

#HARNESSING CIVIL SOCIETY POWER: THE ROLE OF dRPC'S PACFaH@SCALE PROJECT (2018-2022) IN BUILDING THE CAPACITY OF CIVIL SOCIETY FOR CHILD AND FAMILY HEALTH



Policy Advocacy capacity building workshop for CSOs 12/6/2019

For the past thirty years, the development Research and Projects Centre (dRPC), a leading non-profit organization in Nigeria, has been working to strengthen the capacity of Civil Society Organizations (CSOs). Our efforts have been instrumental in improving the organizational, technical, operational, and strategic capabilities of CSOs in the healthcare sector in Nigeria. However, in the last five years (2018-2022), through the Partnership for Advocacy in Child and Family Health at Scale (PACFaH@Scale) project, funded by

the Bill and Melinda Gates Foundation, dRPC has transformed the healthcare advocacy landscape in Nigeria. The project's primary approach of engaging indigenous CSOs and health professional associations in promoting health accountability has resulted in significant milestones in child and family health.

For context, the PACFaH@Scale program rolled out in 2018 as the sole child and family health policy advocacy intervention in Nigeria anchored by an indigenous Nigerian CSO and implemented through evidence-informed advocacy engagements led by Nigerian CSOs to build an advocacy-responsive public health bureaucracy. The program aimed to prompt strategic policy advocacy targets to act to effect policy commitments, to make adequate budgetary provisions supported by timely releases, and to bring down regulatory barriers to service delivery by providers in the health space.

Since then, the Nigerian CSOs have made significant progress in their capacity to conduct advocacy, according to the Africa Civil Society Sustainability Index. Their capacity increased significantly in the last decade, the highest among the seven performance indicators monitored by the Sustainability Index.¹ The dRPC through the PACFaH@Scale project has been front and center, contributing to this increase in CSO capacity. At its core, the project was designed to build the capacity of CSOs and health professional associations to hold the Nigerian government accountable for their health commitments, particularly in the areas of family planning, routine immunization, ending childhood killer diseases, and primary healthcare under one roof for the efficient implementation of child and family health.

This health policy advocacy project strengthened indigenous CSOs' capacity to deliver on the objectives, outcomes, and outputs. Since 2018, PACFaH@Scale has engaged and built the capacity of 40 core heterogeneous Nigerian CSOs. See Table 1 below. Over five years, the dRPC significantly strengthened the capacity of these stakeholders, enabling them to effectively advocate for health policy changes, budget

¹ <https://www.devex.com/news/sponsored/the-need-for-localization-of-development-funding-for-nigerian-csos-103886>

allocations, and service delivery at the national and in Kano, Kaduna, Lagos, Niger, Taraba, Enugu, and Anambra states.

Table 1 Core CSO mix engaged by dRPC-PACFaH@Scale over five years.

CSO type	Number engaged
Non-Governmental Organizations	12
Health Professional Associations	10
Faith-Based Organizations	5
Community-Based Organizations	4
Women-led organizations	6
Branch-Based Organization	1
Youth-focused Organizations	2



PACFaH@Scale scorecard development training 11/052019

Capacity Building Focus - The project expanded the critical mass of sustainable indigenous CSOs from 40 to 161 CSOs through strategic trainings on key areas for CSO strengthening, including growing the advocacy CSOs, budget work (literacy, analysis, tracking releases, and using evidence for advocacy), advocacy communication, and working with the media, advocacy strategic planning, monitoring, and evaluation for child and family health advocacy and public speaking, leadership and delivering the

advocacy pitch.

The project's capacity-building efforts took many forms, including technical training programs, skills workshops, and collaborative forums. These initiatives empowered CSOs and health professional associations with the necessary skills and knowledge to engage with the government at different levels, from local to national. The dRPC also equipped these stakeholders with the tools to monitor government actions, track budget implementation, and call attention to gaps in service delivery. Over the five years, including the project's core CSOs, 161 CSOs were trained through 36 trainings and 17 experience-sharing sessions.

Table 2 CSO strengthening efforts

Years	Number of trainings held	NGOs completing training	Number of learning and experience-sharing sessions held
2018	10	14	1
2019	15	23	5
2020	5 (virtual)	52	-
2021	2	47	6
2022	4	25	5
Total	36	161	17

Why the dRPC capacity-building approach is unique? - The dRPC's approach to capacity building was always informed by a needs assessment of the CSOs involved. The workshops always utilized an adult-style learning methodology that was participatory. The dRPC curated resource persons from the field with practical experience and collaborated with the government as resource persons, creating a link between CSOs and the government. The dRPC had collaborative partnerships with the Lagos Business School

Sustainability Centre and WACSI to provide additional technical assistance to health NGOs by offering expertise in data analysis, health program design and implementation, and policy advocacy, equipping these organizations with the tools needed to navigate the complex landscape of healthcare delivery. This support aided them in the immediate term and helped build long-term capacities.



Legislative forum with the 8th Assembly 17/11/2021

Impact of the dRPC Capacity Building Efforts - These capacity-building efforts are evident in the increased confidence and competence of CSOs and health professional associations. 80% of the NGOs stated that they had developed skills and had become more adept at navigating the complex terrain of health policy advocacy, effectively engaging with policymakers, and pushing for policy changes that reflect the health needs of children and families. To gain a thorough understanding of the impact of the project on

each state of focus, a total of 24 MDAs were chosen and interviewed. 82 senior government officials were interviewed at the national and sub-national levels. 67.7 % of the representatives mentioned that PACFaH@Scale's CSOs' use of verifiable data, scorecards, analysis, infographics, and presentations in an easy-to-use format were the activities that prompted them to act on advocacy issues.

In five years.....

36 trainings were conducted, **161** NGOs completed trainings, **160** advocacies were conducted, **12** budgetary increases for focal areas at national and subnational levels because of CSO advocacy, **10** policy development supported, **20** scorecards developed, **10** government advisory platforms now including CSOs, **18** conferences hosted by CSOs for stock taking with government and **10** CSOs now a direct recipient of donor funds.

One of the project's significant successes is its role in strengthening the advocacy for family planning, routine immunization, ending childhood killer diseases, and primary healthcare under one roof. Through the training and support provided, CSOs have been able to campaign for increased government commitment through policy formulation at national and subnational levels. Their efforts have contributed to ten national and state policy formulation processes and increased budget allocations and implementation.

Similarly, the project has significantly impacted and successfully increased the capacity of CSO coalition networks and supported them in growing representations and leadership roles on government platforms. There's now an increased number of health advisory or decision-making platforms formally incorporating new CSOs and accepting their advocacy role with i. NERICC, ii. SERICC, iii. LERICC, iv. NPHCDA Scorecard Assessment Monitoring Team, v. NRHTWG's Advocacy and Accountability Sub-committee and vi. RMNCAEH+N Multi-stakeholders Platform, all including CSOs.

The project has also increased the ability of CSOs to hold the government accountable for its commitments to family planning, routine immunization, ending childhood killer diseases, and primary healthcare under one roof, producing 20 people's scorecards and integrating an accountability



mechanism in the family planning blueprint 2020-24. Beyond its impact on specific health issues, we have contributed to the overall strengthening of the health sector in Nigeria. By empowering CSOs and health professional associations, the project has helped to create a culture for a more accountable and responsive health system.

A notable aspect of the PACFaH@Scale project is its emphasis on collaboration with the government. The project has fostered strong partnerships between CSOs, health professional associations, and the government, enabling them to leverage their collective strength. They applied a successful technical assistance model to support the government at national and sub-national levels to produce CIPs, AOPs, and high-level documents such as the FP Blueprint and the NPHCDA PHCUOR Scorecards. These partnerships have also facilitated information sharing and mutual learning, further enhancing the capacity of these stakeholders.

dRPC also understands the power of networking and collaboration, creating platforms for health NGOs to share knowledge, exchange best practices, and foster partnerships. This collective approach to problem-solving and innovation amplifies the impact of individual organizations and strengthens the overall health system.

Lastly, the dRPC has helped health NGOs develop vital resources. From manuals and toolkits to databases, dRPC aids in creating practical tools that enhance NGOs' operations and services.

In conclusion, through its comprehensive capacity-building efforts, dRPC supports health NGOs' capacity and contributes to improving health outcomes and achieving health equity. Our work exemplifies how strategic capacity building can bolster the effectiveness of health interventions and the sustainability of organizations delivering them.



The development Research and Projects Centre (dRPC) is a registered intermediary non-profit organization established with a mission of strengthening the capacity (organizational and technical capacity) of

civil society organizations to design and implement transformative and sustainable development interventions which engage government and address felt needs of the vulnerable and excluded such as women and girls. Our vision is for an ethical, inclusive and sustainable model of development engaging beneficiaries, civil society organizations as catalytic agents of change and government agencies for scale up, sustainability and ensuring public interest and public good.

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