

**In Lagos:**

- While health continues to be a prominent focus of the state government, the health budget allocation for MNH was increased to 12.3% in the 2020 budget (post COVID-19), from 11.9% in the pre-COVID-19 2020 budget and 9.6% in 2019.

- Approval and release of budget for MNCH activities rose to 63%.

- Following advocacy by the SLAM, release of budget for MNH went from 0% in April–June 2020 to 83.4% in August 2020.

- There were no stockouts of essential life-saving MNH commodities at primary health care (PHC) centres in 2020. This followed consistent monitoring of service delivery and stock levels by Lagos SLAM.

- The Lagos State Development Plan is being reviewed and the Basic Health Care Provision Fund (BHCPF) is now incorporated and being tracked. To date, the BHCPF has been launched in one PCH facility.

- Family planning (FP) tracking began at Local Government Area (LGA) level. This is done through Primary Health Care Board (PHCB) budget allocations. Prior to this, the focus was on State Ministry of Health (SMOH) FP budgets only. In 2019, 98% of the PHCB's FP budget was released.

**In Bauchi:**

- In early 2020, the SLAM was able to advocate for the reinstatement of key MNCH budget allocations into the 2021 state budget, following their removal during a budget review exercise.

**In Niger:**

- The state government agreed and included MNCH as priority activities in the 2021 budget. Prior to this, MNCH was allocated a lump sum within the State Primary Healthcare Development Agency (SPHCDA) budget, with no clear activities, which made the planning and monitoring of delivery difficult.

- In September–October 2020, Niger State transferred responsibilities for the management and administration of all PHC workers from the State Ministry of Health to the SPHCDA. This followed advocacy by the SLAM, which centred around the need for an autonomous SPHCDA that was able to be more responsive to the needs of PHC facilities in the state, including staffing needs.

## CONTEXT OF COVID-19

These changes come against the backdrop of a difficult year, with the COVID-19 pandemic dominating state, national and international agendas and marginalising other key health issues, including MNH. This impacted on women's health, with studies showing that the proportion of women seeking medical care during pregnancy fell by 16% in countries like Nigeria.[1] At the same time, evidence from previous epidemics and disease outbreaks shows that the reprioritisation of essential health services, including MNH services, can have devastating impacts, with more women and children dying from the indirect effects of the disease (through service delivery and utilisation) than from the disease itself.[2]

Several respondents spoke about how the pandemic had significantly affected their advocacy activities and the ability of government to respond. Declining national oil revenues significantly impacted the resources coming into the states and the budgetary allocation received from federal level. Unfortunately, the inability of states such as Niger to generate internal revenue was seen as the main cause of shortfalls in funding and the subsequent low allocation to MNH in 2020.

> *The major challenge that made government not take on priority issues is funding. This state depends solely on statutory allocation that comes from the federation, there is no machinery put in place to look inwards in order to generate more revenue for the state. If the state had been able to generate revenue internally it would have been able to fund all activities in the budget, including MNCH. Funding is the main issue.*
>
> Participant, Niger

[1] Marleen Vellekoop, Meshack Acholla and Julia Hanne (2020) 'Falling Through the Cracks: COVID-19 and the Rise of Maternal Deaths in Africa.' Think Global Health (www.thinkglobalhealth.org/article/falling-through-cracks-covid-19-and-rise-maternal-deaths-africa).

[2] Laura Sochas, Andrew Amos Channon and Sara Nam (2017) 'Counting indirect crisis-related deaths in the context of a low-resilience health system: the case of maternal and neonatal health during the Ebola epidemic in Sierra Leone' *Health Policy and Planning*, volume 32, issue suppl 3, pp. iii32–iii39 https://doi.org/10.1093/heapol/czx108).

As well as the funding issues, COVID-19 presented very real challenges through limiting the opportunities and time available for targeting key decision-makers.

> ❝ *During the first and the second quarters of last year you will hardly even get to approach them because of the total lockdown, and they are trying to understand what it is and what it was all about. Like in our state the governor was the first to come down with the virus so it took time. Some things gradually came to a hold, but by the time we spent 4 to 5 months, things started coming back to normal gradually.* ❞
>
> Participant, Bauchi

For some respondents, though, other factors were at play. For example, members of the SLAM in Niger spoke about the relative 'newness' of the mechanism, and hence the need to establish relationships that will enable them to work closely with government to ensure that issues remain on policy agendas. This held true for the more established mechanisms in Lagos and Bauchi too, where participants acknowledged the need to continuously re-establish relationships and to get into the right spaces to influence agendas.

> ❝ *The external factors are lack of political will. This issue can be addressed by keeping government abreast and fully informed of the SLAM's activities and mission, which the SLAM is now trying to. Niger SLAM is still an infant.* ❞ Participant, Niger

> ❝ *In Bauchi, yes, it does very well, as we did not use to be invited, but now we get to be invited for any meeting to know what is going on and know how to go through and if there are areas that we notice which need to be given priority, so definitely we can say it does reflect on the policy of the government.* ❞
>
> Participant Bauchi

## Political economy analysis

The political economy affects all aspects of health care provision particularly the way decisions are made and priority is given to certain issues, including MNH, by those in power. For this reason, **E4A-MamaYe** support has focused on enabling the SLAMs to fully understand and react to the political economies in which they work. We do this by providing training in PEA at the beginning of the investment, followed by regular training and mentoring. During these training and mentoring sessions, we work with the SLAM to produce the following outputs, which we see as critical to identifying key change agents, ways of working and influencing, and objectives and activities that can be used to plan and track the success of advocacy:

- influence and interest matrix
- steps to change.

Participants in the focus groups discussed the importance of PEA in their work, and discussed how it influenced their objectives and activities.

> *Without PEA, it would be difficult to carry stakeholders along. Especially the influencers to the key decision-makers. Steps to Change showed that people can be changed without them knowing they have changed towards achieving a particular aim. It has helped in redirecting our focus at LASAM to more improved and rewarding programmes and projects through active involvement of the key stakeholders that will assist in quality service delivery. It has also helped to make our workplan much more responsive.*
>
> Participant, Lagos

> *PEA is like we cannot work in isolation of other variables and as much as we are passionate about particular MNCH issues there are other issues that are out there that also demand attention with equal justification. We have to be very careful to know the collective thinking that pervades the environment – what is, for instance, now the resource in an environment, what is the political focus of the environment and what do we want to do? The PEA is an attempt to work with the realities of our environment, such that people maximise their resources as available to achieve our outcomes that are desired.*
>
> Participant Bauchi

Such was the shift in the context during the COVID-19 pandemic that each SLAM regularly convened to reflect on their assessment of the political economy, revising and adapting it as appropriate:



> *NISAM reviewed the PEA during COVID-19 because COVID-19 came with a lot of challenges. We had to mainstream the COVID-19 protocol and guidelines into the PEA. The changes were initiated by all the members. Members came together, had a meeting and decided that it should be adopted as a tool to be used.*
>
> Participant, Niger

When asked about monitoring and reviewing, some participants mentioned their steps to change, but most reflected on their use of evidence. They spoke of holding quarterly or bi-annual meetings, at which they would review their PEA scorecards and track and reflect on advocacy and successes. If it was felt that something was not working, they would look again at the political economy and review their strategies.

## ANALYSIS

The SLAMs have been faced with a very difficult operating environment since the onset of the COVID-19 pandemic in 2020. It has been hard for SLAM member to work together, and getting access to key advocacy targets has been problematic, hindering efforts to shape policy agendas. Despite this, the SLAMs have had some success in getting priority MNH issues on the policy agendas of state governments.

As shown in the findings section, the SLAM in Lagos has been able to exert influence and contribute to advocacy successes more than those in Bauchi and Niger. Interestingly, the Lagos SLAM also shows more awareness and understanding of the PEA and Steps to Change approaches, which is demonstrated not only

in the perspectives shared by the members during interviews and focus group discussions, but also by the supporting documentation.

The SLAM in Niger is new (one year old), while that in Bauchi is older than Niger but has faced more challenges. The Niger SLAM members are still in the process of establishing trusting relationships with one another, government and civil society; while the Bauchi SLAM has had changes in leadership, and there has been a deficit of political will and commitment among the government participants. The situation in both states is showing signs of improvement, but rapid progress has been stymied by a pandemic that has made the usual ways of working together to advance a common goal impossible or, at best, more difficult to implement.

For all three SLAMs, E4A's technical support and mentorship on PEA has proved beneficial. Almost all participants were able to speak confidently about PEA and its various tools (such as stakeholder mapping), and about the clear benefits PEA has brought to the targeting of their advocacy on specific priority issues. However, the Steps to Change model – whereby SLAMs are encouraged to map out in incremental steps the changes they expect to see on a monthly, quarterly or annual basis as they move towards achieving their goal – is not uniformly followed by all mechanisms. While it is used effectively in Lagos, documentation shows that the process is not fully followed in Bauchi and Niger – i.e. the incremental steps are often missing or it is hard to draw a line between a step and the ultimate advocacy goal. Furthermore, during the key informant interviews, members of these two SLAMs said they felt they had not been trained on the approach and/or reported not understanding it.

These are interesting observations, suggesting that: (a) Steps to Change may be a model that only works amongst SLAMs that are able to receive dedicated training and are already high functioning; (b) that Steps to Change may not always resonate or have relevance for advocacy coalitions that want to be more fluid and adapt their advocacy to needs as they arise, rather than follow a more structured set of activities and objectives; (c) that, as a programme, more work may need to be done to ensure that we uniformly roll out and reflect on these approaches – how and where they are working, why and why not.

## RECOMMENDATIONS

On the basis of the above findings and analysis, we suggest the following recommendations are discussed and actioned:

- Given the success of the SLAM in Lagos, that peer-to-peer exchange and mentorship is set up between members of LASAM and the SLAMs in Bauchi and Niger, so that participants can share learnings and tips and support each other in identifying and exploring advocacy opportunities.

- Given the limited funding environment, both among state and federal governments and international donors, that the SLAMs focus on other ways in which MNH issues can be addressed beyond funding allocation and disbursement. This could include, among other options, looking at what supportive policies need to be in place and how the limited resources that are available are best used at state and facility level.

- That core groups within the SLAMs are provided with dedicated mentorship support, to enable them to cascade training to other members on a more regular basis, thereby ensuring that everyone understands the key approaches, tools and objectives.

- That SLAMs continuously track and monitor their activities, joining the 'dots' so that the full picture is revealed and can be understood: for example, if funds are allocated, are they disbursed, how are they used and what is the service delivery performance?