



About PACFaH

The Partnership for Advocacy in Child and Family Health (PACFaH) project is a pilot project of the dRPC which was implemented between 2014 to 2017. The project was designed as a health accountability intervention implemented by a collective of 7 Nigerian civil society organizations working together to advocate to government to keep policy and funding commitments for child and family health and to bring down regulatory and administrative barriers inhibiting the advancement in child and family health. PACFaH was anchored by the development Research and Projects Center (dRPC) and was subjected to external evaluation at close out in 2017.

The innovation in PACFaH

PACFaH differs from most social accountability projects through its focus and activity profile on both the demand and supply sides of advocacy. PACFaH also focuses on health advocacy 'asks' in general as well as on 4 of the most important issue areas in public health. PACFaH brings together a mix of Nigerian NGOs including faith based NGOs; an intermediary group; a professional association; and two umbrella NGOs and unitary groups under one loose coalition. Moreover, each of the PACFaH implementing partners supports advocacy coalitions with workplans and activities all the way down to villages of the 7 focal states. The 'P' in Partnerships links the multiplicity of stakeholders and activities of the project.

Working with government

On the supply side, PACFaH aims to develop champions for change within government by identify and training strategic health bureaucrats in leadership development techniques so as to strengthen their stewardship of the health sector.

PACFaH focal states

PACFaH works at the national level and in 7 focal states—Lagos, Oyo, Bauchi, Kano, Kaduna, Niger, and Nassarawa states.

PACFaH issue areas

PACFaH is firstly focused on the health sector as a whole with particular interest in the 4 issue areas - Nutrition; Childhood killer disease; Family Planning and Routine Immunization.

CSOs engaged in PACFaH

The PACFaH grant recipient is the development Research and Projects Center, and indigenous intermediary Nigerian non-profit with 23 years of capacity building for civil society organizations.

Sub-grantee partners of the project are:

- Association for the Advancement of Family Planning (AAFP)
- Community Health and Research Initiative in Nigeria (CHR)
- Civil Society for Scaling-up Nutrition in Nigeria (CS-SUNN)
- Federation of Muslim Women Organizations of Nigeria (FOMWAN)
- Health Reform Foundation of Nigeria (HERFON)
- Pharmaceutical Society of Nigeria (PSN)

PACFaH primary investment outcomes

The PACFaH has 13 Primary investment outcomes and 32 intermediate investment outcomes. The Primary investment outcomes are:

Primary Investment Outcomes of the PACFaH Project

- (1) Scale up/Expansion of an indigenous advocacy capacity building model in Nigeria by end of project (EOP)**
- (2) Increased 2017 health sector budget allocation and releases in Nigeria at National and 7 States**
- (3) Increased Implementation of the National Strategic Plan of Action at National and 3 states**
- (4) Adoption of the FP policy(blueprint) in 2 states (Oyo and Nassarawa)**
- (5) Increased implementation of the FP costed Implementation Plan (CIP) in Kaduna**
- (6) Strengthened National Treatment Guidelines with Amoxicillin Dispersible Tablet adopted as the First Line Treatment (FLT) for Childhood Pneumonia by 2017**
- (7) Adoption of Zinc-LO-ORS (co-Pack) for the Treatment of Childhood Diarrhoea by 2017.**
- (8) Increased Implementation of the Amoxicillin Dispersible Tablet policy as the First Line Treatment (FLT) for Childhood Pneumonia and by 2017 at National and 3 states**

- (9) Increased Implementation of the Zinc-LO-ORS (co-Pack) policy for the Treatment of Childhood Diarrhoea by 2017 at National and 3 states**
- (10) Increased RI focused funding at the National and 4 focal states in Nigeria by EOP**
- (11) Increased organizational effectiveness of CHR to strengthen the PACFaH project**
- (12) Reduction of regulatory barriers of Pharmaceutical Council of Nigeria (PCN) processes, guidelines and operating systems proscribing CP/PPMVs from providing FP services at point of care**

PACFaH advocacy tactics

PACFaH implements unique tactics at both the supply and demand sides of advocacy. On the supply side, the PACFaH does not just work with government officials as advocacy targets but we engage them as strategic partners and works through MOUs with apex government Think Tanks to create champions in the Executive and Legislature.

On the demand side, PACFaH builds vertical partnerships around the 4 issue areas all the way down to the grassroots in the focal states where issue led coalitions track budgets, conduct advocacy and use new skills to initiate self directed activities. On the demand side, new stakeholders are brought into health advocacy through training and engagement. They include traditional and religious leaders as well as the new media.

What does success look like for PACFaH?

For the PACFaH coalition of CSOs our vision of success is one where government is committed to fulfilling its commitment to child and family health through domestic mobilization of resources, implementing policy pledges and ensuring that there is timely releases of funds. Success also comes when champions within government are committed to institutionalizing the inclusion of CSOs in the health budgeting process and have a plan to sustain their civil society complementary activities. For the CSO community, success for PACFaH means that their technical and organizational capacity it built; the groups have developed the profile and track record from PACFaH to attract new development funding; and remain committed to sustaining inclusive and impactful work in the health advocacy space.



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