Strengthening National Advocacy Coalitions for Improved Women’s and Children’s Health

Part 2
Recent years have seen increased commitments to improving women's and children's health. Financing particularly for women's and children's health is increasing. The 2014 Report: Tracking Financial Commitments to the Global Strategy for Women's and Children's Health notes that since 2010 the number of commitment-makers to Every Woman, Every Child has tripled, from about 100 to 300 in 2014. The report also notes that nearly 60 billion dollars have been committed to women's and children's health in line with the Global Strategy, nearly 60% of which has been disbursed.

Ensuring continued commitments to women's and children's health, and accountability for delivering on these commitments is critical to accelerate progress towards achieving the Millennium Development Goals (MDGs) 4 and 5 and beyond 2015. Civil society organizations (CSOs) have and continue to advocate for and hold stakeholders accountable for better health outcomes. However, at the national level, they have not systematically organized themselves across the RMNCH continuum of care to share information and best practices, align their priorities and plan effectively as a group to increase their efficiency and impact.

In 2012 PMNCH addressed this gap by providing catalytic financial and technical support for the development or strengthening of national CSO alliances for Reproductive, Maternal, Newborn and Child Health (RMNCH) advocacy. These coalitions provide a platform for CSOs, across the continuum of care, to consult and collaborate with a view to maximize the impact of their efforts, particularly around enhancing accountability for improved women's and children's health.

This document, ‘Strengthening National Advocacy Coalitions for Improved Women’s and Children’s Health’, is a follow up of the 2013 report on the work of national CSO coalitions. It reports on further progress made by different CSO coalitions in nine countries: Burkina Faso, Ethiopia, Ghana, India, Indonesia, Kenya, Nigeria, Tanzania and Uganda in advocating for the implementation of commitments made by governments towards improving the health of women and children.

Structuring the programme of support

The national coalitions are supported by two focal points per country: one nationally headquartered NGO and one internationally headquartered NGO, ensuring a deliberate link between national action and regional and global political processes and interests. The funding made available to the CSO coalitions aimed at supporting:

- A mapping of RMNCH CSOs;
- A consultation of all or a subset of CSOs identified during the mapping to discuss RMNCH advocacy priorities;
- The potential setup of a coalition and development of a joint advocacy workplan;
- The implementation of workplan activities.
Coalition work and outcomes

National CSO alliances have become critical platforms in advocating for women’s and children’s health through a unified voice and efforts. Coalitions have focused their work on budget advocacy, reversing budget decisions and increasing health financing in some countries, and advocating for specific budget lines in other countries. Coalitions have in many countries engaged the media for increased RMNCH coverage. They have also strengthened the capacities of their members in policy advocacy strategies, providing them with tools and knowledge to influence public policy on women and children’s health. They have encouraged joint planning and implementation of activities.

In **Uganda**, for example, the national CSO coalition was instrumental in lobbying for a health budget increase of approximately USD 20 million, part of which went in the recruitment of over 6,000 health workers and enhancement of salaries and allowances of doctors working at community level health centres. The Ugandan Coalition has also been instrumental in advocating for the leadership of the Ministry in undertaking a national countdown process.

In **Tanzania**, the coalition has successfully campaigned to address the critical shortfall of health care professionals by encouraging young girls and boys to enrol in midwifery training. The coalition has also campaigned for widespread access to Comprehensive Emergency and Obstetric and Newborn Care (CEmONC) at health centres. As a result, the Prime Minister of Tanzania in 2014, gave a directive that all councils must ensure CEmONC is available at health centres. The campaign has also yielded a petition on CEmONC signed by 96 MPs. Furthermore, the coalition is advocating for increased budget lines for CEmONC.

In **Ghana**, the coalition has launched the E4A and DfID-funded *Mama Ye Campaign*, which focuses on the strategic use of evidence and advocacy to ensure accountability to save lives. This campaign has included a high level meeting with Members of Parliament to address barriers to RMNCH services at the constituency levels and to discuss backstopping state institutions on healthcare financing. As a result, some MPs have started investing their common funds in purchasing ambulances and/or expanding access to healthcare for pregnant women.

In **Kenya**, the national CSO RMNCH Alliance has focused its efforts on providing guidance to members on policy and decision-making structures, as well as avenues and opportunities for advocacy in the new devolved system. The Alliance is also advocating for increased support for Human Resources for Health (HRH) at the county-level (where budgeting and spending decisions are now made), including ensuring that annual budgets include the needed funds for HRH and that these funds are spent appropriately.

In **Burkina Faso**, the Mobilizing Advocates from Civil Society (MACS) Coalition for RMNCH, has been advocating for the Burkina government to be accountable for the commitments it made to improve RMNCH. Coalition members have engaged numerous parliamentarians and public figures in advocating for investments in RMNCH. Through its co-convening agency, Family Care International –Burkina Faso, coalition members are also receiving sustained, expert technical support and training in budget tracking, access to information, and advocacy that is tailored to the context in the country.
In Ethiopia, the CSO coalition acts as the advocacy arm of the core technical committee for women’s and children’s health led by the Federal Ministry of Health. In line with the national RMNCH plan the coalition has raised awareness at the community level on the need for antenatal care, and has created a platform for discussing ethical issues with professional associations.

In Nigeria, the Accountability Mechanism for Maternal, Newborn and Child Health in Nigeria (AMHiN), a multisectoral coalition which engages citizens, organizations and government towards ensuring increased budget transparency and accountability for women and children’s health, has spurred the creation of an independent external review group to support the national steering committee in tracking efforts on progress related to Nigeria’s roadmap on Women and Children’s health. It has also generated consensus on key indicators to track RMNCH progress and has developed an annual MNCH Accountability Scorecard.

In India, spurred in part by the participation of the government of India and Save the Children India on the PMNCH Board, a multi stakeholder coalition was set up to provide advocacy and advisory support to achieve enhanced RMNCH results in India. This coalition, created by directive from the government of India and hosted by Save the Children India, has contributed to the development and the implementation of the national RMNCH+A strategy and has streamlined efforts from constituency members in line with the RMNCH+A strategy.

In Indonesia, the coalition has jointly carried out all the activities proposed in their work plan. It has successfully built member capacity, generated research on health professionals’ awareness and worked with the media to raise the profile of RMNCH issues.

CSO coalitions in some of these countries have taken innovative approaches to make their alliance sustainable. In countries like Indonesia, Ghana and Uganda, voluntary contribution mechanisms have been put in place to cover the running costs of the alliance, and in some cases alliance activities. The coalitions in Indonesia, Kenya, India and Ghana have also developed online interactive platforms for members to share their profiles, stories, activities and best practices. These platforms allow for constant information and discussion among coalition members, more widespread knowledge and increased use of technical resources.

**Coalition work in budget advocacy**

Four of the CSO coalitions, from Burkina Faso, Kenya, Tanzania and Uganda also participated in regional capacity building workshops on budget analysis and advocacy. These workshops, held in Nairobi in August 2013 and Dakar in May 2014, brought together over 130 representatives from civil society, parliaments, the media, ministries of health and finance in an effort to strengthen the knowledge of all actors on budget processes and on the roles different actors can play in influencing that process. The workshop sought to encourage dialogue among representatives from different constituencies who, while they benefit from collaborating on health related advocacy, rarely do. The CSO coalitions that participated in these workshops have also developed within their coalition work plans, new knowledge and skills, and streams of work specifically pertaining to budget advocacy.

In Burkina Faso, the MACS RMNCH Coalition is raising awareness among elected officials and government representatives the commitments made by Burkina Faso to improve RMNCH. They are also making the case for the important role that budget transparency plays in accountability, and advocating for Burkina Faso’s 2016 national health budget to be disaggregated and published publicly for the first time.

In Tanzania, the coalition conducted a budget analysis in Rukwa and Dodoma to see whether, following the directive from the Prime Minister, there are allocations for CEmONC; and to track the trends in budgeting for this intervention. It seeks to influence the government to upgrade its services from BEmONC to CEMONC, and to ensure that at least one health facility in each district provides CEmONC, as promised by the national government of Tanzania.

The coalition in Uganda has also developed a budget advocacy workplan aimed at influencing resource allocation for health and EmONC by 2014/15. The workplan centres on evidence generation on EmONC service provision, capacity building of CSOs in budget analysis and advocacy, advocacy for social accountability, media engagement and public mobilization.

In Kenya, one of the Alliance members, WEMIHS, with support from FCI, will be using the Community Score Card (CSC) methodology to identify and analyze county and health facility budget gaps for RMNCH, with a specific focus on HRH. The findings from the CSC analysis will be used to build consensus on priorities for financing through county budgetary allocations.
**Way forward**

Civil society coalitions in these nine countries have strengthened advocacy for RMNCH through better capacity and knowledge of CSOs, particularly of key accountability tools such as budget analysis, budget advocacy, and social accountability; better alignment of efforts and voices (including of regional partners who are sometimes left out of national level discussions); and more efficient and effective use of resources through joint planning and evidence-based planning. These coalitions however do come at a cost. Coalition members note that:

- Multistakeholder coordination is critical for progress for RMNCH;
- Strong leadership is critical to structure a successful coalition;
- Incentivizing CSO members is critical to the sustainability of these coalitions;
- Increased funding is required for the implementation of workplan activities, and in some cases, for the running costs of the coalitions. Successful coalitions have in many cases benefited from additional funding from partners;
- Sustained technical support from partners, particularly in making the connection between national efforts and regional and global programmes is required. For instance, many partners noted the need for increased information on how to engage in the Post-2015 global development agenda;
- Exchange between coalitions in different countries is necessary for cross-border learning.

PMNCH has been pleased to play a catalytic role in these efforts through support for national CSO coalitions.
Table 1: PMNCH support to national coalition breakdown

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<th>COUNTRY</th>
<th>COALITION CO-CONVENORS</th>
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<tr>
<td>BURKINA FASO</td>
<td>• Family Care International – Burkina Faso</td>
<td>Brahima Bassane</td>
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<td></td>
<td>• Union des Religieux et Coutumiers du Burkina en Santé et Développement</td>
<td><a href="mailto:bbassane@fcimail.org">bbassane@fcimail.org</a></td>
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<td>Faustino Barro</td>
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<td></td>
<td></td>
<td><a href="mailto:barrofaustin@yahoo.fr">barrofaustin@yahoo.fr</a></td>
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<tr>
<td>ETHIOPIA</td>
<td>• Ethiopian Midwives Association</td>
<td>Yalewlayker Yilma</td>
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<td></td>
<td>• Family Guidance Association of Ethiopia</td>
<td><a href="mailto:yalewlayker.ema@gmail.com">yalewlayker.ema@gmail.com</a></td>
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<td>Fekadu Gessese</td>
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<td></td>
<td><a href="mailto:fiku1234@yahoo.com">fiku1234@yahoo.com</a></td>
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<tr>
<td>GHANA</td>
<td>• Alliance for Reproductive Health and Rights (ARHR)</td>
<td>Vicky T Okine</td>
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<td></td>
<td>• Planned Parenthood Association of Ghana</td>
<td><a href="mailto:v.okine@arhr.org.gh">v.okine@arhr.org.gh</a></td>
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<td>Nana Arna Sam</td>
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<td><a href="mailto:oforiwaasam@ppag-gh.org">oforiwaasam@ppag-gh.org</a></td>
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<td>INDIA</td>
<td>• Save the Children India</td>
<td>Pawan Pathak</td>
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<td></td>
<td><a href="mailto:p.pathak@savethechildren.in">p.pathak@savethechildren.in</a></td>
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<td>INDONESIA</td>
<td>• World Vision Indonesia</td>
<td>Asteria Aritonang</td>
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<td>• Perkumpulan Keluarga Berencana Indonesia</td>
<td><a href="mailto:Asteria_Taruliasi_Aritonang@wvi.org">Asteria_Taruliasi_Aritonang@wvi.org</a></td>
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<td></td>
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<td>Inne Silviane</td>
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<td><a href="mailto:inne@pkbi.or.id">inne@pkbi.or.id</a></td>
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<tr>
<td>KENYA</td>
<td>• Family Care International Kenya</td>
<td>Felogene Anumo</td>
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<tr>
<td></td>
<td>• African Women’s Development and Communication Network</td>
<td><a href="mailto:prog-associate@femnet.or.ke">prog-associate@femnet.or.ke</a></td>
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<tr>
<td></td>
<td></td>
<td>Melissa Wanda</td>
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<tr>
<td></td>
<td></td>
<td><a href="mailto:mwanda@familycareintl.org">mwanda@familycareintl.org</a></td>
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<td>NIGERIA</td>
<td>• Africa MNCH Coalition Nigeria</td>
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<td>• White Ribbon Alliance for Safe Motherhood Nigeria</td>
<td><a href="mailto:tonteibraye@msn.com">tonteibraye@msn.com</a></td>
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<td></td>
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<td>Bolaji Mathew Akala</td>
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<td></td>
<td><a href="mailto:nigeria@africamnchcoalition.net">nigeria@africamnchcoalition.net</a></td>
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<td>TANZANIA</td>
<td>• White Ribbon Alliance Tanzania</td>
<td>Rose Mlay</td>
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<td></td>
<td>• Tanzania Midwives Association</td>
<td><a href="mailto:rose.mlay@gmail.com">rose.mlay@gmail.com</a></td>
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<td></td>
<td></td>
<td>Sebalda Leshabari</td>
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<td><a href="mailto:seolesh@yahoo.com">seolesh@yahoo.com</a></td>
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<tr>
<td>UGANDA</td>
<td>• World Vision Uganda</td>
<td>James Kintu</td>
</tr>
<tr>
<td></td>
<td>• ACHEST</td>
<td><a href="mailto:James_Kintu@wvi.org">James_Kintu@wvi.org</a></td>
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<td></td>
<td>Peter Eriki</td>
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<td></td>
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Overview

In 2012, Family Care International-Burkina Faso (FCI/BF) and the Union des Religieux et Coutumiers du Burkina en Santé et Développement (URCB/SD), with support from PMNCH, identified over 100 CSOs engaged in RMNCH work, including the social determinants of health, through a mapping. During a subsequent meeting of 22 organizations shortlisted from the mapping, partners agreed on the central role of CSOs in holding the government of Burkina Faso accountable for its women's and children's health commitments, and formed the MACS RMNCH Coalition.

The RMNCH Coalition in Burkina Faso today serves as a platform for alignment of strategies and exchange of information and resources. The Coalition meets once per quarter, and has a steering committee consisting of five organizations that meet monthly and are together implementing a joint advocacy work plan focused on raising awareness of Burkina’s commitments among government officials and parliamentarians, and sensitizing them to the concepts of accountability and transparency. The Coalition received seed funding from PMNCH and training through the PMMCH-supported workshop on budget tracking and advocacy in Dakar, 2014. The Coalition has also received funding from GIZ and is currently funded by the Bill and Melinda Gates Foundation.

Achievements

Since 2012 the Coalition has:

- Increased the knowledge of parliamentarians and government officials of Burkina’s commitments to the Global Strategy and to improving RMNCH;
- Secured the support of parliamentarians and government officials in their advocacy for accountability towards the above commitments;
- Strengthened the capacity of Coalition members in the concepts of accountability, transparency and their skills in budget tracking and budget advocacy.

The Coalition obtained these results through the following activities:

- Following an assessment of the strengths and weaknesses of the network members, the Coalition trained members on RMNCH advocacy for accountability. Following this training the steering group developed a joint advocacy strategy and work plan aimed at ensuring appropriate budget allocations for RMNCH.
- Coalition members regularly advocate with parliamentarians, as well as representatives from the Ministry of Health (MoH). They have secured the support of the president of the parliamentary Commission on Employment, Social, and Cultural Affairs (Commission de l’Emploi, des Affaires Sociales et Culturelles) and the Director of Family Health within the MoH.
- The coalition developed advocacy tools for use by Coalition members, including an advocacy hand-out which contrasts key RMNCH indicators and women’s and children’s health commitments made by the head of state. These hand-outs are regularly used by Coalition members when speaking with decision makers, and to engage CSOs outside of the Coalition in their work.
- After surveying decision makers and realizing they have little knowledge of the global and regional commitments that Burkina Faso has made to improving RMNCH, Coalition members have been raising awareness of Burkina’s commitments among government officials and parliamentarians, and sensitizing them to the concepts of accountability and transparency.
- The coalition has undertaken a budget analysis with a view to highlighting the proportion of the national budget that has been spent on women’s and children’s health since 2011. This analysis was meant to constitute the basis for budget advocacy aimed at increasing financing for RMNCH, however, the analysis found that budget is not adequately disaggregated and essential information about government spending on health is not accessible in the current budget. As a result, the Coalition is advocating that in 2016, the government publish a disaggregated health budget on its website.

Way forward

Members of the Coalition steering committee have recently completed an intensive technical workshop on budget analysis and access to information. The findings of the budget analysis will be presented at a budget advocacy workshop in December 2014 that will be attended by the entire coalition of 22 members. The Coalition will use the findings of the budget analysis to refine its advocacy strategy and work plan. In 2015, the Coalition will focus its advocacy efforts on ensuring that the 2016 health budget is disaggregated, transparent, and accessible to the public, as this is the first step in ensuring that RMNCH is adequately funded.
Overview

In 2012, after a comprehensive desk review of CSOs working on RMNCH in Ethiopia, the Ethiopian Midwives Association (EMA) and Family Guidance Association of Ethiopia (FGAE) met with the Federal Ministry of Health (FMoH) to determine the government’s RMNCH priorities and how CSOs could support these priorities.

Following this meeting, EMA and FGAE organized a consultation in December 2013 with health care professional associations, NGOs, the Ministry of Health, UN agencies and donors. The meeting discussed RMNCH progress in Ethiopia and barriers to the acceleration of improved health outcomes. During this consultation, participants outlined national priorities for improving RMNCH, framed these national commitments within the scope of the Global Strategy and provided examples of innovative mechanisms being used by NGOs to improve the health of women and children.

Following the consultation, the Ethiopian CSO coalition was formed as the integrated advocacy arm of the core technical committee on women’s and children’s health led by the Federal Ministry of Health. The CSO coalition partners, through joint planning with the core technical committee formulated their action plan around the three issues that were prioritized for the country:

1. To strengthen the referral system among the hospitals and health centres
2. To ensure the implementation of the code of ethics and conduct for health professionals
3. To conduct resource mobilization activities for the sustainable interventions for an improved RMNCH situation

Achievements

The coalition has through its activities:

1. Raised awareness of the community on the need for antenatal care and other maternal health;
2. Increased the efficient use of NGO resources by increasing joint planning and implementation;
3. Strengthened the capacity of health care professionals to manage obstetric complications and reduce multiple referrals, which increases the delay to receive care and treatment and which is one of the major causes of morbidity and mortality of pregnant women in Ethiopia.

Activities

These achievements are the result of:

- **The implementation of Safe Motherhood Initiative** which focused on campaigning for increased mass media messages, using for the most part television, on the need for antenatal care, prenatal care and family planning.
- **The creation a platform for discussing ethical issues with professional associations.** Coalition members also used different trainings and events like the annual conference held on the international day of the midwives to promote the code of ethics and conduct for health professionals. In May 2013 the association in collaboration with regional chapter offices and teaching institutions also conducted professional code of ethics and conduct training for graduate students.
- **Resource mobilization for the implementation of a joint workplan.** The core members of the coalition organised meetings bringing together a larger number of CSO’s working on RMNCH in Ethiopia. The meeting identified and merged duplicate activities, and resulted in the development of a joint workplan. The coalition was also able to raise additional funds to finance their joint activities.
- **The strengthening of referrals systems between hospitals and health centers.** Coalition members developed a midwifery mentoring programme which sought to improve the complication management skills of health professionals in labour wards in two hospitals and ten catchment health centers. These mentorship programmes sought to decrease the amount of referrals of pregnant women with complications from health centers to hospitals. Multiple referrals have been identified in Ethiopia as a major cause of morbidity and mortality.

Way forward

The coalition in Ethiopia has benefited from having a formal seat within the core technical committee on women’s and children’s health led by the Federal Ministry of Health. This has allowed the coalition to ensure that its activities respond to national priorities, has provided the coalition with a specific mandate around advocacy and provides a level of credibility and recognition that will be critical for the sustainability of the coalition.
Overview
In 2012, The Alliance for Reproductive Health and Rights (ARHR) and Planned Parenthood Association of Ghana (PPAG) received support from PMNCH to conduct a mapping of key stakeholders in Ghana and convene a consultative meeting. The meeting resulted in the development of a national level advocacy coalition for the achievement of Ghana’s commitments to improving maternal and newborn survival. Participants at the meeting agreed on common advocacy priorities for improving women’s and children’s health which include: ensuring access to free health services, increasing knowledge amongst the public on national health insurance, increasing the health workforce - specifically the number of midwives in Ghana, and improving the infrastructure and health facilities.

Members of the advocacy coalition came together under the MamaYe! Campaign launched in Ghana in February 2013. MamaYe! is funded by the DfID Evidence for Action programme implemented by Options in the UK. The 30 member coalition serves as a platform for information sharing, consultation and joint planning among national and community based RMNCH civil society organizations. The coalition has launched joint campaigns, engaged the Ghanaian media, and undertaken joint advocacy around the Abuja + 12 Summit of Heads of Governments meeting held by the African Union in July 2013.

Achievements
The coalition has through its activities:

- Encouraged MPs to invest their Common Funds in purchasing ambulances and/or expanding access to healthcare for pregnant women.
- Engaged two successive Health Ministers to discuss alternative sources of funding for RMNCH and the improvement in services in remote communities.
- Increased activism by the general public around maternal survival.
- Developed and launched in April 2014, a MNCH Dictionary containing definitions, terms and statistics for use by media personnel to increase their understanding and reporting skills on MNCH issues.

Activities
These achievements are the result of:

- The launch of the E4A and DfID funded Mama Ye Campaign for improved maternal and newborn survival in Ghana, which focuses on the strategic use of evidence and advocacy to ensure accountability to save lives in Ghana. This campaign has included a high level meeting with members of Parliament to address barriers to RMNCH services at the constituency levels and at backstopping state institutions on healthcare financing. It has also used voluntary blood donation campaigns as an activism tool and a platform to increase participation of the general public in increasing maternal survival. Different groups by this strategy have engaged in working to improve availability of services and quality of care for RMNCH. In Ghana, obstetric haemorrhage is the leading cause of maternal deaths.
• **Awareness raising on RMNCH commitments made by government.** The coalition has strengthened awareness on policies, frameworks and commitments made by the government by repackaging these policies into user friendly formats and disseminating them to the wider public through members. The documents designed and disseminated include, the *Traditional Leaders’ Maternal and Newborn Health (MNH) leaflet; MPs’ Can Support MNH leaflet; MNH Glossary of Terms and Ghana’s RMNCH Commitments and Policies*. Factsheets on maternal health, newborn health, blood availability and sepsis have also been produced.

• **The launch of the Universal Access to Health Campaign** which is aimed at promoting policy reform to improve the health system in general and to guarantee universal access to basic healthcare services free at the point of use. The campaign trained Regional Health Accountability Groups on UHC to monitor quality of service delivery, check on double payments of drugs listed on the National Health Information System drugs list and patient’s satisfaction. The campaign partnered with Water Aid and CONIWAS to present a paper on the need to increase funding to improve universal access to healthcare and trained CSOs on Post-2015 framework and the transition to the Sustainable Development Goals.

• **The development of an online interactive platform** for members to share their profiles, stories, activities and best practices. This platform allows for constant information and discussion among coalition members, more widespread knowledge on and use of resources.

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**Way forward**

In Ghana, the capacity of civil society organisations to engage government on various policy commitments remains limited, largely due to inadequate participation of civil society in policy processes and exacting accountability of government to various commitments made. To address this, ARHR with facilitation provided by White Ribbon Alliance is organising a skills building workshop for 25 Coalition members to increase members capacity in policy analysis and strategic communication of evidence – a core principle of effective advocacy. This will enable members of the coalition to improve RMNCH policy advocacy and to shape the CSO agenda around the implementation of the Post 2015 Development Framework.

In addition, based on gaps identified from evidence generated through assessments of eight health facilities by Coalition members and their constituents in target districts, the Coalition is planning to launch a campaign to increase availability and adequate storage facilities for essential drugs like oxytocin, misoprostol and magnesium sulphate.
Overview
In 2012, through a directive of the Government of India, PMNCH Board member Save the Children India led the formation of a multi-stakeholder coalition that has provided advocacy and advisory support to achieve enhanced RMNCH results in India. The coalition, which brings together, the Government, Academia, Research and training institutes, Health Care Professionals, Local Bodies, NGO’s, Media, Corporates, Donors and UN agencies, has contributed to the development and the implementation of the national RMNCH+A strategy.

The coalition consists of a chairperson, co-chairperson, member secretary, coordinator, steering committee, action group and a secretariat. The Coalition's secretariat is hosted at Save the Children India and provides technical, logistical, and administrative support to the coalition and its bodies. The Coalition steering committee meets bi annually and the coalition has proved to be critical in strengthening civil society participation in MNCH planning. The participation of the Ministry of Health and of Save the Children in PMNCH's Board further strengthens the national and global advocacy links and collaboration.

Achievements
To date the coalition has:
• Following the global launch of the Every Newborn Action Plan at the PMNCH Partners’ Forum, the coalition supported developing and launching of the India Newborn Action Plan which is now being converted into state specific action plans;
• Increased media coverage of RMNCH+A issues;
• Aligned efforts RMNCH stakeholders in support of the RMNCH+A strategy; and
• Provided a common platform to civil societies and faith based organization to support RMNCH+A roll out in the country.

Activities
These achievements are the result of:
• The development of a coalition workplan that outlines activities partners have agreed to undertake in support of the RMNCH+A strategy. Coalition members have reached out to their constituencies through national-level consultations and now through six state-level consultations to brief their constituency members on the RMNCH+A strategy and to encourage alignment of partner efforts (based on their mandates and comparative advantage) to the strategy's aims. As a result, CSOs among others are using their own resources to implement programmes that are more in line with national priorities.
• The development of an RMNCH+A website that aims to keep the RMNCH+A stakeholders informed about RMNCH+A strategies, the activities of the coalition and its achievements.1
• The roll-out of joint planning and advocacy campaigns, such as the development of a national newborn action plan, for which there was ample consultation prior to the launch and concerted advocacy after the launch.
• National & State level RMNCH+A orientation workshops for CSOs & faith-based organizations (FBOs); The coalition played a catalytic role in organizing national and state level orientation workshops on RMNCH+A for CSOs and FBOs.
• A national level orientation meeting for private sector stakeholder, which sought to create a platform for dialogue sharing between the government of India and private sector and also to map the private sector who are willing to partner with the Government of India on initiatives under RMNCH+A. This meeting also discussed the creation of large scale private-public partnerships.

Way forward
Membership of both the government of India and Save the Children on the PMNCH Board has catalysed the setup of the India RMNCH+A coalition. This multi-stakeholder coalition has strengthened the capacity of civil society organisations to engage government on various policy commitments. The coalition has also aligned partner efforts in support of the RMNCH+A strategy. In the coming year, Save the Children as the NGO focal point on the coalition aims to develop a more formal CSO coalition to encourage more systematic collaboration and exchange among CSOs.

1. For more information see www.rmnchplusa.org
INDONESIA

Overview
In 2010 a maternal, newborn and child health (MNCH) movement was established in Indonesia to accelerate the achievement of MDGs, particularly MDG 1c, 4, 5, and 6. The MNCH movement is a network of Civil Society Organizations (international and national NGOs, and professional organizations) that received endorsement and full support from the Government of Indonesia and which are operating at the national, provincial and district/municipal levels. Since 2012, with support from PMNCH, the MNCH movement, under the leadership of World Vision Indonesia and Perkumpulan Keluarga Berencana Indonesia (PKBI), was able to widen the scope of its membership from national level participants, to include local (provincial and even district-level) participants. A crucial addition given the decentralized system in Indonesia.

In May 2012 during a consultative meeting of the expanded coalition, five priority advocacy areas were identified:
1. Improve the implementation of national regulation on exclusive breastfeeding, including ten steps to successful breastfeeding for health facilities;
2. Ensure mother-baby friendly workplaces;
3. Improve emergency maternal and newborn care and services;
4. Ensure access to adolescent friendly reproductive and health services; and
5. Improve the role of community cadres in post natal care for mothers and newborn.

The coalition, which has approximately 35 members, meets quarterly, has a voluntary contribution mechanism to fund joint activities. It also has a website, mailing list and social media group to allow for sharing of information among members.2

Activities
These results were obtained through the following activities:
• A workshop during which NGO representatives assessed global MNCH programme indicators, tools, strategies and lessons learned, and agreed on a list of indicators for reviewing and monitoring MNCH programme results.
• A capacity building workshop that trained participants in four areas: budget-tracking, public policy analysis, media relations and local level advocacy. This workshop resulted in the development of one year work-plans for each of the five advocacy priority areas to be implemented by participants.
• The development of a report that gathered preliminary information on behavior change activities, their effectiveness and impact on health professionals’ motivation and capability to support breastfeeding mothers. This report was developed with a view to inform future advocacy for policies around the issue.
• The organization of three media gatherings in 2012 and 2013 to raise media awareness on RMNCH issues and the central role of healthcare professionals in improving women’s and children’s health.
• The organization of focus group discussion in 12 provinces in December 2013 to gather input for National Development Plan on Maternal, Newborn, Child, and Adolescent Health.
• The drafting, formulation and field test of the Indonesian Maternal, Newborn and Child Health Book.

Achievements
Optimizing resources from each member of this network, complemented with specific funding from PMNCH, PATH, WHO, UNICEF (Indonesia) and World Vision, the coalition has achieved among others:
• Generated a consensus on key indicators for reviewing and monitoring equitable results of the MNCH Programme in Indonesia;
• Generated evidence around health professionals’ awareness and comprehension of the Indonesia’s national law to support and promote breastfeeding;
• Raised the profile of RMNCH in the media as demonstrated by the publication of at least 28 articles related to RMNCH following media training workshops;
• Built coalition member capacity on budget tracking, public policy analysis and media relations; and
• Provided input from 12 provinces for drafting of a five-year development plan on maternal, newborn, child, and adolescent Health.

Way forward
The coalition's activities have resulted in more intense communication not only among health focused NGOs on the national level, but also between NGOs and the Ministry of Health and other related Ministries, such as People Welfare, National Development Planning and National Coordination of Family Planning. The coalition is also currently supporting the process of judicial review to change the minimum level age of marriage for girls from 16 to 18. It will follow up on the initial Infant and Young Child Feeding (IYCF) advocacy plan resulting from regional IYCF meeting, and will continue to support and monitor Government of Indonesia's national commitments to initiative such as the Every Newborn Action Plan, Plan of Action to Accelerate Reduction of Maternal Mortality, Equity for Maternal and Newborn Health, etc. The coalition intends to act collectively on key advocacy priorities through December 2015 and beyond.

2. For more information see www.gkia.org

Strengthening National Advocacy Coalitions for Improved Women’s and Children’s Health, Part 2
Overview
In May 2012, Family Care International Kenya (FCI) and the African Women’s Development and Communication Network (FEMNET), following a mapping of RMNCH organizations based in Kenya, organised a consultative meeting with 17 key national and subnational RMNCH organizations to identify advocacy priorities for RMNCH. During this meeting, participants agreed that a CSO coalition was urgently needed to harmonize advocacy efforts and ensure the implementation of Kenya’s RMNCH commitments made at the national, regional and global levels. This included Kenya’s commitment to the Global Strategy for Women’s and Children’s Health to: 1) recruit and deploy an additional 20,000 primary health care workers, 2) establish 210 primary health facility centres and 3) expand community health care. 

As a result of the meeting which identified fragmented and uncoordinated CSO advocacy efforts as a major challenge, a network of Kenyan RMNCH CSOs was established. The initial activities of the RMNCH Advocacy Alliance were supported by catalytic grants from PMNCH and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). The Alliance receives on-going support from the Bill and Melinda Gates Foundation. Alliance members conduct advocacy around accountability to accelerate realization of RMNCH commitments in Kenya. There are currently 13 members of the Alliance, which come from a range of community-based, national, and international NGOs and address issues along the full continuum of care. Members meet on a quarterly basis at minimum.

Achievements
Since 2012, the Alliance has:

- Increased the knowledge of newly appointed ministry of health officials of the RMNCH situation and its impact on development – a key contribution to knowledge during a period of high staff turnover following national elections;
- Strengthened the capacity of coalition members in accountability and advocacy and increased knowledge of CSOs on advocacy strategies to improve RMNCH within the new devolved Kenyan context;
- Ensured the inclusion of CSOs in Human Resources for Health forums at the national and county level; and
- Increased CSOs understanding of advocacy opportunities at the national and county level within the new government structures.

Activities
These results were obtained through:

- Informal engagement of new Ministry of Health officials to update them about Kenya’s current RMNCH situation.
- Support to the Ministry of Health’s efforts to develop guidelines on Social Accountability, launched by early 2015. Social Accountability ensures that citizens can also play a role in holding the government accountable for the quality, acceptability and effectiveness of health care service. The social accountability guidelines are critical in ensuring that accountability practices are enshrined at all levels (community, county, and national), and that communities play a role in holding the government to account.
- Training Alliance members on RMNCH advocacy for accountability, including budget advocacy.
- The development and dissemination of a civil society position paper on “RMNCH in a Devolved State: The Kenyan Context” to better guide CSO advocacy efforts within a decentralized political context. The paper refines the conceptual framework for accountability; describes the policy context; and outlines RMNCH national policies and strategies as well as the roles and responsibility of different actors; and avenues for a decentralized advocacy for RMNCH.
- Launch of a Community of Practice on the Implementing Best Practices Knowledge Gateway where Alliance members share news and updates.

Way forward
The network of RMNCH CSOs in Kenya will continue to provide a forum for civil society organizations to share information, avoid duplication of efforts, and harmonize ways of working with the government and other stakeholders. In 2014, the Alliance developed a joint advocacy strategy and workplan to achieve the objective: “To provide regular and timely information on Human Resource for Health (HRH) to relevant stakeholders for transparent and accountable government”. This workplan is supported by the Gates Foundation and includes conducting advocacy on HRH at the county level, as well as developing materials to support that advocacy. In addition, FCI and one of the Alliance members, WEMIHS, received an additional grant from PMNCH to work at county-level. This project aimed to identify and analyse county and health facility budget gaps for RMNCH with a specific focus on HRH and build consensus on priorities for financing through county budgetary allocations. This grant builds on training received at the 2013 budget-tracking workshop in Nairobi sponsored by PMNCH, WHO, Save the Children, the InterParliamentary Union, UNICEF, Evidence for Action, the East African Community Open Health Initiative, Family Care International, White Ribbon Alliance, Countdown to 2015, and World Vision International. The tools, information, and lessons learned will be shared with the Alliance members, as well as other budget advocacy partners in Kenya so that it can be replicated in other counties.

3. For more information see http://www.everywomaneverychild.org/commitments/countries/kenya
Overview
In 2012, with support from PMNCH, the Africa MNCH Coalition Nigeria and the White Ribbon Alliance for Safe Motherhood Nigeria undertook a mapping of civil society organizations engaged in RMNCH, identifying 128 active organizations. The partners then held a CSO consultation aimed at identifying common advocacy priorities and means of increased collaboration among CSOs. Participants at the consultation included CSOs working on RMNCH and its social determinants (water, nutrition, sanitation etc.), health systems strengthening, policy and research, women's and children's rights, and media organizations.

The national RMNCH advocacy priorities identified at the consultative meeting were to:
1. Address reproductive, sexual, youth and adolescent health and family planning;
2. Increase supply and access to commodities, pharmaceuticals, immunization and vaccination;
3. Increase MNCH services and human resources for health;
4. Improve newborn and child health survival & address social determinants;
5. Improve health financing & investment; tackle HIV / AIDS, tuberculosis and malaria; and
6. Improve investment in civil registration and statistics.

Following this consultation, a subset of organizations formed the Accountability Mechanism for Maternal, Newborn and Child Health in Nigeria (AMHiN); a multisectoral coalition which engages citizens, organizations and government towards ensuring increased budget transparency and accountability for women and children's health in Nigeria.

Achievements
Since 2013, with support from PMNCH and WRA AMHiN has:

• Spurred the creation of a Nigeria Independent Accountability Mechanism (NIAM), an independent external review group to support the national steering committee in tracking efforts on progress related to Nigeria's roadmap on Women and Children's health;
• Generated consensus on key indicators to track RMNCH progress; and
• Improved transparency through the development of an Annual MNCH Accountability Scorecard and increased capacity of media and CSOs to use these scorecards.

Activities
These achievements are the result of:

• CSO participation in October 2012 WHO Commission on Information and Accountability (COIA) multi-country workshop and April 2013 country level COIA workshop during which a roadmap to implement the COIA accountability framework in Nigeria was developed.
• A workshop to agree on RMNCH indicators for an accountability scorecard and the development of said scorecards. The scorecard aims to provide greater transparency and accountability on the commitments made by the government by providing updates on the proposed indicators.

Way forward
Moving forward in 2015, AMHiN will organize media training to enhance reporters’ understanding of the national indicators reflected in the accountability scorecard. AMHiN will also undertake a systematic distribution of scorecards to the media and other relevant partners.

4. For more information see http://www.who.int/pmnch/media/events/2014/nigeria/en/
Overview
Spurred by support from PMNCH and White Ribbon Alliance global secretariat, the White Ribbon Alliance Tanzania (WRATZ) and the Tanzania Midwives Association hosted a consultative meeting in May 2012 bringing together 32 national and regional CSOs. The meeting provided an opportunity to landscape existing RMNCH advocacy efforts. Participating CSOs agreed to jointly advocate for increased budget allocation for RMNCH. Specific advocacy targets included: 1) ensuring a budget line and increased budget allocation for comprehensive emergency obstetric and newborn care (CEmONC), and 2) advocacy for an increase in the number of skilled birth attendants, particularly midwives in the country. The consultation also resulted in the formation of a Tanzanian RMNCH advocacy civil society coalition and in 2014 a clear budget line decreed by the Prime Minister of Tanzania for CEmONC at the district level.

Achievements
With support from PMNCH and WRA, the Tanzania coalition since 2012 has:

• Catalysed increased enrolment of students in midwifery studies through the ‘Be in Science, Choose Midwifery Campaign’, which is now being replicated by the government;

• Generated widespread political mobilization for CEmONC. A petition on CEmONC was signed by 16,428 citizens and 96 MPs;

• Stimulated a directive from Prime Minister of Tanzania issued on the White Ribbon Day March 15, 2014, that all councils establish a budget line for CEmONC with funds to ensure that these lifesaving services are available at health centres; and

• Obtained commitment from District Executive Directors in Rukwa to fully fund CEmONC budget lines.

Activities
These results were obtained through:

• The launch of the ‘Be in Science, Choose Midwifery Campaign’, which aims to encourage young girls and boys to enrol in midwifery training. The campaign, now ongoing, is being replicated by the government, which has now decided to increase the enrolment of students into health training, including midwifery from 5,000 before 2013 to 7,000 after 2013, reaching 10,000 by 2015.

• Advocacy for widespread access to life saving services through a second campaign, “Be Accountable so that Mothers and Newborns Can Survive Childbirth”. This three year (2013-2015) campaign aims to ensure widespread access to CEmONC at health centres and qualified health workers. In order to achieve this, the campaigns calls for a specific budget line item with funds for CEmONC in the comprehensive council health plans.

• An assessment of council budget plans which noted that there is now a specific budget line with funds for CEmONC. The coalition also carried out a budget analysis and a baseline assessment of health facilities in Rukwa and Dodoma. Following the findings of the analysis, partners have now devised a budget advocacy action plan to address the gaps.

• Advocacy for increased budget lines for CEmONC. Following the analysis of council budget plans, and the discovery of CEmONC budget lines, the coalition convened a stakeholder meeting bringing together over 60 participants, mostly district executive directors (DEDs, DMO’s & DPLO’s), to go over the existing budget lines and determine whether they are sufficiently funded. Participating DEDs, as a result of the meeting, promised to address the gaps identified in the budget.

Way forward
The coalition in Tanzania has operated in a more punctual manner, collaborating on specific events and campaigns instead of meeting regularly to undertake joint planning. Moving forward the coalition aims to continue to seize advocacy opportunities linked to increasing funds for maternal health in Tanzania.
Overview
Uganda’s civil society alliance formed as a loose collaborative network engaging in parliamentary advocacy for an RMNCH resolution at the 126th Inter-Parliamentary Union Assembly (IPU) in 2012. ACHEST and WVI Uganda, with subsequent funding from PMNCH, helped convert this partnership into a more structured coalition that regularly brings together not only actors working on RMNCH but other smaller coalitions working in social determinants of health such as nutrition and water, sanitation and hygiene, as well as media. The coalition undertakes joint planning and decision making through its steering committee and funds its activities through a voluntary contribution mechanism.

The coalition advocacy activities focus on improving health financing, addressing supply chain management challenges, and improving access to services, coverage and functionality of health facilities for EmONC.

Achievements
The coalition since 2012 has:

- Contributed policy briefs and evidences to IPU negotiations and processes for adoption of MNCH as one of the priorities. Through intensive lobbying, the 126th IPU General Assembly passed the resolution without any reservation;
- Successfully lobbied for national health budget increase of approximately USD 20 million part of which went in the recruitment of over 6,000 health workers and enhancement of salaries of doctors in community health centres;
- In collaboration with the Ministry of Health and UNICEF, the coalition reviewed the acceleration plan for RMNCH under the “A Promise Renewed” framework. After its approval, the Vice-President of Uganda launched the plan towards the end of 2013 and the coalition took lead in its dissemination in 44 districts. The Local Governments are expected to incorporate the strategic shifts into the district health plans and budgets;
- Presented a statement to the Minister of Health and lobbied the Uganda delegation to the 2013 World Health Assembly to support the UN resolution on Live Saving Commodities. The Assembly adopted the resolution and Uganda received a catalytic fund to implement the UN Live Savings Commodities Project. The coalition in collaboration with the Ministry of Health is leading on advocacy to improve supply and also demand for LSCs through increased budgetary allocation and empowerment of mothers and women of reproductive age with a budget of USD 161,000;
- Following a study on the provision of EmNOC services, the coalition presented a petition to the speaker of Parliament on the increase of primary health care. The Parliamentary Committee on health took up the matter. The recommendation of increasing budget allocation of UShs.40 billion for primary health care appeared in the Parliamentary Health Committee report presented during Parliamentary budget debates for FY2014/15;
- Increased media coverage for RMNCH. The coalition oriented an estimated number of 30 journalists on RMNCH issues. Currently, RMNCH issues are profiled in both print and electronic media on a weekly basis; and
- Strengthened the capacity of 20 community-based CSOs to engage in health budget advocacy.
Activities
These achievements have been the result of:

- **Advocacy for Increased Health Budget.** The coalition built the capacity of 60 people representing coalition members in budget advocacy. Furthermore, the alliance reviewed and contributed to budget frame-work papers and ministerial Policy statements. The coalition also organized a dialogue meeting with MPs and lobbied for more resources for better health services. Lobbying briefs were prepared to engage district and national leaders.

- **Raising awareness on key RMNCH issues.** The coalition empowered key stakeholders by mobilizing and creating awareness on MSRRHR. The coalition operates at the district and national levels. It has worked closely with community based members to raise their confidence in voicing health budget related concerns. The coalition has also engaged the media to ensure increased coverage of community health concerns related to MNCH.

- **Documenting and disseminating best practices on advocacy.** The coalition also collected evidence for advocacy by co-ordinating additional action research and case studies to compliment work done by the White Ribbon Alliance. It also monitors partner activities to provide regular reports for review by the steering committee. Through this on-going assessment of best practices, the coalition has been able to document and disseminate best practices for wider learning of coalition members.

Way forward
The CSO coalition in Uganda has proven to be critical in advocating for mothers and children to enjoy their right to health. It continues with its quarterly steering committee meetings and biannual general meetings to enhance coordination and learning. In 2015, the coalition will build the capacity of its members at the district level on budget processes and advocacy. It will implement a budget advocacy workplan aimed at ensuring adequate budgetary funds to cater for EmONC services at 100% in hospitals and 50% in all Health Centre IVs (mini hospital and delivers the Complimentary Activity Package) in financial year 2014-15. This will include evidence-gathering on EmONC services, dialogue with decision makers, citizens’ voice programmes and media engagement.