Evidence for Action (E4A) MamaYe works with local advocate coalitions to improve maternal and child health by using evidence strategically to generate political commitment and strengthen accountability. The project funded by Bill & Melinda Gates Foundation (BMGF) is implemented in Kenya and Nigeria. In March 2021, the project commissioned AISE Consulting to conduct a learning review followed by a process evaluation, which was performed in January to February 2022. This brief provides an overview of AISE’s key findings and recommendations.

**METHODOLOGY**

Data collection methods used were qualitative and included participatory workshops, key informant interviews, and document review of secondary sources such as E4A and coalition strategies, work plans, and activity reports. Contribution and social network analysis were used to synthesize findings and information. Participants of the workshops and key informant interviews included coalition members and government stakeholders, with purposive sampling used to ensure a sufficient representation of different perspectives.

**FINDINGS**

1. **Agendas influenced**
   - The coalitions that E4A-MamaYe works with have contributed to improving maternal and neonatal health outcomes in Kenya and Nigeria by creating an enabling environment for advocates and policymakers. This enables them to collaboratively work together to ensure maternal and newborn health in these countries is prioritized. Many coalition members spoke of their improved technical skills in advocacy by using the steps to change approach, memo writing, producing scorecards, and budget performance analysis as a result of E4A support. These skills and the products shared by the coalitions have led to a shift away from being seen as ‘antagonistic’ to a valuable and trusted partner sought out by the government for their contributions to annual work-planning and budgeting processes, for example:
     - In Lagos, the coalition presented an analysis of stockouts of essential lifesaving commodities in local facilities to key stakeholders in the Ministry of Health (MoH) and State Primary Health Care Development Agency (SPHCD). In response, M&E Officers were tasked with improving data quality and a budget line was created for procurement and distribution. Stock outs of essential lifesaving commodities reduced from 65% in 2016 to ‘zero’ in 2020 and 2021. Decision-makers attributed this to actions taken in response to the coalition’s advocacy.
Part of the advocacy was to get essential commodities in Lagos. At the beginning, when we started, like 65% of stock outs was recorded in the primary health facilities. As a result of constant advocacy with our scorecards, we took that up at various levels with the Commissioner of Health, the PHC board; so just about last year or 2020 there was zero stock out.”

LASAM Coalition Member, Lagos, Nigeria

• In Niger, there was 1 nurse/midwife per 21,345 patients, far from the WHO standard ratio recommended 1 nurse midwife per 4 patients. The SLAM’s advocacy using their BHCPF Scorecard highlighted this and triggered the recruitment of 274 nurses/midwives and 76 community health extension workers for focal Primary Health Care (PHC) facilities. These healthcare workers have been interviewed and are awaiting their contracts. Once finalised, this will represent a 5.43% increase of skilled health workers in the state, a small but significant step in expanding Niger’s health workforce.

2. Accountability increased

Coalitions, with the support of E4A, have been able to increase and institutionalise accountability processes within their respective state / county governments. The coalitions used scorecards and evidence briefs to strengthen the use of evidence by government and hold government accountable for health planning and resource allocation commitments. Additionally, E4A strengthened MPDSR systems to identify, audit, and report on maternal and perinatal deaths as well as develop and implement actions to address the causes and contributory factors of the deaths.

• During an MPDSR review meeting at Sirisa sub-county in Bungoma, the coalition team noted that delayed referrals due to lack of fuel for ambulances contributed to maternal deaths. A follow-up meeting with the coalition, the Sub-County Health Accounting Officer, and the 17 HF in-charges to identify bottlenecks resulted in all 17 health facilities allocating funds to fuel the ambulances.

• In Kenya, with E4A support, the coalitions co-created an annual workplan (AWP) tracker tool to track the proportion of activities implemented per quarter by source of funds. This enabled the coalitions to hold the government and partners accountable to commitments documented in the AWP. In Nairobi, after seeing a presentation of the tool by the coalition, the CHMT adopted the AWP tracker tool as a routine presentation during RMNCAH review meetings. This was especially important given the challenges in data availability in Nairobi which made it impossible to track RMNCAH budget performance for FY 2020/21.

“...and present well packaged data on service delivery and financial performance to the county government. Our evidence briefs have enhanced accountability, they inform government decision making in specific indicators like ANC attendance”

RMNCAH Network, Bungoma, Kenya

• In Lagos, the state government recognised the coalition as a mechanism for more involved, evidence-informed and transparent governance by budgeting for the coalition’s activities in the state’s budget and plans. In 2021, 60% of funds for implementing coalition activities were from the state government.
3. Resources Mobilised

In Kenya and Nigeria, following support from E4A, the coalitions' advocacy resulted in improved budget performance and resources mobilised for priority maternal and newborn health issues. The coalitions have used bottleneck analyses and budget tracking exercises to identify challenges in budget allocation and/or release which has informed solution-focused advocacy.

- In Bauchi, the coalition’s advocacy has contributed to the state allocating 15% of its total budget to the health sector for 2022 – in line with the Abuja Declaration. More specifically, budget allocation to child spacing has increased from 0.42% to 0.64% of the health budget from 2019 to 2021 respectively.

- The Bungoma coalition has successfully advocated for the maintenance of budget lines for the ongoing blood bank construction and necessary equipment. Currently, the blood bank is approximately 40% complete. E4A’s support in developing a costed blood policy was integral to this process as it ensured that all stakeholders were united in the vision, and as it was developed in collaboration with government, when the department of health faced challenges convincing executive leadership, they were able to reference their own documents.

- With technical support from E4A, the Nairobi coalition engaged the CHMT on the importance of diversifying revenue streams for PHC facilities. The CHMT visited 118 facilities and trained approximately 200 staff members on National Health Insurance Fund (NHIF) benefits packages and reimbursement processes. Through this effort, 53 additional facilities are now ready to receive financing from the NHIF and 22 facilities were promoted one level, meaning that they are reimbursed at a higher level per unit of service delivered. Access to funding is important in the context of reduced donor financing.
**LEVEL 6**
National Referral Hospitals by National Government

**LEVEL 5**
County referral hospitals

**LEVEL 4**
County hospitals

**LEVEL 3**
Health centres

**LEVEL 2**
Health dispensaries

**LEVEL 1**
Community facilities

**RESULT!**
All the County facilities are listed in their correct level of care by NHIF

**WHAT THIS MEANS...**
Increased NHIF fund disbursement to health facilities supporting RMNCAH needs.

All (118) health facilities in Nairobi City County receive NHIF funds

**Nairobi now has 5 of the 12 level V hospitals (providing emergency care for mothers across Kenya)**

**PROGRAM PERFORMANCE**

E4A-MamaYe’s most important contribution was to foster trust and play an important ‘brokering role’ in shaping healthy accountability relationships between government, civil society, health practitioners and media. This has been vital for coalitions in gaining legitimacy, providing a platform for them to engage with policymakers and stakeholders external to the coalition on RMNCAH issues.

The multidisciplinary and multistakeholder composition of the coalitions provides opportunities for the coalition members to learn from each other and take advantage of the different skillsets, knowledge and expertise, the other coalition members have in particular, the role of the media has been important to publicise the findings of the scorecards, encouraging accountability from the governments and influencing policy processes and agendas.

Coalitions’ work with and leverage efforts of external advocates and champions. This includes in particular female advocates and policy makers. This has been and effective way of amplifying advocacy messages. These advocates and allies are key to gain broad policy support among informal network and communities for action in favor of desired advocacy goals. E4A adapted interventions during the COVID-19 pandemic to protect budget allocations to MNH.

The coalition members are perceived by government as having the technical skills and knowledge to conduct budget analysis and identify bottlenecks in policy implementation processes. This perception has encouraged policymakers to reach out to the coalitions for expertise in budget tracking and analysis, and to jointly identify bottlenecks related to MNCH programs and policies.

Coalitions were supported to continue their advocacy using social media platforms resulting in improved budget allocation to MNH programs due to public pressure.
In light of AISE’s findings and recommendations, E4A is taking steps to respond to the complex and intersectional gender dynamics that influence MNH service utilization and outcomes. For example, by supporting female advocates and working with coalitions to undertake advocacy that is gender transformative. In the next investment, the E4A program has been adjusted to reflect greater focus on gender, including support to female advocates and supporting coalitions to undertake advocacy that is gender transformative. The program will guide coalitions through ‘transition pathways’ towards sustainability. E4A will work with coalitions to embed gender equitable practices, strengthen their advocacy to be more gender-responsive, and will support female coalition members to ensure they are able and confident to take on leadership roles within the coalitions. Furthermore, E4A will shift power to coalitions by supporting them with the capacity and systems to mobilize resources required to advocate for better health for women and children.