

## KEY MESSAGES

Poor maternal and child health indices in Nigeria triggered the formation of different coalition groups.

Advocacy coalitions influenced the development of MNCH policies and helped improve resource availability for MNCH programs.

Processes used by advocacy coalitions to ensure MNCH prioritization in Nigeria include:

- Needs identification
- Stakeholder identification
- Use of diverse team members and task sharing
- Clearly stated objectives
- Identification of policy window
- Evidence as a tool for advocacy and information campaign;
- Use of policy influencers;
- Use of media.



## Exploring mechanisms that explain how advocacy coalitions work to sustain political priority for Maternal and child health in Nigeria

### Introduction

The Maternal and Child Health (MCH) component of the Subsidy Reinvestment and Empowerment Programme (SURE-P) was launched in 2012, to help address the poor maternal and child health indices of the country. This programme was stopped abruptly and caused great concern about the welfare of mothers and children who initially received free care and financial incentives to access services. [1] This led to many individuals and groups advocating for sustaining MCH as a political priority in the country. MCH thereby gained renewed political commitment and support, this WHO in 1995 described as 'advocacy'. [2] This document highlights the mechanisms and roles played by advocacy coalitions towards sustaining political priority for maternal and child health in Nigeria. This brief will be beneficial to policy makers, programme managers, civil society organizations, professional bodies, academia and other advocates of maternal and child health.

### What are advocacy coalitions?

Sabatier and Jenkins-Smith define an advocacy coalition as a set of "actors from a variety of public and private institutions at all levels of government who share a set of basic beliefs (policy goals plus causal and other perceptions) and who seek to modify the rules, budgets and personnel of governmental institutions in order to achieve these goals over time." [3]



### Our approach

We report insights from in-depth interviews with key actors and reviews of relevant documents including advocacy events.

### What we found

Key findings from our study are:

**a) Advocacy coalitions are instrumental to the achievement of**

**MCH progress** in the country through: Identification of more funding sources for MCH and increase in budget and releases; revamping MCH policies – National strategic health development plan II where MCH was given adequate attention; Revitalization of PHCs; Human Resource for Health intervention – a new program called Community Health Influencers and Promoters (CHIPs) program was set up to identify mothers and children who need care and refer them to the PHCs; etc. One of the respondents said, "...we have the Global Financing Facility that has come up and it's talking about the reproductive maternal and child health which is part of the holistic plan of Nigeria".

**a) Formation of advocacy coalitions took different approaches** but all were based on the recognition of poor maternal and child health indices in the country, and health systems issues which include: inadequate data, poor funding, poorly equipped facilities, shortage of skilled staff and inadequate funding due to poor and delayed release of budgetary allocation, donor dependency and fragmentation of programs and health initiatives. All these constrained policy processes.

## Key influences of Advocacy Coalitions:

- Links with powerful individuals
- Access to good-quality evidence
- Clarity of tasks, roles and purpose
- Availability of resources collated from all the groups and ability to attract more.



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### b) Seven processes used by advocacy coalitions to influence policy change were:

- Needs identification (which raised awareness) and setting clearly defined objectives;
- Stakeholder identification (to help identify relevant powerful entry points);
- Recruiting diverse members and sharing tasks to ensure experts cover areas of interest
- Identification of policy window (which attracted the attention of policy makers);
- Preparing evidence as a tool for advocacy and information campaign (which highlighted the enormity of the problem);
- Using policy influencers and champions to facilitate the achievement of goals;
- Use of media and social media to disseminate information and shape public views: twitters, WhatsApp messages, Facebook, SMS etc.

Policy Processes	Activities carried out by advocacy coalitions to ensure MNCH prioritization in Nigeria
Agenda setting	Awareness raising; highlighting the problem; attracting attention; identifying policy windows and stakeholders.
Policy formulation	Engaging policy influencers; providing technical expertise.
Facilitating implementation	Media involvement; sharing tasks to cover all areas of implementation progress according to members' expertise
Policy evaluation	Budget Reviews and feedback to government.

### Conclusion

These findings have shown the need for advocacy coalition but some of the context specific issues that need to be put into consideration for advocacy coalition to be effective include: "Widely agreed pressing issue" (such as poor MCH indices in international comparison); strategic approach to advocacy (right timing & use of appropriate champions) and bearing in mind that results may not be immediate, thus the need for sustained advocacy.

### Recommendation

Future policies should consider Advocacy Coalitions as powerful policy actors, take advantage of good-quality evidence they can provide, while ensuring the relevance of context-specific messages from advocacy coalitions.

### References

1. FMOH, *Subsidy Reinvestment and Empowerment Programme -Maternal and Child Health Services -Implementation Manual*, 2012, NPHCDA: Abuja, Nigeria.
2. World Health Organization (1995) *Advocacy Strategies for Health and Development: Development Communication in Action*. WHO, Geneva.
3. McDougall. *Discourse, ideas and power in global health policy networks: political attention for maternal and child health in the millennium development goal era*. Global Health. 2016 May 18;12(1):21

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If you have questions or comments please contact: With any questions or comments, please contact: Chinyere Okeke, University of Nigeria, at: [chinyere.okeke@unn.edu.ng](mailto:chinyere.okeke@unn.edu.ng)

