Partnership for Advocacy in Child and Family Health End of Project Evaluation

Final Evaluation Report

September 12, 2017

This publication was produced for the development Research and Projects Centre and the Bill and Melinda Gates Foundation by Social Impact, Inc. based on the evaluation conducted by Dr. Kari Nelson, Aisiri Adolor, Meredith Feenstra, Joshua Olatunji, and Catherine Villada.

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Acknowledgements

The evaluation team is grateful for the support it received from dRPC and BMGF throughout this evaluation. Special thanks to Drs. Judith-Ann Walker (PACFaH Executive Director) and Omowunmi Olabalu (Monitoring & Evaluation Associate) for their assistance in consolidating documents for the desk review, coordinating with many stakeholders during data collection, and for providing insightful feedback on the evaluation design and preliminary results. Finally, the evaluation team would like to thank all the respondents from the CSOs, CBOs, PACFaH champions, advocacy targets, media representatives, and all others involved in data collection. The team is appreciative of the rich and thoughtful inputs we received.

Acronyms

AAFP	Association for the Advancement of Family Planning
BMGF	Bill and Melinda Gates Foundation
CBO	Community-Based Organization
CFH	Child and Family Health
CHR	Community Health and Research Initiative
CISLAC	Civil Society Legislative Advocacy Centre
CSO	Civil Society Organization
CS-SUNN	Civil Society Scaling Up Nutrition in Nigeria
DFID	Department for International Development
dRPC	development Research and Projects Centre
DT	Dispersible Tablet
ET	Evaluation Team
FBO	Faith-Based Organization
FGD	Focus Group Discussions
FOMWAN	Federation of Muslim Women's Associations in Nigeria
FP	Family Planning
HERFON	Health Reform Foundation of Nigeria
HR	Human Resources
KII	Key Informant Interview
LO-ORS	Low Osmolarity Oral Rehydrating Solution
M&E	Monitoring and Evaluation
NAFDAC	National Agency for Food and Drug Administration and Control
NGO	Non-Governmental Organization
NIFT	National Immunization Financing Task Team
NILS	National Institute of Legislative Studies
NIPSS	National Institute for Policy and Strategic Studies
NPHCDA	National Primary Health Care Development Agency
NSPAN	National Strategic Plan of Action for Nutrition
OCA	Organizational Capacity Assessment
PACFaH	Partnership for Advocacy in Child and Family Health
PPMV	Proprietary Patent Medical Vendors
PSN	Pharmaceutical Society of Nigeria
RI	Routine Immunization
SI	Social Impact, Inc.
USAID	United States Agency for International Development

I. Executive Summary

The Partnership for Advocacy in Child and Family Health (PACFaH) was an $8.4 million, three-year social accountability and capacity building project implemented by the development Research and Projects Centre (dRPC), along with a consortium of Nigerian civil society organizations (CSOs) and coalitions of community-based organizations (CBOs). PACFaH worked to ensure Nigerian national and state governments fulfill their commitments to health. With funding from the Bill and Melinda Gates Foundation (BMGF), PACFaH mobilizes a consortium of indigenous Nigerian CSOs, CBOs, faith-based organizations (FBOs), professional associations, and the media to promote government responsiveness on policies and budgets in child and family health (CFH). dRPC, a Nigerian CSO, served as the central coordinating body for the consortium. The project was implemented in three phases: the inception phase (October 2014–May 2015), the scale-up phase (June 2015–March 2017), and the sustainability phase (April 2017–September 2017).

Evaluation Purpose and Evaluation Questions

dRPC contracted Social Impact, Inc. (SI) to conduct an end of project evaluation of PACFaH to explore which components of the model worked well, which components worked less well, and how stakeholders worked together within the partnership model to achieve PACFaH's intended outcomes. This evaluation assessed the effectiveness of the model overall and will be used to inform potential follow-on activities. This evaluation sought to answer the following questions:

1. How has the PACFaH partnership model worked to build CSO capacity for advocacy among the partners? How did this model facilitate or hinder achievement of advocacy outputs and outcomes?
2. To what extent has subgrantee CSOs' capacity for advocacy been built? How effective were dRPC's efforts to build CSO capacity for advocacy?
3. To what extent has PACFaH achieved advocacy outputs and outcomes? What PACFaH advocacy activities were most effective at increasing government officials' likelihood to support increases in CFH funding?
4. How effective is the PACFaH model for integration and replication, both horizontal integration (partnerships between CSOs) and vertical integration (partnerships with other stakeholders)?
5. To what extent have the partnerships between CSOs and CBOs ensured their sustainability?

Evaluation Methods and Limitations

The evaluation design combined process and outcome/summative evaluation components to provide a nuanced assessment of the PACFaH model and the results it has achieved. The evaluation employed a mixed-methods design that was informed by organizational capacity assessments (OCAs), key informant interviews (KIIs) with targeted stakeholders, focus group discussions (FGDs) with selected CBOs, a short electronic survey of all CBOs (for whom email addresses were available), secondary monitoring data, and an assessment of CSO-produced advocacy materials.

Although the ET made every effort to mitigate limitations to the extent possible, limitations of this evaluation include: insufficient direct baseline data, recall bias, positive response bias, inconsistent and/or poor-quality monitoring data, and challenging causal links between advocacy and action.

Key Findings and Conclusions

Evaluation Question 1: The PACFaH Model

PACFaH was a pilot project designed to evolve throughout the project lifecycle in response to changes in the operating environment and as aspects of the project did not work as expected. This adaptive approach was a strength of the model because it allowed stakeholders to learn and adapt as the project progressed. A few respondents noted that this flexibility is uncommon in projects funded by international donors, where rigid project designs do not allow for adaptation, even if it becomes evident during implementation that certain parts are not working well. Many of the issues encountered in implementation were reported to have improved over time, which suggests benefits of this adaptive approach.

There are several key strengths and weaknesses of the model that emerged throughout the evaluation, both of which are potentially informative for future programming. Key strengths of the PACFaH model included: the focus on indigenous organizations, emphasis on capacity building, coalition building, and the overall flexibility in the PACFaH model/its ability to adapt over time and to changing circumstances. These strengths helped facilitate the achievement of project goals.

The key challenges of the model included: the fact that many of the CSOs had not worked together before and had to learn to work together and trust one another, sentiments of competition between organizations (which was exacerbated by the fact that many had not previously worked together), and a lack of clarity around roles and responsibilities, particularly for cross-cutting organizations.

Evaluation Question 2: Subgrantee Capacity Building

CSOs' capacity for advocacy improved since the beginning of PACFaH as advocacy activities became more organized and structured. These improvements include increased follow up with advocacy targets, increased media outreach and exposure, and increased use of evidence to support advocacy asks. While the advocacy work CSOs conducted improved over time, work remains to ensure the strength and appropriateness of written strategies for advocacy are consistent across the CSOs. While advocacy targets provided some positive feedback about the utility of certain CSO-generated advocacy materials, the quality of advocacy materials was inconsistent across CSOs and product types.

Capacity building was a key tenet of PACFaH and was valued and useful to the CSOs, particularly the Mango and Portland trainings and workshops. Similarly, dRPC's role in capacity building was reported a positive aspect of the project, especially in its provision of mentoring and its ability to facilitate external trainings. While the CSOs have improved their capacity for advocacy, they expressed a desire for additional skills from the CSO staff, especially social media and monitoring and evaluation (M&E).

Evaluation Question 3: Achievement of Investment Outcomes

There has been notable progress toward PACFaH's key investment outcomes. Without a counterfactual (what would have happened in the absence of the intervention), this evaluation is unable to attribute these changes to advocacy efforts by PACFaH alone, or by the efforts of any other actors. However, the evaluation concludes that PACFaH has contributed to substantial advances in policy-level outcomes, increases in budget allocations in many, though not all, states, both at the overall health sector level and the line item levels. However, these successes have not always translated to increases in releases, which remains one of the major challenges to achieving longer-term health goals.

Additionally, though many respondents characterized the creation of specific budget line items for a health issue as a means of ensuring that the issue receive adequate attention (both through budget allocations and releases), this was not always the case. For family planning (FP), for instance, though each state allocated funds to the FP budget lines, actual releases were quite low, even zero percent in several cases. Similar issues were encountered with nutrition releases. While the existence of a specific budget line for any health issue may increase transparency around funding, it is not a guarantee that funding will be allocated or released.

Despite the many achievements over the course of the PACFaH pilot, the sustainability of health advocacy work is persistently threatened by a lack of resources, which are imperative to pay staff and engage key stakeholders, including the media and government actors. Without funding, it may not be possible for organizations to continue to their health advocacy efforts.

Evaluation Question 4: Horizontal and Vertical Integration

As discussed in Evaluation Question 1, members of the coalition at all levels (CSOs and CBOs) broadly characterized the coalition building component of the project as useful and positively contributing to the achievement of project outcomes. However, there were challenges, particularly among organizations that had never worked together and did not have trusting relationships. The likelihood that CSOs will continue to work together in the future varies by CSO. Some CSOs expressed more willingness to work with other CSOs in the future than others, particularly if the focus of their work is similar (e.g., an FP CSO may be more likely to work with another FP CSO than a nutrition CSO). Some CSOs initially viewed each other as competitors and felt forced into perfunctory partnerships by dRPC/the PACFaH model. While these relationships generally improved over time, they are less likely to continue than those that were able to develop more organic and symbiotic partnerships. Regardless of the strength of partnerships, their continuation is heavily contingent on the availability of funding and a coordinating mechanism that unites them around a common goal.

Evaluation Question 5: Coalition Sustainability

Knowing and having relationships with other organizations positively impacts access to funding. For example, when one partner hears about a funding source, it can work with other partners to bring them along. However, it is critical for organizations to have experience with each other. They need to have worked together in the past, know each other, and trust each other. In addition, participation in PACFaH and membership in the partnerships lends credibility to the

organizations—it shows that they have experience managing grants and working in a professional setting. However, the extent to which there are concrete plans for accessing future funding as a coalition varied by CSO. In some cases, there are plans to continue working with the coalitions and they have identified funding sources. In other cases, the coalitions have not yet taken steps to identify alternative sources of funding. Some of the CBO coalition members have plans to continue working together after PACFaH ends, but for others, the sustainability is uncertain. The sustainability of partnerships was not emphasized early in the project—some organizations had organizational structures that were more amenable to the coalition model and the likelihood of them continuing is contingent on how well the coalitions fits into their prior organizational structure and values. Finally, without coordination and support from a central coordinating body (like dRPC for the CSO coalitions or the subgrantee CSOs for the CBO coalitions), it seems unlikely that the coalitions will continue to work together and/or support the PACFaH mandate. Some organizations tend to follow the money, adapting their mission or topic area based on the availability of funding.

Recommendations

1. Conduct a capacity needs assessment before the project begins.
2. Provide trainings that are hands-on and have a mentoring component.
3. Reconsider the role and structure of subgrantees, particularly the cross-cutting components.
4. Improve consistency of monitoring data over time.
5. Pay attention to how coalition building fits into the organizations' mission when selecting partners to build coalitions.
6. Rely on the theory of change to ensure objectives are focused on key outcomes that will enable longer-term objectives in a reasonable amount of time.

II. Introduction and Evaluation Purpose

The development Research and Projects Centre (dRPC) contracted Social Impact, Inc. (SI) to conduct an end of project evaluation of the Partnership for Advocacy in Child and Family Health (PACFaH) project, the purpose of which was to explore which components of the PACFaH model worked well, which components worked less well, and how stakeholders worked together within the partnership model to achieve PACFaH's intended outcomes. The findings of this evaluation are intended to inform potential follow-on activities. The evaluation design utilized a hybrid methodological approach, integrating elements of a process and outcome/summative evaluation to provide a nuanced assessment of the PACFaH model and the results it has achieved. This evaluation assessed PACFaH against the following outcomes:

1. How well the model worked to build CSO capacity;
2. Increased CSO capacity for advocacy;
3. Investment objectives as outlined in the results trackers, such as increased budget allocations and releases for health;
4. Increased and strengthened partnerships; and
5. Improved sustainability of the partnerships among consortium CSOs and between CSOs and CBOs.

The two primary audiences for this evaluation are dRPC and the Bill and Melinda Gates Foundation (BMGF). Secondary audiences include PACFaH subgrantee CSOs and CBOs, the Nigerian child and family health (CFH) community, and other donors engaged in the civil society and health spheres. The evaluation highlights strengths and weaknesses of the PACFaH model and explores the ways in which it might be replicated in the future. This evaluation also produces evidence related to how the partnership model (including horizontal and vertical integration) contributed to the organizational sustainability of the subgrantee CSOs and CBOs.

III. Project Background

PACFaH was an experimental, $8.4 million, three-year social accountability and capacity building project implemented by the dRPC, along with a consortium of Nigerian civil society organizations (CSOs), and coalitions of community-based organizations (CBOs). PACFaH works to ensure Nigerian national and state governments fulfill their commitments to health. With funding from the BMGF, PACFaH mobilized a consortium of indigenous Nigerian CSOs, CBOs, faith-based organizations (FBOs), professional associations, and the media to promote government responsiveness on policies and budgets in CFH. dRPC, a Nigerian CSO, served as the central coordinating body for the consortium. The project has been implemented in three phases: the inception phase (October 2014–May 2015), the scale-up phase (June 2015–March 2017), and the sustainability phase (April 2017–September 2017). PACFaH was the first time BMGF granted directly to an indigenous organization and was designed as a pilot. The experimental nature of the project led to several changes to the organizational structure, the target outcomes, and the theory of change throughout the life of the project, which will be discussed in more detail later in the report.

PACFaH Theory of Change Statement:

A committed, connected, and competent body of Nigerian CSOs working together, while being strengthened by the intermediary NGO (dRPC), to conduct evidence-based advocacy at national and state levels, can help spur government to fulfill pledges, allocate appropriate funds, and introduce regulatory systems for an accountable, transparent, and inclusive child and family health system.

PACFaH's overarching goal was to strengthen indigenous CSOs to form supportive partnerships that can collectively advocate for government accountability, transparency, and responsiveness at the national and state levels in areas of policy, budgets, and administrative regulations for CFH. PACFaH aimed to mobilize and channel the voices and energies of previously excluded groups and to "indigenize advocacy" by creating new constituencies of advocates. PACFaH's activities focused on six areas:

- Organizational development and capacity building
- Advocacy preparation and materials development
- Creation of champions for change within the government
- Mobilization activities, including working with the media
- Collaborative advocacy and follow up activities
- Monitoring, evaluation, and learning

PACFaH's intended outcomes can be divided into three categories: intermediate outcomes, primary investment outcomes, and long-term impacts. Intermediate outcomes were intended to be achieved by the end of the project and included:

1. Increased capacity of CSOs to work together in partnership to advocate for CFH commitments at the national and state levels.
2. Increased accountability of government to release routine immunization (RI) funding at the national and state levels.
3. Increased capacity of key stakeholder groups in Nigeria to advocate for and to track and monitor nutrition funding.
4. Increased advocacy capacity among CSOs in Nigeria to ensure that Family Planning (FP) remains a development priority at the national and state levels.
5. Increased support by key policymakers at national level and in three focal states on the adoption of the Amoxicillin dispersible tablet (DT)/Zinc/Low-osmolarity Oral Rehydration Solution (LO-ORS) policy by 2017.

Primary investment outcomes, which were designed to be achieved by the end of the project, include:

1. Scale up of an indigenous advocacy capacity building model in Nigeria.
2. Increased 2017 health sector budget allocations and releases at national and state levels (including sector-specific line item budgets and releases).
3. Increased implementation of the National Strategic Plan of Action (NSPAN) at national state levels.
4. Increased funding for FP by the Government of Nigeria at the national and state levels.
5. Adoption of the FP blueprint in two states.
6. Adoption of Zinc-LO-ORS (co-pack) for the treatment of childhood diarrheal diseases by 2017.

Finally, expected long-term impacts of the project included increased inclusion of CSOs in the health budget process, improved accountability and transparency in the budget process, strengthened coalitions of non-governmental organizations (NGOs), shared learning from PACFaH, and sustainability of the PACFaH CSOs and alumni champions. All three categories of outcomes stem from the PACFaH results framework, which was revised in February 2017.

The four areas within PACFaH's programmatic scope were: childhood killer diseases (diarrhea and pneumonia), RI, nutrition, and FP. There were seven PACFaH subgrantee CSOs whose work focuses on one or more of these issue areas, including:

- Association for the Advancement of Family Planning (AAFP)
- Community Health and Research Initiative (CHR)
- Civil Society Legislative Advocacy Centre (CISLAC)[1]
- Civil Society Scaling Up Nutrition in Nigeria (CS-SUNN)
- Federation of Muslim Women's Associations in Nigeria (FOMWAN)
- Health Reform Foundation of Nigeria (HERFON)[2]

[1] CISLAC withdrew from PACFaH in late 2016.
[2] HERFON's formal membership in PACFaH was terminated in April 2017. This is discussed in more detail in the HERFON case study.

- Pharmaceutical Society of Nigeria (PSN).

In 2013, (before the PACFaH grant was awarded to dRPC), BMGF contracted dRPC to conduct a landscaping study of CSOs in Nigeria, mapping their focal areas and identifying their technical and institutional capacity. With the exception of CS-SUNN, all of the CSOs ultimately selected as subgrantees under PACFaH were identified in this landscaping study.[3] This study functioned as an impetus to BMGF's decision to grant to an indigenous CSO and target efforts within the civil society and advocacy sphere.

PACFaH was originally designed such that some CSOs would act as "issue area leads" and others would provide cross-cutting support in legislative advocacy, media engagement, and grassroots mobilization. All CSOs worked at the national level, and all but AAFP also worked in two to four focal states. Figure 1 presents a matrix of the four PACFaH issue areas and the states in which each CSO (except for CISLAC) worked.

Figure 1: PACFaH CSO Issue Areas by Region/State

	Region/State	National	Kaduna	Lagos	Niger	Kano	Bauchi	Nasarawa	Oyo
Issue Area	Routine Immunization	CHR	CHR		CHR	CHR	CHR		
	Family Planning	AAFP	HERFON					HERFON	HERFON
	Nutrition	CS-SUNN	CS-SUNN		CS-SUNN			CS-SUNN	
	Pneumonia/ Diarrhea	PSN	PSN	PSN		PSN			
	Grass Roots Mobilization	FOMWAN	FOMWAN	FOMWAN	FOMWAN	FOMWAN	FOMWAN	FOMWAN	FOMWAN

[3] CS-SUNN was a very new organization at the time of the landscaping study and thus was not included, but was identified soon after for inclusion.

IV. Evaluation Questions, Design, Methods, and Limitations

Evaluation Questions

This evaluation sought to answer the following evaluation questions:

Process-related Questions:

1. How has the PACFaH partnership model worked to build CSO capacity for advocacy among the partners? How did this model facilitate or hinder achievement of advocacy outputs and outcomes?

Outcome-related Questions:

2. To what extent has subgrantee CSOs' capacity for advocacy been built? How effective were dRPC's efforts to build CSO capacity for advocacy?
3. To what extent has PACFaH achieved advocacy outputs and outcomes? What PACFaH advocacy activities were most effective at increasing government officials' likelihood to support increases in CFH funding?
4. How effective is the PACFaH model for integration and replication, both horizontal integration (partnerships between CSOs) and vertical integration (partnerships with other stakeholders)?
5. To what extent have the partnerships between CSOs and CBOs ensured their sustainability?

Evaluation Design

As dRPC and BMGF were interested in understanding both how PACFaH's participatory and flexible implementation model affected CSO capacity for advocacy and the extent to which expected outcomes were achieved, this evaluation combined process and outcome/summative evaluation approaches to address both components. While process evaluations are designed to explain *how a program worked*, outcome/summative evaluations are designed to explain *how well a program worked* to accomplish its goals. This evaluation utilized a case study approach, which is useful when evaluating unique or innovative programs, as it provides an in-depth look at the dynamics that drove both successes and challenges. The rich detail derived from case studies provided individualized information about how each CSO differently experienced the PACFaH funding mechanism and capacity building programming. The case studies allowed for descriptive analyses of each CSO while also supporting two types of comparative analyses: 1) pre- and post-project changes within each CSO and 2) differences among the CSOs. The evaluation team (ET) generated findings and conclusions from these comparative analyses to establish a holistic picture of how the CSOs worked together within the PACFaH model as well as to assess the overall effectiveness of the model.

To implement this approach, the ET took two trips to Nigeria. Dr. Kari Nelson (Team Leader) and Ms. Meredith Feenstra (Evaluation Specialist) conducted the first of two trips (a scoping trip) from May 1 to May 11, 2017. The purpose of this trip was to meet with stakeholders and collect

additional information that was used to inform the final evaluation design. The team also introduced the evaluation and the organizational capacity assessment (OCA) component to the CSOs. Also during the scoping trip, the team met with dRPC staff, CSO staff, PACFaH champions (government officials/religious leaders/traditional rulers who were external to the project but identified as strategic supporters of PACFaH's mission), and other key stakeholders to gain additional insight into PACFaH's implementation and context. The ET's early engagement with project stakeholders also created an opportunity to encourage evaluation utilization by soliciting active participation from project stakeholders from the outset. After finalizing the evaluation design and the data collection tools, the full ET conducted primary data collection in Nigeria from June 1 through June 21. During fieldwork, the team conducted OCA workshops with each CSO, interviewed all stakeholder groups, facilitated FGDs with CBOs, and administered an electronic survey to CBOs.

Site Selection: The ET collected data in Abuja, Kaduna, and Lagos. Logistical and security constraints prevented the ET from traveling to all seven focal states in which PACFaH worked, so the ET selected two states, in collaboration with dRPC. With the exception of AAFP (which only works at the national level), all CSOs were active in Kaduna, which posed a clear opportunity to collect data from all the CSOs. Lagos was identified because it contrasts with Kaduna both in terms of regional geography (being in the Southwest) and political environment, which has led to a different operating environment and resulted in different outcomes than in other states.

Data Collection Methods

The evaluation employed both quantitative and qualitative data collection methods, with data collected in Abuja, Kaduna, and Lagos. The design matrix in Figure 2 illustrates how the data collection methods that follow were used to answer each of the evaluation questions.

Figure 2: Design Matrix

Evaluation Question	Evaluation Methods	Data Sources	Data Analysis Methods
1. How has the PACFaH partnership model worked to build CSO capacity for advocacy among the partners?	OCA KIIs	dRPC Staff BMGF Staff CSO Staff Other Development Stakeholders PACFaH Champions	Qualitative Analysis Comparative Case Studies
2. To what extent has subgrantee CSOs' capacity for advocacy been built? How effective were dRPC's efforts to build CSO capacity for advocacy?	OCA KIIs FGDs Review of Advocacy Materials	dRPC Staff BMGF Staff CSO Staff CBO Staff Advocacy Targets	Qualitative Analysis Comparative Case Studies
3. To what extent has PACFaH achieved advocacy outputs and outcomes? What PACFaH advocacy activities were most effective at increasing government officials' likelihood to support increases in CFH funding?	Secondary Data KIIs FGDs	dRPC Staff BMGF Staff CSO Staff CBO Staff Advocacy Targets PACFaH Champions Media Representatives Other Development Stakeholders	Qualitative Analysis Secondary Data Analysis
4. How effective is the PACFaH model for integration and replication, both horizontal integration (partnerships between CSOs) and vertical integration (partnerships with other stakeholders)?	OCA KIIs FGDs Electronic Survey	dRPC Staff BMGF Staff CSO Staff CBO Staff	Qualitative Analysis Quantitative Analysis Comparative Case Studies
5. To what extent have the partnerships between CSOs and CBOs ensured their sustainability?	KIIs FGDs Electronic Survey	dRPC Staff BMGF Staff CSO Staff CBO Staff	Qualitative Analysis Quantitative Analysis Comparative Case Studies

Desk Review: To inform the evaluation design and identify existing data that could be used to begin answering the evaluation questions, the ET reviewed over 200 project-related documents.[4] These documents included technical guidance, operational guidelines, training documents, internal monitoring reports, activity reports, issue area reports, assessments, evaluations, and advocacy materials. During both the scoping trip and data collection, dRPC and the CSOs gave the ET additional documents, which were added to the desk review. Though the ET had hoped to use information derived from the desk review as a pseudo-baseline to which evaluation findings could be compared, this was not fully possible given the lack of consistency and reliability of baseline organizational capacity data for all CSOs. However, the ET was able to use secondary data to establish baseline status for some data, against which current outcome data can be compared. Outcome data are discussed in the findings section of Evaluation Question 3.

Organizational Capacity Assessment: The ET adapted an OCA tool[5] originally developed by the United States Agency for International Development to assess the technical and organizational capacities of all active CSOs.[6] Given that the PACFaH CSOs have already undergone several assessments of their organizational capacity, the ET focused on advocacy-related capacities that were most relevant to the longer-term goals of the project. The OCA comprised the following seven modules:

1. Stakeholder Involvement
2. Project Monitoring & Evaluation
3. Advocacy and Influence
4. Working with the Government
5. Coalition Building
6. Working with the Media
7. Professionalization of the Organization

The ET facilitated OCA workshops with each CSO over a two-day period. While the ET had originally considered administering the OCA during the scoping trip, implementing the OCA workshops during the data collection phase provided the ET with additional time to preliminarily assess CSO activities, determine which CSO representatives were best situated to participate in the workshop, and identify additional avenues of inquiry for the data collection phase. In addition to assessing technical and organizational capacity using the OCA tool, the ET used these discussions as a point of departure to evaluate how capacity has changed over time and the role PACFaH may have played in that process.

During the first day of each OCA workshop, the ET facilitated seven one-hour group discussions (one hour for each of the seven modules identified above). Each module had several indicators

[4] See Annex III for a complete list of reviewed documents.
[5] See Annex IV for the complete OCA tool.
[6] Given CISLAC's withdrawal and HERFON's termination from PACFaH, the ET did not conduct OCA workshops with these organizations. As discussed above, CISLAC's role in PACFaH was assessed from existing data, rather than new primary data. The ET conducted interviews with HERFON stakeholders (including PACFaH staff, field staff, non-PACFaH staff, members of the current Board of Directors, and members of the former Board of Directors).

which were used to prompt discussion and assess the CSO's capacity in the module topic. After each discussion, participants were asked to independently and confidentially score the CSO's current capacity in that module on a 1-4 scale from low capacity to strong capacity. During the second day of the workshop, the ET presented aggregate scores for each module and facilitated discussions of how the CSO's capacity had changed in each area since PACFaH's inception. At the conclusion of each module's discussion, participants scored the CSO's capacity in that area before PACFaH.[7]

Key Informant Interviews: To supplement data collected in OCA workshops, the ET conducted KIIs with three types of CSO staff to ensure all perspectives were captured: a group interview with program staff, a group interview with finance/operations staff, and an individual interview with the CSO Program Director. In addition to interviews with CSO staff, the ET interviewed dRPC staff and BMGF staff. The ET also interviewed PACFaH champions (both men and women, as possible), advocacy targets (government officials, religious leaders, and traditional rulers). Government officials included legislators/parliamentarians and bureaucrats/Ministry officials at the state and national levels, including both men and women, when feasible. The ET also interviewed representatives of the media who have engaged with PACFaH through trainings/workshops or as partners in advocacy work. The ET randomly selected media representatives to participate in a group interview from a sample dRPC provided.

Finally, the ET interviewed several other relevant stakeholders outside of the aforementioned stakeholder groups, including individuals from the National Institute for Policy and Strategic Studies (NIPSS) and the National Institute of Legislative Studies (NILS). The ET also interviewed donors and implementers of similar projects. These stakeholders were identified in coordination with dRPC based on their engagement with the program and their diversity of perspectives. See Annex IV for final tools.

Focus Group Discussions: During field visits to Kaduna and Lagos, the ET facilitated FGDs with a random sample of eight to ten CBO representatives from each subgrantee CSO's state coalition of CBOs.[8] The subgrantee CSOs and dRPC provided the ET with complete lists of the CBOs within their coalition. The ET then drew two random samples (a primary and secondary sample) for each coalition of CBOs working within Kaduna and Lagos States. Although the ET was unable to travel to all seven states, to ensure the broadest possible representation and given the geographical proximity, CBOs from Oyo State were invited to participate in the Lagos FGDs and CBOs from Kano and Niger States were invited to participate in the Kaduna FGDs. All CBOs from the primary sample were invited to participate and if any were unable to attend, they were replaced with a CBO from the secondary sample. A list of all KII and FGD respondents is included in Annex II, and the tool are provided in Annex IV.

Electronic Survey: In addition to the FGDs with a random sample of CBOs, the ET utilized a short electronic survey to target representatives of all other CBOs engaged in the PACFaH coalition, through step-down trainings or other capacity building. The ET used the same CBO

[7] If individuals had not been associated with the organization since the beginning of the project, they were asked to score the organization's capacity in each area at the time they became involved.
[8] In the case of AAFP, which only works at the national level, the ET held an FGD with its CBO coalition members in Abuja.

coalition lists each subgrantee CSO provided to determine the sample for the electronic survey. The survey was sent via email to 443 representatives of CBOs from all coalitions. Seventy-nine emails were undeliverable (due to inactive email addresses or errors in the contact information the ET received), which yielded a final survey sample size of 364. There were 157 responses to the survey, for a total response rate of 43.13 percent. However, there was some mid-survey attrition, with 41 partial responses, meaning they did not answer all the survey questions. The sample size for each question is noted in the presentation of findings. See Annex IV for the final tool.

Review of Advocacy Materials: The ET also assessed the quality of a sample of written advocacy materials from all CSOs who produced them. The team drew the sample from the list of all materials produced under PACFaH by CSO, focusing on advocacy materials, such as policy briefs, scorecards, media briefs, advocacy briefs, and fact sheets. The ET's intention was to review six advocacy materials for each CSO, but some CSOs did not have enough materials, so the number of materials assessed per CSO ranged from four to six. The team developed a scoring rubric that had metrics for the relevance, clarity, formatting, and messaging of both written and visual content. Two coders then independently applied the scoring rubric to each advocacy material and discussed any scoring disparities before agreeing to a final score for each document.

Gender Considerations

Given PACFaH's principal focus on organizational-level change (CSOs and CBOs) and the actions of the national and state governments, the project's outcomes were not overtly gendered. However, while there are no significant gender considerations to account for at the outcome level (e.g., organizational capacity levels or government funding levels), gender did play a noteworthy role in the implementation of PACFaH activities. For example, some CSO respondents reported during the scoping trip that they consider the gender (as well as age and status) of the individual sent to conduct advocacy visits when determining who to send. Some reported that certain decision makers may be more receptive to advocacy from a person of a specific gender and/or age group. The ET explored these themes in KIIs and OCA workshops, which are discussed in more detail below. The ET also tracked the gender of all respondents for each data collection activity and presented gender-disaggregated data where appropriate.

Data Analysis

Following the conclusion of fieldwork, the Team Leader oversaw and managed data analysis and triangulation of qualitative and quantitative data. The ET coded and analyzed all qualitative data using Dedoose, a qualitative data analysis software. ET members independently coded selected qualitative data to increase interrater reliability and then collaboratively developed and finalized a codebook, which was used to establish and analyze common themes. Quantitative data from the electronic survey were cleaned and analyzed using Excel. Quantitative capacity scoring data from the OCA workshops were also analyzed using Excel to determine average scores for each module and average overall scores for each CSO. Summary statistics and gender-disaggregated data, where applicable, are incorporated throughout the discussion of findings below. The ET triangulated all qualitative data against other data sources, like secondary data and the ET's independent assessment of CSO-developed advocacy materials.

Biases and Limitations

Insufficient Direct Baseline Data: While there were numerous assessments and analyses throughout PACFaH's implementation, a thorough desk review led the ET to determine that the data contained in the independent evaluation/assessment reports, though useful for establishing the project context and CSO background, were not comprehensive. Several reports focused on a few, but not all, of the organizations, which did not provide sufficiently consistent data to establish a baseline for all organizations. In other cases, the reports indicated that data were inconsistently collected, with different types of questions asked of different organizations. These approaches impeded the ET's ability to use this data as a baseline for this evaluation. Given this limitation, the ET relied on monitoring data collected by PACFaH CSOs and recall data collected during the OCA workshops to establish pre-PACFaH status of both CSO capacity and outcomes.

Recall Bias: The reliance on recall data to establish pre-PACFaH capacity (which is used to assess change over time) is a source of bias. In some cases, some respondents were not involved in the project in its early stages (in the case of staff turnover) and could not speak to the pre-PACFaH capacity. In other cases, recent events can bias respondents' perceptions of the past.

Positive Response Bias: Another form of potential bias was positive response bias, a type of bias that results from respondents' desire to report favorable things about the project and/or organization, either because they want the project/organization to be reflected in a positive light or because they fear repercussions for reporting critical observations. The ET mitigated these biases through clear explanations of the evaluation's purpose and the ET's desire for honest answers to inform programmatic learning. The ET also interviewed staff of different levels separately to ensure no undue influence was leveraged by other respondents. Whenever possible, the team triangulated data from multiple sources to strengthen validity.

Inconsistent and/or Poor-Quality Monitoring Data: As noted above, the ET used monitoring data as a means of understanding how outcomes changed over the course of the project. However, in collecting the monitoring data (also referred to as secondary data), the ET discovered that CSOs did not consistently report data. Additionally, budget data, which are used to measure many of the project's investment outcomes, are often not openly available from the government. In these cases, though dRPC and the CSOs made their best attempts to collect and catalogue the available data, significant gaps still existed. To mitigate these challenges, the ET collected data for each of the 70+ investment outcome indicators using the most reliable data available. Nevertheless, gaps and data quality concerns remain, but these gaps and any resulting inability to establish conclusions have been highlighted throughout the report.

Challenging Causal Links between Advocacy and Action: Policymakers are motivated by a variety of factors when creating budgets and determining policies, which makes it difficult to draw causal conclusions about the impact of the advocacy efforts of an organization (or group of organizations). Additionally, in the absence of a counterfactual (what would have happened in the absence of the intervention), this evaluation is unable to make claims of attribution. However, the ET utilized all available information to produce credible findings related to PACFaH's contributions to its long-term goals. Additionally, to strengthen these findings, the ET examined effects at all levels of the program logic, which helped identify where the project was successful and where challenges hindered efforts to realize longer-term goals.

Dissemination and Utilization

Utilization is a key priority for this evaluation and the ET continuously engaged with dRPC throughout the evaluation process to determine how the evaluation findings and recommendations could be best used to inform improvements to the current project and potential follow-on activities. As PACFaH approached the conclusion of its investment period in September 2017, it was crucial to consolidate lessons learned and evaluate the effectiveness of the CSO partnership model for improving capacity for health advocacy and improving health outcomes. Additionally, the evaluation provided important feedback on the innovative aspects of the project's model, granting directly to indigenous NGOs. In addition to the consultative evaluation design process, the ET held an outbrief meeting at the end of data collection to present preliminary findings to dRPC before leaving Nigeria. The ET also held teleconference presentations with dRPC and BMGF after returning from the field and conducting data analysis, wherein the ET presented intermediate findings and conclusions.

V. Findings and Conclusions

Given PACFaH's design as a pilot program and its flexible nature, there were several major changes throughout the project lifespan which yielded numerous lessons learned. These lessons allowed for modifications to address challenges that arose and to remedy weaknesses that were identified. The following sections describe many of these lessons learned which are a basis for recommendations for future programming, should a project like PACFaH be scaled up in the future. Section V outlines the findings and conclusions by evaluation question, and Section VI summarizes the key recommendations for potential, future programs.

Evaluation Question 1

How has the PACFaH partnership model worked to build CSO capacity for advocacy among the partners? How did this model facilitate or hinder achievement of advocacy outputs and outcomes?

Findings

This evaluation question focuses on understanding the core operational elements of the PACFaH partnership model related to building CSO capacity for advocacy. This question then explores the ways in which these elements have contributed or hindered results achievement of advocacy outputs and outcomes.

Indigenous Organizations and Capacity Building: KII and FGD respondents provided substantial feedback regarding the strengths and challenges of the PACFaH model. Two key features that made PACFaH unique in comparison to similar projects were its focus on indigenous organizations and its emphasis on capacity building. In many cases, programs funded by international donors grant directly to an international organization, which then sub-grants to local organizations. According to interviews with international donors working in Nigeria, this is common because indigenous organizations lack the organizational capacity and adherence to international best practices (like financial and human resources processes, implementation standards, and adequate project documentation and reporting). A potential lack of grantee capacity increases risk for the donor, including potential misuse of funds to the inability to generate evidence of the project's achievements.

> ***"The initiative of [engaging] indigenous NGOs also brought a lot of change in our advocacy. Before now it was more donor driving but now it is civil society that is driving it. [Engaging] indigenous NGOs helps in sustainability."***
>
> ***- CSO Staff Member***

However, the majority of respondents found granting directly to an indigenous organization to be a strength. Using indigenous organizations was reported to increase the likelihood of sustainability because local organizations have been working on their issues and will continue to, whereas international NGOs pull out when projects conclude or funding streams end. Additionally, local

organizations have a much stronger understanding of the local context and actors and are better positioned to establish the necessary relationships over time.

Despite the benefits of partnering with local organizations, there were drawbacks and risks associated with this approach. There was a recognition by the CSOs that they needed capacity building in various areas, including organizational and technical areas. Many respondent types lauded the capacity building aspects of the program as crucial to the overall model. Though each CSO partner had its own strengths and weaknesses before entering the PACFaH consortium, all CSOs reported experiencing an improvement in their capacity over the course of the project (these changes will be discussed in more detail in response to Evaluation Question 2).

dRPC's role as the prime grantee and coordinating body had its share of challenges. Though subgrantees frequently characterized their role positively, dRPC respondents reported experiencing pushback from subgrantee CSOs and needing to continuously manage their expectations. It is unclear exactly why dRPC received as much pushback as they did, as the respondents did not directly discuss their reasoning. However, there was some speculation that it was linked to the broader issue of competition between organizations and the desire for each to have had the opportunity to have the authority associated with being the prime grantee. One CSO respondent reported feeling as though they should have had the authority to go around dRPC to negotiate directly with BMGF.

Coalition Building: PACFaH's reliance on coalition building, both among the CSO subgrantees and between the CSO subgrantees and their CBOs at the state-level, was another key strength of the project model. Though Evaluation Questions 4 and 5 explore the complexities of coalition building in more depth, some respondents indicated that the coalition building component of the project was an overall strength. One of the major benefits to working on advocacy as a coalition rather than individual organizations was the ability to speak with one voice, which helped to show stakeholders a sizeable and united front when advocating for health issues. As one respondent observed, *"It has strengthened their ability to speak with one voice. They will show up one day talking about nutrition, the next day talking about family planning, then about immunization. This can make targets apathetic to their advocacy. Need to be able to discuss all of the issue areas. How is family planning linked to child health, immunization, and nutrition. When you invest in one but don't invest in the other, your return on investment will be lower than if you fund all of them together."*

However, there was also an acknowledgement (mostly among the CSO subgrantees) that coalition building was a challenge, especially at the beginning of the project. Several interviews and one focus group raised the issue of competitiveness between the partners. In many cases, the subgrantee CSOs had not previously worked together and had to get to know the other subgrantees and learn to trust them. Some of the partners viewed each other as competitors fighting over the limited resources and to achieve the most. As one respondent indicated, *"the collaboration is a challenge. But, it makes us stronger. If I'm focusing on one area and [other organization] wants to enter there too, that's hard. But, we've learned to work on it together and it's made us stronger. At some point, because we've been able to manage this, it gets better."*

Structured Roles for Subgrantees: PACFaH was designed such that five organizations would work on designated focal areas (nutrition, FP, RI, and childhood killer diseases). AAFP and HERFON both worked on FP, with AAFP focusing on the national level and HERFON focusing on the state level. The remaining two organizations, CISLAC and FOMWAN, were enlisted as cross-cutting organizations (at the beginning of the project, HERFON also had a cross-cutting role), meaning they would provide support on an as needed basis to all subgrantees. FOMWAN's mandate was to provide cross-cutting support through grassroots mobilization and engagement of FBOs, traditional rulers, and religious leaders. CISLAC's mandate was to provide cross-cutting support through media engagement and legislative strategy. HERFON was originally tasked with developing evidence and advocacy materials for other CSOs to use in their advocacy. Though feedback regarding the assignment of issue-area leads organizations was largely positive, the cross-cutting areas caused some problems. Several KIIs observed that a lack of definition of cross-cutting CSOs created confusion, especially early in the project. At the beginning of the project, cross-cutting organizations did not have their own workplans, rather, they were tasked with providing assistance to issue-area leads on an as-needed basis. One respondent explained, *"the cross-cutting areas had issues. In the beginning, it was not well defined... They did not understand the roles and responsibilities. In future projects, they need to be clear about what those expectations are. In the beginning, this meant there were delays in implementation."*

Program Flexibility and Adaptability: PACFaH was well-regarded for its flexibility and adaptability to evolving circumstances. Several respondents noted their appreciation for the program's flexibility, with only one KII expressing that the program was not flexible enough. After the first year of the project, dRPC and BMGF facilitated a review which led to the implementation of significant changes to improve project performance. The importance of flexibility was encapsulated in the following comment: *"The dynamism of the PACFaH program has been good and useful. In some programs, once you insert the activities and the funder approves them, you can't change it. No matter what changes. But, in PACFaH, there have been changes that have come along to adapt. For each advocacy target, you have to refine your approach. And we've been able to refine our approach, especially as the context changes and your targets can change. It's not useful to do an activity that won't help you achieve the goal, just because it was written in the design document. That you can assess the progress, interact with dRPC, and have the opportunity to adapt so long as it helps achieve the longer-term outcome, that has been very useful."*

Lobby-Free Advocacy: According to United States law, non-profit organizations are prohibited from conducting lobbying activities. By extension, any organizations or activities funded by a United States non-profit organization (like BMGF) are also prohibited from lobbying. As a result, PACFaH had to make the distinction between lobbying and advocacy very clear for all stakeholders. BMGF and dRPC expended significant time and effort into communicating the differences to the subgrantee CSOs, as it was not immediately apparent to many of them.[9] Though this distinction may have been challenging to teach, most of the subgrantee CSOs appear to have internalized it. Comments made during a few discussions conveyed an appreciation for

[9] PACFaH Advocacy Skills and Strategies: Participant Manual.

this distinction but a few others noted that the restriction against lobbying was a limitation to their ability to achieve advocacy outcomes. In at least one case where the strengths and the challenges of lobby-free advocacy were conveyed, respondents appeared to feel uncomfortable voicing opinions that the lobbying restrictions were a challenge for the organizations. The ET perceived that respondents may have been coached against expressing such sentiments (despite the reality that it could still be a limitation to the organization's advocacy efforts, even though the U.S. law prohibits it).

Internal Communication: Good communication is essential for any project. In general, some respondents noted that communication worked well, and some noted that the identification of a primary point of contact within dRPC for each CSO was a very positive practice. As one CSO staff member noted, *"Each partner had a contact person at dRPC to give feedback on workplans, budgets, etc. This was helpful because we had one point person for program questions, for finance there was one point person for all partners."* Knowing who to direct questions to helped clarify channels of communication.

There were also communication challenges. One of the major complaints from CSO staff was that dRPC was frequently delayed in responding to communication approval of budgets, workplans, and/or deliverables, which was noted by some respondents. Though some delays were noted as a challenge, it is possible, according to other interviews, that some of the delays were due to poor quality deliverables, which then required more thorough reviews. Some respondents also noted that communication channels were not always clear, particularly with BMGF. In some cases, the ET observed that subgrantees wished to have more direct lines of communication with BMGF, rather than dRPC serving as an intermediary.

Engagement of Champions: Though not unique to PACFaH, the reliance on champions as key interlocutors who would be supportive of the PACFaH goals was viewed as being positive by many respondents. A few respondents noted that engagement of champions came too late in the program and a few other OCA respondents described challenges in working with champions. Though engagement of champions was broadly characterized as positive, some of the champions that the ET interviewed were not extensively familiar with the project. Two interviewed champions did not appear to know the program very well, and even those who did know the project well reported varying levels of participation in actively supporting project objectives.

Conclusions

PACFaH was designed to be a pilot that could evolve throughout the project lifecycle in response to changes in the operating environment and aspects that were not working as expected. This adaptive approach was a strength of the model because it allowed the participating organizations to learn and adapt as the project progressed. A few respondents noted that this is not common in internationally-funded projects, where rigid project designs do not allow for adaptation, even if it becomes evident during implementation that certain parts are not working well. Many of the issues encountered during implementation improved over time, which suggests benefits of the adaptive, pilot approach.

Several key strengths and weaknesses of the model emerged, which are potentially instructive for future programming. Key strengths of the PACFaH model included: the focus on indigenous organizations, capacity building, coalition building, and the overall flexibility in the PACFaH model and its ability to adapt over time and to changing circumstances. These strengths helped support the achievement of the project goals.

Meanwhile, the key challenges encountered in the model included: the fact that many of the CSOs had not worked together before and had to learn to work together and trust one another, sentiments of competition between organizations (which was exacerbated by the fact that many had not previously worked together), and a lack of clarity around roles and responsibilities for cross-cutting organizations.

Evaluation Question 2

To what extent has subgrantee CSOs' capacity for advocacy been built? How effective were dRPC's efforts to build CSO capacity for advocacy?

Findings

This question answers whether the subgrantee CSOs have increased capacity for advocacy, and explores dRPC's role in contributing to changes in capacity. One of the primary methods through which the ET collected data on subgrantee CSOs' capacity for advocacy was the two-day OCA workshops (with five of the subgrantees). Each OCA workshop had seven modules (see the Data Collection Methods section for more detail) and each module had several indicators that were used to guide the discussions and the self-assessments.

Changes in Capacity: OCA workshops revealed that all CSOs perceived improvements in their capacity from before PACFaH to the present across all seven OCA sections. The average score for all CSOs across all sections before PACFaH was 2.28 (slightly higher than basic capacity) and was 3.45 (between moderate and strong capacity) at the time of the OCA workshops. The average score for Advocacy and Influence across all CSOs was 2.65 before PACFaH and 3.77 at the time of the OCA workshops, which represents the highest-rated category across the CSOs in both time periods, as shown in Table 1.

Table 1: OCA Scores by Module

OCA Module	Pre-PACFaH	Present	Change in Capacity
Advocacy and Influence	2.65	3.77	1.12
Coalition Building	2.17	3.67	1.50
Professionalization	2.47	3.54	1.07
Working with Government	2.56	3.51	.95
Stakeholder Involvement	2.26	3.32	1.06
M&E	1.71	3.20	1.49
Working with Media	2.17	3.17	1.00
Overall Score	**2.28**	**3.45**	**1.17**

1= Low Capacity, 2= Basic Capacity, 3= Moderate Capacity, 4= Strong Capacity

Of the six indicators in the Advocacy and Influence module, the regularity of significant advocacy activities and the ability to mobilize stakeholders for advocacy were the highest rated categories for two CSOs each. This was consistent with the finding from interviews with CSO staff that PACFaH advocacy activities are "very frequent" and typically happen on a weekly basis. The strength of the written strategy for advocacy was the highest rated category for two CSOs and the lowest rated category for two other CSOs. The CSOs' level of influence on government policies/budgets was the lowest rated category for three CSOs. This is consistent with OCA workshop respondents' descriptions of the difficulty of securing meetings with key government officials and having up-to-date budget information.

While the primary focus of this evaluation question was the change in CSOs' capacity for advocacy, PACFaH also emphasized other types of capacities that merit discussion. One such capacity is in financial management, which has been addressed both through dRPC and Mango trainings.[10] The final Mango assessment report outlined the outcome of the risk associated with each minimum standard and best practice of financial management (47 total categories) for each CSO, comparing the initial risk rating in January 2017 and the final risk as of June 2017.[11] Table 2 summarizes the risk assessment scores, reporting the total number of categories that scored in each risk level at the beginning and end of that assessment across all CSOs. Overall, the level of capacity for financial management across CSOs increased because there has been a great reduction in the number of categories that scored at high or medium risk and an increase in categories that are now at low risk.

[10] The Mango trainings were part of a larger engagement with a consultant from Mango, a UK-based organization that works to improve the financial management of NGOs. This engagement included trainings, benchmarking, financial health assessments, and mentoring support. Strengthening Partner Financial Management Systems, Interim Assessment Report. Sareta Thomas. February 17, 2017. Pages 6-8.
[11] Strengthening Partner Financial Management Systems. Sareta Thomas. June 16, 2017. Pages 7-12.

Table 2: Financial Risk Assessment Scores

	Low Risk	Medium Risk	High Risk
Initial Risk (January 2017)	22	12	13
Final Risk (June 2017)	31	10	6
Change in Risk	+9	-2	-7

Additionally, PACFaH has contributed to improvements in human resource management, work plan development and information management through dRPC's mentoring and training of the CSOs according to the capacity building assessment report completed in March 2017.[12]

Disparity between Perceived Capacity and Quality of Advocacy Materials: There are many factors that make up a CSO's capacity for advocacy, including its ability to mobilize stakeholders, utilize networks, meet with advocacy targets, and develop influential products, messages, and data. While the ET did not directly observe advocacy visits to assess the quality of those interactions, the team evaluated the quality of written advocacy materials the CSOs produced through PACFaH. As previously mentioned, CSOs perceived their overall capacity for advocacy to be the strongest of all capacities assessed in the OCA workshops. However, this did not extend to the quality of their advocacy materials as assessed by the ET and by the CSOs themselves in another section of the OCA. While the average rating for advocacy capacity across CSOs was 3.77 (strong capacity) their average rating of their capacity to craft media ready products was only 3.11 (moderate capacity).

This lower average rating for the quality of written materials is closer to the ET's independent assessment of the quality of written advocacy materials which looked at the relevance, clarity, formatting, and messaging of both written and visual content. As Table 3 shows, the average overall quality of advocacy materials across all document types was 2.19 (adequate) although it varied by type. The lowest quality materials were scorecards and advocacy briefs, with an average score of 2.05, while the highest quality materials were fact sheets, with an average score of 2.27. A comparison of OCA scores of CSOs' capacity to craft media ready products to the ET's assessment of advocacy material quality revealed a disparity in perceived capacity versus actual quality for some CSOs. Specifically, the CSO that rated themselves the highest on the OCA received the lowest quality score by the ET and the CSO that rated themselves the lowest on the OCA received one of the highest quality scores by the ET.

[12] Assessment of the Capacity Building Component of the Partnership for Advocacy in Child and Family Health (PACFaH) Project 2014 – 2017. Philip Ostien, et al. March 11, 2017. Pages 13-14.

Table 3: Advocacy Material Scores by Type

Document Type	Quality Score	Number of Documents Reviewed
Fact Sheet	2.27	6
Policy Brief	2.18	9
Media Brief	2.14	5
Scorecard	2.05	2
Advocacy Brief	2.05	2
Overall Score	**2.19**	**24**

1= Low Quality, 2= Adequate Quality, 3= Good Quality

Although the assessed quality of the CSOs' advocacy materials was only slightly above adequate, a few advocacy targets indicated in interviews that some documents the CSOs provide were useful to them. As one noted, *"from time to time they [the CSOs] package some very informative IEC materials for us. Some offices may not have the time to compile these materials so it's just easy for us. There was a document they packaged where they analyzed and summarized budgets of the past five years. That document was very useful to us."*

"Capacity building hasn't been a part of other projects we have worked on. We asked them if they would do any training and they said no, they didn't think about that. One thing that I love about this project is the capacity development aspect, it's excellent."

-CSO Respondent

Importance of Capacity Building: PACFaH's focus on capacity building for both the subgrantee CSOs and the local CBOs was lauded by the majority of respondents as an important component of the project. One respondent said that PACFaH acknowledged that there were areas of CSO capacity that needed strengthening, and PACFaH was willing to provide training, mentoring, workshops, and travel tours to strengthen capacity. For the local CBOs, capacity building was sometimes seen a means of becoming more self-sufficient in their advocacy work. One CBO FGD respondent explained, *"Due to its focus on capacity building and building our self-reliance, that is why it has been so good. We don't want to rely on someone else to do something for us."*

Many respondents, including representatives from all the CSOs, noted that the trainings conducted during PACFaH were useful. As a CSO Director noted *"The more training you give to staff, the more it shows in their performance and outputs. When staff come back from training they have to share information with other staff and have to see it in the way they work."* In the OCAs, the majority of CSOs indicated that the focus on mentoring and applying knowledge gained through real-world examples was a critical component of capacity building and something they would like to see more of in the future.

While there were many trainings offered throughout PACFaH, the CSOs identified the Mango and Portland trainings as being most useful. In OCA workshops, the majority of CSOs noted that the

Mango trainings were useful and some noted that the Portland trainings were. The most important outcome of the Portland training was a shift from CISLAC handling the communications strategy and media engagement for all partners to each CSO conducting its own communications and media engagement. For the Mango training, respondents highlighted the utility of having hands-on training and follow-up from the Mango consultant and switching from either cash book or Excel-based accounting systems to QuickBooks. The switch to QuickBooks demonstrated the importance of mentoring/hands-on learning—in 2016, the subgrantees received a few days of training on how to use the QuickBooks accounting software, with the expectation that the subgrantees would then adopt QuickBooks as their accounting platform. During the early stages of the Mango assessment, the assessment team discovered that most of the CSOs had not yet fully adopted QuickBooks. One of the recommendations in the interim Mango assessment report was to provide additional and ongoing support to the CSOs so that they could more fully adopt the software platform, noting that each CSO should get individualized one-on-one training. By the time the final Mango assessment report was submitted, the CSOs had received additional hands-on training and had fully implemented QuickBooks, with the support of dRPC.[13]

Changes in Approach to Advocacy: As discussed in an earlier section, all CSOs reported having greater capacity for advocacy at the time of the OCA workshops, compared to before PACFaH. The CSOs reported making several critical changes in their approach to advocacy based on lessons learned through PACFaH. These changes were:

1. The recognition that "*our emergency is not their emergency*." The timeline and sense of urgency on the part of those conducting advocacy is not always shared by government officials or other advocacy targets. This recognition allowed advocates to build more realistic timelines and incorporate repeated follow-up engagement in their approach.
2. The need for increased visibility of the advocacy issue areas came from feedback from advocacy targets. CSOs decided as a group to increase exposure through partnering with media houses.
3. Shift from informal courtesy calls to formal advocacy visits, supported by evidence-based advocacy materials.

dRPC's Role in Capacity Building: In OCA workshops, the majority of CSOs noted that dRPC's support to the CSOs was positive, particularly their provision of hands-on mentoring for finance and M&E and their network connections. CSOs also reported appreciating dRPC bringing in outside resources and trainers when needed to supplement CSOs' learning. One respondent observed, *"dRPC was good about bringing on mentors when they knew it wasn't something they could provide, i.e. communications plan for consortium, Portland training, Mango training. They were good about knowing when they needed extra support."* While most feedback

> ***"dRPC did well to focus on capacity building. You have to keep updating training and make sure that the skills are built."***
>
> ***-CSO Respondent***

[13] Strengthening Partner Financial Management Systems. Sareta Thomas. June 16, 2017. Page 31.

on dRPC's role in capacity building was positive, one OCA noted challenges with dRPC's support for capacity building including delays in developing M&E tools.

Areas for Future Improvement: While all CSOs noted in the OCA workshops that they felt their capacities had improved, most CSO staff identified skills they would like to continue to improve on, including (from most reported to least):

1. Social Media
2. M&E
3. Financial Management
4. Evidence Generation
5. Ability to Customize Messaging

As previously mentioned, the majority of CSOs in OCA workshops discussed their desire for more mentoring/hands-on style trainings to further improve their capacity. CSOs also communicated that changes to the timing and targeting of trainings would be beneficial. Some respondents noted that certain trainings would have been more useful if they had happened earlier, like if the financial management trainings had come at the beginning of the project, they would have been better able to implement the financial best practices. As one CSO respondent noted "*timing and quantity of trainings were the problem, quality was good*." A few respondents felt that the issue of poor timing and targeting of trainings could have been addressed through a baseline capacity assessment, with one explaining, *"If we could have had a better audit of the baseline level of capacity, it would have been better."* Another challenge related to the targeting of training is the fact that all the CSOs had different levels of capacity at the start of PACFaH, which makes it challenging to perfectly tailor each training to the capacity needs of all participants. As one respondent explained, "*If this kind of partnership coalition was to be repeated, it would be good to bring in orgs in the beginning for whom you've done a baseline capacity assessment. That way, you could bring in organizations with similar capacities*."

Conclusions

CSOs' capacity for advocacy improved since the beginning of PACFaH as advocacy activities became more organized and structured. These improvements included increased follow up with targets, increased media outreach and exposure, and increased use of evidence to support advocacy asks. While the advocacy work CSOs conduct has improved, CSOs have work to do to bolster the strength and appropriateness of written strategies for advocacy, and make these consistent across the CSOs. While advocacy targets provided some positive feedback about the utility of certain CSO-generated advocacy materials, the quality of advocacy materials was inconsistent across CSOs and product types.

Capacity building was a key tenet of PACFaH and was valued and useful to the CSOs, particularly the Mango and Portland trainings and workshops. Similarly, dRPC's role in capacity building was a positive aspect of the project, particularly in their provision of mentoring and their ability to facilitate external trainings, such as Mango and Portland. While the CSOs have improved their capacity for advocacy, they expressed a desire for additional skills from the CSO staff, especially social media and M&E.

Evaluation Question 3

Findings

To what extent has PACFaH achieved advocacy outputs and outcomes? What PACFaH advocacy activities were most effective at increasing government officials' likelihood to support increases in CFH funding?

Given the experimental nature of PACFaH, the theory of change and the expected outcomes evolved over time. By the end of the project and after an overhaul to the theory of change, the key project outcomes fell into three main categories, all of which were expected to be achieved by September 2017. These categories were policy outcomes, overall healthcare budget outcomes, and line item budget outcomes. Given PACFaH's work at the national level and in seven states, the total number of outcomes to be tracked and achieved was expansive. Not including intermediate outcomes or capacity building outcomes, there were over 70 discrete investment outcomes, including:

- ***Policy Outcomes***
    - Increased implementation of the National Strategic Plan of Action for Nutrition (NSPAN) at the national level and in three states (**4 outcomes**)
    - Adoption and implementation of Zinc-LO-ORS for the treatment of childhood diarrhea at the national level and in three states: Kaduna, Kano, and Lagos (**4 outcomes**)
    - Adoption and implementation of Amoxicillin-DT as the first line treatment for pneumonia at the national level and in three states: Kaduna, Kano, and Lagos (**4 outcomes**)
    - Adoption and implementation of the Family Planning Blueprint in two states: Nasarawa, Oyo (**2 outcomes**)
- ***Health Budget Outcomes***
    - Health sector budget increases at the national level and in all seven states (**8 outcomes**)
    - Health sector budget increases, as a percentage of the total budget, at the national level and in all seven states (**8 outcomes**)
    - Increases in health sector budget releases at the national level and in all 7 states (**8 outcomes**)
- ***Line Item Budget Outcomes***
    - Family Planning
        - Creation of a budget line item for FP at the national level and in three states: Nasarawa, Kaduna, Oyo (**4 outcomes**)
        - Increases in FP budgets at the national level and in three states: Nasarawa, Kaduna, Oyo (**4 outcomes**)

        - Increased budget releases for FP at the national level and in three states: Nasarawa, Kaduna, Oyo (**4 outcomes**)
    - Nutrition
        - Creation of a budget line item for nutrition at the national level and in three states: Kaduna, Nasarawa, Niger (**4 outcomes**)
        - Increases in nutrition budgets at the national level and in three states: Kaduna, Nasarawa, Niger (**4 outcomes**)
        - Increased releases for nutrition at the national level and in three states: Kaduna, Nasarawa, Niger (**4 outcomes**)
    - Routine Immunization
        - Creation of a budget line item for RI at the national level and in four states: Bauchi, Kaduna, Kano, Niger (**5 outcomes**)
        - Increases in RI budgets at the national level and in four states: Bauchi, Kaduna, Kano, Niger (**5 outcomes**)
        - Increased releases for RI at the national level and in 4 states: Bauchi, Kaduna, Kano, Niger (**5 outcomes**)

When the PACFaH theory of change was revised in 2016, it did not fully capture all the 70+ outcomes that were identified in the CSO-specific results trackers (Excel spreadsheets used to track monitoring data against each of the expected outputs and outcomes). In many cases, the theory of change lumped together numerous outcomes, which resulted in complex outcomes being oversimplified and without specific strategies for achievement outlined. For example, the outcome of "Increased 2017 health sector budget allocation and releases in Nigeria at national level and in seven states,"[14] represents 24 distinct outcomes.

Given the simplification of many of the outcomes, it was difficult to utilize the results trackers to track each individual outcome. For instance, one row of the spreadsheet was typically dedicated to tracking one outcome, which meant that only one line was dedicated to the outcomes of "Increased 2017 health sector budget allocation and releases in Nigeria at national level and in seven states" even though this outcome represented 24 discrete data points. This resulted in substantial amounts of data that were not being captured or reported. This lack of clarity also resulted in CSOs tracking data in different ways, which was exacerbated by CSOs that were tracking data on the same outcomes. As an example, for the previously mentioned health budget allocations and releases outcome which all CSOs tracked, the following was how each recorded data (each copied verbatim from the trackers):

- **AAFP tracker:** "The 2017 budget at National has not yet been approved"
- **CHR tracker:** "179 million naira allocated, 52 percent of R.I funds released as at March 2017 in Bauchi state, 350 million naira allocated and 82 percent released in Kano State as at March 2017, 127 million allocated and 100 percent released as at January 2017 in Kaduna State.12.5 billion naira allocated at National, National budget for 2017 not finalized. 91.4 million naira allocated in Niger State, No information yet on releases"

[14] PACFaH (2016). The PACFaH Project Theory of Influence.

- **CS-SUNN tracker**: "Increase in health sector budget in Kaduna and Niger States. Kaduna 12.4 percent of total state budget is approved for the health sector. Niger State - 10,000,000 (9.26 percent) is approved for health"
- **FOMWAN tracker:** "Support given by FOMWAN to PACFaH members to achieve health sector budget increase in six states (Kaduna, Lagos, Oyo, Kano, Bauchi, Niger)"
- **PSN tracker:** "Development of the Guideline for the Implementation of the Basic Health Care Trust. This document was said to be required for the next steps on the release of the 1 percent Consolidated revenue fund under the National Health act"

Each CSO reported substantially different levels of detail and some include data from other indicators. Given the large number of outcomes (particularly when including the additional intermediate outcomes) and the inconsistency in which the data were tracked, collecting a standardized set of data for each of the 70+ outcomes was challenging. The ET was only able to do so with significant support from dRPC. Further complicating the collection and comparison of monitoring data is the lack of reliable and consistent budget data from the government (both at the national and state levels). This is true of the budget allocation information, but even more so for budget release information.

Policy Outcomes: Advances have been reported across the eight policy outcomes. Each state has adopted the NSPAN and created its own workplan in support of NSPAN objectives. CS-SUNN also reported an increase in intersectoral coordination among relevant departments and agencies within the Ministry.[15]

Zinc-LO-ORS has been adopted as the first line treatment of childhood diarrhea in the Standard Treatment Guidelines, which have been printed at the national level. All three target states (Kaduna, Kano, and Lagos) were implementing the treatment guidelines.[16] However, PSN reported that only Kaduna had officially adopted the treatment guidelines. The lack of official adoption, however, had not impeded the ability to implement the guidelines in Kano and Lagos.

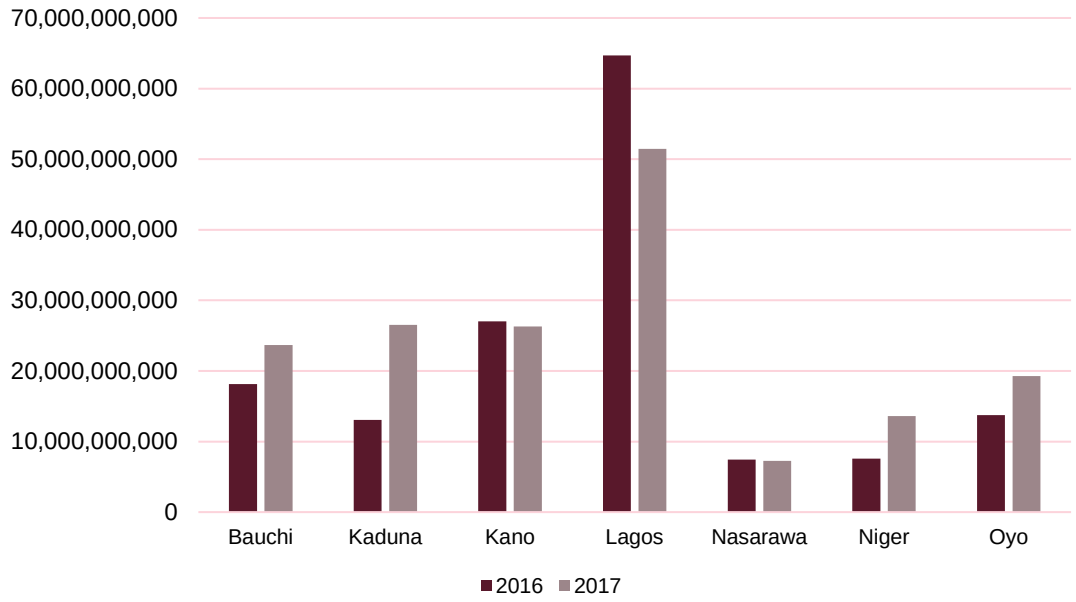
The use of Amoxicillin-DT as a first line treatment for pneumonia was also adopted in the Standard Treatment Guidelines at the national level in early 2017, and 1,000 copies of the guidelines were printed for distribution (though actual distribution was pending final approvals). Kaduna State created an implementation plan, including costing information and while Kano State had not yet formally adopted the new guidelines, it was reportedly procuring the drugs for distribution.[17] The Family Planning Blueprint was also adopted at the national level and in Oyo State, but adoption in Nasarawa State remained outstanding.

Overall Healthcare Budget Outcomes: As noted above, it can be very challenging to obtain reliable budget data in Nigeria. Thus, not all budget reports cite the same budget figures, as they are often based on different sources of information—sometimes an announcement during a public meeting, newspaper reporting, or the analysis of a PACFaH's budget consultant. The figures cited below are the most reliable figures the ET could access, but there is some uncertainty regarding

[15] dRPC (2017). Enabled Tracker CS-SUNN January 2017. Updated in June 2017.
[16] *Ibid.*
[17] *Ibid.*

their precision. The objective of increasing health sector budget allocations and releases were not originally in the project's design and were only introduced in 2016. As such, though PACFaH started in 2014, a more appropriate baseline year for these outcomes is 2016, as this is when PACFaH actually began advocating for increased health budgets. Figure 3 reports health sector budget allocations in the PACFaH focal states. All states except Lagos and Kano increased their health budget allocations. The national health sector budget increased from N250 billion to N308 billion (not pictured).

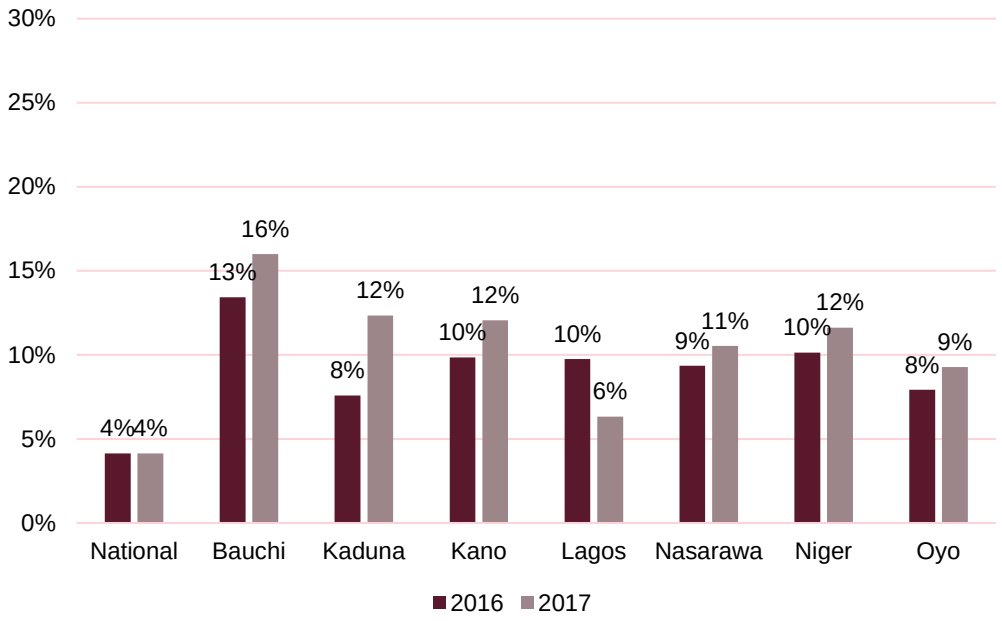
Figure 3: Health Sector Budget Allocations in PACFaH Focal States (in Naira)



The total budget value figures, however, do not necessarily show a complete picture, particularly given the Abuja Declaration, an international agreement that set the goal of reaching 15 percent of the total budget allocated to health.[18] Figure 4 reports the health sector budget allocations as a percentage of the total budget for that year.

[18] World Health Organization (2011). The Abuja Declaration: Ten Years On. Available at: http://www.who.int/healthsystems/publications/abuja_declaration/en/

Figure 4: Health Sector Budget as a Percentage of Total Budget in PACFaH Focal States



There are two interesting changes to note when adjusting the budget allocations for health by the total value of the budget. At the national level, because the overall budget increased substantially between 2016 and 2017, though the total amount allocated for health increased, the health sector budget as a percentage of the total budget was nearly the same as in 2016. In Kano, the opposite occurred. Whereas the allocation for health stayed roughly the same between 2016 and 2017, the health sector budget as a percentage of the total budget increased. In terms of a percentage of the total budget, all states increased, except for Lagos.

Data on health budget releases during the 2016-2017 period were much more difficult to obtain. Table 4 provides an overview of the information available regarding health sector funding releases. At the national level, no overall health budget release data were available, but capital expenditures data were available. The percentage of capital expenditures released varied from 41.3 percent in 2014 to 72.5 percent in 2015 to 64.4 percent in 2016. Given that capital expenditures are only a small portion of the overall health budget (10-20 percent), these figures are not necessarily reflective of the overall releases in the health sector. 2017 budget releases were not available because the 2017 budget year is still underway.

Table 4: Health Sector Budget Releases as a Percentage of the Health Sector Allocation

	2014	2015	2016	2017
National	-	-	-	-
Bauchi	-	55.0%	66.0%	-
Kaduna	29.0%	43.0%	57.0%	-
Kano	89.2%	72.1%	56.1%	-
Lagos	-	-	45.9%	-
Nasarawa	44.4%	37.8%	68.2%	
Niger	-	-	-	-
Oyo	-	2.3%	8.5%	-

Note. Missing or unavailable data identified with "-".

Family Planning Budget Line Item: FP budgets at the national level and in the three target states (Kaduna, Nasarawa, and Oyo) have fluctuated over time, but have generally increased at the national level and in Kaduna. Nasarawa's FP budget allocation has decreased. Oyo's 2016 allocation has decreased from the 2014 allocation, but increased from what was approved in 2015. Table 5 outlines the currently available data.

Table 5: Family Planning Budget Allocations (in millions of Naira)

	2014	2015	2016	2017
National	414.5	624.7	797.4	966.1
Nasarawa	41.0	1.0	20.0	15.0
Kaduna	27.2	26	13.3	100.2
Oyo	50	27	36.4	-

Note. Missing or unavailable data identified with "-".

As evidenced by overall health budget releases, a budget allocation does not necessarily lead to the release of actual funds, as seen in Table 6. However, there has been a general increase in the budget releases in Kaduna and Nasarawa States. At the national level, the figures cited in Table 6 represent those funds released directly by the government. However, there are additional monies provided and released through donors and development partners (called "counterpart funds"). The national government has used counterpart funds to fill part of the FP funding gap.

Table 6: Family Planning Budget Releases as Percentage of the Budget Allocation

	2014	2015	2016	2017
National	0%	0%	0.1%	-
Nasarawa	0%	0%	25.0%	-
Kaduna	7.4%	0%	37.6%	-
Oyo	0%	0%	0%	-

Note. Missing or unavailable data identified with "-".

Nutrition Budget Line Item: Table 7 outlines the budget allocations for nutrition at the national level and in each of the three target states. Budget allocations for nutrition have increased at the national level and in Kaduna and Nasarawa States. In Niger State, data were more difficult to obtain, though data for 2015 and 2017 show a general decrease in allocation over time.

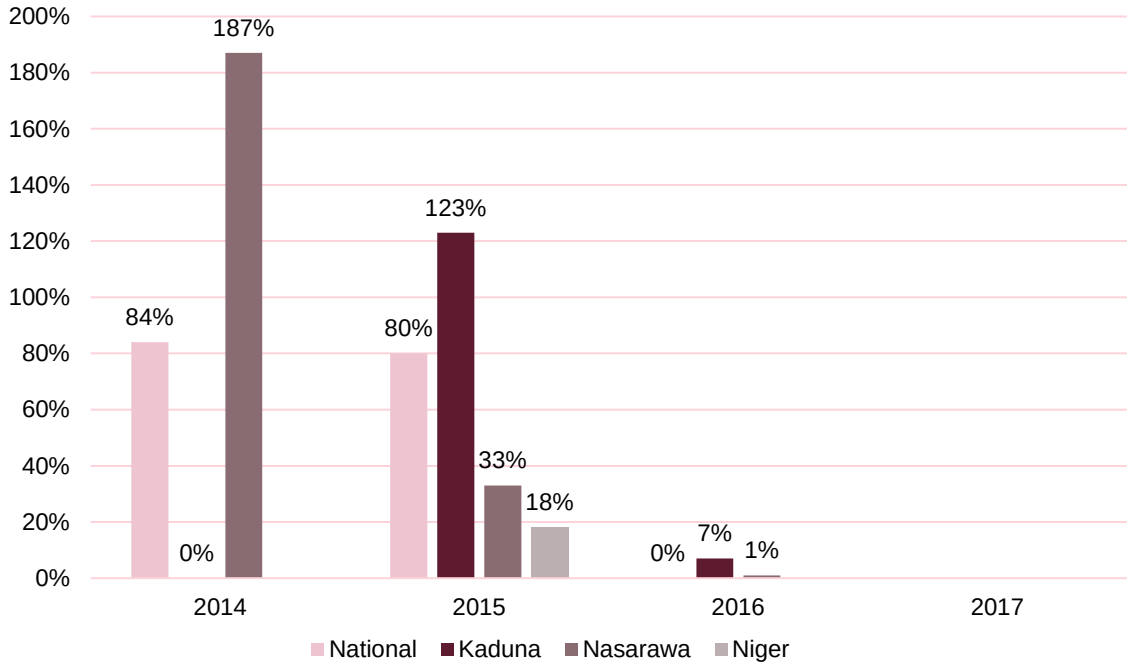
Table 7: Nutrition Budget Allocations (in millions of Naira)

	2014	2015	2016	2017
National	166.5	37.6	87.2	1,916.0
Kaduna	8.7	51.6	42.5	98.6
Nasarawa	3.0	16.8	12.0	21.5
Niger	-	85.0	-	60.0

Note. Missing or unavailable data identified with "-".

There has been significant variation over time in the budget releases for nutrition (see Figure 5). Despite the variation, however, a general downward trend is clearly visible, with no nutrition funds released at the national level in 2016, and only seven percent in Kaduna and one percent in Nasarawa (no data were available for Niger in 2014 or 2016).

Figure 5: Budget Releases for Nutrition as Percentage of Budget Allocation



Routine Immunization Budget Line Item: Now that Nigeria has graduated from eligibility for vaccination funding through the Gavi Vaccine Alliance, the government must either find other sources of donor funding or provide more of its own funds to support RI efforts. Table 8 summarizes the budget allocations for RI at the national level and in the four target states. Many of the data points for RI funding were not available. However, in the three states where regular data were available (the national level and in Bauchi and Kano States), there was a trend for increased funding for RI. However, in Kaduna, the trend appears to be declining over the last two years, and in Niger, there is insufficient information to determine a trend.

Table 8: Budget Allocations for Routine Immunization (in millions of Naira)

	2014	2015	2016	2017
National	2,200.0	2,600.0	12,800.0	12.5
Bauchi	57.0	160.0	164.0	179.0
Kaduna	-	-	180.0	127.5
Kano	127.4	-	250.0	350.0
Niger	-	-	42.0	-

Note. Missing or unavailable data identified with "-".

Budget release data were inconsistently available, leaving little information regarding the trends in budget releases for RI, as seen in Table 9. At the national level, though the amount budgeted for RI has increased substantially over the last several years, the percentage released has slightly declined. In Bauchi, from 2015 to 2016, releases have stayed steady at 100 percent, while data for the remaining states is insufficient to determine a trendline.

Table 9: Budget Releases for Routine Immunization as Percentage of Budget Allocation

	2014	2015	2016	2017
National	91%	77%	75%	-
Bauchi	-	100%	100%	-
Kaduna	-	-	100%	-
Kano	-	-	95%	-
Niger	-	-	-	-

Note. Missing or unavailable data identified with "-".

Most Effective Advocacy Methods: According to advocacy targets, the most effective ways of convincing government actors to act are through media coverage and sharing information/ presenting evidence. Interviews with the CSOs revealed similar, albeit more detailed, opinions on their most successful advocacy methods. From their perspective, the best methods (in order of most to least frequently cited) were: sharing information/presenting evidence, media coverage, having access to larger networks/connections (such as through the coalitions), and being able to conduct advocacy with one voice.

Challenges to Achieving Key Investment Outcomes: Despite PACFaH's achievements, all stakeholders acknowledged the numerous challenges associated with increasing government support for health and improving government-supported health programming in Nigeria. Table 10 summarizes the key challenges noted by all three respondent groups: advocacy targets and champions, program staff (CSO, CBO, and dRPC staff), and other key informants (all other groups).

Table 10: Key Challenges to Achieving Advocacy Outcomes, by Respondent Group

	Total	Targets and Champions	Program Staff	Other Key Informants
Availability of government actors	**45**	6	**39**	0
Releasing and using budgeted funding	**45**	**23**	17	**5**
Competing priorities	15	7	6	2
Media engagement requires money	13	0	13	0
Insufficient resources	12	2	8	2
Challenges accessing information	11	0	9	2
No funds to support coalition members	11	0	11	0
Attrition of trained and capable staff	10	0	6	**4**
Government sees CSOs as antagonists	9	2	5	2
Government engagement requires money	7	3	4	0
More time needed to see results	5	0	2	3
Not being able to lobby	4	0	3	1
Insufficient staff	3	0	3	0
Other	31	6	17	8
Total	**221**	**49**	**143**	**29**

Note. Red shaded cells represent top challenges by frequency within each category.

Across respondent types, the top two challenges were the availability of government actors and getting allocated budgets released and used for health programming. The former was most frequently cited by individuals most directly involved in conducting advocacy work. Common complaints from those conducting advocacy were that advocacy targets were unavailable for meetings, it was difficult to secure appointments, and appointments are often canceled at the last minute, a reality the ET experienced firsthand during data collection.

While achieving health budget increases is difficult, respondents reported that it is even more difficult to ensure that allocated funds are released. Often, this challenge was attributed to a lack of cash backing (meaning the Ministry of Finance did not have the funds necessary to release all of the budgeted funds). When this happens, the Ministry of Budget and Planning is forced to weigh competing priorities with limited resources and make tradeoffs. In a country like Nigeria, where there are many other pressing issues to be tackled, including education and security, it is difficult to ensure that health is a priority as shown in the quote below.

> ***"[There are] other competing issues. For example, when the PACFaH team visited Niger, the governor said if I give 15 percent to health how much do I give to other core sectors? This is where advocacy comes in. Getting the mindset of the politicians is very important."***
>
> ***-CSO Respondent***

Respondents also frequently mentioned insufficient resources as a challenge to achieving project outcomes, as one CSO staff explained: *"Most times, routine immunization is implemented by international NGOs who have some money to give to the stakeholders. So, it's quite difficult for a local CSO with limited funds to meet the high expectations of these government stakeholders."* Stakeholders noted that many engagements with government actors require funding to implement. Funding can cover materials for advocacy meetings, sending legislators on international study tours, or per diem or transportation expenses for people attending events. Respondents raised similar concerns with respect to engagement of the media, who often require/request stipends and/or transportation funding to attend an event and publish stories. The ET learned that many journalists/reporters are freelance or are not paid by their organization. One respondent explained that *"90 percent of media organizations don't pay salaries, so they rely heavily on the transport stipend."* There was also desire for CBO coalition members to receive funding directly, as one CBO representative explained, *"Without money, we can't really do much. We have a lot of ideas but we need more support to carry out our ideas. We have just implemented a coordinating mechanism for CSOs advocating for FP at the state level. Need to sustain through regular meetings/communication with them. Don't have sufficient resources."*

Availability of funding for advocacy remains a key challenge to the sustainability of advocacy efforts. Though many CSO staff passion for the work that would lead them to continue health advocacy after PACFaH ends, their ability to do so hinges on the availability of continued funding (either through a follow-on of PACFaH or through another project/donor).

Conclusions

There have been notable accomplishments in PACFaH's key investment outcomes. Without a counterfactual, this evaluation cannot attribute these changes to advocacy efforts by PACFaH or any other actors in the space. However, the evaluation concludes that PACFaH has contributed to significant advances in policy-level outcomes, increases in budget allocations in many, though not all, states, both at the overall health-sector level and the line item levels. However, these successes have not always translated to increases in releases, which remains one of the major challenges to achieving longer-term health goals.

Additionally, though the creation of specific budget line items for different health issues was often described as a means of ensuring that these issues receive adequate attention (both through budget allocations and releases), this is not always the case. For FP, for instance, though each state allocated funds to the FP budget lines, actual releases were quite low, even zero percent in several cases. Similar issues were encountered with nutrition releases. While the existence of a specific budget line for a particular health issue may increase transparency around funding, it does not guarantee that funding will be allocated or released.

Despite PACFaH's achievements, the sustainability of health advocacy work is persistently threatened by a lack of resources, which are imperative to pay staff and engage key stakeholders, including the media and government actors. Without funding, it may not be possible for organizations to continue to their health advocacy efforts.

Evaluation Question 4

How effective is the PACFaH model for integration and replication, both horizontal integration (partnerships between CSOs) and vertical integration (partnerships with other stakeholders)?

Findings

This evaluation question explores the strength of the partnerships between subgrantee CSOs (horizontal integration) and the partnerships the subgrantee CSOs have established with CBO coalition members and other stakeholders, including government and media actors (vertical integration). In addition to the strength of existing partnerships, this question also examines the likelihood that the partnerships will continue to grow and expand.

Overall: As discussed in Evaluation Question 1, coalition building was widely characterized as a central strength of the PACFaH model. A key benefit of coalition building was that it unified and strengthened the advocacy message. As one CSO staff member said, *"we hope that the partnership continues because one-voice advocacy is more effective than going on [an advocacy visit on] one issue."* However, coalition building was easier for some CSOs to adopt than others. Before joining PACFaH, some CSOs already had state-level or regional coalitions and coalition building was an integral part of their mission, which made the coalition building component of the

project a natural fit. Organizations that already had chapters or networks around the country were naturally placed to adapt the coalition building activities. Conversely, those that had never worked in a coalition structure before took longer to adapt and their coalitions were not as strong.

Horizontal Integration: To measure the effectiveness of the PACFaH model for horizontal integration, subgrantee CSOs were asked about their likelihood to work with other CSOs after PACFaH ends, to assess if their relationships will continue outside of the mechanism that brought them together. Reactions to this question of continued partnership were mixed. Several respondents said that the CSOs that had worked together or had existing relationships prior to PACFaH tended to work better together and were more likely to continue working together after PACFaH, but most CSOs had not worked together before the project began. A few were confident that the CSOs would continue working together, with one CSO staff highlighting how they have continued working with CISLAC even after CISLAC withdrew from the project for support with media engagement. This example is illustrative of the most common reason CSOs said they would continue working together—to draw on the expertise or networks of others, as needs arise. For example, some CSOs said that they would continue to work with FOMWAN to engage religious leaders and traditional rulers and mobilize communities at the grassroots level. One respondent said the CSOs *"will be able to share information, and if they feel the other partner has strength in an area they will be able to reach out. To this extent, yes, they will continue to work together."* However, the same respondent also thought that the CSOs would not go out of their way to partner with CSOs whose focus is another issue area (for example, a nutrition-focused CSO would be less likely to partner with an RI CSO).

Some respondents expressed uncertainty about the continued partnerships among CSOs. One interviewee even said that the work the CSOs have done together during the project has not been extensive: *"In the beginning, [the CSOs] were all siloed. We had some coordination meetings that brought them together. But, that was it. Eventually, they were brought together more, but, they are still often working in different states. There have just been a few occasions when they have come together to make a joint presentation, and those are usually around the overall health funding."* A few said that it is highly unlikely that the CSOs will continue to partner, barring an extension of the project or a similar mechanism. Most others agreed that the likelihood of continued partnership would increase if there were continued funding (i.e., a follow-on project). A champion expanded on this skepticism that the CSOs would continue working together organically: *"it's not in terms of the funding, rather, it is the push. If no one is pushing, it will stop moving. If no one takes over that role, it will stop being pushed. These organizations have been doing this and they will continue. But, if you don't have a constant push, it is difficult."* However, another Champion noted that *"just because the project ends, doesn't mean that our commitment will end."*

Vertical Integration: To measure the effectiveness of the PACFaH model for vertical integration, CSOs and CBOs were asked the extent to which they currently work with coalition members outside of the project, and the extent to which they will continue to work with the coalition after PACFaH ends. CBO survey respondents reported frequently partnering with their PACFaH CSO outside of explicit PACFaH activities—24.4 percent reported partnering very often and 36.1 percent reported partnering often. 21.9 percent of CBOs said they sometimes partnered, 10.9

percent said they rarely partnered, and 5.9 percent said they never partner outside of PACFaH (see Table 11).

Table 11: CBO Partnerships Outside of PACFaH

	n	Percent %
Very often	29	24.4%
Often	43	36.1%
Sometimes	26	21.9%
Rarely	13	10.9%
Never	7	5.9%
Prefer not to answer	1	0.8%
TOTAL	**119**	**100%**

CBO survey respondents were also asked about the likelihood that they would continue to work with their PACFaH CSO after the project ends, the results of which are reported in Table 12. Nearly three-quarters of CBO respondents said they were very likely to continue working with their CSO partner after the project ends, and 20 percent were somewhat likely.

Table 12: CBO Likelihood of Partnership Post-PACFaH

	n	Percent %
Very likely	87	73.1%
Somewhat likely	24	20.2%
Neutral	3	2.5%
Somewhat unlikely	3	2.5%
Very unlikely	0	0%
Prefer not to answer	2	1.7%
TOTAL	**119**	**100%**

The majority of CBO survey respondents classified the strength of their relationship with their PACFaH CSO as very strong (55.7 percent). Nearly a third said their relationship was somewhat strong (see Table 13). Despite favorable characterizations in the survey, the FGDs (which were composed of a random sample of CBOs) revealed varying levels of familiarity with PACFaH. Some of the participants in three CBO FGDs had no knowledge of PACFaH at all. Sixteen respondents in five FGDs had minimal familiarity with PACFaH but did not know the project well. CBO representatives who were more likely to participate in a survey may have had more favorable views.

Table 13: CBO Strength of Partnership with CSO

	n	Percent %
Very strong	64	55.7%
Somewhat strong	37	32.2%
Neutral	9	7.8%
Somewhat weak	3	2.6%
Very weak	0	0%
Prefer not to answer	2	1.7%
TOTAL	**115**	**100%**

Conclusions

As discussed in Evaluation Question 1, members of the coalition at all levels (CSOs and CBOs) broadly characterized the coalition building component of the project as useful and positively contributed to the achievement of project outcomes. However, there were challenges, particularly among organizations that had never worked together and did not have trusting relationships. The likelihood that CSOs will continue to work together in the future varies by CSO. Some CSOs expressed more willingness to work with other CSOs in the future than others, particularly if the focus of their work is similar (e.g., an FP CSO may likely to work with another FP CSO than a nutrition CSO). Some CSOs initially viewed each other as competitors and felt forced into perfunctory partnerships by dRPC/the PACFaH model. While these relationships generally improved over time, they are less likely to continue than those that developed more organic and symbiotic partnerships. Regardless of the strength of partnerships, their continuation is heavily contingent on the availability of funding and a coordinating mechanism that unites them around a common goal. The availability of funding is also critical for continued vertical integration. While the majority of CBOs have strong partnerships with their PACFaH CSO and expressed willingness to continue partnering, there were few concrete plans of how the coalitions would operate after PACFaH concludes and how they would continue to fund their advocacy efforts.

Evaluation Question 5

To what extent have the partnerships between CSOs and CBOs ensured their sustainability?

Findings

The outcome of interest targeted in this evaluation question is the sustainability of the partnerships both between the subgrantee CSOs, the partnerships between the subgrantee CSOs and their CBO coalitions, and the partnerships between CBO coalition members. In addition to the sustainability of the partnerships themselves, BMGF was particularly interested in the financial

sustainability of the organizations. The ET explored these questions through CBO FGDs, OCA workshops, CSO staff interviews, and the CBO survey.

Sustainability of CSOs: A common theme was that PACFaH increased CSOs' understanding of how partnerships can contribute to financial sustainability. In discussing sustainability, one CSO respondent noted, "*If you want to move fast, work alone. If you want to move far, work together."* The same respondent went on to explain the importance of CSOs leveraging the capacity of each other to apply for new grants, identify new partners, and provide support. However, despite increased awareness of the utility of partnerships, only two CSOs reported partnering with another CSO to write joint proposals, with four CSOs not having done so.

Subgrantee CSOs had varying levels of capacity with respect to proposal/grant writing. One CSO had extensive experience writing proposals on its own, and its staff expressed a high degree of confidence in their continued ability to write and win proposals, with or without the partnership of other CSOs. Other CSOs had less experience writing proposals or managing other grants; for two CSOs, PACFaH was the first time they have ever managed donor funds, even as a subgrantee. Those with less experience sourcing and managing funds also have diminished ability to create a financial buffer during periods where they are not currently receiving grants. According to one respondent, most CSOs have the ability to source grants, but one CSO lacks this capacity. dRPC organized a proposal development training to build capacity in this area. Another respondent said that the training *"has helped increase their capacity to secure future funding."* However, CSOs had mixed reactions to the proposal writing training, with one CSO respondent saying it did little to transfer theory into practical skills.

There were other benefits to CSO engagement in PACFaH partnerships that have had positive effects on the CSOs' financial sustainability. A KII respondent said that participation in PACFaH *"has lent them credibility and helped them professionalize to apply for future grants. Before PACFaH, [a CSO] was only volunteer-based and wouldn't have met most of the criteria for grants."* Other CSO staff said that belonging to a coalition provides opportunities to access funds through their networks. Cost-sharing is another benefit of working in a coalition that a few CSOs highlighted—holding joint activities reduces the funds that each CSO has to commit to a given activity, which promotes the organization's overall financial health.

Three CSOs also reported being financially supported by some sort of dues or membership fees from their coalition members, including CBOs. These organizations were more likely to have had an existing coalition structure prior to PACFaH that makes them more likely to sustain their coalition structure after PACFaH ends. Two CSOs said that their coalition members do not pay any type of dues or membership fees.

Sustainability of CBOs: In addition to future partnerships with other CSOs, partnering with their coalition members can be an important way for CSOs and CBOs to ensure their sustainability. As Table 14 shows, eighty percent of CBO electronic survey respondents (n=92) said partnerships, like those built through PACFaH, were very important for the sustainability of their organization. 14.8 percent of respondents (n=17) said they were somewhat important. One CBO survey respondent said that *"[partnerships] provide the opportunity and the resources. My organization runs on members' donation most times and this limits our capacity to carry out projects so [CSO]*

through PACFaH has really helped us in carrying out activities and in capacity building." Of the 114 survey respondents who reported how their partnership with their PACFaH CSO affected their ability to secure future funding, 40.4 percent said the effects were very positive. 21.9 percent (n=25) said their relationship somewhat positively affected their ability to secure future funding, 24.6 percent (n=28) were neutral, and 2.6 percent (n=3) said it somewhat or very negatively affected their prospects.

Table 14: Effects of PACFaH Partnerships on CBO Financial Sustainability

	n	Percent %
Very positively	92	80%
Somewhat positively	17	14.8%
Neutral	3	2.6%
Somewhat negatively	1	0.9%
Very negatively	0	0%
Prefer not to answer	2	1.7%
TOTAL	**115**	**100%**

Partnerships with other CBO coalition members were also important, as Table 15 reports. 36.8 percent of CBO survey respondents (n=42) characterized their partnership with their PACFaH coalition as positively affecting their organization's ability to secure future funding. 28.1 percent (n=32) said it somewhat positively affected their ability to secure future funding, 24.6 percent were neutral (n=28). 2.7 percent said somewhat or very negatively (n=3).

Table 15: Effects of Partnership with CBO Coalition on Future Funding

	n	Percent %
Very positively	42	36.8%
Somewhat positively	32	28.1%
Neutral	28	24.6%
Somewhat negatively	2	1.8%
Very negatively	1	0.9%
Prefer not to answer	9	7.9%
TOTAL	**114**	**100%**

The nature of coalition partnerships varies considerably by CSO. Many respondents discussed coalition members submitting joint proposals but several mentioned that the coalition had never jointly worked on or submitted proposals. CSO staff said that belonging to a coalition with organizational affiliations outside of Nigeria provides them the opportunity to access funds using that platform. A CBO FGD respondent said that they had partnered with their PACFaH CSO to write a proposal together "so that we can build on the work we've done … [CSO] has facilitated us getting those funds. They helped us improve our proposal."

While CBOs do not receive direct grants from PACFaH, they still have received some financial support, like funding for their advocacy activities. Fifty percent of CBO survey respondents (n=57) currently receive other sources of funding, mostly small grants from bilateral donors (USAID, Department for International Development (DFID)), and Foundations like MacArthur and BMGF. These alternative funding sources were also discussed in some KIIs and FGDs. While it is not uncommon for CBOs to receive funding from other sources and implement small projects, it is rare for them to receive significant direct funding from donors. Rather, they typically act as subgrantees or local partners to international NGOs like FHI360, Catholic Relief Services, and Save the Children International.

Conclusions

Knowing and having relationships with other organizations positively impacts access to funding. One partner hears about a funding source and brings along its other partners. However, it is critical for organizations to have worked together and trust each other, they need to have worked together in the past, know each other, and trust each other. In addition, participation in PACFaH and membership in the partnerships lends credibility to the organizations—it shows that they have experience managing grants and working in a professional setting. However, the extent to which there are concrete plans for accessing future funding as a coalition has varied by CSO. In some cases, there are plans to continue working with the coalitions and they have identified funding sources. In other cases, the coalitions have not yet taken steps to identify alternative sources of funding. Some of the CBO coalition members have plans to continue working together after PACFaH ends, but for others, the sustainability is uncertain. The sustainability of partnerships was not emphasized early in the project—some organizations had an organizational structure that was more amenable to the coalition model—the likelihood of them continuing is contingent on how well the coalitions fits into their prior organizational structure and values. Finally, without coordination and support from a central coordinating body (like dRPC for the CSO coalitions or the subgrantee CSOs for the CBO coalitions), it seems unlikely that the coalitions will continue to a) work together and b) support the PACFaH mandate.

VI. Recommendations

Based on the above findings and conclusions, the ET recommends the following:

1. **Conduct a capacity needs assessment before the project begins.** Each CSO brought its own organizational strengths and weaknesses to the project so capacity building efforts could not be universally applied to all subgrantees. Under PACFaH, this resulted in significant time spent learning about organizations' strengths and weaknesses concurrent with efforts toward long-term outcomes. In some cases, this resulted in critical organizational capacity building initiatives not being implemented until near the end of the project (such as the Mango training). Had a full organizational assessment been conducted before the project began, organizational capacity building efforts could have been better tailored to the specific needs of each CSO, and those trainings could also have been conducted earlier in the project cycle, establishing a stronger foundation for the remainder of the project.

2. **Provide trainings that are hands-on or have a mentoring component.** PACFaH utilized a variety of training modalities, including one to two-day sessions and others that were longer and more intensive. Trainings that were more in-depth appeared to have had more fruitful results. In line with the literature on adult learning, hands-on application and mentoring can be much more effective for ensuring the application of training than one-off trainings with limited follow up. This was clearly demonstrated through the example of the CSOs' switch to QuickBooks only after receiving mentoring and follow up support from the Mango consultant. There was also far more positive feedback for trainings that had an applied and/or mentoring component to them than for one-off trainings. Future programming should learn from the lessons of the PACFaH pilot and rely more heavily on hands-on and mentoring-focused trainings.

3. **Reconsider the role and structure of subgrantees, particularly the cross-cutting components.** Though the creation of issue-area leads was characterized as a positive aspect of the program, the cross-cutting component of the model was hindered by a lack of clarity around roles and responsibilities. Cross-cutting organizations were at the behest of issue-area leads to determine their activities, which reduced their autonomy and ability to be full contributors to PACFaH's goals. Future programming should ensure roles and responsibilities are clearly delineated before project start-up to reduce duplication of efforts, maximize efficiency, and manage partner relationships.

4. **Improve consistency of monitoring data over time.** As noted under Evaluation Question 3, collecting and collating consistent monitoring data for the evaluation of key outcomes was challenging. Part of this challenge is due to the lack of transparency and availability of budget data from the government. While there is little a single organization or project can do to change this in the short-term, persistent advocacy efforts can help improve transparency in the long-term. Additionally, subgrantees should improve the quality and consistency of how they collect and maintain monitoring data (internal and external). Comprehensive budget data were not kept in a centralized location and

substantial work was required to collate the data across states and focal areas. Condensing numerous outcomes into single reporting lines of the results trackers meant that important data points were often missing.

To improve consistency, results trackers should include separate line items for each indicator being tracked (i.e. each state should have its own line for each indicator, also, different lines would be needed for variations on the same goal such as the budget allocation value and the health budget as a percentage of the total budget). Partners should ensure consistency between the listed indicator and the data being provided (e.g. if the indicator is for a percentage, ensuring that a percentage is provided and not a whole number). Though additional space can be provided for comments or supplemental information, the core indicator reporting should only include the indicator value and not additional text. Improving the consistency of reporting across subgrantees and creating a central repository of budget tracking data will improve data quality against which project outcomes can be tracked. If needed, dRPC could identify an external consultant to develop/improve the data monitoring system.

5. **Pay attention to how coalition building fits into the organizations' mission when selecting partners to build coalitions.** The likely longevity of coalition building efforts under PACFaH is linked to how coalition building fits into the organization's broader mission and activities. In cases where the subgrantee places an emphasis on coalition building to achieve its organizational mission (and not just the objectives of a specific project), the subgrantee is more likely to sustain its coalitions in the longer term. For organizations that did not internalize a focus on coalition building, it was only a component of the project that may not continue after PACFaH. If future programming envisions a strong coalition building component with a desire for long-term sustainability, the extent to which organizations have this as a focus of their organizational mission will be important to consider when deciding on which partners to engage.

6. **Rely on the theory of change to ensure objectives are focused on key outcomes that will enable longer-term objectives in a reasonable amount of time.** In addition to the capacity building outcomes of the project, PACFaH included over 70 investment outcomes that were anticipated to be achieved during the life of the project. Part of this large number was due to the learning and evolution that arose as the pilot efforts progressed. For instance, it was not until later in the project that the unified goal of increasing health budgets and releases was added as a means of pulling the subgrantees in under a unified objective. However, the substantial number of outcomes diluted the attention paid to specific objectives.

   In addition to the evolution that occurred in the project objectives, evolution also occurred in the PACFaH theory of change. Significant revisions that helped the project focus its attention and unify its efforts resulted in a new theory of change in the last year of implementation. Should future programs aim to build on the lessons learned from PACFaH, efforts should be made to further hone the program logic, ensuring that attention is paid to the key causal linkages that will best result in achieving the anticipated long-

term objectives. This program logic can then be used to: 1) estimate the amount of time needed to achieve expected outcomes, and 2) identify the key outcomes that are most crucial for meeting long-term objectives.

Given the short duration of PACFaH vis-à-vis the expected outcomes, PACFaH partners were sometimes forced to focus their efforts on those that were most achievable. This translated to a focus on increasing budget allocations, as this is the first step in the budget cycle. However, given the substantial challenges associated with budget releases, the budget allocation itself is not the biggest hurdle in achieving an increased availability of funds for health. Rather, as respondents noted, the biggest challenge is securing the released and proper spending of the funds. Increasing the overall health budget allocation does not automatically result in increased releases, which potentially blunts any positive effects of the increased budget allocation.

Ensuring a strong focus on the project theory of change can help identify the critical steps that are needed to achieve longer-term outcomes. Understanding the critical steps can help identify the most reasonable time frames needed to achieve particular outcomes and can also help ensure that the project focuses on both an achievable number of outcomes and outcomes that are within the manageable interests of the project.

VII. Annexes

Annex I: Case Studies

AAFP Case Study

Organization Background and History

The Association for the Advancement of Family Planning (AAFP) was established in 2014 and grew out of the biannual National Family Planning Conference. It comprises over 50 organizations including networks, development partner projects, NGOs, CSOs, Government of Nigeria Ministries, Departments, and Agencies, and private sector actors. AAFP's projects outside of PACFaH include hosting the National Family Planning Conference and providing support for the development of the Resource for the Awareness of Population Impact on Development. Within PACFaH, AAFP played a key role in the FP advocacy component at the national level including researching and writing media and policy briefs and drafting reports tracking the National Family Planning Budget. PACFaH is the first donor-funded project on which AAFP has worked.

Organizational Capacity

Administrative Capacities

Strategy/Mission

AAFP has a constitution that is registered with the Corporate Affairs Commission along with a board of trustees, vision, mission, and goals statements. AAFP's vision is that "all Nigerians have access to FP information and services as a right". AAFP's mission is to be "a coalition of stakeholders advocating for increased access to high-quality information and services in Nigeria through improved social, political and financial commitment," with a goal of "increasing access for Family Planning in Nigeria." In July 2017, the board of trustees and other members of AAFP gathered for a strategic retreat to make the strategic plan for the next five years.

Financial Management

Ostien, et al. (2017) reported that while AAFP's current financial system was created to align with PACFaH's accounting and reporting requirements, there are still challenges with its accounting, budgeting, and reporting functions, including not having prepared 2015 financial statements or filing returns with the Federal Inland Revenue Service.

The Mango (2017) interim assessment of financial practices found that, of the 47 key risk areas, AAFP was at "high risk" in only five of the categories (the fewest of all the CSOs). The weaknesses that existed were primarily focused around financial planning practices. However, in terms of having the necessary templates to implement strong financial practices, AAFP still required 22 of the identified 31 templates. At the time of the final Mango assessment, AAFP had reduced its "high risk" categories to two and shifted most of its "medium risk" categories into "low risk" categories as shown in the table below.

Table 16: AAFP Financial Risk Scores

	Initial Risk			Final Risk		
	Low	Medium	High	Low	Medium	High
AAFP	29	13	5	37	8	2
PACFaH Average	22.2	11.8	13	31.2	9.8	6

Human Resources Management

AAFP has reportedly had challenges in human resource management, including several staff resignations due to low remuneration. Similarly, contrary to best practice, AAFP does not have a dedicated HR and Administration lead, rather the finance officer also handles administration and HR tasks. Also, while staff confirm that they have job descriptions, there is no performance appraisal process.[19] While AAFP had an HR policy before PACFaH, they have adapted the HR procedures from PACFaH to this policy. Some of these procedures include publicly advertising positions to ensure competitive recruitment and using score sheets for interviews.

Professionalization of the Organization

The discussion on "professionalization of the organization" encompasses the many different areas of organizational capacity that are required in order to be considered a "professional organization" by international donors. This area of capacity was discussed during the OCA workshops with each CSO.

Based on the discussions and scoring during the OCA workshops, AAFP staff noted an improvement in professionalization of the organization from 2.20 at the start of PACFaH to 3.25 currently (on a scale of 1-4). Within that topic area, their highest rated category was the strength of the written mission statement and agreement on it while their lowest rated category was their level of experience acting as a prime contractor on international donor projects. This is unsurprising given that PACFaH is AAFP's first project and they are acting in a sub-grantee role.

According to discussions during the OCA workshop, before PACFAH, when meetings were held, decisions were made and subsequently held as policy, but were not written down. Through PACFaH, they have seen the need to document decisions in a language that can easily be understood by all staff. PACFaH requirements also led them to formalize procedures for things like procurement, staff hiring, and financial management.

Advocacy-Related Capacities

Stakeholder Involvement

Overall, AAFP's capacity to involve stakeholders has reportedly been improved over the course of PACFaH. OCA discussions and scores show an improvement from 2.58 at the onset to 3.50 at

[19] Assessment of the Capacity Building Component of the Partnership for Advocacy in Child and Family Health (PACFaH) Project 2014 – 2017. Philip Ostien, et al. March 11, 2017. Page 13.

the end of the project. Within the topic of stakeholder involvement, their highest rated category was the sufficiency of the baseline data collected before the beginning of the project, while their lowest category was the strength of their written policies and procedures for stakeholder involvement and confidentiality.

AAFP has a wide array of stakeholder groups including government, CSOs, and the private sector among others and they reach out to each stakeholder group as the need arises. Stakeholder involvement is particularly high for them during the lead up to their biannual National Conference on Family Planning, which is their cornerstone event. AAFP staff in some part view the organization as a resource for other CSOs working on FP issues; they have links to NDHS reports on their website and are currently undertaking efforts to create a database of all organizations that work in FP to share among their stakeholders.

One area for improvement that staff noted was the need to conduct advocacy more with the private sector since they recognize that most of the money in Nigeria for family planning comes from outside the country.

Monitoring and Evaluation

Discussion and scoring during the OCA workshop showed significant improvements in M&E capacity, with scores showing an increase from 1.17 prior to the project to 3.50 at the end of the project. The highest rated category in this section was their ability to identify remediation measures and lessons learned (which is important in a pilot project such as PACFaH), while their lowest rated category was the strength of their written M&E policies and procedures.

Because AAFP was registered the same year PACFAH was formed, many policies, including those for M&E weren't in place. Through PACFAH, they took up policies for M&E and modified them for AAFP overall including the creation of an M&E plan that captures activities, indicators, and outcomes. As with the other sub-grantees, AAFP worked with dRPC to discuss and define the indicators that will lead to the intended outcomes and plan activities to tie into those indicators. The staff did note, however, that some of the indicators that were developed were unrealistic, such as the number of statements made on behalf of AAFP by their government official champions. As they explained, only the Minister can make statements on a given topic unless a subordinate is directly quoting from the Minister's speech, so it is unrealistic to expect a lower level official to make pronouncements on behalf of AAFP, even though that is one of their indicators.

Advocacy and Influence

The OCA workshop scoring showed an improvement in AAFP's capacity for advocacy and influence, with a 3.17 prior to the project and a 3.83 currently. As with the two previous sections, their weakest category was the strength of their written strategy while their strongest categories were the strength of their staff skills for advocacy and their ability to mobilize stakeholders for advocacy.

The quality of AAFP's written advocacy materials were some of the highest of all PACFaH partners per the independent quality assessment done by the ET which looked at the relevance,

clarity, formatting, and messaging of both written and visual content. As per the table below, AAFP's materials had an overall score of 2.44 which is right between adequate and good quality, and above average compared to the quality of the other PACFaH partners' materials.

Table 17: AAFP Advocacy Materials Score Comparison

Average AAFP Score	Average Score Across PACFaH Partners	Range of Scores Across PACFaH Partners
2.44	2.19	1.87 – 2.46

1= Low Quality, 2= Adequate Quality, 3= Good Quality

AAFP is quite methodical in their approach to advocacy by having a pre-planning meeting for each advocacy visit, sending a letter of notification to each target, having a meeting to clarify the specific ask and determine which advocacy kit to use, and strategically planning which staff or partner to send to each advocacy visit for biggest effect. They are also strategic in how they talk about their mission and message overall (i.e. using the term "child spacing" in the North instead of "family planning" and talking about FP in terms of improving families' quality of life, not as a means of population reduction.)

One limitation AAFP staff have noted about their organization is their lack of presence at the sub-national level, because while the national government provides commodities, policies, and guidelines related to FP, the states and LGAs have their own budgeting inputs that are currently not being targeted by AAFP.

Working with the Government

As discussed in the previous section, AAFP is methodical in their preparations for advocacy meetings with the government, which follows through to their follow up after the meeting is conducted. As one staff noted, "if you write to the minister and you don't follow up, it will take you donkey years to get any response, you always have to follow up."

One change in AAFP's ability to engage with government that came about through PACFaH is that CSOs are now invited to public hearings on the budget process, which did not happen before. One of AAFP's biggest strengths in engaging with government is that they have highly knowledgeable people who have worked in clinical, managerial, and, now, policy settings who understand the process and are also able to authoritatively use evidence to counter widespread misunderstandings around FP (e.g. that an IUD can travel to your heart and kill you).

Working with the Media

The OCA score for AAFP's capacity to work with the media increased from 2.25 before PACFaH to 3.17 currently. As with all of the other categories, their lowest scoring category was the strength of their written strategy for engaging with media. Despite this low score for the strength of their strategy, AAFP maintains that all of their activities include media engagement. As part of this engagement, AAFP uses its media champion who acts as an intermediary connecting AAFP with the other media reps. Interestingly, it is not AAFP PACFaH staff alone who drive media

engagement, as the coalition's media team holds an event every Tuesday, where coalition members dedicate one hour to social media campaigns via Twitter, Facebook, etc.

AAFP is one of the few CSOs that has partnered with the media to write articles, including editorials on the 2017 health budget. AAFP staff are well aware that media coverage is a must to increase the visibility of FP in the public and that if their activities do not get covered by media "it's like they never happened." They do recognize, however, that there are some areas for improvement, including the need to generate more eye-catching and accurate article titles, continue to develop relationships with media houses to avoid having to pay for content, and the need to strengthen their own online media distribution, possibly through a newsletter, to enhance the existing coverage.

Organizational Sustainability

As mentioned earlier, AAFP is currently managing only PACFaH. However, they also provide support to the National Population Commission in the development of the 'Resource for the Awareness of Population Impact on Development (RAPID)' and review of the national population policy.[20] Additionally, they plan and organize the biannual National Family Planning Conference which will next be held in 2018.

Currently, AAFP has not applied for other grants. As they explained, there have been proposals they were interested in applying for, but did not qualify because they needed to provide financial audits for the past three years but they not been around for that long, nor have they conducted any audits. Through PACFaH, there was a training on proposal writing which some found useful, but others felt was more of a sensitization to the process rather than a practical application of how to write proposals.

AAFP is working with other partners (Palladium, Pathfinder and HERFON) on how to mobilize resources for capacity building in advocacy and sustainability for local CSOs working on FP. AAFP as an organization has no strategic plan in place or a financial sustainability strategy.

Coalition Building

Background on Coalitions

AAFP itself is a coalition with members from development partners, government, and the private sector that started as a family planning action group. Through PACFaH, AAFP's coalition of 21 CBOs, FBOs, and professional organizations was created on August 31, 2016 and has held eight monthly meetings since then. This formal coalition is only operational at the national level, which is in line with AAFP's mandate.

Strengths

[20] Assessment of the Capacity Building Component of the Partnership for Advocacy in Child and Family Health (PACFaH) Project 2014 – 2017. Philip Ostien, et al. March 11, 2017. Page 21.

AAFP's coalition comprises a vast network of organizations that can combine together in various forms to work on specific issues. AAFP has also been strategically reaching out to non-traditional actors who are tangentially involved in FP such as Proprietary Patent Medical Vendors (PPMV) to bring them into the coalition. Being part of the PACFaH coalition has been a strength in that it taught them to do advocacy with one voice which makes their overall message stronger.

> ***"It's easy to break one broomstick, but when you tie the broomsticks together, it's more difficult to break them."***
>
> ***-AAFP Staff***

From the electronic survey the ET sent to all CBOs engaged in the PACFaH coalition, ten of them responded that their primary PACFaH CSO was AAFP. Of the eight who responded to this question, all categorized the strength of their organization's relationship with AAFP as somewhat or very strong as shown in the table below.

Table 18: CBO Strength of Partnership with AAFP

	Number	Percent
Very strong	3	37.5%
Somewhat strong	5	62.5%
Neutral	0	0%
Somewhat weak	0	0%
Very weak	0	0%
Prefer not to answer	0	0%
TOTAL	**8**	**100%**

Weaknesses

AAFP staff noted the tendency of AAFP to want to maintain control over the coalition rather than letting coalition members take ownership of it. The danger with this is that unless they have a vested interest in continuing to work on these issues with the rest of the coalition, they could become inactive or drop out of the coalition.

Likelihood that Work Will Continue

AAFP staff noted that they are willing to continue to advocate with their coalition partners but they are uncertain of exactly how that will look. With the other PACFaH partners, they have learned to advocate with one voice which is more effective than reaching out to the same targets individually, but they have not made concrete plans to continue working with them post PACFaH.

From the perspective of AAFP's CBO coalition partners who responded to the electronic survey, all of them noted that they were somewhat or very likely to continue to work with AAFP after PACFaH ends, as shown in the table below.

Table 19: CBO Likelihood of Partnership with AAFP Post-PACFaH

	Number	Percent
Very likely	7	70%
Somewhat likely	3	30%
Neutral	0	0%
Somewhat unlikely	0	0%
Very unlikely	0	0%
Prefer not to answer	0	0%
TOTAL	**10**	**100%**

When asked what factors would determine whether and the extent to which they would continue to engage with AAFP and other coalition partners, respondents mentioned mentorship, communication, and the availability of AAFP as important factors. The relationships that have been built through PACFaH have also made CBOs aware of other actors working in the FP space, which is a positive factor for continued partnership. As one AAFP CBO respondent noted, "now that we know other coalition partners, it's easier to know who to partner with when the need arises."

Financial Sustainability

AAFP has not taken any steps to ensure that it will have funding to continue working with their coalition partners after the end of PACFaH. As noted above, they also have not yet applied to other grants due to some eligibility requirements.

CHR Case Study

Organization Background and History

Community Health and Research Initiative (CHR) was established before PACFaH and is responsible within PACFaH to advocate with policymakers at the national level and in four states (Bauchi, Kano, Kaduna, and Niger) to increase their political commitment to meet their RI obligations (including resource requirements, strong program implementation, etc.). In addition to advocating for the health-sector outcomes of PACFaH, CHR advocates with policymakers for adequate and timely release of RI funds and improved accountability in the budget process. CHR also conducts budget tracking, mobilizes RI CBOs to engage in advocacy, and provides support to strengthen the CBOs' capacity for advocacy.

Organizational Capacity

Administrative Capacities

Strategy/Mission

CHR has a mission and vision statement clearly understood by all. The Mission statement is "to work with stakeholders to stimulate collective response in Nigeria to address the need for improved quality health care services for women and children through Advocacy, Accountability, Mobilization, Training, Capacity Building and Research and Information sharing that influence evidence based policies and programmes" Their vision statement is to be "a leading NGO stimulating all levels of governments to respond to the health care needs and the development of women and children in Nigeria."

Financial Management

The Mango (2017) interim assessment of financial practices found that, of the 47 key risk areas, CHR was at "high risk" in nine of the categories, with key risks regarding financial planning and financial reporting. At the time of the final Mango assessment, CHR was rated "high risk" in only one out of the 47 risk areas, as shown in the table below, with key risks just in financial planning.[21] This was the lowest number of high risk categories amonng all PACFaH partners.

[21] Development Research and Projects Centre, Strengthening Partners Financial Management Systems. Final report, June 2017.

Table 20: CHR Financial Risk Scores

	Initial Risk			Final Risk		
	Low	Medium	High	Low	Medium	High
CHR	26	12	9	41	5	1
PACFaH Average	22.2	11.8	13	31.2	9.8	6

In terms of having the necessary templates in place to implement strong financial practices, the interim report found that 17 of the identified 31 templates still needed to be developed for CHR[22]. At the final Mango assessment, 12 out of these 17 identified templates had been developed with only five outstanding. This, too, was a sign of significant improvements. CHR also has an annual budget for each project which is harmonized into organizational work plans and then consolidated to have project-level and organizational-level activities.

Human Resources Management

Prior to PACFaH, CHR had policy documents such as an HR manual but it was not operational. Additionally, CHR did not have regular board of trustee meetings, something that has changed over the years with support from PACFaH. CHR has a dedicated HR and Admin lead for the organization. Prior to PACFaH, there was an HR policy, but this policy was not always adhered to before PACFaH. CHR has standard HR policies that meet best practices. PACFaH has helped support CHR in updating and institutionalizing their HR policies through the support of two consultants. The policy now adheres to national laws on annual and maternity leaves, Pay as You Earn. enrollment into pension, deduction of taxes and remittal to the federal/state Inland Revenue services. All pensions are remitted to staff retirement savings account. In addition, each year, CHR subjects its finance books to the Federal Inland Revenue Services to ensure compliance in tax remittal.

Professionalization of the Organization

The discussion on “professionalization of the organization” encompasses the many different areas of organizational capacity that are required in order to be considered a “professional organization” by international donors. This area of capacity was discussed during the OCA workshops with each CSO.

Based on the discussions and scoring during the OCA workshops, CHR staff noted an improvement in professionalization of organization from 2.7 at the onset of PACFaH to 3.9 (on a scale of 1-4). These changes are attributed to dRPC support: dRPC engaged two HR consultants who supported the HR focal person for CHR to ensure the documents are reviewed and functional.

CHR has been in operation since well before PACFaH began and has worked on several donor-funded projects. CHR has annual budgets for each project which are harmonized into

[22] *Ibid.*

organizational work plans. CHR has served as subgrantee for other projects before PACFaH such as “Champions for change” funded by BMGF. In addition, CHR has served as prime for 3 projects funded by the MacArthur foundation and is currently implementing SAMIN, another project funded by the MacArthur Foundation. Additionally, CHR has submitted and won competitive bids from World Bank, Compass, and USAID.

Other aspects noted during the OCA discussions are those already discussed above in terms of improvements in HR and financial practices. In addition, the CHR team noted that there are now regular meetings between the finance team and the program personnel at the country and state offices to help coordinate across different levels of the organization. This practice was not in place prior to PACFaH.

Advocacy-Related Capacities

Stakeholder Involvement

Overall, CHR’s capacity to involve stakeholders has reportedly been improved over the course of PACFaH. OCA discussion and scores show an improvement from 2.0 at the onset to 3.0 at the end of the project. Key contributors to this improvement are: the availability of more resources through PACFaH, dRPC support in creating access to high level stakeholders, capacity building activities such as the Portland and DEVCOM trainings, and the flexibility of PACFaH.

CHR staff report a good understanding of who their stakeholders are and that they are continuously engaged during project implementation, though the frequency depends on the type of engagement and the stakeholders involved. CHR involves its stakeholders in various activities: data generation and validation processes, providing recommendations, and quarterly stakeholder meetings at the national and state levels to review budget performance. CHR also has an open website where stakeholders have access to information across the 4 states and at the national level.

One area for improvement, however, is to increase the involvement of civil servants at the lower and mid-levels in government ministries, as these stakeholders are critical to accessing the high-profile stakeholders.

Monitoring and Evaluation

Discussion and scoring during the OCA workshop showed significant improvements in M&E capacity, with scores showing an increase from 1.9 prior to the project to 3.3 at the end of the project. CHR had conducted M&E before PACFaH, but the M&E systems were not fully established then. Through engagement in PACFaH, they have improved and strengthened their systems. They report now having more effective systems that track activities as well as improved documentation and archiving of physical and electronic documents. Additionally, data for budget tracking is now more readily available, and data have been used to inform government of current status of budget implementation. The board of trustees of CHR sets targets which are reviewed periodically.

The M&E improvements noted in the discussions were attributed by staff to continued mentoring from the dRPC M&E focal person, an international M&E training attended by the M&E Officer, and regular M&E meetings for all PACFaH M&E Officers.

Although the M&E system and processes showed some notable improvements, there is still room for improvement. Notable areas for improvement include having more M&E personnel to manage the many tasks, and improved skills in data analysis using statistical software.

Advocacy and Influence

Based on discussions and scoring during the OCA workshop, CHR staff rated their advocacy and influence capacity highly- both pre-project and current. In the scoring, capacity was said to have improved from 2.4 before the project to 3.9 at the end of the project. In terms of strengths, staff noted that CHR has a strong sense of who their advocacy targets are, and they conduct advocacy activities on a weekly basis across the project states and the national level. The types of activities conducted include: stakeholder meetings and participating in working groups, attending conferences and forums, and conducting seminars and media round tables.

CHR is also actively participating in health advocacy work outside of PACFaH, including the National Immunization Financing Task Team (NIFT) which advocates for the local production of vaccines, which is being considered by the Federal Ministry of Health. Also, CHR is a member of the health reform coalition that worked to ensure the establishment of the national health act and is now advocating for its implementation. Similarly, in the SAMIN project that CHR is also leading, CHR is advocating for hospital management boards to ensure the availability of free maternal drugs. CHR has also worked to set up the health care financing technical working group in Kano and is supporting the working groups in Niger, Kaduna and Bauchi.

Over the course of the project, staff note that there has been a transition towards doing more direct advocacy work, with more face to face engagement of stakeholders and decision makers. Also, staff noted an expansion of who within their organization conducts advocacy visits. In the past, only the project director had conducted advocacy visits. However, now that staff have gained more capacity for advocacy, they have also become involved. Also under PACFaH, they have increased the frequency of their scorecards, which was also supported by the establishment of #openministry for health budgets. In discussing the improvements realized during PACFaH, staff attributed the changes to capacity building efforts, joint advocacy by PACFaH CSOs, leveraging on other CSOs in the immunization space, and engaging Commissioners of Health as PACFaH champions.

Despite their significant experience conducting advocacy in the health sector, the independent quality assessment the ET conducted of CHR's advocacy materials showed room for substantial improvement. As per the table below, CHR's materials had an overall score of 1.87 which is below adequate quality and below the average of the other PACFaH partners' materials.

Table 21: CHR Advocacy Materials Score Comparison

Average CHR Score	Average Score Across PACFaH Partners	Range of Scores Across PACFaH Partners
1.87	2.19	1.87 – 2.46

1= Low Quality, 2= Adequate Quality, 3= Good Quality

There were significant issues noted in terms of spelling and grammar, legibility of the documents, clarity of the text and graphics, and duplication of language. Despite the relatively low quality of their written advocacy materials, overall, CHR had notable improvements in their capacity for advocacy with their involvement in PACFaH.

Working with the Government

Based on discussions and scoring during the OCA workshop, CHR staff rated their capacity for engaging with government actors as having improved from a 2.7 to a 3.7. Before PACFaH, CHR only engaged occasionally with government actors. At that time, their engagement of government actors was not as focused. Now, they come prepared with specific messages and information. CHR has been able to grow into the policy space, where they are starting to be able to influence government at higher levels. They no longer find it as difficult to make connections with government actors and get appointments to speak with important decision makers.

Through their efforts, CHR seems to have had some influence in Bauchi State, where their role in bringing the governors of Bauchi and Kano into a joint learning exercise was noted by key stakeholders. During this event, state decision makers were able to come together to discuss their shared challenges and goals for health at the state level. Key stakeholders in both states indicate that this event served as a catalyst for improving health budget allocation and releases.

In discussing the capacity improvements that have been experienced by CHR, staff noted that improvements were due to the trainings conducted by dRPC, the use of champions for advocacy efforts, and the mentorship of CHR staff by the project director.

Working with the Media

Based on the discussions and scoring during the OCA workshops, working with the media was one of the areas that saw the most improvement for CHR. They went from scoring themselves as a 1.9 prior to the project to 3.7 at the end of the project. In the beginning, CHR did not have a dedicated communication officer, and they did not have a clear strategy for working with the media. This was at least in part due to the fact that CISLAC had been engaged as a cross-cutting CSO for the project that would handle media relations and engagement. CHR did not have significant engagement with the media during PACFaH's initial stages, and they faced a number of challenges until they were able to engage a communications officer. The recruitment of the communications officer is credited with having brought a lot of experience and order to CHR's media engagements. Additionally, staff note that capacity improvements were linked with the identification of media champions, step down trainings, and reliance on health reporters for information dissemination and the PACFaH media challenge.

Organizational Sustainability

CHR's prospects for sustainability are mixed. CHR does not currently have a financial sustainability plan in place, though they do receive funding from other donors. CHR is implementing the Catalyzing for Improved Accountability for Maternal Health in Nigeria (funded by the MacArthur Foundation), though this program also ends in 2017. The leadership within CHR is quite strong, and has been credited with many of CHR's successes. However, there are some concerns that, if the core leaders of the organization were to leave, weak staff engagement at the remaining levels could pose a significant threat to the organization's work and its sustainability. Contributing to these concerns is the fact that the organization's strategic plan is currently out of date.

However, CHR is more likely to remain post PACFaH, though activities may be limited before they receive other funding. CHR has demonstrated some capacity to attract more funding in the near future. CHR trustees make some donations in cash and in kind, though this is quite limited. Also, CHR has shown some capacity to attract more funding in the future: with the history of previous winning proposals, acting as subgrantee and prime in some grants and currently anticipating some funding from various sources e.g. from global financing-health sector reforms and as a member of road map to implement the Addis declaration.

Coalition Building

Background on Coalitions

CHR had many connections with the CBOs in its coalition before PACFaH, though they were not well organized or structured, and the CBOs did not fully share CHR's vision. The one exception is in Niger State, where CHR created a new coalition. With PACFaH funding, CHR engaged these groups and helped created a more formal structure for the coalitions.

In addition to engaging the coalition in advocacy work, CHR built the capacity of the coalition members in conducting advocacy as well as in monitoring and documenting activities. CHR has also engaged the same coalitions through the SAMIN project.

Through the discussion and scoring of the OCA workshop, staff reported that coalition building skills have improved from an initial score of 2.0 to 3.4 at the end of the project. Staff attribute these improvements to the PACFaH trainings as well as mentoring on coalition building.

Strengths

One sign of a strong coalition is the collaboration between partners that are both project-related as well as external to any particular project. In the case of CHR's coalitions, some of them do report having implemented activities both with and without CHR's support. In Bauchi and Kaduna States, their coalitions have been recognized by state government structures and the coalitions participate in various state committee activities. Also, in both states, the coalitions were largely pre-existing, which is a likely predictor for longer-term sustainability. With the trainings and capacity building provided by CHR, the coalition members are better equipped to continue the

work. There has also been learning and experience sharing across coalition members to further enhance the capacities of all organizations.

From the electronic survey, the ET sent to all CBOs engaged in the PACFaH coalition, 26 of them responded that their primary PACFaH CSO was CHR. Of those respondents, most of them categorized the strength of their organization's relationship with CHR as somewhat or very strong, but there were those who felt the relationship to be somewhat weak as shown in the table below.

Table 22: CBO Strength of Partnership with CHR

	Number	Percent
Very strong	16	61.5%
Somewhat strong	7	26.9%
Neutral	1	3.8%
Somewhat weak	2	7.7%
Very weak	0	0.0%
Prefer not to answer	0	0.0%
TOTAL	**26**	**100%**

Weaknesses

Despite the strengths of the Bauchi and Kaduna coalitions, more challenges face the Niger State coalition, which was newly created through the project. This coalition does not have major secondary funding sources and they do not report actively seeking any joint funding. Though CHR will continue to support its engagement with the coalitions through its project with the MacArthur Foundation, that project will also end in 2017. Given the reported necessity of financial resources for conducting advocacy work and engaging with government and media actors, a lack of longer-term funding poses a challenge to the sustainability of these coalitions. Another potential challenge that was noted was that coalitions can sometimes follow the available funding more so than stick with a constant mission. That is to say that mission creep can be an issue when new, but potentially different, sources of funding come along. For the coalitions' longer-term ability to remain focused on the PACFaH advocacy goals, this may pose a challenge.

Likelihood that Work Will Continue

CHR's coalitions in Kaduna and Bauchi are the most likely to continue working with one another past the end of PACFaH, despite the end of funding in 2017. That being said, if new sources of funding are identified, the particular foci of the coalitions may change along with the priorities of the new donor. Thus, the coalition objectives might change from the current focus on health-related budget allocations and releases and the other policy-level outcomes.

From the perspective of CHR's CBO coalition partners who responded to the electronic survey, most of them noted that they were somewhat or very likely to continue to work with CHR after PACFaH ends, although there was one respondent who felt it was somewhat unlikely as shown in the table below.

Table 23: CBO Likelihood of Partnership with CHR Post-PACFaH

	Number	Percent
Very likely	23	88.5%
Somewhat likely	2	7.7%
Neutral	0	0.0%
Somewhat unlikely	1	3.8%
Very unlikely	0	0.0%
Prefer not to answer	0	0.0%
TOTAL	**26**	**100%**

When asked what factors would determine whether and the extent to which they would continue to engage with CHR and other coalition partners, respondents mentioned having a common vision/mission and the continuation of capacity building activities as important factors. One theme that came out of the responses was that partnerships would continue only as the need arose, either through PACFaH or another project. There was limited discussion of the financial aspects of continued partnership beyond some mentioning that CHR would have to provide for logistics for them to continue partnering post PACFaH.

Financial Sustainability

As noted above, overall coalition sustainability is intricately linked with the coalition's financial sustainability and their ability ten access sources of funding. To help support their work, CHR's coalition members contribute 10 percent of their transport allowances (from workshops, trainings, and other events that they participate in) to the coalition. Though small, the objective of these contributions is to support the sustainability of the coalition's work.

Additionally, some coalition members have been able to secure small grants through other donors and/or through the government, that can also be used to help continue their work. Overall, the longer-term sustainability of CHR's coalitions is more promising than for some of the other CSO-led coalitions. Nonetheless, however, significant challenges remain.

CS-SUNN Case Study

Organization Background and History

Civil Society Scaling Up Nutrition in Nigeria (CS-SUNN) was formed in 2014 as a coalition of nutrition-focused domestic and international NGOs and is part of the international Scaling Up Nutrition movement. CS-SUNN started only a short time before the inception of PACFaH. Because CS-SUNN was just getting started as PACFaH was beginning, many of CS-SUNN's templates and strategic documents (such as M&E plans) are based on PACFaH's templates and guidance. At the moment, PACFaH is currently the only program that CS-SUNN is implementing. Its other program, a UNICEF-funded Multi-Partner Trust Fund (MPTF), concluded in December 2016 after two years of implementation. However, CS-SUNN is in discussions with UNICEF about the possibility of starting another program. Within PACFaH, CS-SUNN leads the implementation of the nutrition advocacy component of the project at the national level and in three states: Kaduna, Nasarawa and Niger.

Organizational Capacity

Administrative Capacities

Strategy/Mission

When PACFaH began, CS-SUNN was a very new organization and had few organizational policies or strategies. Over the course of the project, CS-SUNN developed an organizational strategy plan, which is being finalized and will then be approved by the steering committee. They currently rely primarily on PACFaH project documents and templates to run the organization as well as the other project they implemented. CS-SUNN benefited from the PACFaH capacity building on board governance.

CS-SUNN now has a clearly written mission statement that is reportedly understood by all staff. Their Mission statement as cited by a staff during the OCA workshop is, "to mobilize and engage state and non-state actors to build and generate evidences to scale up nutrition in Nigeria."

Financial Management

According to the Mango (2017) financial capacity interim assessment,[23] CS-SUNN was rated as "high risk" in 17 out of 47 key risk areas, with key risk areas regarding financial planning and accounting records. However, in the final assessment they were rated high risk in only eight out of 47 key risk areas as shown in the table below, with key risks still remaining around financial planning and internal controls. Nonetheless, significant improvement was made.

[23] Development Research and Projects Centre. Strengthening Partners Financial Management Systems. Final Report. June 2017.

Table 24: CS-SUNN Financial Risk Scores

	Initial Risk			Final Risk		
	Low	**Medium**	**High**	**Low**	**Medium**	**High**
CS-SUNN	20	10	17	25	14	8
PACFaH Average	22.2	11.8	13	31.2	9.8	6

In terms of having the necessary templates in place to implement strong financial practices, the initial assessment found that 22 of the identified 31 templates still needed to be developed for CS-SUNN. By the end of the Mango training and assessment, out of the 22 templates that needed to be developed, CS-SUNN was able to complete only nine, leaving 13 templates outstanding at the final assessment.

Although CS-SUNN was seen to have improved their financial management over the course of the project (and the Mango trainings in particular), there remains significant work to do, particularly in terms of financial planning and recording and the development of templates. Further improvements will better place CS-SUNN for receiving external funding from donors. Based on discussions during the OCA workshop, one area for improvement is for CS-SUNN to create an organization-wide budget. Currently, they only have project-based budgets.

Human Resources Management

Although CS-SUNN does not have a dedicated HR unit, feedback received during the OCA workshops indicate that they typically follow best practices in their recruitment process. Jobs are advertised, candidates are first long listed before a short list is done. Shortlisted candidates are invited for interviews and the best candidate is selected from the process. One HR-related weakness that CS-SUNN has grappled with is leadership turnover at the highest level leading to some degree of discontinuity.[24]

Professionalization of the Organization

During the OCA workshops, staff noted that their organization had become more professional since PACFaH started. Participants scored professionalization prior to the project as a 2.0, which they report has improved notably to 3.5 at the end of the project.

Before PACFaH, CS-SUNN largely relied on the work of volunteers to carry out activities. Upon engaging in PACFaH, CS-SUNN hired their own staff. PACFaH helped improve the professionalization of CS-SUNN by providing office space as well as templates and training programs for staff. The PACFaH templates were also used by CS-SUNN to run the MPTF project

[24] Assessment of the Capacity Building Component of the Partnership for Advocacy in Child and Family Health (PACFaH) Project 2014 – 2017. Philip Ostien, et al. March 11, 2017.

funded by UNICEF. The organization is heavily reliant on the steering committee and nothing is implemented without their approval and delegation[25].

While the final OCA score implied notable improvements, CS-SUNN still has more work to do in terms of finalizing and approving their financial policy documents, procurement documents and HR policy documents. According to CS-SUNN staff, these documents are still awaiting approval by the steering committee. Only once these processes and standards are approved and implemented will the organization be considered more competitive and capable of receiving competing grants from donors.

Advocacy-Related Capacities

Stakeholder Involvement

There has been a reported improvement in CS-SUNN's capacity to engage stakeholders. Based on discussions and scoring during the OCA workshop, the organization's capacity to engage stakeholders prior to PACFaH was rated 2.3 out of 4 points. This had risen to 3.3 at the end of the project. Of note during the discussions, CS-SUNN staff indicated that they have clearly defined their stakeholders including government actors and other donors, and they engage with the grassroots through their coalition members.

PACFaH provided the opportunity for CS-SUNN to extend their reach from the national level to some states (though they aspire to eventually reach all states in Nigeria). They have also been able to engage more stakeholders as a result of the project, including the Ministries of Budget and Planning, Agriculture, and Finance. Staff credit dRPC trainings, stakeholder mapping, and the identification of government actor champions as drivers of these changes. Though CS-SUNN's overall capacity to engage stakeholders has improved over time, they still look forward to having more engagement with legislators and grass roots actors.

Monitoring and Evaluation

CS-SUNN's monitoring and evaluation capacity showed some improvement as a result of their engagement in PACFaH. Based on the OCA scores, their reported M&E capacity went from a 2.3 at the beginning of the project to 2.9 at the end of the project. Although CS-SUNN showed some improvement in their M&E capacity, there is need for more intentional effort to build the M&E system of the organization to better meet the needs of the organization beyond project based needs.

Advocacy and Influence

Based on the discussions and scoring during the OCA workshop, there was a notable increase in capacities for advocacy and influence- from 2.6 at the onset of the project to 3.7 at the end of the project. Noted during discussions was that CS-SUNN had a defined advocacy strategy, they engage the strengths of their coalition members in conducting advocacy visits, and follow up with

[25] Development Research and Projects Centre. Strengthening Partners Financial Management Systems. Final report. June 2017.

their advocacy targets after meetings are conducted. Based on their advocacy work, CS-SUNN reports that they are now invited to high profile stakeholder meetings on nutrition related areas such as the National Primary Health Development Agency (NPHCDA) meetings. In addition, other partners have also been reported to be seeking to work with CS-SUNN.

Based on discussions during the OCA workshops, staff attribute improvement in CS-SUNN's capacity for advocacy and influence to the capacity building efforts of the project, as well as the improved visibility provided to the organization by PACFaH. Today CS-SUNN believes they are more visible and are recognized by national stakeholders as a leader on nutrition. Despite the improvements, however, CS-SUNN would like to do more community mobilization and engagement of citizens. They would also like to establish more state chapters beyond the states included under PACFaH.

The self-assessed capacity of CS-SUNN to produce written products was very much in line with the quality of their written advocacy materials per the independent quality assessment done by the ET which looked at the relevance, clarity, formatting, and messaging of both written and visual content. In the OCA workshop, CS-SUNN staff rated themselves at 3.3 (moderate capacity) in their ability to craft media ready products. As per the table below, the independent quality assessment gave CS-SUNN's materials an overall score of 2.28, which is right above adequate quality, and slightly above the average compared to the quality of the other PACFaH partners' materials.

Table 25: CS-SUNN Advocacy Materials Score Comparison

Average AAFP Score	Average Score Across PACFaH Partners	Range of Scores Across PACFaH Partners
2.28	2.19	1.87 – 2.46

1= Low Quality, 2= Adequate Quality, 3= Good Quality

Working with the Government

CS-SUNN's capacity to engage with government actors improved over the years. Initially the organization only engaged a few government actors, but today, this engagement has expanded to the Ministries of Budget and Planning, Finance, and Agriculture. This increased engagement is reflected in the discussions and scoring from the OCA workshops. CS-SUNN staff rated their capacity to engage government actors at the start of the program as being a 2.6. By the end of the project, they estimated their capacity to be at a 3.4.

Staff attribute much of this improvement to dRPC support in providing contact persons for accessing government actors, the engagement of champions, working with the National Institute of Policy Studies (NIPS), and leveraging on other PACFaH coalition partners. CS-SUNN looks forward to engaging yet more government actors in nutrition, including the Ministry of Education and the President's Initiative for School Feeding. CS-SUNN also hopes to continue supporting an effort to create a National Council on Nutrition, where nutrition issues will be addressed at the level of the presidency.

Working with the Media

Based on discussions and scoring from the OCA workshops, CS-SUNN's capacity for working with the media increased from an initial 2.4 in the early phases of the project to 3.6 at the end of the project. CS-SUNN credits their improved capacity to the capacity building efforts of the project such as the Portland training as well as to the resources provided by PACFaH.

Initially, CS-SUNN did not have a dedicated communication officer and nor did they have a clear strategy for working with the media. This is likely due to CISLAC's early position as a cross-cutting organization in charge of media relations and communication. By the end of the project, however, over 40 media organizations had been engaged by CS-SUNN, a media coalition was formed, and the CS-SUNN project director was nominated as a board member in one of the media coalitions. Using the PACFaH strategy, the social media audience was mapped and CS-SUNN engaged with both print and electronic media regularly. In addition, CS-SUNN built the capacity of media organizations to effectively report nutrition related issues and exposed some of the media representatives to the realities in the field, were reporters were able to observe malnourished children first hand.

CS-SUNN acknowledged that not having a stipend for the media reporters is a challenge to effectively engaging them to report and follow up activities. Many reporters (and/or their editors) are reluctant to attend events and/or publish articles without some level of financial support (such as transportation money, food, or lodging). However, CS-SUNN uses a whatsApp group to regularly engage with the reporters and ensure publications are verified using this platform.

In the future CS-SUNN hopes to have more trainings on how to better use data for publications and on the creation of infographics and visuals.

Organizational Sustainability

CS-SUNN does not have a strategic plan or a financial sustainability plan. The Steering Committee is currently developing a strategic plan, though it had not yet been fully developed or approved as of June 2017. In addition to the Steering Committee, CS-SUNN also has a Fundraising Committee. For financial sustainability, they are considering introducing membership fees to boost the chance of sustaining programs beyond PACFaH. Also challenging CS-SUNN's financial sustainability is the fact that PACFaH is the only project CS-SUNN is currently implementing. There is a possibility for another project through UNICEF, though that has not yet been confirmed. Also, the ET notes that CS-SUNN has only submitted a few proposals for funding. Whether CS-SUNN is able to continue its advocacy activities beyond the end of PACFaH will likely depend on their ability to gain access to additional funding sources.

Coalition Building

Background on Coalitions

Coalition building is an integral part of CS-SUNN's mission, and there is a constitution that guides coalition formation and membership. Prior to PACFaH, the coalition members existed as individual entities implementing nutrition related activities/advocacies. There was no formal

coalition of these organizations. However, with the support of PACFaH, CS-SUNN integrated these organizations into nutrition coalitions at the FCT level and in over 10 states (including the three PACFaH states of Kaduna, Niger, and Nasarawa). Of CS-SUNN's coalitions, the coalitions in the PACFaH supported states tended to be the most active. This is perhaps due to the availability of funding to conduct activities and meetings. Today, there are over 100 coalition members who have been linked to government actors by CS-SUNN to conduct advocacy in the states where they operate.

Based on the discussions and scoring of the OCA workshops, staff report an increase in coalition capacity from 2.3 at the start of PACFaH to 3.6 at the end of the project. The noted improvements are attributed by staff to the strong commitment by CS-SUNN staff, PACFaH funding support, technical support from the CS-SUNN steering committee, and capacity building activities conducted by the PACFaH and the MPTF projects.

Strengths

Coalition members are now paying membership fees, which could serve as a short-term measure to keep the coalition running. Coalition members also report the strengths of the coalition as being the ability to leverage the strength and resources of other members to conduct activities as well as the opportunity for joint learning across coalition members of one state chapter provide technical support to other state chapters. In addition, coalition members report benefiting from step down trainings from other coalition members, including, but not limited to, CS-SUNN itself. Another strength of the CS-SUNN coalitions is that coalition building is a core part of CS-SUNN's mission. They hope to continue to build on the established coalitions and expand the coalitions to all the states in Nigeria.

From the electronic survey the ET sent to all CBOs engaged in the PACFaH coalition, 28 of them responded that their primary PACFaH CSO was CS-SUNN. Of those respondents, most of them categorized the strength of their organization's relationship with CS-SUNN as somewhat or very strong, but there were roughly a fifth of those who felt the relationship to be either neutral or somewhat weak as shown in the table below.

Table 26: CBO Strength of Partnership with CS-SUNN

	Number	Percent
Very strong	13	46.4%
Somewhat strong	10	35.7%
Neutral	4	14.3%
Somewhat weak	1	3.6%
Very weak	0	0.0%
Prefer not to answer	0	0.0%
TOTAL	**28**	**100%**

Weaknesses

Though membership fees are paid by coalition members and can be used to support some activities, the lack of other sources of funding for the state coalitions still poses a major challenge for their sustainability. Contributing to this challenge is the fact that coalition members are not writing joint proposals, and they largely depend on CS-SUNN's PACFaH funding for their work.

Likelihood that Work Will Continue

Despite the lack of new funding for the state coalitions, the strong commitment of the coalition members will be an advantage moving forwards. The collection of membership dues may also help bridge the gap between other potential projects and funding sources. Given these realities, it is very possible that the advocacy work conducted by the coalitions will continue after the end of PACFaH, albeit in a much more limited scale. Without future funding at some point, however, it is possible that the work of the coalition will peter out and/or be transformed to meet the needs of another project or donor, which may be substantially different than the work conducted under PACFaH.

From the perspective of CS-SUNN's CBO coalition partners who responded to the electronic survey, most of them noted that they were somewhat or very likely to continue to work with CS-SUNN after PACFaH ends, although there was one respondent who was neutral about it as shown in the table below.

Table 27: CBO Likelihood of Partnership with CS-SUNN Post-PACFaH

	Number	Percent
Very likely	18	64.3%
Somewhat likely	9	32.1%
Neutral	1	3.6%
Somewhat unlikely	0	0.0%
Very unlikely	0	0.0%
Prefer not to answer	0	0.0%
TOTAL	**28**	**100%**

When asked what factors would determine whether and the extent to which they would continue to engage with CS-SUNN and other coalition partners, respondents mentioned having common goals and objectives, networking and coordination, and continued financial resources as important factors. Those that mentioned funding noted that it was a crucial factor to continue to organize meetings and engage with stakeholders.

Financial Sustainability

As noted above, CS-SUNN's coalitions rely primarily on membership dues as well as the funding received through PACFaH. Part of these fees is sent to the national CS-SUNN chapter, while the remainder is kept at the state level. However, these small amounts are unlikely to keep the

coalitions fully sustainable and conducting work at the scale that was achieved during the project. CS-SUNN is pursuing additional funding opportunities, such as with UNICEF, where they may be able to continue funding their state coalitions and even expand into other states. However, until additional funding is confirmed, it is unclear how CS-SUNN will be able to maintain its current staff or continue its current advocacy work.

FOMWAN Case Study

Organization Background and History

The second oldest organization in PACFaH and the only faith-based subgrantee, the Federation of Muslim Women's Associations of Nigeria (FOMWAN) was founded and registered with the Corporate Affairs Commission in 1985 to improve Nigerian's socioeconomic status through education, health services, and advocacy. FOMWAN has state chapters in all 36 Nigerian states with over 2,000 affiliate groups, and has extensive experience supporting projects in the areas of health and education. Within PACFaH, FOMWAN's plays a cross-cutting role to provide grassroots mobilization of FBOs, CBOs, and women's groups, and coordinate with other PACFaH partners to ensure these groups are included in advocacy activities at the state and national levels.

Organizational Capacity

Administrative Capacities

Strategy/Mission

FOMWAN's mission is clear and twofold: "1) To propagate the religion of Islam in Nigeria through Dawah, establishment of educational institutions and other outreach activities; and 2) "to improve the socioeconomic status of the populace, especially women, youth and children, through training, provision of qualitative education, health and humanitarian services, microenterprise schemes, and advocacy." FOMWAN's mission is consistently understood and agreed to by all their state chapters and international chapters in Ghana, Gambia, Sierra Leone, Liberia, and the United Kingdom.

Financial Management

FOMWAN separately manages the finances of each of its projects, which is in line with recommended best practices. However, FOMWAN lacks a single budget that consolidates its finances for the entire organization. Additionally, the finance officers who work on FOMWAN PACFaH are different than those who work on other projects or for the FOMWAN national office. This creates the risk that the training one group of officers receives does not cascade to the rest of the organization and different parts of the organization are managing finances in disparate ways. The Mango (2017) Financial Capacity Assessment identified other gaps, including the lack of a cash flow forecast, chart of accounts and clear job descriptions with financial management responsibilities in place. The finance manual is also out of date and requires review. Although the FOMWAN finance team participated in the Mango assessment and the Project Director agreed to escalate to the National Executive Committee the need for a consolidated budget and accounting system for the entire organization, the Mango team concluded that it is doubtful if some of the actions will be completed. During the supporting period, in which FOMWAN had the opportunity to be mentored by Mango, it did not submit any documents or tools for Mango to review. Mango's assessment was that small changes have been made but progress has been slow, and they will continue to require significant support. The following table identifies the change in risk factors over time, which show a positive reduction in risk, although FOMWAN still has the

highest number of categories that scored in the high-risk range compared with the other PACFaH partners (more than twice the PACFaH average).

Table 28: FOMWAN Financial Risk Scores

	Initial Risk			Final Risk		
	Low	Medium	High	Low	Medium	High
FOMWAN	9	15	23	16	15	16
PACFaH Average	22.2	11.8	13	31.2	9.8	6

Human Resources Management

FOMWAN has an Administrative Officer, although her work supports all FOMWAN activities and is not specific to PACFaH. FOMWAN has its own HR manual, in addition to the PACFaH manual. Staff noted that the FOMWAN HR manual is due for review and needs to be updated, but it was created in line with Nigerian labor laws and employment standards. PACFaH has helped FOMWAN develop more HR materials and improve their documentation processes, but its loose, informal organizational structure has resulted in significant rates of staff attrition over the years. Many organizational staff are volunteers and leave the organization in favor of paid positions. Staff discussed during the OCA workshop the need to formalize their hiring process and employment contracts to reduce the negative effects of staff turnover (e.g. require a certain amount of notice before someone can resign). FOMWAN's recruitment policy is first to open the position up to internal applicants. They establish a hiring committee that reviews applicants, shortlists candidates, and interviews them. If an internal candidate is not identified, they will post the job advertisement externally.

Professionalization of the Organization

FOMWAN's OCA score increased from 2.75 pre-PACFaH to 3.45 at the time of the OCA workshop. FOMWAN's executive leadership team is all volunteer-based, not paid staff. These executives are also not based in Abuja, which creates logistical challenges, especially since the executives are actively involved in financial management, to the level of signing checks, and their absence in Abuja can create delays in payments and financial releases. FOMWAN does have written financial policies but they are not fully compliant with their own policies. FOMWAN reported that dRPC's role as an intermediate body improved their quality assurance processes, including the quality and timeliness of their written deliverables. They expressed a need to develop the written policies they currently lack, even if it is after PACFaH concludes.

Advocacy-Related Capacities

Stakeholder Involvement

According to OCA workshop participants, FOMWAN's view of who its stakeholders are has expanded over time. They have brought new stakeholders on board and expanded the scope of their target stakeholders beyond women's and Muslim organizations. When FOMWAN first started working on PACFaH and held events, organizations would only send women or Muslims

as representatives. FOMWAN worked to dispel the assumption that their stakeholders were only Muslim women and began working with Christian organizations and men's groups as they became advocates for health. FOMWAN's stakeholder involvement self-assessment average scores improved from 2.58 to 3.42.

Monitoring and Evaluation

FOMWAN's monitoring and evaluation OCA score was 2.67, an increase from 2.08. While this has increased, the organization lacks a formal M&E plan and staff reported during the OCA workshop that the improvements have been negligible, due in part to staff turnover. The original ME officer was well-versed in M&E, but left after only six months. Most non-M&E staff understand the importance of M&E, but do not view it as a priority. One staff person explained understanding the general concepts of M&E, but being less familiar with the technical details. Project staff are often not invited to M&E capacity building trainings, or they cannot attend due to scheduling conflicts. Staff said they would benefit from a comprehensive, hands-on M&E training, that includes a mentorship component.

When PACFaH began, FOMWAN's activities were directly tied to the workplans of other partners and they could not properly plan for monitoring of their own activities. This improved over time, and FOMWAN received valuable feedback from dRPC and external consultants. One consultant team assessed the CSO mapping that FOMWAN conducted for other PACFaH partners. The consultants determined that the mapping was not done systematically and offered little analysis of the quality or characteristics of the CSOs.

Advocacy and Influence

FOMWAN's pre-PACFaH average score was 2.67 and increased to 3.71. FOMWAN's monthly workplans contain specific advocacy activities and FOMWAN has had success paying advocacy visits to government officials, traditional rulers, and religious leaders. During the OCA workshop, FOMWAN staff said that they began this project without a clear understanding of the specific health issues PACFaH targets, but have gained knowledge as a result of the capacity building trainings. In addition to FOMWAN PACFaH staff, Amiras were also able to attend the technical trainings, but many were too technical for them to be able to step down the training to other coalition members. In the OCA workshop, someone explained the benefits of being able to participate in advocacy visits with other CSOs who may have had more experience conducting those types of activities. Attending these advocacy visits gave them knowledge and confidence that FOMWAN could lead advocacy visits on their own. FOMWAN has also prioritized strengthening their technical knowledge and evidence generation skills, although this is an area where continued growth is needed. Unlike the other organizations, FOMWAN has not produced any advocacy materials.

Working with the Government

FOMWAN's self-assessed capacity for working with the government improved from 2.54 pre-PACFaH to 3.32, as reported during the OCA workshops. FOMWAN does not have a written policy outlining their strategy to engage government officials. Their process is to send a letter of notification to government actors with their advocacy asks. In its role as the cross-cutting

grassroots mobilizer, FOMWAN was not originally expected to engage with the government. Its advocacy efforts were directed to religious leaders and traditional rulers, more so than government officials. FOMWAN staff attended numerous trainings and retreats that built their capacity in this area, including a study tour to Egypt where they learned about new ways to engage policymakers and FBOs. FOMWAN's strong reputation and name recognition is an asset in securing meetings with government officials. Despite the progress FOMWAN has made, FOMWAN's Board of Trustees have expressed caution and skepticism about working with government officials and politicians. There is a fear that working with the government could tarnish FOMWAN's reputation if they were to become entangled with government scandal or corruption.

Working with the Media

FOMWAN's media engagement is a point of relative weakness. FOMWAN's overall average score of working with the media was 1.94, although surprisingly, the pre-PACFaH recall score of working with the media was 2.09, meaning that their assessment of their capacity for media engagement decreased slightly over the course of the project. Their media engagement has generally been limited to inviting the media to participate in/cover their activities. FOMWAN also facilitated media dialogues, although most of those were conducted early in the project when CISLAC was still a part of the coalition and provided support. FOMWAN lacks a formal written media strategy. During the OCA workshop, staff highlighted that media engagement was not originally in their scope of work and they relied on CISLAC to provide support. However, when CISLAC pulled out of the project, they left a vacuum behind—FOMWAN staff did not feel confident in their abilities to engage media or develop an effective communications strategy, and had not budgeted for media relations. There did not appear to be strong motivation among project staff to strengthen their media efforts. FOMWAN has not held or participated in any formal capacity building trainings related to media except for the Portland communications training, which was described as minimally helpful.

Despite the lack of a formal policy, FOMWAN is strategic in determining how to leverage the media based on the context and target audience (e.g., they publish few articles because of low literacy rates and typically rely on radio coverage because it is more widely accessible). They also utilize social media to a limited extent: they created a WhatsApp platform in Lagos State for coalition members to share information, and noted that WhatsApp is easier for older people to understand and use than Facebook or Twitter, which youth use frequently. FOMWAN identified struggles in effectively communicating their messages to the media and getting the media to accurately report their efforts.

Organizational Sustainability

FOMWAN has a strategic plan for the period 2012-2017. It has multiple sources of funding apart from donor programs including owning offices and a hostel for rent at the national level and having state-level chapters running schools and clinics. FOMWAN appears organized to continue to do programming in the health sector after PACFaH ends, although they may shift away from conducting advocacy.

Coalition Building

Background on Coalitions

Since its inception, FOMWAN's organizational structure has followed a coalition-based model. It has strong coalitions at the state level with a presence in all 36 states and can quickly mobilize its vast networks. It has around 160 coalition member organizations, with nearly 2,000 members, although not all are currently active. However, before PACFaH, the coalitions were less formalized networks. FOMWAN's OCA scores for coalition building were 2.79 before PACFaH and 3.83 at the time of the OCA workshops, a significant improvement.

Strengths

FOMWAN is the only PACFaH subgrantee that works in all of the PACFaH focal states. Their coalition members are present nationwide which can be beneficial when either FOMWAN or another subgrantee attempts to schedule advocacy visits or make contacts because they already have representatives on the ground. FOMWAN's status as an FBO uniquely positions it to make inroads with religious leaders, both Muslim and Christian. The partnerships FOMWAN has forged with Christian organizations and individuals has also been a key asset—advocacy targets and religious and traditional leaders are impressed with the strength of their partnerships and ability to work together across faiths.

From the electronic survey the ET sent to all CBOs engaged in the PACFaH coalition, eight of them responded that their primary PACFaH CSO was FOMWAN. Of those respondents, most of them categorized the strength of their organization's relationship with FOMWAN as somewhat or very strong, but there were also those who felt neutral or preferred not to answer as shown in the table below.

Table 29: CBO Strength of Partnership with FOMWAN

	Number	Percent
Very strong	4	50.0%
Somewhat strong	2	25.0%
Neutral	1	12.5%
Somewhat weak	0	0.0%
Very weak	0	0.0%
Prefer not to answer	1	12.5%
TOTAL	**8**	**100%**

Weaknesses

FOMWAN was met with suspicion during its initial CSO mapping activity. Some of their initial contacts did not understand FOMWAN or PACFaH and were reticent to work with a Muslim and women's organization. Those that were invited to attend FOMWAN PACFaH events would only send women or Muslims, because FOMWAN struggled to clearly communicate its message and

what PACFaH's goals were. This improved over time as FOMWAN reevaluated its strategy to engage CSOs. Another challenge related to FOMWAN's coalition building is the very hierarchical nature of FBOs. FOMWAN's original approach had been to reach out to Christian organizations directly but they were not met with success. When they realized they needed to strategically engage the national umbrella organization (WOWICAN), they began becoming more successful both at engaging other CSOs/FBOs and securing meetings with Christian advocacy targets.

Likelihood that Work Will Continue

FOMWAN's coalition has a strong foundation, including regular monthly meetings that are organized independently of the national office, although they send notice of their meetings. The FOMWAN national office only meets with the coalition if they are attending activities at the state level. Much of the work the coalitions do is outside of the national office's coordination, which indicates they are more likely to continue to work independently. This suggestion was reiterated by FOMWAN's coalition CBOs during FGDs, although they stressed the importance of continued financial support to fund activities.

From the perspective of FOMWAN's CBO coalition partners who responded to the electronic survey, most of them noted that they were somewhat or very likely to continue to work with FOMWAN after PACFaH ends, although there was one respondent who preferred not to answer as shown in the table below.

Table 30: CBO Likelihood of Partnership with FOMWAN Post-PACFaH

	Number	Percent
Very likely	3	37.5%
Somewhat likely	4	50.0%
Neutral	0	0.0%
Somewhat unlikely	0	0.0%
Very unlikely	0	0.0%
Prefer not to answer	1	12.5%
TOTAL	**8**	**100%**

When asked what factors would determine whether and the extent to which they would continue to engage with FOMWAN and other coalition partners, respondents mentioned good understanding and communication between the partners as important factors.

Financial Sustainability

The prospects for FOMWAN's financial sustainability are quite strong. FOMWAN currently serves as a subgrantee on several other projects and its members pay membership dues. Additionally, it has a number of other revenue generation activities, including renting out office space and a hostel, as well as state-level chapters that run schools and clinics. However, the financial sustainability of its coalition members is more uncertain, because FOMWAN has not stepped down any financial management or proposal writing trainings. There is interest in doing so, but

because it requires extensive time and resources, and FOMWAN did not think it was within their PACFaH mandate to step down organizational capacity development trainings, only advocacy-related trainings.

HERFON Case Study

Organization Background and History

Health Reform Foundation of Nigeria (HERFON) is a well-established CSO that plays an important role on the supply-side, conducting Family Planning (FP) advocacy at the state and national level. The organization grew out of a Department for International Development (DFID)-funded program, the Nigerian Health Change Agent Program, which began in 2001. Since then, its efforts to create "change agents" within the health sector have created a network of members and partnerships across the country. Within PACFaH, HERFON's efforts complemented the work of AAFP by implementing FP advocacy in three focal states. In the beginning of the project, they had also been assigned to conduct research on CFH financing and policies, though that cross-cutting work was removed from their responsibilities early in the project.

In early 2017, due to some financial controversy in relation to another project that HERFON was implementing, the decision was made to close down HERFON's participation in PACFaH. Though HERFON is no longer an active partner in the coalition, dRPC did elect to hire a few of the HERFON staff as consultants to continue supporting the project through its completion in September 2017. Though not all donors have taken such action, several others have been moving to end their projects with HERFON as well as a result of the findings. In the wake of these events, the longer-term survival of HERFON as an organization is in question, and there are rumors that it might be transformed into a new organization that would replace HERFON.

Because of the early termination of HERFON's participation in PACFaH, and due to the uncertainty surrounding HERFON's longer-term sustainability as an organization, based on discussion with, and approval of dRPC, the decision was made not to conduct a full OCA workshop with HERFON. Instead, the ET met separately with 4 different groups of HERFON staff: former Board of Trustees members, current Board of Trustees members, the former HERFON staff who were retained as consultants by dRPC, and HERFON project staff who were not retained as consultants. While traveling to Kaduna, the ET was also able to meet with a group of CBO coalition partners that had worked with HERFON as a part of the project.

Because of the modified approach to HERFON, this case study follows a slightly different approach than for the other CSOs. Both organizational capacities as well as advocacy capacities will be discussed, albeit in more general terms, as OCA data were not obtained for HERFON. More attention will be paid for the discussion regarding the longer-term sustainability of HERFON's efforts.

Organizational Capacity

Findings from Past Assessments

According to the July 2016 mid-term review, which the ET found to be less methodologically rigorous than those of other CSOs, one of HERFON's key challenges is administrative bottlenecks at the program level, including timely release of funding from dRPC. HERFON also perceived that its technical competency was challenged by changes to the PACFaH operational structure. HERFON was originally supposed to provide other PACFaH partners with cross-cutting research

and technical support, but this activity was discontinued because of poor performance. HERFON's progress toward its outputs and outcomes are less clear from project reporting and assessments, but at mid-term, it appeared not to have met its budget analysis and tracking target outputs. At the outcome level, the assessment findings showed no evidence of increases in FP financial commitments.

According to the Mango (2017) financial capacity interim assessment, HERFON was rated as "high risk" in eight of 48 key risk areas, with key risks in the area of financial planning. In terms of having the necessary templates in place to implement strong financial practices, the report found that 14 of the identified 31 templates still needed to be developed for HERFON (the lowest number for any CSO). In March 2017, at the request of dRPC, Mango stopped supporting HERFON. Thus, no update regarding their financial practices and policies was provided in the Mango final report. Given the recent events linked with HERFON's broader financial practices, however, it is apparent that some of the risks have been realized into substantial organizational problems. It should be clarified, however, that the actions under review by HERFON were taken on another project, and not PACFaH. A full audit would be necessary to examine the financial and accounting practices that were implemented under PACFaH.

Findings from the Evaluation

Though the ET did not conduct a full OCA workshop with HERFON, the ET did assess HERFON's advocacy materials produced under the project. Based on the materials sampled, HERFON scored an average 1.9, thus just below the "adequate" rating on the scale from 1-3. This score places the quality of HERFON's advocacy materials at near the bottom of the range among the CSO coalition partners. Primary weaknesses in HERFON's documents include: incorrect grammar that often made the documents difficult to understand, formatting that made the documents difficult to read and interpret (such as poor spacing, words or graphics that are hidden/only partially visible, and blurry graphics), and occasional use of inconsistent data (such as reporting different statistics for the same indicator in the same document).

Table 31: HERFON Advocacy Materials Score Comparison

Average HERFON Score	Average Score Across PACFaH Partners	Range of Scores Across PACFaH Partners
1.9	2.19	1.87 – 2.46

Organizational Sustainability

The desk review indicated that HERFON has experience soliciting grants, having implemented several programs prior to PACFaH. It is currently implementing another program, Strengthening Advocacy and Civic Engagement in Nigeria, but funding is dwindling and the number of programs in its portfolio has declined. While HERFON does not have a formal financial sustainability plan in place, it had considering organizing a training program to serve as an income-generating activity, and was strategizing other fundraising efforts.

However, based on recent events and the termination of many (though not all) of HERFON's donor-funded projects, the sustainability of HERFON may be in jeopardy. Interviews conducted with relevant HERFON staff and management personnel suggest that the remaining staff and board are dedicated to ensuring a turnaround of the organization and for ensuring its long-term sustainability. However, interviews with individuals external to HERFON have been more skeptical, suggesting the possibility that the organization may have to close and/or reinvent itself as a new organization. It is not yet clear what, exactly, will happen to HERFON in the long run. However, based on our interviews and data collected, at a minimum, significant changes are likely in store for the organization regardless of whether it remains known as HERFON or as a new entity.

Coalition Building

Background on Coalitions

As a part of its ongoing work, HERFON has state chapters where member organizations pay dues and work together on common causes. In this way, the coalition components of PACFaH were an extension of the work HERFON was already doing. In Kaduna, which was included in the sample of this evaluation, HERFON had a reported 29 organizations as a part of its coalition.

Strengths

HERFON's chapter member organizations pay dues, which provide a small amount of money with which the coalition can conduct activities and meetings, even without outside funding support. Also, based on the evaluation's findings, the fact that HERFON's PACFaH coalitions were built on existing structures is likely positive.

From the electronic survey the ET sent to all CBOs engaged in the PACFaH coalition, 9 of them responded that their primary PACFaH CSO was HERFON. Of those respondents, most of them categorized the strength of their organization's relationship with HERFON as somewhat or very strong, but there were also those who felt neutral or preferred not to answer as shown in the table below.

Table 32: CBO Strength of Partnership with HERFON

	Number	Percent
Very strong	4	44.4%
Somewhat strong	3	33.3%
Neutral	1	11.1%
Somewhat weak	0	0.0%
Very weak	0	0.0%
Prefer not to answer	1	11.1%
TOTAL	**9**	**100%**

Weaknesses

Though the coalitions that HERFON worked with under PACFaH were pre-existing, which was noted as a positive factor for longevity in the overall evaluation findings, in conducting a focus group with HERFON CBOs, the ET took a random sample of the reported CSO's coalition members. The purpose of this was to ensure a broad sampling of potential perspectives and levels of engagement. Thus, the possibility was anticipated that not all FGD participants would have a strong engagement in the PACFaH work. Indeed, this is what was observed in the HERFON FGD. Eight organizations were invited to participate in the discussion, and five came to participate. Of the five, only two appeared to know PACFaH well. The remaining three had only had limited engagement in the project's activities, such as attending an individual training or other a particular event. One of the two that did know PACFaH well was also involved with another of the CSOs where they indicated having had stronger engagement.

Likelihood that Work Will Continue

When asked, participating CBOs indicated that they were likely to continue engaging with HERFON as shown in the table below.

Table 33: CBO Likelihood of Partnership with HERFON Post-PACFaH

	Number	Percent
Very likely	6	66.7%
Somewhat likely	2	22.2%
Neutral	0	0.0%
Somewhat unlikely	1	11.1%
Very unlikely	0	0.0%
Prefer not to answer	0	0.0%
TOTAL	**9**	**100%**

Respondents indicated that there were benefits to participating organizations to be a part of the coalition, which could contribute positively to continuing their work. These benefits include learning from other organizations, building off of the connections and relationships of other organization in reaching out to advocacy targets, as well as the potential benefits of being brought in when another coalition member gets accepted for a project or grant. However, when pressed regarding the details of that engagement or where funding may come from to support ongoing engagement, the responses were general and lacked detail regarding any currently existing plans to continue the work or jointly apply for grants or funding.

Financial Sustainability

As noted above, though respondents indicated a general desire to continue working with other coalition partners, there was a lack of specific evidence regarding the steps that were currently planned in order to ensure that that work continued. Specifically, in regards to joint financial

planning, there were no current plans for applying for joint grants or otherwise attempting to access funding to support the work of the coalition. Though a small amount of money is being collected in terms of membership dues, this small sum is unlikely to be able to sustain the coalition's work in the longer run.

Currently, PACFaH is able to support the work of the coalition and financially support some of the group's activities. However, now that HERFON's participation in PACFaH has ended, the uncertainty regarding HERFON's future likely poses the largest risk to the financial sustainability of the coalition. If member organizations are able to access other avenues of funding, this may mitigate the concern. However, it is often larger and more well-known organizations that are able to best help support coalitions in terms of accessing funding. So, it is possible that the coalition's longevity will be tied to HERFON's.

PSN Case Study

Organization Background and History

Established in 1927, Pharmaceutical Society of Nigeria (PSN) is the oldest of the PACFaH sub-grantees. PSN's advocacy focused on ending childhood killer diseases (pneumonia and diarrhea) at the national level and in three focal states, Kano, Kaduna, and Lagos. PSN's responsibility within PACFaH was to advocate to policymakers to implement Amoxicillin as first line treatment for pneumonia and Zinc-LO-ORS as treatment for childhood diarrheal diseases. In addition to advocacy, PSN conducted dozens of step-down trainings for the CBOs within its consortium.

Organizational Capacity

Administrative Capacities

Strategy/Mission

PSN's mission is unique among PACFaH partners because, at its core, it is a professional organization whose mission is to advocate for the welfare of pharmacists in Nigeria. PSN's mission, goals, and objectives are clearly stated in its constitution and every pharmacist in Nigeria receives a copy. PSN reviews its mission every five years and the board is now working on a 10-year strategy document, looking at every aspect of pharmacy practice at PSN to see where to improve and expand service delivery to improve national health.

PSN's mission and strategy do not include anything specific to advocacy, but their previous work was very similar to their new scope under PACFaH. All that was required was a formal structure of new processes and staff designated for PACFaH activities.

Financial Management

The Mango (2017) interim assessment of financial practices noted that PSN was different from all the other partners due to its structure as a professional organization with the PACFaH office in Abuja operating independently of the PSN headquarters office in Lagos. The Mango assessment also found that, of the 47 key risk areas, PSN was at "high risk" in 11 of the categories, which was about average compared with the other PACFaH partners. Weaknesses were focused primarily around internal controls, the accounting system, and budgeting and reporting. While weaknesses existed, the report did note that "PSN has better institutional capacity and staff exhibits good knowledge of financial management compared to other CSO partners." At the time of the final Mango assessment, AAFP had reduced its "high risk" categories to three with many of those shifting directly into "low risk" categories as shown in the table below.

Table 34: PSN Financial Risk Scores

	Initial Risk			Final Risk		
	Low	Medium	High	Low	Medium	High
PSN	27	9	11	37	7	3
PACFaH Average	22.2	11.8	13	31.2	9.8	6

Human Resources Management

PSN has an Administration/HR officer who is responsible for managing implementation of the HR manual they received from PACFaH. Unlike the experience of some of the other partners, PSN has had low high staff attrition among its PACFaH staff. The M&E officer did leave, but stayed on for two months to train the new M&E officer before departing. The reason offered by PSN staff for this low attrition is their prioritization of mission and passion over pay even though they also claim that when the project started in 2014, they received the lowest remuneration of al the subgrantees, lower even than what they were making before joining PACFaH.[26]

Professionalization of the Organization

Based on the discussions and scoring during the OCA workshops, PSN staff noted an improvement in professionalization of the organization from 2.69 at the onset of PACFaH to 3.65 currently (on a scale of 1-4). Within professionalization, their lowest rated indicator was their level of experience acting as a prime contractor on international donor projects. This is unsurprising given that PACFaH is PSN's first development project and they are acting in a subgrantee role.

In looking at changes in the professionalization of the organization, it is important to note that for PSN, the activities that have happened through PACFaH are separate from the rest of the organization due to its status as a professional association, not an NGO. According to discussions during the OCA workshop, as a result of PACFaH, recruitment, HR policies, financial management, M&E, and information management have all become more structured for PSN PACFaH. Staff noted that the Mango training and manuals from dRPC were particularly helpful and responsible for many of the improvements, but that these did not have an impact on PSN at the national level.

Advocacy-Related Capacities

Stakeholder Involvement

Overall, PSN's capacity to involve stakeholders has reportedly been improved over the course of PACFaH. OCA discussions and scores show an improvement from 2.38 at the onset to 3.85 at the end of the project. Within the topic of stakeholder involvement, their highest rated category was the regularity of significant advocacy activities while their lowest category was their level of

[26] The evaluation team was unable to confirm relative pay rates across the CSOs

influence on government policies/budgets, which is understandable, given that it is the highest level outcome under that category.

PSN has a wide array of stakeholders including healthcare providers, government regulatory agencies (National Agency for Food and Drug Administration and Control (NAFDAC), state level drug and medical supply agencies, etc.) and CSOs among others and they reach out to each stakeholder group through advocacy visits, policy dialogues, and capacity building trainings. These capacity building trainings of local CSOs were highlighted by PSN staff as one of their biggest strengths in stakeholder involvement, although they also noted that many of the CSOs don't have the same "*spirit of volunteerism*" that PSN PACFaH staff do and that "*it takes time to convince the CBOs of the importance of the work*."

Monitoring and Evaluation

Discussion and scoring during the OCA workshop showed significant improvements in M&E capacity, with scores showing an increase from 1.13 prior to the project to 3.65 at the end of the project. The highest rated category in this section was the regularity of evaluations while the lowest rated category was the collection and analysis of baseline and monitoring data.

Because PSN PACFaH operates independently of PSN overall, they have been able to use the M&E manuals and guidance provided by PACFaH without issue. They use a results tracker to take account of the outputs from activities using indicators such as the number of knowledge materials produced, disseminated, and where. One area for future improvement raised by staff was the desire to have the M&E training disseminated to all staff, not just the Program and M&E officer, because they all want to understand the data needs and process of M&E.

Advocacy and Influence

The OCA workshop scoring showed an improvement in PSN's capacity for advocacy and influence with a 2.38 prior to the project and a 3.85 currently. As in the previous sections, their strongest category was the regularity of significant advocacy activities, while their weakest category was their level of influence on government policies/budgets (the highest level outcome).

While PSN staff may have ranked their level of government influence as relatively low, the quality of the written advocacy materials they use to make that influence were the highest of all PACFaH partners. This was determined by the independent quality assessment done by the ET which looked at the relevance, clarity, formatting, and messaging of both written and visual content. As per the table below, PSN's materials had an overall score of 2.46 which is right between adequate and good quality, and the highest score compared to the quality of the other PACFaH partners' materials.

Table 35: PSN Advocacy Materials Score Comparison

Average PSN Score	Average Score Across PACFaH Partners	Range of Scores Across PACFaH Partners
2.46	2.19	1.87 – 2.46

1= Low Quality, 2= Adequate Quality, 3= Good Quality

Advocacy is a new undertaking for PSN which has historically functioned only as a professional organization looking out for the interests of pharmacists. As the staff described it during the OCA workshop, "before PACFaH, PSN's engagement with government was more confrontational, more activism, more agitating, now rather than confrontational meetings or courtesy calls, we began talking to the government officials constructively and went to one-on-one meetings with government officials with evidence." The reason behind this change in approach according to staff was two-fold, both because of PSN's involvement with PACFaH, but also due to a change in PSN leadership.

One area that would benefit from improvement according to staff is increased documentation of their processes for advocacy. This is needed to ensure that if there is staff turnover, new staff will be able to pick up where the other team left off and know what to do.

Working with the Government

Even though formal advocacy is a relatively new experience for PSN, they are strategic in their preparations for advocacy meetings with the government. They follow their advocacy strategic plan which stratifies the people in government that should be engaged and are also strategic in deciding who to send on each advocacy visit depending on age, gender, and status, although this isn't included in the written plan. Another part of their strategy is to have an informal conversation with advocacy targets first before sending something in writing, because if the first time the target sees the request is in writing, they won't do anything, they need the personal connection first.

One lesson learned about engaging with government that was discussed by the staff during the OCA workshop was the realization that "*our emergency is not their emergency, they don't care about our timelines, we have to be patient and follow up with them*." This has been borne out by their experience with pushing the dissemination of the national standard treatment guidelines which is now a year old and still not disbursed because it is the responsibility of the government, not PSN to do it.

Working with the Media

The OCA score for PSN's capacity to work with the media increased from 2.31 before PACFaH to 3.44 currently. As with all the other categories, their highest scoring category was the regularity of press releases. Their lowest score was the capacity of staff to craft media-ready products, which is an interesting disparity given that their written materials scored the highest of all PACFaH partners per the ET's independent quality assessment.

According the PSN staff, one reason for the improvements in relations with the media has been the inclusion of several media representatives in the CSO coalitions. Another positive change was the shift from having all communications work funnel through CISLAC to having each CSO have its own communications officer, which according to staff came about as a result of the Portland training. One area that staff want to improve on is training for social media, as they recognize that it is an important method to get through to policy makers. They have already begun conducting a landscaping study of social media influencers and plan to continue to build on that.

Organizational Sustainability

PSN has a strategic plan covering the period 2015-2019. However, it has no financial sustainability plan or strategy for fundraising and income generation for advocacy and other development programs after PACFaH. PACFaH is the only development program currently being implemented by PSN. However, further funds have recently been approved by dRPC for PSN to carry out a ten-month program on expanding delivery of family planning services to Community Pharmacies and Patent and Proprietary Medicine stores.[27]

According to PSN staff, the next step for PSN post-PACFaH is the creation of the PSN Foundation which will function as the humanitarian arm of PSN. The PACFaH proposal training gave them a list of potential donors that they will try to get funding from under the Foundation. Trustees have been secured, registration has been done, and their goal is for the Foundation to be up and running by the end of the year. While staff seem optimistic about their ability to win new grants under the PSN Foundation, they have thus far been unsuccessful and recognize that they would benefit from additional trainings in proposal writing. As one staff member noted, "*the capacity resides within us, we only need to push for it to come out*."

Coalition Building

Background on Coalitions

PSN's CSO coalition was comprised of a subset of four regional coalitions both at the national level (23 CSOs), as well as in Kaduna (26 CSOs), Kano (20 CSOs), and Lagos (25 CSOs). All activities that PSN did at the state level involved their local CSO partners and they coordinated closely with them to conduct advocacy visits. Within the coalition they had a mini-structure with its own secretary, and during trainings they broke into smaller groups of CSOs to ensure that everyone participated. They also utilized a structure of rotational meetings whereby they moved from CSO office to office so that all CSO partners would get to know where the others are based and what they do.

Strengths

One example where PSN's CSO coalition was used to great effect was during the Ebola outbreak when PSN educated their members on the proper treatment and precautions to follow and

[27] Assessment of the Capacity Building Component of the Partnership for Advocacy in Child and Family Health (PACFaH) Project 2014 – 2017. Philip Ostien, et al. March 11, 2017. Page 23.

mobilized the CSOs to distribute informational leaflets on how people could prevent the spread of the virus. They followed a similar pattern on a smaller scale during a recent meningitis outbreak.

From the electronic survey the ET sent to all CBOs engaged in the PACFaH coalition, 38 of them responded that their primary PACFaH CSO was PSN. Of those who responded, most of them categorized the strength of their organization's relationship with PSN as somewhat or very strong and only 2 felt neutral about it as shown in the table below.

Table 36: CBO Strength of Partnership with PSN

	Number	Percent
Very strong	24	66.7%
Somewhat strong	10	27.8%
Neutral	2	5.6%
Somewhat weak	0	0.0%
Very weak	0	0.0%
Prefer not to answer	0	0.0%
TOTAL	**36**	**100%**

Weaknesses

One of the major gaps that PSN staff have identified within their coalition is the capacity for financial management and documentation of the CSOs. Many of them don't do any reporting which makes it difficult to verify their activities. HR is also a challenge as many of them have only ad hoc staff and volunteers.

Likelihood that Work Will Continue

PSN staff noted that they have not yet thought through the process of how they will engage the relationships with other CSOs after PACFaH ends. Before the program winds down, they want to start planning for it and they strongly believe that the partnerships they have formed will continue, even if PACFaH does not continue. That being said, with PACFaH ending in the next few months, it is difficult to see how they will have the financial means to continue partnerships which require travel subsidization when that hasn't been planned for. What they do expect to continue is sharing information with their CSO partners on new partnering opportunities through Facebook and WhatsApp.

PSN's CBO coalition partners noted that they were somewhat or very likely to continue to work with PSN after PACFaH, although there were a few differing opinions as shown in the table below.

Table 37: CBO Likelihood of Partnership with PSN Post-PACFaH

	Number	Percent
Very likely	30	78.9%
Somewhat likely	4	10.5%
Neutral	2	5.3%
Somewhat unlikely	1	2.6%
Very unlikely	0	0.0%
Prefer not to answer	1	2.6%
TOTAL	**38**	**100%**

When asked what factors would determine whether and the extent to which they would continue to engage with PSN and other coalition partners, respondents mentioned gaining new funding opportunities and continued mentoring from PSN as important factors. Several respondents mentioned that the coalition has created a one-year action plan for October 2017 – September 2018 that includes regularly scheduled meetings and others said that some of the coalition members have already come together to write a proposal for new grant funding as a coalition.

Financial Sustainability

PSN has not taken any steps to ensure that it will have funding to continue working with their coalition partners after the end of PACFaH. As noted above, while they have submitted several proposals and are hopeful that they will get more work under the PSN Foundation, nothing has yet materialized from that.

Annex II: Evaluation Respondents

The below list includes all respondents the ET consulted during data collection, excluding the names of CBO survey respondents, who were asked to identify their organizational affiliation but not their names.

Name	Organization
Aanu Rotimi	HERFON
Abdul Rahmon Adesola Sulaimon	Organization of Muslim Unity
Abdulahi Zakari	Tauraruwa Awareness and Development Association
Abigail Ogali	CHR
Abosede A. Oyeleye	Children Emergency Relief Foundation
Abubakar Wakawa	Scholar
Adama Musa	FOMWAN
Agbanye Chidi	PSN
Aisha Bello	dRPC
Aisha Sani	FOMWAN
Ajah-mong Likan	CS-SUNN
Ajayi Ololade	dRPC
Aji Robinson	CS-SUNN
Akerele Julia	WOMCAN
Alhaji Abdul Lateef Babatunde Uthman	N/A
Alhaji Sani Umar	AAFP
Alheri Nehemiah	AAFP
Amina Ado	dRPC
Aminu Magashi Garba	CHR
Ann West	Women Wing of Christian Association of Nigeria
Anne Nwadigbo	Catholic Women Organization Kano Diocese
Aramide Oikelome	Best Spring Children & Youth Development Foundation
Ashiru Ajoke Sariyu (Dr. Mrs.)	FOMWAN, Lagos Chapter
Asmail Mustapha	FOMWAN
Ayodeji Ibraheen	Solina Group
Ayuba T. Ibrahim	PSN
Bako Abdul Usman	KADMAN
Barihi Adetunji (Dr.)	Oyo State League of Imam and Alfa
Ben Anyone (Dr.)	HERFON
Benson Ojile (Dr.)	Palladium
Bilikisu Shehu M	FOMWAN
Bobai Bonet	Aid Foundation
Charles Abani	USAID (Strengthening Advocacy and Civic Engagement Project)

Name	Organization
Chief Oloye Sharafadeen Abiodun Alli	N/A
Chika Onyesi	Silverbird TV/Armed Forces Radio
Chinwe Onumonu	AAFP
Clement O. Akinwande	Harnessed Efforts and Health Development Initiative
Daga Veronica	CS-SUNN
David Akpotor	PSN
David Olayemi (Dr.)	Save the Children International
Diana Edema-Sillo	CHR
Ebuaka Beatrice	CS-SUNN
Emmanuel Abanida	HERFON
Esther Amos	PSN
Fahd Isa	Light of the Ummah
Farouk Umar Garba	CHR
Fatai Aremu (Dr.)	dRPC
Fati Abdullah (Dr.)	FOMWAN
Felicia Imohimi	Nigeria for Change Initative
Frank Ajufo	Vision FM
Gloria Ikebah	Cone TV News
Grace Olomiwe	Save the Children International
Hadiza Yakasai	Nigerian Opportunities Industrialization Centre (NOIC)
Halima Mukaddas (Dr.)	State Ministry of Health
Hamatu Ibrahim	Interfaith Peace Foundation
Hamza Baballa	FOMWAN
Hamzah Zulfah Oyepeju	The Criterion
Hassan Ibrahim	Global Youth and Women Support Initiative
Hassan Zaggi	The Authority
Hawwa Umar	MWASD
High Chief Hundogan Samuel	Traditional Ruler
Ibrahim Ahmed	State Primary Health Care Development Agency (SPHCDA)
Idris Muhammad (Dr.)	HERFON
Igba Felix	Pearls Care Initiative
Ijeoma Nwankwo	PSN
Ilenikhenan Goddey	ABANTU for Development
Iliya Kure	Africa Media Development Foundation
Immaculata Ude-Emeh	AAFP
Isa Abdul Osama	Nasarawa State Ministry of Budget and Planning
Isaac Ebenezer	AAFP
Isah Gidado	Kaduna State Maternal Accountability Mechanism (KADMAN
Iyabo Osifeso	National Council of Women's Societies - Lagos State

Name	Organization
Jake Danazi (Dr.)	National Institute for Legislative Studies (NILS)
Jayne Arinze-Egomye	CS-SUNN
Joan Agunloye (Dr.)	Widows Concern and Orphan's Right Advocacy (WICORA)
Joshua Ray Maina	Christian Association of Nigeria
Judith Ann Walker (Dr.)	dRPC
K. A. Obasa	Federal Ministry of Budget and National Planning
Kalejaiye Olasunkanmi	Global Promoters for Community Initiatives
Kelong A. Alkali	PSN
Khadija Muhammad	Jamaatu Nasril Islam (JNI)
Kingsley Obiakor	CS-SUNN
Kingsley Ojuola	PSN
Kole Shettima	MacArthur Foundation
Lawal Abubakar	HERFON Kaduna State
Lukmon Yakub Gawata	Zakat & Sadaqat Foundations
M.O. Moshood	National Institute for Legislative Studies (NILS)
Magdalene Egwurube-Akelusi	Jim Paul Generation Next Initiative
Mansur Dada (Dr.)	BACATMA Bauchi
Mato Magaji	FOMWAN
Mayen Etim	The News Investigation Online Paper
Memunatu Aduku	PSN
Monica Musa	Catholic Ecumenism
Mr. Akintola Moshood	National Council of Muslim Youth
Mrs. Bolanle Omidiji	Association of Nigeria Women in Business (ANWIB)
Mrs. Odunkoya Adetoun	Zahrat-Nabiyi Society of Nigeria (ZAHNAN)
Muhammad Suleiman (Dr.)	Religious leader
Muhammad Umar Jega	Federal Republic of Nigeria National Assembly - House of Representatives
Musa B. Musa	Magdjin Mallam Educational Services
Musa M. Musa	Joint National Association of Persons Living with Disability
Mustapha Jumare	HERFON, KADMAN
Nazir Kurfi	dRPC
Ndidi Chukwu	CHR
Nneka Orji (Dr.)	Federal Ministry of Health
Ogechi Onuoha	Society for Family Health
Ogundiran SB	FOMWAN
Ojoma Akor	Daily Trust Newspaper
Okoronkwo Sunday	CS-SUNN
Olatubi O. Samuel	PSN
Oluranti Ekpo (Dr.)	dRPC
Olusegun A. Ilupeju	Action for Herbs & Human Health Development Organisation

Name	Organization
Oluwaseun Adeleke (Dr.)	HERFON
Omotayo Willuighbi	PSN
Omowunmi Olabalu (Dr.)	dRPC
Oziohu M. Anuku	HERFON
Pastor Benjamin Olayiwola Akanmu	Christian Association of Nigeria (CAN)
Paul M Dogo (Dr.)	Kaduna State Ministry of Health
Peter Edafiogu (Dr.)	HERFON
Phoeboe Sukai Yayi	Kaduna Ministry of Budget and Planning
Princess (Mrs.) Victoria Adetona	Rural People Development Initiative (RUPEDIN)
Professor Ladi Hamalai	National Institute for Legislative Studies (NILS)
Professor Onipede Wusu	dRPC
Rev. Dr. Adefunmilayo Akitoye-Braimoh	Christian Association of Nigeria (CAN), Lagos State
Rev. Dr. Sunday Ibrahim	Christian Association of Nigeria
Risika Yusuff	Umar bin Ka Katub t/p Kaduna
Sakina Bello	Pathfinder International
Salisu M. Musa	CHR
Salisu Yusuf	Partnership for the Promotion of Maternal Health
Sarah Ben Ayuba	Market Women Association
Shehu Sule (Dr.)	HERFON
Shifa Garba	Network for Moral Growth of Ethics
Sidney Sampson	Solina Group
Taminuk Padason	Christian Association of Nigeria
Tijani Abdulkareem	CS-SUNN
Tiwadayo Braimoh	Clinton Health Access Initiative (CHAI)
Tume B.T	INCRESE
Ubah Nnaemeka	CS-SUNN
Usaman Rabiu	FOMWAN
Usman Garba	FOMWAN
Usman Mk Garba	Traditional Ruler
Vickie Uremma Njoku	Lagos State Civil Society Partnership (LACSOP); Child Health Organization
Yusuf Mohamed	Kano State
Zainab Umar	HERFON Kaduna

Annex III: Bibliography

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203.	PACFaH ASP and Workplan Review Workshop (Event Notes)	-	August 1, 2015
204.	Report of the Project Implementation Committee Meeting	dRPC	March 4, 2016
205.	Advocacy Skills and Strategies Participant Manual	dRPC	-
206.	Budget Tracking Manual for Civil Society Organizations in Nigeria	dRPC	-
207.	Legal Framework in Lobbying and Advocacy in Nigeria with U.S. Government and Partner Organization Funding	Aminu Hassan Gamawa	September 2015
208.	Lobbying and Advocacy (PowerPoint Presentation)	-	-
209.	Lobbying/Advocacy: Limits on Use of U.S. Private Foundation Funds	Bill & Melinda Gates Foundation	November 2016
210.	PACFaH Project Monitoring and Evaluation Guideline and Protocol	dRPC	-
211.	Partnership and Coalition Building Manual	Toyin Akpan	2015
212.	Strengthening Partner Financial Management Systems, Interim Assessment Report	Sareta Thomas	February 17, 2017
213.	Strengthening Partner Financial Management Systems, Final Report	Sareta Thomas	June 16, 2017

Annex IV: Data Collection Tools

OCA Tool, See separate attachment:
PACFAH_Evaluation_Report_Annex_IV_OCA Tools

Other Tools, See separate attachment:
PACFAH_Evaluation_Report_Annex_IV_Other Tools

Annex IV: Organizational Capacity Assessment (OCA) Tool

Adapted from the USAID Tool Published on July 27, 2015 by Social Impact for Use in the Final Evaluation of the PACFaH Project

Table of Contents

Cover Sheet

Name of Organization: _____

Dates of This OCA: _____

Number of Previous OCAs _____

Dates of Previous OCAs _____

Composition of the Teams: The OCA can either be conducted with a single set of participants for all sections or different participants for the various sections. The first page of every section lists suggestions for important participants with relevant functions for that set of items. Relying on a single set of participants can increase communications and learning across organizational divisions. However, if separate teams work on different sections simultaneously, the OCA can be done more quickly and with less total staff time.

Identifying which Guiding Questions to use: Start with a discussion around the broader points in the section and sub-section objectives. Skip any specific guiding questions that are not relevant for the organization or have already been covered in the general discussion. Facilitators should use their judgment in deciding what questions are needed to enable the organization to make a sound self-assessment and support action planning. Facilitator's guide questions should be woven skillfully into a conversation; they should not be read aloud verbatim. Facilitators will need to be very familiar with the tool to do this effectively.

Scoring: To encourage conclusive decisions, facilitators should inform participants that an organization should meet all of the criteria for a particular score. However, facilitators should not argue if the participants feel that a different score better reflects the capacity of the organization. The OCA scores are less important than the process of discussing the organization's strengths and weaknesses, action planning, and relationship building. Remind participants that the scores are used to set priorities for action planning; they are not the ultimate purpose of the exercise. It is helpful to fill in the notes section with explanations, justifications, and/or examples so the organization will remember why they chose that score.

Organizational Capacity Assessment Summary Sheet

Section Objectives: Assess the organization's capacity for: Stakeholder Involvement, Project Monitoring & Evaluation, Advocacy and Influence, Influencing Government, Coalition Building, and Working with the Media.

Important Participants: Board; chief executive (director); senior managers; managers and staff of program, fundraising, communications, and monitoring and evaluation units; consultants involved in organizational development strategic planning, fundraising, and change management

Names and Positions of Participants from the Organization: _____

_____

_____

_____

_____

_____

_____

Names and Positions of External Facilitators: _____

_____

_____

1. Stakeholder Involvement

Subsection Objectives: Assess whether the organization is responsive to stakeholder needs and seeks input from clients (beneficiaries) in designing, implementing, monitoring, and evaluating projects

Resources: Project guidelines; stakeholder analyses; project plans; site visit, monitoring, and evaluation reports; client and staff questionnaires or interviews

	Low Capacity	Basic Capacity	Moderate Capacity	Strong Capacity
	1	2	3	4
Stakeholder Involvement	The organization has • No written policies and procedures for stakeholder involvement and confidentiality, or they are not applied • Not sought a broad range of stakeholder views in project design, implementation, and monitoring and evaluation • Not collected sufficient baseline data before projects • No regular meetings or communication with clients • Rarely shared project findings and recommendations with clients • Not referred clients to other appropriate service providers • Inadequate physical space to meet with individual clients and groups	The organization has • Weak written policies and procedures for stakeholder involvement and confidentiality, or they are not usually applied • Not usually collected sufficient baseline data before projects • Not usually incorporated a broad range of stakeholder views in project design, implementation, and monitoring and evaluation • Irregular meetings with clients or largely one-way communications • Not usually shared project findings and recommendations with clients • Not usually referred clients to other appropriate service providers • Poor physical space to meet with individual clients and groups	The organization has • Adequate written policies and procedures for stakeholder involvement and confidentiality • Usually collected sufficient baseline data before projects • Usually incorporated stakeholder views in project design, implementation, and monitoring and evaluation • Regular meetings with two-way communications with clients • Usually shared project findings and recommendations with clients • Usually referred clients to other appropriate service providers • Adequate physical to space to meet with individual clients and groups	The organization has • Good written policies and procedures for stakeholder involvement and confidentiality • Consistently collected sufficient baseline data • Consistently incorporated a broad range of stakeholder views in project design, implementation, and monitoring and evaluation • Regular meetings with two-way communications with clients and clear channels for stakeholders to raise issues at any time • Consistently shared project findings and recommendations with clients • Consistently referred clients to other appropriate service providers • Good physical space to meet with individual clients and groups

Stakeholder Involvement	Notes
1. Who are the organization's stakeholders?	
2. When does the organization reach out to stakeholders and how often? Are stakeholders actively involved in project design? Are they actively involved during implementation?	
3. How does the organization seek stakeholder views in monitoring and evaluating projects? Does the organization consistently collect baseline data?	
4. Does the organization have clear channels of communication that stakeholders can use to raise issues? Describe the communication channels. How have stakeholders used these communication channels and what were the results?	
5. Does the organization share the findings and recommendations of assessments, studies, plans, and evaluations with key stakeholders?	
6. What are the organization's strengths in stakeholder involvement? How does it build on stakeholder involvement?	
7. What are the organization's weaknesses in stakeholder involvement? How can it improve stakeholder involvement?	

2. Monitoring and Evaluation

Subsection Objectives: Review the organization's ability to carry out regular, internal monitoring of project input use, activities, and outputs.

Resources: Monitoring plans, tools, and internal reports, technical reports for donors, project mitigation plans, monitoring staff and client questionnaires or interviews

	Low Capacity	Basic Capacity	Moderate Capacity	Strong Capacity
Monitoring and Quality Assurance	**1**	**2**	**3**	**4**
	Policies and procedures for monitoring and evaluation are • Not written • Written, but inadequate and require substantial changes • Not followed The organization has • Substantial difficulty setting realistic targets and meaningful performance indicators • Inadequate expertise in collection and analysis of baseline and monitoring data • Monitoring data that are frequently absent, unreliable, or not timely • Inadequate ability to explain differences between performance and targets, and to identify effective remediation measures and lessons learned for subsequent projects • Not engaged in any evaluations of its activities	Policies and procedures for monitoring and evaluation are written and • Weak and require significant changes • Not usually applied The organization has • Significant difficulty setting realistic targets and meaningful performance indicators • Weak expertise in collection and analysis of baseline and monitoring data • Monitoring data that are often incomplete or not timely • Weak ability to explain differences between performance and the targets and to identify remediation measures and lessons learned for subsequent projects • Have engaged in limited evaluations of its activities	Policies and procedures for monitoring and evaluation are written and • Adequate, but may require some updating • Usually applied The organization has • Usually set realistic targets and meaningful performance indicators • Adequate expertise in collection and analysis of baseline and monitoring data • Monitoring data that are reasonably complete and reliable, but may not be timely • Adequate ability to explain differences between performance and the targets and to identify remediation measures and lessons learned for subsequent projects • Have engaged in some evaluations of its activities	Policies and procedures for monitoring and evaluation are written and • Good • Consistently applied The organization has • Consistently set realistic targets and meaningful performance indicators • Good expertise in collection and analysis of baseline and monitoring data • Monitoring data that are complete, reliable, and timely • Good ability to explain differences between performance and the targets and to identify remediation measures and lessons learned for subsequent projects • Have engaged in regular evaluations of its activities

Monitoring and Evaluation	Notes
1. Describe how the organization monitors its work and results.	
2. Does the organization have adequate policies and procedures for the organization to have a good sense of how it is doing and what it is accomplishing?	
3. Does the organization consistently set realistic targets and quantitative and qualitative performance indicators?	
4. Do staff have sufficient expertise in baseline data collection and monitoring?	
5. Are project monitoring data consistently timely and reliable? Are gaps between performance and targets adequately analyzed?	
6. Are monitoring data used to design effective remediation measures?	
7. Have lessons learned from monitoring been incorporated into the design of subsequent projects?	

3. Advocacy and Influence

Subsection Objectives: Assess the strategies and effectiveness of the organization's work on advocacy of policies and issues

Resources: Publications; conferences; social media messaging; changes in national and local government policies, regulations, and laws; changes in donor and regional organization policies and public views; questionnaires and interviews of senior managers, staff, stakeholders, and the general public

	Low Capacity	Basic Capacity	Moderate Capacity	Strong Capacity
	1	**2**	**3**	**4**
Advocacy and Influence (if applicable)	The organization has an objective of advocacy on policies and issues and • Has not carried out significant advocacy activities over the past three years • No written plan or strategy for advocacy work or it is not followed • Lacks staffing or skills for effective advocacy • Has not effectively mobilized its clients for advocacy • Has not developed alliances with other stakeholders for advocacy • Has not influenced the formulation or implementation of government policies at the national or local level • Has not influenced donor or regional organization policies • Has not influenced the general public's views	The organization has an objective of advocacy on policies and issues and • Has occasionally carried out significant advocacy activities over the past three years • A weak written plan or strategy for advocacy work • Insufficient number or skills of staff for effective advocacy • Has been weak in mobilizing its clients for advocacy • Has been weak in developing alliances with other stakeholders for advocacy • Has had little influence on the formulation or implementation of government policies at the national or local level • Has had little influence on donor or regional organization policies • Has had little influence on the general public's views	The organization has an objective of advocacy on policies and issues and • Has regularly carried out significant advocacy activities over the past three years • An adequate written plan or strategy for advocacy work • Adequate number and skills of staff for effective advocacy • Has been adequate in mobilizing its clients for advocacy • Has been adequate in developing alliances with other stakeholders for advocacy • Has had some influence on the formulation or implementation of government policies at the national or local level • Has had some influence on donor or regional organization policies • Has had some influence on the general public's views	The organization has an objective of advocacy on policies and issues and • Has regularly carried out significant advocacy activities over the past three years • A good written plan or strategy for advocacy work • Good number and skills of staff for effective advocacy • Has been good in mobilizing its clients for advocacy • Has been good in developing alliances with other stakeholders for advocacy • Has had significant influence on the formulation or implementation of government policies at the national or local level • Has had significant influence on donor or regional organization policies • Has had significant influence on the general public's views

Advocacy and Influence	Notes
1. Does the organization have an objective of advocacy on policies and issues?	
2. Has the organization carried out significant activities in advocacy over the past three years? How often? Discuss examples of the types of activities.	
3. How effective is the organization as an advocate? Give examples.	
4. Has the organization effectively mobilized its clients for advocacy? Explain how.	
5. Has the organization developed alliances with other stakeholders for advocacy? Explain how.	
6. Has the organization influenced the formulation or implementation of government policies at the national or local level? Explain how.	
7. Has the organization influenced donor or regional organization policies? Explain how.	
8. Has the organization influenced the general public's views? Explain how.	

4. Coalition Building

Subsection Objectives: Assess the strategies and effectiveness of the organization's work on building coalitions for addressing key policy issues

Resources: Publications; conferences; social media messaging; organization staff

	Low Capacity	Basic Capacity	Moderate Capacity	Strong Capacity
	1	**2**	**3**	**4**
Coalition Building	The organization has an objective of coalition building and • Does not have a written strategy that guides organizational efforts to build coalitions • Does not meet regularly with coalition partners • Has never conducted a joint even with a coalition partner	The organization has an objective of coalition building and • Has a written strategy that guides organizational efforts to build coalitions • Is partially following the coalition building strategy • Occassionally meets with coalition partners • Has conducted at least one joint event with coalition partners in the last year	The organization has an objective of coalition building and • Has a written strategy that guides organizational efforts to build coalitions • Is largely following the coalition building strategy • Regularly meets with coalition partners • Occassionally conducts joint activities with coalition partners	The organization has an objective of coalition building and • Has a written strategy that guides organizational efforts to build coalitions • Is fully following the coalition building strategy • Regularly meets with coalition partners • Frequently conducts joint activities with coalition partners

Advocacy and Influence	Notes
1. Does the organization have a written strategy to guide organizational efforts to build coalitions?	
2. To what extent is the organization following its written coalition building strategy (if it has one)?	
3. How many coalition partners does the organization have?	
4. How frequently does the organization meet with its coalition partners?	
5. How frequently does the organization conduct joint events with coalition partners?	
8. Has the organization influenced the general public's views? Explain how.	

5. Working with the Media

Subsection Objectives: Assess the strategies and effectiveness of the organization's work with the media and journalists

Resources: Publications; conferences; social media messaging; organization staff

	Low Capacity	Basic Capacity	Moderate Capacity	Strong Capacity
	1	**2**	**3**	**4**
Working with the Media	The organization has an objective of working with the media and • Does not have a strategy that guides organizational efforts to engage with the media • Staff have limited capacity for working with media representatives and crafting media-ready products • The organization has not published any press releases • The organization has not worked with media representatives to publish any articles	The organization has an objective of working with the media and • Has a written and/or verbal strategy that guides organizational efforts to engage with the media • Is somewhat following the media relations strategy • Staff have some capacity for working with media representatives and crafting media-ready products • The organization has not published any press releases • The organization has not worked with media representatives to publish any articles	The organization has an objective of working with the media and • Has a written strategy that guides organizational efforts to engage with the media • Is mostly following the media relations strategy • Staff have some capacity for working with media representatives and crafting media-ready products • The organization has published a few press releases • The organization may or may not have worked with media representatives to publish any articles	The organization has an objective of working with the media and • Has a written strategy that guides organizational efforts to engage with the media • Is fully following the media relations strategy • Staff have substantial capacity for working with media representatives and crafting media-ready products • The organization puts out a press release regularly • The organization has worked with media representatives to publish frequently •

Advocacy and Influence	Notes
1. Does the organization have a written and/or a verbal strategy to guide organizational efforts at media relations?	
2. To what extent is the organization following its media relations strategy (if it has one)?	
3. To what extent are staff equipped with the skills and capabilities necessary for effectively engaging with the media and crafting media-ready products?	
4. Has the organization ever put out a press release? If so, how frequently is this done?	
5. Has the organization ever collaborated with the media to publish an article on a topic related to the organization's mission? If so, how many times?	

6. Working with the Government

Subsection Objectives: Assess the strategies and effectiveness of the organization's work to influence government actors
Resources: Publications; conferences; social media messaging; organization staff

	Low Capacity	Basic Capacity	Moderate Capacity	Strong Capacity
	1	**2**	**3**	**4**
7.10 Influencing the Government	The organization has an objective of influencing government actors and • May have a written and/or verbal strategy that guides organizational efforts to influence government actors • Is mostly not following the government influence strategy • Staff have limited capacity for working with and influencing government decision makers • Staff have not attempted to engage and influence government decision makers • The organization has not been successful in changing government decisions (policies, laws, budgets, etc)	The organization has an objective of influencing government actors and • Has a written and/or verbal strategy that guides organizational efforts to influence government actors • Is following some parts of the government influence strategy • Staff have some capacity for working with and influencing government decision makers • Staff have attempted to engage and influence with government decision makers at least once • The organization has not been successful in changing government decisions (policies, laws, budgets, etc)	The organization has an objective of influencing government actors and • Has a written strategy that guides organizational efforts to influence government actors • Is mostly following the government influence strategy • Staff have some capacity for working with and influencing government decision makers • Staff occassionally engage and attempt to influence government decision makers • The organization has not been successful in changing government decisions (policies, laws, budgets, etc) or the amount of influence is unclear	The organization has an objective of influencing government actors and • Has a written strategy that guides organizational efforts to influence government actors • Is fully following the government influence strategy • Staff have substantial capacity for working with and influencing government decision makers • Staff frequently engage with and attempt to influence government decision makers • The organization has been successful in changing government decisions (policies, laws, budgets, etc)

Advocacy and Influence	Notes
1. Does the organization have a written and/or a verbal strategy to guide organizational efforts at influencing government actors?	
2. To what extent is the organization following its government influence strategy (if it has one)?	
3. To what extent are staff equipped with the skills and capabilities necessary for effectively engaging and influencing government actors?	
4. Has the organization ever attempted to engage and influence government decision makers?	
5. Has the organization ever collaborated with the media to publish an article on a topic related to the organization's mission? If so, how many times?	

7. Professionalization of the Organization

Subsection Objectives: Assess the strategies and effectiveness of the organization's efforts to professionalize its work in line with expectations from international donors
Resources: Publications; conferences; social media messaging; organization staff

	Low Capacity	Basic Capacity	Moderate Capacity	Strong Capacity
	1	**2**	**3**	**4**
7. Professionalization of the Organization	The organization has an objective of professionalization in line with the expectations of international donors and • Has a mission that may or may not be written and may be inconsistently agreed upon • Workplans and budgets may not be consistently created and updated • Has limited experience receiving funding from international donors/clients • Financial policies may be unclear and/or inconsistently followed • HR and recruitment policies are unclear and inconsistently followed • Monitoring & Evaluation policies are unclear and/or inconsistently followed • Policies regarding information management are unclear and/or inconsistently followed	The organization has an objective of professionalization in line with the expectations of international donors and • Has a written mission statement that guides the work of the organization, though it may not be consistently agreed upon • Has workplans and budgets at the project level • Has received funding (prime or sub) on at least one grant or contract from an international donor/client each year • Has written financial policies, and those policies are mostly followed • Has HR and recruitment policies and those policies are mostly followed • Has written Monitoring & Evaluation policies and those policies are mostly followed; results may or may not be shared with stakeholders • Has written policies regarding information management;	The organization has an objective of professionalization in line with the expectations of international donors and • Has a clear, written mission statement that guides the work of the organization; There is consensus across the organization regarding the mission • Has an annual workplan and budget for the organization as a whole (not just for specific projects) • Has received funding (prime or sub) on multiple grants or contracts from international donors/clients each year • Has clear, written financial policies that mostly align with major international donors, and those policies are mostly followed • Has clear HR and recruitment policies and those policies are mostly followed; key staff are recuited using a competitive process • Has clear, written Monitoring & Evaluation policies and those	The organization has an objective of professionalization in line with the expectations of international donors and • Has a clear, written mission statement that guides the work of the organization; There is consensus across the organization regarding the mission • Has an annual workplan and budget for the organization as a whole (not just for specific projects) • Has acted as prime grantee/contractor on multiple grants or contracts from international donors/clients each year • Has submitted a winning proposal to an openly competed donor/client request for proposals (or similar solicitation) in the last year • Has clear, written financial policies that align with major international donors, and those policies are followed

		records may or may not be kept for the duration of a project or after it ends	policies are followed; results are sometimes shared • Has clear, written policies regarding information management and records are at least sometimes kept, even after specific projects end	• Has clear HR and recruitment policies and those policies are followed; staff are recuited using a competitive process • Has clear, written Monitoring & Evaluation policies that require tracking of indicators at both the output and outcome levels and those policies are followed; results are shared openly with stakeholders • Has clear, written policies regarding information management and records are kept, even after specific projects end

Advocacy and Influence	**Notes**
1. Does the organization have a clear, written mission statement that drives all of its work? Is the mission consistently agreed upon?	
2. Does the organization have annual workplans and budgets at the organizational-level? At the project level? Are they updated consistently and used to make decisions?	
3. Has the organization ever acted as a prime on a grant/contract with an international donor or client? If so, how frequently/how many contracts/grants per year? How about as a sub-grantee or sub-contractor?	
4. Has the organization ever attempted submit a proposal to an openly procured grant or contract, where there was competition from other organizations? Was that effort successful? How frequently and/or recently did this occur?	
5. In line with the Mango Financial Assessment, are the organization's financial policies clear and in line with international standards? How well are those policies followed?	
6. Does the organization have clear, written policies for HR and recruitment, in line with the expectations of international donors/clients? How well are those policies followed? Do they align with domestic laws? Are staff competitively recruited?	
7. Does the organization have clear, written M&E policies that include the tracking not just of outputs, but also of outcomes? To what extent are the policies followed? Are the M&E results shared openly with stakeholders?	
8. Does the organization have clear, written policies regarding information management? To what extent are those policies followed? Are records kept after the end of project?	

OCA Score Sheet

Section	Scores: OCA #1*	Scores: OCA #2	Scores: OCA #3
1. Stakeholder involvement			
2. Monitoring and Evaluation			
3. Advocacy and influence			
4. Coalition Building			
5. Working with the Media			
6. Working with Government Actors			
7. Professionalization of the Organization			
Average Score			

Annex IV: Other Tools

Developed by Social Impact for Use in the Final Evaluation of the PACFaH Project

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Consent Statement (for all tools)

My name is [____] and this is [_____]. We represent Social Impact Inc., an independent research company contracted by dRPC. We are doing a performance evaluation of the PACFaH project, in order to gain a better understanding of what works and what can be improved in the project, which will help to inform future programming and approaches. We would like to ask you some questions about your experience with PACFaH.

This interview is voluntary; you can withdraw at any time or choose not to answer any question. Keep in mind that there are no right or wrong answers, and we are interested in your candid opinions. Your comments will be kept confidential and not linked in any way to you or your organization in our reporting. The opinions you provide will be analyzed with responses from other individuals and groups to arrive at general findings. The interview should not take more than 60 minutes.

With this information in mind – do you agree to continue with the interview?

We would like to list you as an interviewee in an annex to our report, along with the names of other interviewees consulted for this evaluation. Is it okay if we include your name in that list?

By the way, you may contact the evaluation team after the interview if you have any questions about this evaluation or want to provide additional information. You may contact (Local team member).

Key Informant Interview Guide

Sub-grantee CSO Staff / dRPC Staff / Gates Staff

Evaluation Question	CSO Staff	dRPC Staff	Gates Staff
Intro	1. Please tell me your position and role in implementing PACFaH.	1. Please tell me your position and role in implementing PACFaH.	1. Please tell me your position and role in implementing PACFaH.
	2. How long have you been associated with the project?	2. How long have you been associated with the project?	2. How long have you been associated with the project?
	3. Generally speaking, how would you characterize the state of child and family health in Nigeria today?	3. Generally speaking, how would you characterize the state of child and family health in Nigeria today?	3. Generally speaking, how would you characterize the state of child and family health in Nigeria today?
1 **How has the PACFaH partnership model worked to build CSO capacity for advocacy among the partners?**	4. Specific to the organizational capacity building components for the 7 CSOs of PACFaH, what worked best? What were some of the challenges?	4. How has the PACFaH partnership model worked to build CSO capacity for advocacy among the partners?	4. How has the PACFaH partnership model worked to build CSO capacity for advocacy among the partners?
	5. What is your opinion about the structure of the PACFaH program, with one CSO leading the effort on each focal area, and then several cross-cutting CSOs? What worked well? What were some of the challenges?	5. What is your opinion about the structure of the PACFaH program, with one CSO leading the effort on each focal area, and then several cross-cutting CSOs? What worked well? What were some of the challenges?	5. What is your opinion about the structure of the PACFaH program, with one CSO leading the effort on each focal area, and then several cross-cutting CSOs? What worked well? What were some of the challenges?
	6. What is your opinion regarding the key outcome goals of the PACFaH project? What are the key factors	6. What is your opinion regarding the key outcome goals of the PACFaH project? What are the key factors	6. What is your opinion regarding the key outcome goals of the PACFaH project? What are the key factors

	that might inhibit the project's ability to achieve these goals? Did the project attempt to address these key factors/constraints?	that might inhibit the project's ability to achieve these goals? Did the project attempt to address these key factors/constraints?	that might inhibit the project's ability to achieve these goals? Did the project attempt to address these key factors/constraints?
	7. How well has communication and coordination worked among PACFaH partners? With dRPC? With other CSOs? With the Gates Foundation?	7. How well has communication and coordination worked among PACFaH partners? With the CSOs? With the Gates Foundation?	7. How well has communication and coordination worked among PACFaH partners? With dRPC? With the CSOs?
	8. What have been the most useful aspects of the PACFaH model (how its organized, the activities it included, the structure of the project, etc)? What were the challenges?	8. What have been the most useful aspects of the PACFaH model (how its organized, the activities it included, the structure of the project, etc)? What were the challenges?	8. What have been the most useful aspects of the PACFaH model (how its organized, the activities it included, the structure of the project, etc)? What were the challenges?
	9. If a project like PACFaH were to be done again, in Nigeria or elsewhere, what are some aspects of the program that could/should be changed?	9. If a project like PACFaH were to be done again, in Nigeria or elsewhere, what are some aspects of the program that could/should be changed?	9. If a project like PACFaH were to be done again, in Nigeria or elsewhere, what are some aspects of the program that could/should be changed?
2 **To what extent has sub-grantee CSOs' capacity for advocacy been built? How effective were dRPC's efforts to build CSO capacity for advocacy?**	10. Please describe in your own words what lobby free advocacy is.	10. Please describe in your own words what lobby free advocacy is.	10. Please describe in your own words what lobby free advocacy is.
	11. From your perspective, how important have the capacity building components been for the project? Why?	11. From your perspective, how important have the capacity building components been for the project? Why?	11. From your perspective, how important have the capacity building components been for the project? Why?
	12. To what extent and in what ways has your organization's capacity for advocacy been improved through the program?	12. On a scale of 1-5 (one being low and five being high), how would you rate the level of improvement of each CSO's advocacy capacity (note for interviewers: please record the	12. From your perspective, to what extent has sub-grantee CSOs' capacity for advocacy been built? How have you seen any changes manifest themselves?

		answer for each CSO)? Please describe why you gave this rating.	
	13. In what areas do you feel your organization could still use more improvement?	13. In what areas do you think the CSOs still need additional capacity building for advocacy work?	13. In what areas do you think the CSOs still need additional capacity building for advocacy work?
	14. On a scale of 1-5 (one being low and five being high), how would you rate the effectiveness of dRPC's efforts to build your organization's advocacy capacity? Please describe why you gave this rating.	14. On a scale of 1-5 (one being low and five being high), how would you rate the effectiveness of dRPC's efforts to build CSO's advocacy capacity? Please describe why you gave this rating.	14. On a scale of 1-5 (one being low and five being high), how would you rate the effectiveness of dRPC's efforts to build CSO's advocacy capacity? Please describe why you gave this rating.
	15. Regarding PACFaH's efforts to build CSO capacity for advocacy, what has worked well?	15. Regarding PACFaH's efforts to build CSO capacity for advocacy, what has worked well?	15. Regarding PACFaH's efforts to build CSO capacity for advocacy, what has worked well?
	16. If another project like PACFaH were to be conducted (either in Nigeria or elsewhere), what could/should be changed about the approach to advocacy capacity building?	16. If another project like PACFaH were to be conducted (either in Nigeria or elsewhere), what could/should be changed about the approach to advocacy capacity building?	16. If another project like PACFaH were to be conducted (either in Nigeria or elsewhere), what could/should be changed about the approach to advocacy capacity building?
3 **To what extent has PACFaH achieved advocacy outputs and outcomes? What PACFaH advocacy activities were most effective at increasing**	17. What are the most significant advocacy outcomes your organization has achieved through PACFaH thus far?	17. What are the most significant advocacy outcomes PACFaH has achieved thus far?	17. What are the most significant advocacy outcomes PACFaH has achieved thus far?
	18. To what extent has the PACFaH coalition achieved an increase in health budgeting been achieved? Why/why not? Is there a difference at the state vs national levels? How about for the amounts actually released?	18. To what extent has the PACFaH coalition achieved an increase in health budgeting been achieved? Why/why not? Is there a difference at the state vs national levels? How about for the amounts actually released?	18. To what extent has the PACFaH coalition achieved an increase in health budgeting been achieved? Why/why not? Is there a difference at the state vs national levels? How about for the amounts actually released?

government officials' likelihood to support increases in CFH funding?	19. To what extent has the PACFaH coalition achieved an improved implementation of the National Strategic Plan? Why/why not? Is there a difference at the state vs national levels?	19. To what extent has the PACFaH coalition achieved an improved implementation of the National Strategic Plan? Why/why not? Is there a difference at the state vs national levels?	19. To what extent has the PACFaH coalition achieved an improved implementation of the National Strategic Plan? Why/why not? Is there a difference at the state vs national levels?
	20. To what extent has the PACFaH coalition achieved an increase in family planning budgets been achieved? Why/why not? Is there a difference at the state vs national levels? How about for the amounts actually released?	20. To what extent has the PACFaH coalition achieved an increase in family planning budgets been achieved? Why/why not? Is there a difference at the state vs national levels? How about for the amounts actually released?	20. To what extent has the PACFaH coalition achieved an increase in family planning budgets been achieved? Why/why not? Is there a difference at the state vs national levels? How about for the amounts actually released?
	21. To what extent has the PACFaH coalition achieved adoption of the family planning blueprint at the state levels? Why/why not?	21. To what extent has the PACFaH coalition achieved adoption of the family planning blueprint at the state levels? Why/why not?	21. To what extent has the PACFaH coalition achieved adoption of the family planning blueprint at the state levels? Why/why not?
	22. To what extent has the PACFaH coalition achieved adoption of Zinc-LO-ORS (co-pack) for the treatment of childhood diarrhea? Why/why not?	22. To what extent has the PACFaH coalition achieved adoption of Zinc-LO-ORS (co-pack) for the treatment of childhood diarrhea? Why/why not?	22. To what extent has the PACFaH coalition achieved adoption of Zinc-LO-ORS (co-pack) for the treatment of childhood diarrhea? Why/why not?
	23. What PACFaH advocacy activities have been most effective at increasing government officials' likelihood to support increases in CFH funding? What have the primary challenges been?	23. What PACFaH advocacy activities have been most effective at increasing government officials' likelihood to support increases in CFH funding? What have the primary challenges been?	23. What PACFaH advocacy activities have been most effective at increasing government officials' likelihood to support increases in CFH funding? What have the primary challenges been?

	24. What have been the biggest challenges to achieving the PACFaH goals?	24. What have been the biggest challenges to achieving the PACFaH goals?	24. What have been the biggest challenges to achieving the PACFaH goals?
4 **How effective is the PACFaH model for integration and replication, both horizontal integration (partnerships between CSOs) and vertical integration (partnerships with other stakeholders)?**	25. To what extent do you collaborate with other CSOs?	25. To what extent do you see the CSOs collaborating with one another?	25. To what extent do you see the CSOs collaborating with one another?
	26. How likely are you to collaborate with the other CSOs after the end of PACFaH?	26. How likely do you think it is that the CSOs will continue to collaborate after the end of PACFaH?	26. How likely do you think it is that the CSOs will continue to collaborate after the end of PACFaH?
	27. What are the benefits of collaborating with the other CSOs? What have been the challenges?	27. What, for the organizations, are the benefits of these collaborations? What are the challenges?	27. What, for the organizations, are the benefits of these collaborations? What are the challenges?
	28. In what ways has the project helped encourage collaborations between CSOs? In what ways has it been a challenge?	28. In what ways has the project helped encourage collaborations between CSOs? In what ways has it been a challenge?	28. In what ways has the project helped encourage collaborations between CSOs? In what ways has it been a challenge?
	29. How many local CSOs/CBOs do you partner with? Generally speaking, how would you characterize your relationship with these organizations?	29. To what extent do you see the CSOs partnering with local CSOs/CBOs? How would you generally describe these relationships?	29. To what extent do you see the CSOs partnering with local CSOs/CBOs? How would you generally describe these relationships?
	30. To what extent do you partner with these same organizations outside of the PACFaH program?	30. How effective is the PACFaH model as a template for replication in other organizations? How so?	30. How effective is the PACFaH model as a template for replication in other organizations? How so?
	31. In what ways will you continue to work with these local CSOs/CBOs after the end of PACFaH? In what ways might your relationship with them change?	31. To what extent do you think the CSOs will continue to partner with the local CSOs/CBOs? How might those relationships change?	31. To what extent do you think the CSOs will continue to partner with the local CSOs/CBOs? How might those relationships change?

5 **To what extent have the partnerships between CSOs and grassroots community-based organizations (CBOs) ensured their sustainability?**	32. What has been the effect of these partnerships on the financial health of the local CBOs?	32. What has been the effect of these partnerships on the financial health of the local CBOs?	32. What has been the effect of these partnerships on the financial health of the local CBOs?
	33. In your opinion, have the partnerships with local CBOs increased their likelihood of financial sustainability after the end of PACFaH?	33. In your opinion, have the partnerships between the partner CSOs and local CBOs increased the likelihood of their financial sustainability after the end of PACFaH?	33. In your opinion, have the partnerships between the partner CSOs and local CBOs increased the likelihood of their financial sustainability after the end of PACFaH?
Gender Considerations	34. How, if at all, has gender played a role in the advocacy work that your organization conducts? What steps has your organization taken to deal with these issues (if any)?	34. How, if at all, has gender played a role in the advocacy work conducted through the PACFaH program? What steps have been taken to mitigate these issues (if any)?	34. How, if at all, has gender played a role in the advocacy work conducted through the PACFaH program? What steps have been taken to mitigate these issues (if any)?

PACFaH Champions

Evaluation Question	KII Question
Intro	1. Generally speaking, how would you characterize the state of child and family health in Nigeria today?
	2. How did you get involved with PACFaH?
	3. How long have you been associated with the project?
3 **To what extent has PACFaH achieved advocacy outputs and outcomes? What PACFaH advocacy activities were most effective at increasing government officials' likelihood to support increases in CFH funding?**	4. In what ways have you engaged with PACFaH? (workshop, meetings, trainings, events etc.) Which ones?
	5. What were some key takeaways from the events you have participated in?
	6. Did those events have an effect on your outlook or support for CFH? How so?
	7. To what extent and in what ways have the PACFaH objectives around health budgeting and funding release been achieved? Why? What challenges have there been?
	8. In your opinion, what are the impediments to releasing funds from the budget for things like CFH?
	9. What more could be done to achieve the PACFaH goals?
1 **How has the PACFaH partnership model worked to build CSO capacity for advocacy among the partners?**	10. How has the PACFaH partnership model worked to build CSO capacity for advocacy among the partners?
	11. What is your opinion about the structure of the PACFaH program, with one CSO leading the effort on each focal area, and then several cross-cutting CSOs? What worked well? What were some of the challenges?
	12. What is your opinion regarding the key outcome goals of the PACFaH project? What are the key factors that might inhibit the project's ability to achieve these goals? Did the project attempt to address these key factors/constraints?

	13. How well has communication and coordination worked among PACFaH partners? With the CSOs? With the Gates Foundation?
	14. What have been the most useful aspects of the PACFaH model (how its organized, the activities it included, the structure of the project, etc)? What were the challenges?
	15. If a project like PACFaH were to be done again, in Nigeria or elsewhere, what are some aspects of the program that could/should be changed?

Targets of Advocacy (Traditional and Religious Leaders; Government Actors)

Evaluation Question	Traditional and Religious Leaders	Government Actors
3. To what extent has PACFaH achieved advocacy outputs and outcomes? What PACFaH advocacy activities were most effective at increasing government officials' likelihood to support increases in CFH funding?	1. Generally speaking, how would you characterize the state of child and family health in Nigeria today? In your community specifically?	1. Generally speaking, how would you characterize the state of child and family health in Nigeria today?
	2. In what capacity have you have been involved with PACFaH?	2. In what capacity have you have been involved with PACFaH?
	3. How long have you been engaged with the project?	3. Since when have you engaged with PACFaH and/or its partners?
	4. In what ways have you engaged with PACFaH? (meetings, trainings, events etc.) How many/ which ones?	4. In what ways have you engaged with PACFaH? (meetings, trainings, events etc.) How many/ which ones?
	5. What, if anything, have you learned from your engagement with PACFaH and its partners?	5. What, if anything, have you learned from your engagement with PACFaH and its partners?
	6. Has this engagement been a positive one? Have there been any challenges or downsides to this engagement?	6. Has this engagement been a positive one? Have there been any challenges or downsides to this engagement?
	7. Did those engagements have an effect on your outlook or support for CFH? How so?	7. Did those engagements have an effect on your outlook or support for CFH? How so?
	8. Have you made any changes in how you approach CFH with your community after these engagements? How so?	8. Have you made any changes in how you approach CFH after these engagements? How so?
	9. How frequently do different individuals/groups come to you to advocate for a certain policy or objective?	9. How frequently do different individuals/groups come to you to advocate for a certain policy or objective?

	10. How do you feel about this advocacy work? In what ways is it good? It what ways not so good?	10. How do you feel about this advocacy work? In what ways is it good? It what ways not so good?
	11. For you, when these individuals and groups approach you, what do you find most convincing/the most likely to sway your opinion on a certain topic?	11. For you, when these individuals and groups approach you, what do you find most convincing/the most likely to sway your opinion on a certain topic?
	12. How aware would you say you are to changes in laws, budgets, and regulations on CFH? How has your awareness changed?	12. How aware would you say you are to changes in laws, budgets, and regulations on CFH? How has your awareness changed?
	13. PACFaH aims to increase the funds budgeted for health overall as well as for family planning and nutrition. What are the biggest challenges, from your perspective to increasing the budgets for health work? How about for releasing the funds after they've been budgeted?	13. PACFaH aims to increase the funds budgeted for health overall as well as for family planning and nutrition. What are the biggest challenges, from your perspective to increasing the budgets for health work? How about for releasing the funds after they've been budgeted?
	14. What, if anything, could be done to improve the amount of money that actually gets released for health purposes?	14. What, if anything, could be done to improve the amount of money that actually gets released for health purposes?
	15. Have you yourself engaged in any advocacy work? Did this change at all after your engagement with PACFaH?	15. Have you yourself engaged in any advocacy work? Did this change at all after your engagement with PACFaH?

Other development stakeholders (NIPSS/NILS, Academics, other individuals engaged in PACFaH)

Evaluation Question	Corresponding Question
Intro	1. Generally speaking, how would you characterize the state of child and family health in Nigeria today?
	2. How did you get involved with PACFaH?

	3. How long have you been associated with the project?
1 **How has the PACFaH partnership model worked to build CSO capacity for advocacy among the partners?**	4. How has the PACFaH partnership model worked to build CSO capacity for advocacy among the partners?
	5. What is your opinion about the structure of the PACFaH program, with one CSO leading the effort on each focal area, and then several cross-cutting CSOs? What worked well? What were some of the challenges?
	6. What is your opinion regarding the key outcome goals of the PACFaH project? What are the key factors that might inhibit the project's ability to achieve these goals? Did the project attempt to address these key factors/constraints?
	7. How well has communication and coordination worked among PACFaH partners? With the CSOs? With the Gates Foundation?
	8. What have been the most useful aspects of the PACFaH model (how its organized, the activities it included, the structure of the project, etc)? What were the challenges?
	9. If a project like PACFaH were to be done again, in Nigeria or elsewhere, what are some aspects of the program that could/should be changed?
2 **To what extent has sub-grantee CSOs' capacity for advocacy been built? How effective were dRPC's efforts to build CSO capacity for advocacy?**	10. Please describe in your own words what lobby free advocacy is.
	11. From your perspective, how important have the capacity building components been for the project? Why?
	12. To what extent and in what ways have you seen the capacity of indigenous NGO's capacity for advocacy been improved through the program?
	13. On a scale of 1-5 (one being low and five being high), how would you rate the effectiveness of dRPC's efforts to build your organization's advocacy capacity? Please describe why you gave this rating.
	14. Regarding PACFaH's efforts to build CSO capacity for advocacy, what has worked well?
	15. If another project like PACFaH were to be conducted (either in Nigeria or elsewhere), what could/should be changed about the approach to advocacy capacity building?
	16. In your opinion, what are the most significant advocacy outcomes PACFaH has achieved thus far?

3. To what extent has PACFaH achieved advocacy outputs and outcomes? What PACFaH advocacy activities were most effective at increasing government officials' likelihood to support increases in CFH funding?	17. In your opinion, what PACFaH advocacy activities have been most effective at increasing government officials' likelihood to support increases in CFH funding?
	18. To what extent and in what ways have the PACFaH objectives around health budgeting and funding release been achieved? Why? What challenges have there been?
	19. In your opinion, what are the impediments to releasing funds from the budget for things like CFH?
	20. What more could be done to achieve the PACFaH goals?

Media Representatives

Evaluation Question	Media
Intro	1. Generally speaking, how would you characterize the state of child and family health in Nigeria today?
	2. How frequently do you report on issues related to child and family health?
	3. How did you get involved with PACFaH?
	4. How long have you been associated with the project?
2 **To what extent has sub-grantee CSOs' capacity for advocacy been built? How effective were dRPC's efforts to build CSO capacity for advocacy?**	5. In what ways have you engaged with PACFaH? (meetings, trainings, events etc.) Which ones?
	6. What were some key takeaways from those events?
	7. Did those events have an effect on your outlook or support for CFH? How so?
	8. Have you participated in any advocacy activities yourself (where you were doing the advocacy)? Has that been influenced at all through your engagement with PACFaH? If so, how?
3. To what extent has PACFaH achieved advocacy outputs and outcomes? What PACFaH advocacy activities were most effective at increasing government officials' likelihood to support increases in CFH funding?	9. Since the training, have you changed the frequency or way you report on CFH? How so?
	10. What role do you see for the media in advocating for CFH?
	11. In your opinion, what are the most significant advocacy outcomes PACFaH has achieved thus far?
	12. In your opinion, what PACFaH advocacy activities have been most effective at increasing government officials' likelihood to support increases in CFH funding?
	13. What have been the biggest challenges to achieving the PACFaH goals?

Electronic Survey for Local CBOs

1. This survey is part of the end of project evaluation of the Partnership for Advocacy in Child and Family Health (PACFaH) project, funded by the Bill and Melinda Gates Foundation. This evaluation is conducted by Social Impact, Inc., a monitoring and evaluation consulting firm based in the United States. We have been contracted by the development Research and Projects Centre (dRPC) to conduct this evaluation to understand what worked well and what can be improved in the project. We would like to ask you some questions about your experience with PACFaH. Your participation in this survey is voluntary; you can withdraw at any time or choose not to answer any question. Keep in mind that there are no right or wrong answers and we are interested in your candid responses. Your responses will be kept confidential and not linked in any way to you or your organization in our reporting, and will be analyzed with other responses to arrive at general findings. This survey should take approximately 20 minutes. If you have any questions about this survey or the evaluation, you may contact Dr. Kari Nelson (Team Leader) at knelson@socialimpact.com. Do you agree to continue this survey?
    a. Yes
    b. No (if no, disqualified from continuation)
2. What organization are you associated with?
3. What is your position/designation within your organization?
4. What is your gender?
    a. Male
    b. Female
    c. Prefer not to answer
5. How long have you been involved with the PACFaH project?
    a. Less than 6 months
    b. 6 months – 1 year
    c. 1 – 2 years
    d. 2 – 3 years
6. How would you characterize your overall experience with PACFaH?
    a. Very positive
    b. Somewhat positive
    c. Neutral
    d. Somewhat negative
    e. Very negative
    f. Prefer not to answer
7. Have you ever attended trainings through PACFaH?
    a. Yes (proceed to question 8)

    b. No (proceed to question 13)
8. What types of PACFaH trainings have you attended? (Select all that apply)
    a. Advocacy
    b. Budget tracking
    c. Media engagement
    d. Coalition building
    e. Score card development
    f. Work planning
    g. Financial management
    h. Nutrition
    i. Routine immunization
    j. Family planning
    k. Childhood killer diseases
    l. Other (please specify)
9. How many of these trainings have you attended?
    a. 1
    b. 2
    c. 3
    d. 4
    e. 5
    f. 6
    g. 7
    h. 8
    i. 9
    j. 10 or more
10. How useful were these trainings?
    a. Extremely useful
    b. Somewhat useful
    c. Neutral
    d. Not very useful
    e. Not at all useful
    f. Prefer not to answer
11. Which training was most helpful in strengthening your organizational capacity?
12. How have these trainings impacted your work?

13. Overall, how has your organizational capacity changed as a result of your engagement with PACFaH?
    a. Greatly improved
    b. Somewhat improved
    c. No change
    d. Somewhat worsened
    e. Greatly worsened
    f. Prefer not to answer
14. Which PACFaH CSO have you engaged with the most?
    a. Association for the Advancement of Family Planning (AAFP)
    b. Community Health Research Initiative (CHR)
    c. Civil Society Scaling Up Nutrition (CS-SUNN)
    d. Federation of Muslim Women's Associations of Nigeria (FOMWAN)
    e. Health Reform Foundation of Nigeria (HERFON)
    f. Pharmaceutical Society of Nigeria (PSN)
15. Generally speaking, how would you characterize your relationship with [CSO from Q14]
    a. Very positive
    b. Somewhat positive
    c. Neutral
    d. Somewhat negative
    e. Very negative
    f. Prefer not to answer
16. To what extent do you partner with [CSO from Q14} outside of PACFaH?
    a. Very often
    b. Often
    c. Sometimes
    d. Rarely
    e. Never
    f. Prefer not to answer
17. How likely are you to continue working with [CSO from Q14] after PACFaH ends?
    a. Very likely
    b. Somewhat likely
    c. Neutral
    d. Somewhat unlikely
    e. Very unlikely

    f. Prefer not to answer
18. How likely are you to continue working with other members of the [CSO from Q14] coalition after PACFaH ends?
    a. Very likely
    b. Somewhat likely
    c. Neutral
    d. Somewhat unlikely
    e. Very unlikely
    f. Prefer not to answer
19. What factors will determine whether and the extent to which you continue to engage with [CSO from Q14] and other coalition members?
20. How would you characterize the strength of your partnership between your organization and [CSO from Q14]?
    a. Very strong
    b. Somewhat strong
    c. Neutral
    d. Somewhat weak
    e. Very weak
    f. Prefer not to answer
21. How important are partnerships, like those built through PACFaH, for the sustainability of your organization?
    a. Very important
    b. Somewhat important
    c. Neutral
    d. Somewhat unimportant
    e. Very unimportant
    f. Prefer not to answer
22. Why are these partnerships important (or not important)?
23. How has your organization's partnership with [CSO from Q14] affected your organization's ability to secure funding in the future?
    a. Very positively
    b. Somewhat positively
    c. Neutral
    d. Somewhat negatively
    e. Very negatively
    f. Prefer not to answer
24. How has your partnership with the PACFaH coalition affected your organization's ability to secure funding in the future?

a. Very positively
b. Somewhat positively
c. Neutral
d. Somewhat negatively
e. Very negatively
f. Prefer not to answer

25. Does your organization currently receive other sources of funding?
    a. No
    b. Yes (Please specify)

FGD for Sample of CBOs at State Level

Evaluation Question	Corresponding Question
Intro (get this information from each person when they sign in)	1. (To each person) What is your position and organization you work with?
	2. (To each person) How long have you been associated with the PACFaH project?
	3. Which PACFaH CSO have you engaged with the most?
3. To what extent has PACFaH achieved advocacy outputs and outcomes? What PACFaH advocacy activities were most effective at increasing government officials' likelihood to support increases in CFH funding?	4. Have you ever attended trainings through (CSO) and PACFaH? If so, which ones?
	5. What were some key takeaways from those workshops / trainings?
	6. To what extent do you think that the PACFaH goals around increasing federal and state budgets for health have been achieved? Why/why not?
	7. What are the major challenges to achieving the PACFaH goals?
	8. What more could be done to achieve the PACFaH goals?
4. How effective is the PACFaH model for integration and replication, both horizontal integration (partnerships between CSOs) and vertical integration (partnerships with other stakeholders)?	9. How important are partnerships with other CSOs/CBOs to your organization? Why?
	10. What are the challenges to partnering with other organizations and creating coalitions?
	11. How effective is the PACFaH model at fostering partnerships between the CSO and local CSOs/CBOs? How so?
	12. How likely are the partnerships and coalitions built through the PACFaH program to continue after the end of the project? How might the relationships change? Will joint activities still be conducted?
5. To what extent have the partnerships between CSOs and grassroots community-based organizations (CBOs) ensured their sustainability?	13. What has been the effect of these partnerships on your organization's financial health?
	14. In your opinion, has the partnership with (CSO) had an impact on the likelihood of financial sustainability for your organization after the end of PACFaH? How so?