

LET'S TALK ABOUT HEALTH: AN ANALYSIS OF INCREASED EVIDENCE-BASED DIALOGUE BETWEEN CIVIL SOCIETY AND GOVERNMENT IN NIGERIA

INTRODUCTION

The E4A-MamaYe supported the establishment of State led accountability mechanisms in Bauchi, Lagos and Niger states to increase dialogue between government and communities for improved maternal and child health outcomes in select states in Nigeria. This case study aims to explore if and how State Led Accountability Mechanisms (SLAMs) have increased dialogue between government and civil society organizations (CSOs) and the results this has on accountability for Maternal Newborn Child and Adolescent Health (MNCAH) issues in individual states within Nigeria. The study also looks at the challenges encountered in the process of bringing together CSOs and government and proposes strategies for improving dialogue between government and civil society in the select states.

It is hoped that, by examining the strengths and challenges of this approach, the findings/learnings from this case study will contribute to the evidence base and that its recommendations can be used to support the setting up of similar coalitions in other parts of the country.



METHODOLOGY

This case study adopted a qualitative approach, using key informant interviews and focus group discussions to elicit the perspectives of government and civil society representatives of SLAMs on if and how those SLAMs have supported improved dialogue on MNCH. Primary data were collected from respondents in Lagos, Bauchi and Niger states' accountability mechanisms (LaSAM, BaSAM and NiSAM respectively). Key informant interviews were conducted followed by focus group discussions to garner more information from participants. Desk reviews of secondary data, such as existing internal documents, were conducted to gain better understanding of the aims and ambitions of the **E4A-MamaYe** programme team and to triangulate with the perspectives gathered in the primary data.



Primary data collection and analysis

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

Members of the SLAM for each of the three states were invited to participate in key informant interviews. These individuals either held a leadership position or were very involved in the SLAM activities and so had a good understanding of the SLAM's operations. Both men and women were interviewed. An average of three key informant interviews were conducted for each SLAM.

The interviews were followed up by focus group discussions, one for each SLAM. An average of eight participants were engaged in each discussion. Participants were selected from different subcommittees within the SLAMs: Evidence, Advocacy and Knowledge Management sub-committee and Communications sub-committee.

Again, both men and women were represented (see table below for breakdown of participants by state).

All interviews were facilitated by the **E4A-MamaYe** Nigeria Country team, and data were analyzed manually by the **Options E4A-MamaYe** teams in Nigeria and the United Kingdom.



FINDINGS

An analysis of the current relationships between government and civil society

All three SLAMs have terms of reference which state that their membership will include both CSO and government representatives. The structure of each of the coalitions is as follows:

In Lagos:

- The coalition (LaSAM – Lagos State Accountability Mechanism) is implemented under a co-chairing leadership comprising a democratically elected civil society partner representative and a government representative, who for now is the head of the directorate responsible for RMNCAH in Lagos State. The SLAM's secretariat is run by the Directorate of Family Health and Nutrition in collaboration with the Directorate of Health Care Planning Research and Statistics of the Lagos State Ministry of Health, which provides administrative support and proper documentation.
- 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 Niger:

- The coalition (NiSAM– Niger State Accountability Mechanism) is also implemented under the leadership of a state-appointed chair from the Ministry of Health, with a democratically elected co-chair from the civil society partners. The secretariat is run by the Directorate of Health Planning, Research and Statistics, in collaboration with the Directorate of Public Health of the Niger State Ministry of Health, which again provides administrative support and documentation.

In Bauchi:

- The coalition (BaSAM - Bauchi State Accountability Mechanism) is headed by two committed members, one from a CSO and one from government (Director of Planning, Research and Statistics from the State Ministry of Health), who serve as co-chairs. The secretariat is run by a secretary, who provides administrative support and proper documentation, and an assistant, who supports the operations.



This study found that the **opportunities for participation** by the government and CSO members are viewed differently in the different coalitions. Respondents from LaSAM reported equal participation and opportunities for both parties within the coalition. However, respondents from NiSAM felt the government representatives had more power than CSOs when decisions needed to be made. In contrast, respondents from BaSAM saw the CSOs as having the upper hand on coalition issues. These differences might be related to the SLAMs being at different stages of implementation. LaSAM and BaSAM were established first in 2012 and so seemed to rely on longer-standing relationships and a longer history of trust among their members. In NiSAM (2019), the relationship between government and civil society was still in its early stages, with members still getting to know each other.

In all three coalitions, the respondents reported that cordial relationships existed between the members and that they work together to achieve positive RMNCAH outcomes. This was also observed by the **E4A-MamaYe** teams during their routine visits to the SLAMs to provide technical assistance.

When looking at the elements concerning the **culture of transparency and trust in the coalitions**, there are different views both between and within coalitions.



“ A very good relationship exists as both parties understand the requirement of the composition and mandate of LaSAM, which is evident from the Co-Chairs and heads of subcommittees, and this has been beneficial to both parties and the State’s MNCAH programs. ”

Participant, LaSAM

Most of the respondents from the three coalitions believed that the relationships between government and CSOs have been symbiotic. They reported that the ability of the SLAMs to improve positive outcomes for RMNCAH is strengthened by their diversity. The complementarity of the strengths and weaknesses that the different groups bring to the table is seen as a positive.

One of the respondents said that “the relationship between NiSAM and government is complementary as both have their various strength and weaknesses and have complemented each other to achieve a common goal”. From the respondents in LaSAM and BaSAM it was learned that, over the years, mutual trust within the coalitions has enabled the government representatives to provide RMNCAH service delivery and health budget data for use in tracking and analysis. The government representatives also provided information identifying bottlenecks in RMNCAH funding flows, which enabled the CSO representatives to conduct evidence-based advocacy with policy stakeholders and decision-

makers. This relationship with CSOs enables the state governments to get what they need to increase budget allocation for RMNCAH intervention and gives them an additional perspective on the issues that require advocacy.

In BaSAM, the respondents saw the relationship between CSOs and government partners as having improved. This progress was, in part, attributed to the time the members have spent together, which has allowed them to understand each other better. This has given the government partners the confidence to release key information.

In NiSAM, however, although the general feeling among the respondents was that they see this connection with an optimistic eye, one of the respondents expressed concerns over the nature of the government’s relationship with the coalition. In his view, the state government is using the CSOs to further its own interests: “The relationship between CSOs and government has been hypocritical as government is only using the CSOs to get more funding to the State and is not genuinely interested in working with CSOs.” Despite this concern, there are mutual benefits that bring the two sides together, demonstrating that a common interest in addressing maternal and child health issues remains at the heart of the coalition’s efforts.

Benefits of dialogue between government and civil society on MNCH accountability

Most of the respondents agreed that the dialogue between government stakeholders and CSOs has generated positive outcomes on MNCH and that the work of the SLAMs has led to improved accountability: state governments increased budget allocations to health and created budget lines for FP and MNCH services.

In Lagos, the long-established synergy and dialogue between government and CSOs is seen to have paved the way for the release of 81.04% of the budget for MNCH by the Lagos State Government in July 2020, compared with 0% in March–June 2020. With **E4A-MamaYe's** support, LaSAM conducted a rapid political economy analysis that identified the bottlenecks preventing budget release and the relevant target audiences for advocacy.

“SLAM made the government to be accountable for making maternal and child health a lifesaving process, and not a death trap for mothers and babies, ensuring a prompt and full release of budget funds.”

Participant, LaSAM

LaSAM conducted targeted advocacy with the Directorate of Family Health and Nutrition, asking them to accept rewritten budget proposals from Ministries, Departments and Agencies that had previously not complied with new COVID-19 protocols. This advocacy resulted in more opportunities for getting budget proposals approved. LaSAM also galvanized support for social media advocacies, targeting the twitter handles of stakeholders responsible for the release of RMNCAH funds in 2020. The dialogue led to increased confidence among the government partners, enabling them to provide evidence on the budget and to analyze it jointly with the CSOs. The CSO partners then used the evidence to advocate to policy stakeholders to take actions.

“The scorecard showed evidence that the FP budget was subsumed under the reproductive health budget. Through advocacy, FP was given a separate budget, which is an evidence of improved policies and implementation.”

Participant, BaSAM

The LaSAM respondents recognized the changes that have occurred over the years since **E4A-MamaYe** commenced programme implementation in the state. At the start of the process, no funds were allocated for the FP programme in the Primary



Health Care Development Agency (PHCDA) budget. The advocacy that resulted from LaSAM's efforts led to the local government chairmen and PHCB introducing budget allocations for FP consumables. The scorecard that LaSAM created and disseminated was seen to be key in this change in budget allocations. The coalition in Bauchi also helped in getting the government to put more funds into the health sector, in this case through the 15% Abuja declaration allocation of state budget to the health sector. The BaSAM will gather evidence to assess the impact of this increased allocation on MNCH in the state.

In Niger, some of NiSAM's members recognise it is still too early to measure the coalition's impact, but some improvements in accountability for MNCH have been seen. The hard work has already generated some important achievements, which members enthusiastically highlighted. For example, in September–October 2020, Niger State transferred responsibility for the management and Done

administration of all primary health centre (workers from the State Ministry of Health to the state PHCDA. This followed advocacy by the coalition, which centred around the need for an autonomous state PHCDA that was able to be more responsive to the needs at PHCs in the state, including staffing needs.



Strategies for improved dialogue between government and civil society

Most of the respondents provided useful information on what needs to be done to improve dialogue between government and civil society in the three states. SLAM membership needs to be based on common interests, sincerity and transparency among all groups involved (but especially on the government side). Demonstrations of commitment, effective use of evidence, improved communication among coalition members and increased trust (and reduced suspicions) were some of the strategies identified by respondents to improve dialogue within coalitions.

Effective communication: This needs to take place if there is to be engagement, mutual participation and cooperation on MNCAH activities. Some respondents also highlighted the importance of tone and language during engagement. For example, when government partners are not able to provide feedback or comments and commitments on a particular issue, CSOs should respect this and recognise that there might be other factors involved – such as government internal process for information release (e.g. government representatives have to request approval to disclose certain information). This was aptly captured by one of the respondents: “Our coalition is not an ordinary coalition that has been functioning before, so sometimes it is difficult for those representatives from the government – your first priority is the government you are serving [...]. That is why most times we would not be in the driver's seat, but probably in the back seat, because

such loyalty is to the government. Even though we know sometimes the government is not doing the right thing, our [role] is to bring it [the government's position] to the forum during a meeting and ask our other partners to look into it and try to project it” (Participant, BaSAM member).

“ *Membership of government and CSOs should be based on the interest, commitment, focus, pragmatism and assertiveness of the would-be members. This will go a long way in achieving and sustaining [results].* ”

Participant, LaSAM



Mutual understanding: It was strongly emphasised that all stakeholders within a coalition need to recognise the peculiarities of working with government – which is guided by civil service rules and ethics – when addressing issues related to holding government accountable.

Coincidentally, government needs to understand that its effectiveness in governance is dependent on how well civil society can bridge the gap to the rest of the society.

Common interests: The activities of a coalition should always be implemented with the interests of mothers and children in mind. CSO and government members naturally have their own agendas, which they should be able to manage in a way that does not affect the common objective of the coalition. There is need for clarity on how the various stakeholders within a coalition operate as individual entities. This understanding will help to shape the organisational structure of the coalition and improve synergy and communication between stakeholders.



Diversity: Members of the three coalitions who participated in the interviews felt that the core strength of the coalition is that it is multi-sectoral, involving members from different parastatals, ministries, agencies, CSOs and media organisations. One interviewee (Jibrin, BaSAM) noted that the coalition differs from other similar groups because it is holistic and systematic and that problem identification is evidence-based. Respondents believed there is no tangible weakness, but noted that members put forward a diverse range of ideas, meaning it can be difficult to reach an agreed conclusion.

Trust: An important point of discussion was trust and suspicion. In the relationship between CSO and government members in Bauchi, there is still some imbalances, whereby government officials regard CSOs as being subordinate to them and wait for them to make a mistake. The coalitions suggested that trust is something that new coalitions should look at and work on together. The aim should be to create an environment of mutual trust, which can be beneficial for dialogue between government and CSOs. The parties should see themselves as one, working to achieve a common goal, and not as rivals. An example of this evolving relationship is in Lagos, where unbalanced synergies were an issue when LaSAM first started its activities. With time, however, a more harmonious and trusting relationship has evolved.

The importance of trust was passionately stated by the LaSAM respondents at the interviews and focus group discussion: “If I am to advise CSOs and

government in another state, I would tell them they should be transparent with each other, they should make information available to each other and they should collaborate more with each other. If they do these things a lot can be done, a lot can be changed.”

Political will: Where there is political will, the dialogue between CSOs and government can be seamless. Government officials have the power to prioritise solutions to issues affecting MNCH services by allocating more funds and can provide CSOs with evidence needed to further their advocacy efforts.

Organisational capacity: From the outset, coalitions need to define their organisational structure and governance. The different groups need to come together and determine the coalition’s terms of reference, and agree the members’ activities, roles and responsibilities, the reporting process and format, and the systems for monitoring and evaluating activities. Each coalition needs to have good leadership and equity across members, who should all be allowed to share their opinions and contribute to discussions in the same way.

Timing: Time affects effective engagement with stakeholders. “Many people were unable to attend programmes during the COVID-19 pandemic, and programmes should not be scheduled during celebrations, when people are unable to engage” (Participant, NiSAM).



CHALLENGES

Common challenges in the process of bringing CSOs and government together

Funding and lack of political will are considered to be common challenges in the process of bringing together CSOs and government. The states depend on statutory federal allocations of funds, often at the expense of other areas of healthcare. “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” (NiSAM member). Funding is also a challenge as the coalitions do not have easy access to funds to drive their interventions or advocacy efforts. The coalitions are heavily dependent on donors and funding agencies, or on the government where political will has been harnessed. The lack of political will within government results in non-prioritisation of MNCH and FP issues in the allocation and release of government budgets. Where there is release of funding for health activities, ministry officials (directors, heads of unit or programme managers) do not prioritise FP/MNCH memos for implementing / FP/MNCH activities, resulting in non-availability of fund or cash backing for those activities.



COVID-19: how the pandemic has impacted on CSOs and government coming together

All of the respondents agreed that COVID-19 affected the delivery of activities planned by the coalitions (especially meetings, workshops and advocacy visits) in the year 2020, due to the lockdown and restrictions (and also the #EndSARs¹ protests across the country).

“ Due to COVID-19, all activities were obstructed, but I'm impressed by the effort that the NiSAM put into making sure activities are maintained. Getting data was difficult during COVID-19 because of obstruction in movement. ”

Participant, NiSaM

Interviewees highlighted that the COVID-19 pandemic has **changed the way the coalitions conduct their activities**. The pandemic has reduced the number of face-to-face meetings and limited the flow of information. It has affected the frequency of meetings and slowed down some of the advocacy activities that had already been planned.

¹ “A youth-led movement in Nigeria protesting against demanding an overhaul of how Africa's most populous country is governed began with a protest about police brutality and expanded in October into the largest popular resistance the government has faced in years. It encompasses a range of issues, from inequality to corruption to basic distrust of politicians.”, Rick Gladstone and Megan Specia, *The New York Times*, Nov. 14, 2020



However, coalitions were able to adapt, although at times with some difficulties. The new digital dimension enabled interactions to be conducted remotely, but differences in attendance, participation and effectiveness were observed across meetings. In general, there was ambivalence over the role of digitalisation – whether it represented an obstacle or an opportunity to enhance relationships between government and CSOs. The realities of the lockdown made the coalitions quickly switch to the ‘new normal’ of using the new media technology to hold meetings and reviews and conduct advocacy.

Some LaSAM members emphasised that there was no significant impact on the relationship between the government and the civil society representatives (possibly due to the longer and more stable relationship between government and civil society within the coalitions that were more prepared for the unsettling wave of change that the pandemic created). However, members of BaSAM and NiSAM noted that the new type of interaction has not been as effective as expected. This was for various reasons, such as the challenges presented by poor internet access (and the high cost of data for members, most of whom cannot afford it) and prioritisations of competing priorities given to different healthcare issues.

Respondents also highlighted how the halt in service delivery negatively affected data flows, making data collection and analysis (for influencing decision-making) difficult: “When the lockdown started, middle level workers and junior level asked to stay at home. This of course stopped us as we did

things electronically [virtually]: the data on service delivery and utilisation collected from the facilities mostly were uploaded on the DHIS website”. This prevented the collection of data and created an obstacle to the gathering of evidence from CSOs for their advocacy. Even though information flow was limited in some states, all of the three coalitions studied were able to gather evidence and use it to target stakeholders, to advocate for improved service delivery for RMNCAH.



CONCLUSIONS AND LESSONS LEARNED

Opportunities for participation: The views on participation by government and CSO members varied between the three coalitions studied. Members of LaSAM felt there has been equal participation by and opportunities for both parties within the coalition. However, members of NiSAM felt the government representatives have more decision-making power than the CSOs. While in Bauchi, BaSAM members saw the CSOs as having the upper hand and being able to spearhead the coalition issues.

Length of relationship and level of trust: The level of trust between government and CSO members of a coalition appears to be directly related to the length of time the coalition has been in operation. LaSAM and BaSAM, which have longer-standing relationships, seem able to rely on longer histories of trust among members. In NiSAM, relationships are still at an early stage, with members getting to know each other. Where government partners do not see CSOs as a threat, they tend to take charge and work harmoniously, but where a government partner thinks otherwise, they tend to be less active or become docile in the coalition.

RECOMMENDATIONS

Newly formed coalitions and development partners: To ensure that a coalition of advocates will be effective, efforts should be made to include government stakeholders, as they can provide valuable resources to the other members of the coalition (CSOs and media) to use in holding government accountable for RMNCAH issues in the state. Government membership will also contribute to increasing political will for funding MNCH activities in the state – as government officials in the coalition prioritise MNCH issues in the state's budget. As revealed by this case study, setting up a similar coalition in any part of Nigeria would contribute immensely to the improvement of MNCH indices in the country, as demonstrated by increased funding for MNCH interventions by the government in states where coalitions exist.

Relationships between government and CSO members of a coalition must be cordial for there to be effective engagement towards a common course or purpose. Various stages of relationship come into play when coalitions are set up, which should be considered when assessing relationships

between key players. To address this, guidance on relationships should form part of the orientation for members of new coalitions, so that they appreciate the various stages of relationships – and the implications for their work and strategies – and can address conflicts that may arise during the different stages.

Another important factor that affects participation is individuals' perceptions of other members of the coalition. Therefore, when selecting individuals to be part of the coalition, the mindset of a prospective government representative regarding the participation and potential contribution of other members should be ascertained. For coalitions to be successful, there needs to be mutual trust, openness, transparency and passion among the members. These are essential for coalition building and strengthening.

Government partners: State governments have to make concerted efforts to generate internal revenues. They need to ensure that funds for improving MNCH services – in addition to federal allocations – can be mobilised from within the state, to ensure there will be enough funding to address priority issues.

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