INTRODUCTION

Political economy analysis (PEA) is an approach that aims to situate development interventions within an understanding of the prevailing political and economic processes in the target context. PEA as an approach looks at how power and resources are distributed and contested: that is, who makes the decisions, where the money goes and why. By so doing, one can align advocacy efforts to the right people, processes and places.

This case study explores how coalitions in Nairobi and Bungoma counties in Kenya have adopted and used PEA in their advocacy activities to influence reproductive, maternal, newborn, child and adolescent health (RMNCAH) decisions. The documentation results from a review of the coalitions’ strategies and their feedback through focus group discussions and in-depth interviews. The findings show that PEA helps to avoid confrontational approaches to government officials, leading to openness in transacting government business. When evidence is used and linked to the interests of the political class, positive change can be realised.

PEA brings out the context in which civil society organisations (CSOs) operate. It accelerates local advocacy, links local priorities to the politics and helps coalitions to navigate emerging contextual issues, including politics, decision-maker changes and adjustments resulting from a crisis, such as the COVID-19 pandemic.

It is recommended that for maximum result, coalitions should introduce PEA from the grassroots level upwards and right from the start of any advocacy interventions.
Evidence for Action (E4A)-MamaYe builds local partnerships to hold governments to account for how they prioritise and invest in women’s and children’s health. E4A-MamaYe is supporting the work of coalitions in Kenya, Nigeria and Senegal to advocate for more and better funding for women’s and girls’ health. In Kenya, E4A-MamaYe is implemented in two counties: Bungoma and Nairobi. According to the Kenya Demographic and Health Survey 2014, these two counties are among the top 10 with the highest burden of maternal and newborn mortality. The project’s support helps coalitions to strengthen their advocacy and engage the subnational government in the two counties in order to improve health outcomes for girls, women and babies.

E4A-MamaYe builds the capacity of coalitions to use a PEA advocacy approach to help them engage with the right political processes and actors at the right time to achieve improved health outcomes. In resource-limited contexts such as Kenya, the health sector and RMNCAH in particular compete with other sectors for available resources. The decisions on where the priorities lie mainly follow political power and interests.

PEA therefore helps coalitions to situate their advocacy strategies within an understanding of the prevailing political and economic interests – specifically, the incentives, relationships, distribution and contestation of power between the different power groups and individuals.

E4A-MamaYe supports coalitions of CSOs and the media to participate in the government processes in meaningful and politically intelligent ways in order to achieve their advocacy goals.

The coalitions identified the priority reproductive, maternal, adolescent and newborn health (RMNCAH) issues for advocacy and developed Steps to Change, setting out the steps to be taken to achieve the desired goal: improved MNH outcomes. They mapped the decision-making mechanisms to get a better understanding of the setting in which decision-makers operate and how it shapes their interests. The coalitions mapped the relevant decision-makers within these mechanisms, who could act on the priority advocacy issues the coalitions had identified. They updated the maps regularly and designed their advocacy interventions based on the prevailing political contexts.

This case study examines how the coalitions applied PEA approaches to track progress and adapt against their advocacy steps to change. It captures how the changes in the political economy situations informed changes in target audiences, messaging and results.
CSO and media coalitions in Nairobi and Bungoma counties were trained by E4A-MamaYe in the use of various advocacy tools and tactics as part of capacity-building for grassroots RMNCAH advocates. One of the approaches to advocacy activities adopted by the coalitions as a result is the PEA approach. The coalitions conduct regular stakeholder mappings and power analyses to inform and adapt their advocacy plans and activities, detailed in their Steps to Change. Key steps in PEA are illustrated in the diagram below.
Deploying PEA, the coalition identified budget release and lack of public participation in the budget process as two main issues to advocate around. Through power mapping, the county assembly health and budget committees were identified as the vehicles to use to unlock the challenges. The coalition delivered letters, via the clerks and secretaries of the committees, seeking a meeting, which was specially granted. During the meeting, the coalition used relevant evidence to back up the issues. This elicited debate and the Members of the County Assembly (MCAs) agreed to follow up with the county executive and NMS to unlock the stalemate.

Later, a consultative meeting between county department of health, county treasury, county assembly and NMS deliberated on the modalities of unlocking the funds. Despite funds not being released immediately, the coalition appreciated that PEA had helped them to know how to navigate the political environment and make inroads with decision-makers.

Initially, the Nairobi MNH coalition worked closely with the Medium Term Expenditure Framework Technical Working Group (MTEF TWG) in order to engage in the budget-making process, including through evidence-driven public participation. Members of the county assembly played an integral role in overseeing how the funds were being utilised. The funding flows of Transforming Health Systems for Universal Care (THS – UC), DANIDA and user fees foregone were smooth and DANIDA resources would get to the facilities accounts in time for service delivery.

This was until the creation of Nairobi Metropolitan Services (NMS), an entity within the Executive Office of the President (national government), to which there was a transfer of five functions, including health, that were hitherto discharged by Nairobi City County (subnational government).

Consequently, the MTEF TWG did not understand their role in the budget-making process or how to engage citizens in the new structure. Signatories for the special purpose account were changed (against the law), hence THS funds, DANIDA funds and the user fees foregone funds were not released to user departments and facilities. There was a battle for supremacy between the county executive and NMS.
As CSOs, all along we have been known as ‘watu wa matawi’ [people of the twigs, about waving twigs during demonstrations] but the narrative has changed in the recent past since we have been able to sit with the policymakers and advocate for different issues, such as MNH for example. We have equally been able to approach the government as allies and, through this, we have been able to achieve what we have advocated for.

CSO member, Nairobi

Using PEA to be at the decision-making table: the case of Bungoma

During the budget process, each sector forms a sector working group (SWG) to spearhead the planning and budgeting process for a financial year. Each SWG incorporates key stakeholders, including from the grassroots level. However, Bungoma county health SWG traditionally left grassroots groups out of budget prioritisation discussions. The composition of the SWG was not well established, as the burden of making the budget was left to a few individuals.

We came to realise that the sector working group in the county was not up to the task and through the PEA we found a way to make sure the sector working group worked as expected of them. This accountability was not possible before, but from the PEA we have been able to be part and parcel for we are involved. – Coalition member, Bungoma

The coalition engaged in PEA, part of which was in-depth stakeholder mapping. This allowed them to contact the right people in government and in implementing ‘international NGOs in the county. This yielded fruit as the SWG started consulting with key stakeholders, including the MNH coalition, during the planning of departmental priorities. The coalition accessed key budget documents in advance of public participation, which helped them to collect the evidence needed to inform their inputs. They developed messages and memos, which they presented to identified senior government decision-makers.

They made sure their memos were received and signed and they retained a copy for follow-up. The county government, both legislative and executive wings, has so far identified the coalition as a key stakeholder to consult in overall health and specific RMNCAH matters.

We have created rapport with the clerks and secretaries of these key stakeholders in government and from them we know the availability of these stakeholders and how and when we can schedule a meeting.

Coalition member, Bungoma
Challenges

While the use of PEA to navigate political environments has resulted in advocacy successes for coalitions, some challenges remain.

The first is in the volatility of Kenya’s political landscape. The coalitions discovered how quickly a PEA can be rendered redundant – perhaps by a single stroke of a pen, as in the example of takeover of Nairobi county’s health services function by the central government. Following the change, the MNH coalition did not have sufficient information to conduct stakeholder mapping in the new Nairobi governance landscape. They did not know who the decision-makers would be or how the structures would interact in planning and budgeting processes.

To address the challenge, the coalition used their existing relationships to gather information on the emerging decision-making structures.

While they now understood the political players and processes, they had to work hard to ‘market’ RMNCAH as a priority as it had not been fully embraced by the political class. This is because it is regarded more as a software, and politicians tend to prefer the hardware (tangible) part of investments: for example, they are more interested in constructing health facilities, schools and roads than in how much resource should be used to procure oxytocin.

It can be very challenging to advocate for health issues especially for RMNCAH in general and MNH in particular, for the topic is not so juicy – it is a bitter pie and the political class see it as not an impactful topic to spend time on.

Coalition member, Nairobi

To mitigate this, the coalition went back to PEA to investigate each decision-maker’s interests and made sure to link their MNH advocacy messages to these interests, highlighting what the politicians stood to lose if action was not taken immediately.

The only way we can get a listening ear from these MCAs on matters MNH is if we tie the end result of what we are advocating for to their political aspiration and how the program will make the citizens vote them in in the next elections.

Coalition member, Nairobi

Approaches such as PEA are new and technical for the coalitions at local level. The coalitions need simple training materials, and to be given time to practise the techniques. Further, the coalitions lacked resources to conduct PEA regularly. As collaborations of grassroots CSOs, they do not have funds they can deploy quickly or flexibly for a process that requires fast action to achieve an effective response.

Consequently, the coalitions rely fully on E4A-MamaYe’s support to meet and conduct PEA and other activities. Bringing together coalitions made up of autonomous organisations takes time because of their competing schedules and priorities. Additionally, the sustainability of the coalitions is paramount to the programme, hence it is tricky to find a balance between stepping back from providing financial support for their activities and recognising that they still require handholding owing to their circumstances.
**RECOMMENDATIONS**

**Recommendations for coalitions**

Because the context keeps changing, there is a need for continuous mapping of key political actors – those with a high level of interest and influence in the priority issues – and their influencers. This will ensure that the right stakeholders are always engaged.

Coalitions need to know the priorities of political players and to link their RMNCAH concerns with these priorities to secure political attention. Coalitions need to ensure that their asks are backed by evidence and are packaged in a manner that is convincing and easy for the respective audiences to understand.

Engaging with the political class is a hectic process and needs flexibility on the part of coalitions. Coalitions need to persevere regardless of the challenges they face in accessing the political class and adopt innovative strategies for effective advocacy.

**Recommendation for donors and partners**

The PEA approach is intensive. This means that enhanced capacity-building, mentorship and training for grassroots coalitions is needed, and that it is delivered at their pace. This calls for flexibility, to enable coalitions to practise each element of learning before receiving the next.

Achieving sustainable coalitions and local advocates is a long-term process, and each coalition’s journey will depend on its particular context, composition and resources. It is essential to have tailored and flexible support plans that respond to each coalition’s unique needs. Involving the coalitions in charting their respective journeys to autonomy is critical, which make the support demand-driven.
**NEXT STEPS FOR E4A**

E4A-MamaYe will incorporate demand-driven technical assistance and mentorship in its engagement with the coalitions, whereby they can seek support to address skills gaps on Steps to Change.

The programme will, jointly with the coalitions, identify champions and train them as trainers on the tools and models to ensure the coalitions have somebody in-house who can conduct training and provide technical assistance on an ongoing basis.

**CONCLUSION**

PEA helps advocacy coalitions to plan and execute their advocacy strategies well. It enables them to avoid adopting a confrontational approach when dealing with government and instead to establish a dialogue. This tends to lead to a mutually positive working relationship, in which the government trusts and feeds the coalition with information to inform their advocacy.

**Suggested reading**


More case studies are available on the mamaye.org website.

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