Since 2019, the Evidence for Action (E4A)-MamaYe programme has worked with local partners – including government, civil society organisations (CSOs) and the media – to advocate for improved investments for reproductive, maternal, newborn, child and adolescent health (RMNCAH). In Kenya, the programme is being implemented in Nairobi and Bungoma counties, where coalitions have been supported through the provision of training, mentorship and tools that respond to their capacity needs. Steps to Change is one of the models introduced to and used by the coalitions to plan and track their advocacy efforts.

This case study examines whether the Step to Change model delivers benefits to the work of CSO coalitions of advocates in Kenya and made use of information collected from stakeholders from the government, media and CSO coalitions in the two counties through key informant interviews and focus group discussions (FGD) conducted in March 2021.

It finds that Steps to Change is an effective advocacy model as it provides coalitions with a roadmap with trackable actions and milestones towards achieving an identified advocacy goal. As a visual tool, it enables coalitions to monitor progress and identify and address challenges. Consequently, it allows for flexibility to think and work politically by integrating political economy analysis (PEA), helping coalitions to identify the power relationships and interests that influence resource distribution and use.

The findings show that the model requires regular updating and hence demands time and skill from the coalitions. As many of the coalitions are made up of grassroots organisations, their limited capacities have meant they were not able to revise as frequently as was necessary. They need ongoing technical assistance to reach level of applying the model independently.
E4A-MamaYe seeks to make advocacy tools, lessons and learnings available and accessible. We believe that models such as Steps to Change are key to accelerating progress towards achieving universal health coverage by 2030 as it supports SMART goal setting and actions.

The Steps to Change model

In the health sector, what are seen as the biggest problems are often the result of deep-rooted systemic causes that may be invisible at first glance. Therefore, the Steps to Change model encourages advocates to conduct a problem tree analysis to narrow down and isolate the underlying issues that contribute to the bigger problems in the health system. Based on the results of this analysis, advocates can then use the solution tree technique to identify the progressive actions needed to address the root causes. Only by dealing with these underlying issues can the bigger problems be resolved and an efficient and effective health system delivered.

Using such a model helps coalitions to amplify community voices and pick out priority issues for advocacy with decision-makers. Coalitions working with E4A-MamaYe in Bungoma and Nairobi identified three priority issues: low antenatal care attendance (and quality of health care during pregnancy and delivery), weak referral systems and high teenage pregnancy rates. For each of these issues, they have devised appropriate strategies for engaging the decision-makers.

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This case study highlights how coalitions in Bungoma and Nairobi counties have implemented the Steps to Change model and what advocacy results have been achieved. Specifically, it explores how the model was used to identify priority issues and achieve policy agendas in Bungoma and Nairobi, identifies the strengths and weaknesses of the model and makes recommendations based on the lessons learnt by E4A and the coalitions.

BACKGROUND

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.

Currently, E4A-MamaYe positions grassroots-level coalitions as the drivers of change around maternal and newborn health (MNH) outcomes. It builds up their capacity and strengthens the skills of their advocates using tools and models to make their advocacy efforts impactful. Steps to Change is one of the models and is an innovative tool for MNH advocacy. The tool provides visual representations of an in-depth situational analysis of a health problem and the steps through which that problem can be addressed in order to achieve an identified goal.

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Coalitions in Bungoma and Nairobi used the Steps to Change model to identify priority RMNCAH issues for inclusion in the county governments’ policy agendas and to influence and monitor the progress in addressing those issues. They conducted routine reviews that ensured that the priorities aligned with emerging socio-political conditions in the counties and addressed the problems identified.

Support county government in policy formulation

Applying the model, coalitions identified the need to support county governments in facilitating public awareness discussions on critical bills on health. One of these bills is the Community Health Strategy Policy, which will allow for budgetary provision to support the work of community health volunteers (CHVs). Providing monthly stipends to CHVs was identified by the coalitions as key in improving the quality of MNH services in both counties, particularly at primary health level.

The CSOs are quite professional. It is like when you send somebody out there to represent your demands for they have objective data to justify what they are advocating for. Some have even written memos that have been signed and brought to us. Community Health Volunteers bill is directly related to reproductive health and luckily the former Governor was close to the locals and we got an allocation of 300 million for the CHVs budget and this was all as a result of resource mobilisation. They can also be supported to forums like launching the County Fiscal Strategy Paper. – Health Department official, Nairobi

Right time, right information, right audience

Before E4A-MamaYe’s capacity-building, civil society and the media would get involved in the budget-making process at the wrong time; often when the critical chances for change had passed. After receiving the training, they aligned their plans detailed in the Steps to Change with the budget cycle process – that is, the key dates, relevant budget documents, spaces for public participation and the specific decision-makers at each stage.

“Through the information from the Steps to Change model we have gotten to understand why we need to participate in the budget-making process earlier so that we can make sure our views and priorities evidenced in the Steps to Change model are incorporated in the Annual Work Plan of the county government.”

CSO Coalition member, Nairobi
Using evidence to shape dialogue

Evidence plays a vital role in influencing decision-making. E4A-MamaYe built the skills of coalitions members in gathering, analysing and using evidence for MNH advocacy. As a result, the coalitions integrated evidence use in their Steps to Change delivery. In Bungoma county, the coalition used evidence to show the impact of a weak referral system on the health outcomes of mothers and babies. In line with their steps to change, the coalition submitted a memo to the department of health and finance arguing for increased allocation towards the purchase of ambulances and for operationalising the county referral strategy. The coalition in Bungoma realised an advocacy win when the county government included an allocation in the 2019/20 financial fiscal year for the purchase of ambulances.

The coalitions used Steps to Change to advocate for the provision of youth-friendly services to address rising teenage pregnancy rates in Nairobi and Bungoma. This led to an allocation of resources for these services in Bungoma’s budget. In Nairobi, the coalition’s efforts resulted in Nairobi Metropolitan Services (NMS) carrying out an assessment to determine the extent of the teenage pregnancy problem, which has been exacerbated by the COVID-19 pandemic. The findings have been used to inform the priorities and in identifying workable solutions to reduce the numbers of teenage pregnancies. The steps to change also guided coalitions’ involvement in other policy agendas within their county.

We have used the model in policy framework at the county level. Examples of the policy frameworks include; The County Health Act and the CHVs Bill. – Coalition member, Bungoma

The Steps to Change model helps us to keep track of what we are focused to achieve. It helps in identifying our key stakeholders: that is, who is responsible for what in the county health sector. The model also informs the goals we have attained, problems identified, like for example weak referrals, teenage pregnancies and low ANC visits.

CSO Coalition member, Bungoma
Effective engagement with stakeholders

Implementation of the Steps to Change model enabled coalitions to create frameworks of strong relationships between civil society and government officers working within and outside the health department.

In Nairobi county, the coalition met the Nairobi City County Assembly Health Committee members and the NMS Health Department. These meetings were held within a dynamic political space, against the backdrop of the transfer of health functions from the county government to the national government. The model facilitated this through giving the coalition an understanding of how the context had changed and the need to readjust and realign the actors and stakeholders. They also needed to look for key people to involve directly in their advocacy.

We had to identify the problems affecting mothers and teenagers, which are: teenage pregnancies and ANC visits. This realisation drove our approach to the Steps to Change model. From the model we were able to map our policymakers and got to know who the key government officials who have high interest and high influence and from that we came up with what we want to achieve – with this, we were able to set our advocacy objectives as well as timelines. – CSO participant at FGD, Nairobi

Informing action in times of change and crisis

At the beginning of the COVID-19 outbreak, CSOs expressed concerns over the absence of guidelines on the continuity of RMNCAH services. As a result, the coalitions reviewed their Steps to Change and adapted their advocacy strategies to respond to this, while continuing to address their other priority issues. The model was also useful in monitoring the situation following the transfer of functions from Nairobi county to NMS.
Some of the challenges faced in the implementation of the steps to change include the fact that Steps to Change is not a linear model, but an iterative 'back and forth' process. Any change in actors or processes requires the steps to be looked at again, which can prove frustrating to the coalitions.

In Nairobi, the coalition’s initial advocacy target was the County Executive Committee (CEC) member for Health, but after the transfer of the health functions to NMS, they had to change their target to the Director of Policy and Planning. That has happened because initially we used to use the model with the county plans like the Annual Work Plan, but now when the health was returned to NMS we had to review the Steps to Change model to be in line with the NMS resource mobilisation in reference to the budget. – Coalition member, Nairobi

To mitigate the challenges, the coalitions relied on a good working relationship with the government, particularly through establishing trust and earning goodwill and the integrity of their representatives during engagements.
RECOMMENDATIONS

Recommendations for coalitions

The Steps to Change model is indeed helpful to coalitions working in health advocacy. This model should be scaled up and key sustainability strategies incorporated within it. Strategies for ensuring the sustainability of this model include the following:

Tailoring steps to change to the local context: The steps to change should start from the lowest decision-making level in the health system and extend all the way up. It should be a bottom-up approach to addressing issues that affect the health system from the lowest levels.

Enhance evidence generation to inform reviews of steps to change: There is a need for coalitions to improve on their understanding of priority issues through generating and using relevant evidence. This evidence should inform reviews of the steps taken, and corrective measures should be taken in the event of non-performance of activities outlined in the steps.

Recommendations for donors and partners

It is essential to let coalitions take the lead in developing their own steps to change by identifying the needs in their community and how best to address them. This requires trust and flexibility. It also means allowing coalitions to learn by doing, and thereby to learn from their mistakes, which could be the basis for ongoing mentoring.
**NEXT STEPS FOR E4A**

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

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**

Generally, the Steps to Change model has enabled coalitions of CSOs and media to plan ahead, identify the desired change and goal, have the stakeholders, steps and activities within one framework, and be nimble when circumstances demanded. It has supported coalitions in terms of advocacy through media and stories that have led to change. By pegging the steps to change to the government planning and budgeting cycle, coalitions have been able to identify key policy engagement dates within the county budget calendar. The Steps to Change model allows coalitions to analyse advocacy communication strategies and employ them effectively, informing who to interact with, how and when while addressing an advocacy issue.

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

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