Author’s response to reviews

Title: What makes advocacy work? Stakeholders’ voices and insights from prioritisation of Maternal and Child Health programme in Nigeria

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Author’s response to reviews:

Dear Editors,

Thank you for sharing the review comments on our paper. We have now addressed all comments and as requested in the table below we have outlined the point-by-point responses to each comment in red. Please let us know if you require any further information and we look forward to receiving the final decision in due course.

Best wishes,

Prof Uzochukwu on behalf of authors

REVIEWER 1

Reviewer's Comment:
Under which authority/Ministry was Subsidy Reinvestment and Empowerment Programme for MCH (SURE-P/MCH) was established by the federal government?

Authors' Response:

Thank you for the comments. The Subsidy Reinvestment and Empowerment Programme for MCH (SURE-P/MCH) was established Under the authority of the Federal Ministry of Health and implemented by the National Primary Health Care Development Agency

(3rd paragraph, of the background).

Reviewer’s Comment

"Therefore, despite the suspension of funding to SURE-P, the federal and some state governments continued to implement other free MCH interventions at PHC centres" - were these services that were already being provided prior to SURE-P? which states are some states? What role did NPHCDA play, if any?

Authors’ Response

Thank you for the comment. We have now stated that these services were already being provided before SURE-P under the free MCH program (FMCHP) in 12 states in Nigeria by the National Health Insurance Scheme. There was also the MSS programme implemented by the NPHCDA, the saving newborn lives programmes and some states were implementing their own free MCH services (4th paragraph of the background)

Reviewer’s Comment

"The third sector, including several NGOs..." appears with the first mention of the word 'sector', so one has no idea what the first 2 sectors are... also besides NGOs, what constitutes the 3rd sector? Often the process of registering as an NGO precludes direct political action - therefore
what kind of advocacy are we talking about for them? It may also be important to distinguish between NGOs and CSOs.

Authors’ Response

Thank you for the comment. We have clarified that the third sector are organisations that are neither public nor private sector including voluntary and community organisations, social enterprises, mutuals and co-operatives, and the first 2 sectors are public and private organizations (5th paragraph of the background section).

Also, civil society organizations CSOs-organised civil society which can be informal and formal entities such as non-governmental organisations (NGOs), CBOs, faith-based organisations (FBOs) require a lot of advocacies to the public sector and the politicians to achieve the change they need for the masses.

(5th paragraph of background section).

Reviewer’s Comment

Not sure what this means: “Health policy plays the role of influencing governments and international agencies in health-promoting ways and ensuring that the voices of health-promoting organizations are heard and noted.” governments create policy whereas service providers and agencies are influenced by policy - e.g. implement policy.

Authors’ Response

We take your comments. We have therefore reworded this to read: Governments create policies, which successive governments and international agencies are expected to adhere to while implementing these policies. Most health promoting organizations either advocate for new policies or the implementation of already formulated policies, especially when they are not complying with the laid down guidelines

(1st paragraph, background section).
We have expunged "governments create policy whereas service providers and agencies are influenced by policy - e.g. implement policy" to make the sentence readable.

Reviewer’s Comment

"Although there were on-going advocacy initiatives by other bodies..." not just more examples of who has been involved but what they actually have been doing. Hopefully there are various reports by these groups that can be quoted.

Authors’ Response

Thank you for the observation. We have now included that the PMNCH has been advocating for increased allocation of MNCH resources at Federal, State and Local levels, reviewing the draft integrated maternal newborn and child health strategy and supporting health investments in Nigeria, including those made through the Global Financing Facility for the Global Strategy for Women’s and Children’s Health (2010-2015 and 2016-2030) and the “Every Woman Every Child movement”

(6th paragraph, background section)

Reviewer’s Comment

Overall the background/introduction is strong on theory but weak on specifics and context as applies to the actual situation in Nigeria.

Authors’ Response

We take the comment. We have now strengthened the specifics and context as applied to actual situation in Nigeria.
Reviewer’s Comment

"Advocacy formed one of the eight PT which..." this sounds strange since advocacy is a process or an intervention, not a theory. There may be theories about the use, effect, purpose of advocacy, and if so the authors should share.

"Advocacy formed one of the eight PT which..." this sounds strange since advocacy is a process or an intervention, not a theory. There may be theories about the use, effect, purpose of advocacy, and if so the authors should share. Like much in the manuscript, the authors blythly present theoretical constructs by name and provide the reader with little explanation or application.

Authors’ Response

We take this comment and have now reworded the statement for clarity: Issues around Advocacy formed one of the eight programme theories which were explored in the wider study.

(1st paragraph theoretical framework section).

We have also stated under theoretical framework theories about the use, effect, the purpose of advocacy including three substantive social science theories that help understand advocacy. These included the theory of power politics, media influence communication theory, and the three-streams theory of agenda-setting. (1st paragraph, theoretical framework section)

As suggested we have now improved the narrative by providing additional information on the theoretical constructs of the theory of power politics, media influence communication theory, and the three-streams theory of agenda-setting to provide the reader with some explanation and application of the theories.

(2nd, 3rd and 4th paragraphs of the theoretical framework section).
Reviewer’s Comment

Much of the methods section would be better presented as the study's theoretical framework in the Background - Methods should tell the reader about the instruments and procedures developed from the framework and how those were applied to collect data.

Authors’ Response

Thank you for the very useful suggestion. The manuscript has been revised in line with this suggestion. The study’s theoretical framework is now presented under theoretical framework sub-section in the background

(1st – last paragraph of theoretical framework)

As suggested we have also reorganized the methods section presenting the instrument and procedures developed from the framework and how those were applied to collect data

(3rd - 8th paragraphs of the methods section).

Reviewer’s Comment

It is fine to tell us what an advocacy campaign might include, but we need to know how the authors actually tracked any real advocacy efforts and determined how they were constructed and what was the output, outcome and impact.

Authors’ Response

We have also explained that the authors conducted a literature and document review of MNCH advocacy activities carried out after the SURE-P program ended and this informed selection of informants who were interviewed using an interview guide. This gave the details of the activities
they carried out, the output and outcome as they continued advocating for these until the desired effect was achieved. (3rd paragraph of methods section).

We have also presented how we tracked the advocacy efforts in Box 1

Reviewer’s Comment

One area of theory that should be expanded is the concept of a stakeholder, especially as distinct from a policy/decision maker. Then in the methods, armed with a definition of stakeholder, explain how this was applied on the ground and used to identify people/groups in different categories who were to be interviewed.

These categories are important in terms of describing the 'population' of stakeholders and then the 'sample' of members of a category who would be interviewed. For example, the important category of "professional associations" - so which groups are in this category/population' and which two were selected and why should the reader trust that these are the ideal 2 to represent their category? Similar questions arise for the other categories of stakeholders such as CSOs that represent concerned citizens and industries like pharma, etc.

Authors’ Response

We take this point, and have now explained that a stakeholder is a person, group, or organization that has interest or concern in the issue at hand. In this advocacy case, they are the government, the policymakers, the public servants (e.g. FMOH), the CSOs, the international organizations, the media, the professional groups, and representatives of the community. The respondents were selected to represent each of these groups and they are those whose activities had been mapped out during the document reviews (6th paragraph of the Methods section).

The professional associations, in this case, are those in the field of MNCH. Here this includes SOGON – Society of obstetrics and gynaecological and the midwives group. The 2 selected are those whose advocacy activities were mapped during the review. This is because not all the professional groups undertook advocacy events following the withdrawal of SURE-P program. This similarly applies to the selection of other categories for interviews.
Reviewer’s Comment

Concerning "document review and tracking of advocacy events" - how was this done - what documents? anything from the press/media/online? Who did the search and extraction of data, who did the interviews. How was data quality ensured.

Authors’ Response

We appreciate this point and in addressing this we have explained that the document review was done using a proforma that has been included as a supplementary file. The headings included: Advocacy event and why; Person/group who led event; Date and venue of event; Contextual features of the event; Mechanism (What made the event work?); Outcome of the event (e.g. what was the effect of advocacy and lobbying) (3rd paragraph of the Methods section)

We already outlined in the methods section that to ensure quality, we used the realist and meta-narrative evidence synthesis (RAMESES) publication standards for reporting realist synthesis as quality assurance checks within our study. However, we have added that quality was ensured at different steps of the process (piloting and post-piloting revision of tools, collection, translation, transcription, anonymization, digitization/entry into software, coding, analysis). Mechanisms for quality assurance included appropriate training (e.g. of transcribers of key concepts/terms used), multiple researchers working on the same data (e.g. coding by at least two researchers), continuous peer-review, and peer-support within and between the different partner teams.

(last paragraph of the Methods section)

Reviewer’s Comment

Were questions to stakeholders similar or different from those for policy makers - it would seem the former might be more involved in conducting advocacy, while the latter could report on the receiving end of those efforts.
Authors’ Response

Thank you for the comment. The interview guides were different for the producers and users of advocacy and designed to focus on each group’s strength, though they were also asked to corroborate that they knew what the other group was doing (7th paragraph of the Methods section)

Reviewer’s Comment

In addition to making the sampling process more clear, it would help to do the same description for both federal and state levels. We do not know how many states were included in the larger project and where they were located (zone) and why Anambra was chosen and whether it is in fact a good case study considering all the other states that may have been involved.

Authors’ Response

Thank you for the comments. We had stated in the Methods section that the only state used in the larger project was Anambra State. This state was identified in consultation with the Federal and State Ministry of Health (MOH) and the SURE-P national team lead. Thus we maintained this in this study. Also the advocacy study concentrated mostly at the national level and needed just to show that events were also taking place at the subnational level. (1st paragraph of method section)

However, we had stated in the limitation of study section that we explored only one State of the Federation to understand the effect of advocacy activities at the sub-national level (limitation of the study section) and though this alone may not have been representative enough, we believe our findings reflect what happened in other states during the period of inquiry

(Limitation of the study section)
Reviewer’s Comment

Is there any reason why the LGA level was not included?

Authors’ Response

We appreciate this comment. We did not select the LGAs because the advocacy activities were only at the national and state level (1st paragraph of methods section)

Reviewer’s Comment

I am not sure if "unpack" is a research method or just jargon.

Authors’ Response

Thank you for the observation. We take this and have deleted the word in all the places it was used and replaced with “understand” (Last paragraph of the introduction, 1st paragraph of the discussion and, limitation of study section)

Reviewer’s Comment

Interesting that the authors chose to develop their semi-structured interview guide around their own programme theory as opposed to letting a theory or theories emerge from the interview process. Any thoughts on why?

Authors’ Response
Thank you for the observation. We developed our semi-structured interview guide around the programme theory because we needed to conform with the realist evaluation methodology where the initial 'program theories are formed from the findings of the literature review, then a guide is developed to ask questions that will either confirm or disprove the findings of the first theory i.e. the gleaning stage, hence the structure of our interview guide.

Reviewer’s Comment

The data analysis section is weak. The authors would benefit from reviewing other mixed methods and qualitative articles to see how authors handle the process of domains and coding etc.

Authors’ Response

Thanks for this observation. We have strengthened the data analysis by stating that the qualitative data audiotapes were transcribed verbatim, anonymised, double coded in MS Word using colour-coded highlights, and analysed using manual thematic and framework analysis of the main topics outlined in the interview guide. Other codes not included in the guide emerged during the reading of the interviews. Findings were supplemented and validated with document review

(Data Analysis section).

Reviewer’s Comment

The results state that "The nature of their engagement included organizing demonstrations, workshops, symposium, town hall meetings, individual meetings, press conferences and engagements with media." Also, "We found that key outcomes of advocacy included financial commitment, political involvement, policy enactment, and implementation." Much more in the way of specifics is needed to describe the examples, indicate who organized the event, what was the main content, and how it targeted policy makers among others - was it at national or state
level? In terms of the outcomes mentioned, we would like to read about specifics. Hopefully this is where the document search and review can help.

Authors’ Response

Thank you for the observation. We have now indicated who organized the event, what the main content, and at what level and the outcome. (This is shown in Box 1) and (2nd paragraph, results)

Reviewer’s Comment

Where is the evidence for "Advocacy has also led to an increase in funding for MCH at the subnational level due to better awareness of the value of social sector investments and possibly the ability to demonstrate visible political gains." And again LGAs are part of the sub-national level. Any news from them?

Authors’ Response

Thank you for the comment. We have now clarified that the increase in funding at the subnational was according to the results of the mapping and responses from the respondents at the sub-national level.

(2nd, 4th, and 5th paragraphs results)

As mentioned earlier, we did not select the LGAs because the advocacy activities were only at the national and state level

Reviewer’s Comment

The mention of contextual factors is important but it may help if they are linked with specific advocacy efforts because there may be varying experiences depending on stakeholder, level, content, and approach. If the authors prefer sharing context separately, it would still help to say
for each factor which types of issues, levels, approaches, were most affected. One assumes not all factors have equal weight or effect in all situations.

Authors’ Response

Thank you for the comment. This is to clarify that we did not treat context as a separate set of results but as part of the C-M-O configuration of the articulated programme theory. Therefore, relevant contextual triggers of the mechanisms through which advocacy worked at the State and Federal levels (such as the presence of clear leadership and purpose, joined-up efforts and clear purpose of advocacy effort) were reported as part of the testing of the programme theory (last paragraph discussion)

Reviewer’s Comment

it is also good that negative or no effect was noted, and thus clear lessons about what worked and why on which issues at which levels, etc. is needed.

Authors’ Response

Thank you for this comment and as recommended we have now included more information on what worked or not on what issues (2nd, 3rd, 8th, and 11th paragraphs discussion section)

Reviewer’s Comment

It becomes more and more obvious these days across multiple countries that facts or evidence may not work as expected to support advocacy. at the same time advocacy should not devolve completely into emotional persuasion. it might be more of an issue of how the facts and evidence
are presented - so any lessons on what does and doesn't work for advocacy and at which levels, would be available contribution.

Authors’ Response

Thank you for this comment. We agree with the reviewer that facts or evidence may not work as expected to support advocacy. We have therefore included this in the discussion

(2nd, 3rd, 8th, and 11th paragraphs discussion section)

Reviewer’s Comment

There is some mention of people coming together for advocacy - not sure if there were formal coalitions, but more needs to be presented in the results on any such joint/collaborative efforts.

Authors’ Response

Thank you for the observation. Some of the groups were just those with similar objectives and common goals but not formally made into a formal coalition group. We have explained this in (1st paragraph result)

Reviewer’s Comment

Again there is much mention about the media, but little specifics on actual media advocacy efforts - what, who, which media, reach, response, etc., etc. For example, it is not enough to report that, "Misrepresentation and simplification of media messages can constrain advocacy efforts." there must be ‘data’ to back this in terms of specific interventions by whom, where and when and reporting what actually happened and respondents views on why it happened.
Authors’ Response

Thank you for the comment. We have clarified the nature of the misinterpretation in the result section

(2nd paragraph The Media: Supporting and Engaging in Advocacy sub-section of the result section page 11)

Reviewer’s Comment

This statement is not really a finding: "The use of champions and influencers in advocacy process was considered by our participants as an enabler. Once an advocacy issue is identified, those that have the capacity, ability, and passion to drive those issues and their strengths are identified and are used to reach out to the MCH policymakers and implementers." We need specific examples of when such champions were used, what was their position, how did they function, what were specific outcomes of specific actions, not just a generalization. This is a general observation for much of the manuscript - too much generalization and less specifics of what happened and people's perspectives on why for each outcome.

Authors’ Response

Thank you for the comments. We have shown a specific example of champions and influencers in the advocacy process being considered as an enabler

(1st paragraph Use of Champions, Influencers, and Spouses: Leadership and Elite Gendered Power Dynamics in MCH sub-section of Results section)

Reviewer’s Comment

I will reserve any thoughts on the Discussion until the results are strengthened. Without more specific findings, the discussion can only repeat the generalities.
Authors’ Response

Thank you for the comment. However, we have strengthened the discussion to incorporate the changes to the results and make the section more coherent and clearer (See discussion).

REVIEWER 2

Reviewer’s Comment

General Comments:

The paper is on how advocacy contributes to the prioritization of MCH programs in Nigeria after the end of SURE-P MCH program in 2015. It is known that advocacy plays an important role in garnering support to projects. However, there is need for the authors to bring out in details with evidence how advocacy led to prioritization and sustained implementation of MCH activities in Nigeria after the end of SURE-P. There is need also to briefly explain what MCH is and what constitute MCH issues. The paper should be edited again.

Authors’ Response

We take the comments. We have now brought out in detail with evidence from respondents’ views in the results section how advocacy led to prioritization and sustained implementation of MCH activities in Nigeria after the end of SURE-P. (See Result section)

We have also explained what MCH is and what constitutes MCH issues (1st paragraph, background).

We have further edited the paper.

Reviewer’s Comment

Background
Page 3, lines 2-3 - use a recent data. Check the following for a more recent data - National Demographic and Health Survey (NDHS), National Bureau of Statistics (NBS), Trends in maternal mortality by international agencies, World health statistics by WHO, and Multiple Indicator Cluster Survey (MICS)

Authors’ Response

Thank you for the observation. As suggested the sentence has been changed to reflect a more recent data (2nd paragraph, background)

Reviewer’s Comment

Page 3, lines 10 -14 a) Why the emphasis on SURE-P MCH programmes, are there not other MCH programmes implemented in Nigeria prior to SURE-P? It will be good if you mention them.

Authors’ Response

Thanks for the comments. Following a similar comment from Reviewer 1, We have provided other MCH programmes implemented in Nigeria prior to SURE-P (4th paragraph of the background section)

Reviewer’s Comment

b) Highlight SURE-P MCH programmes/activities.

Authors’ Response
Thank you for the suggestion. We have added highlight of SURE-P MCH programmes/activities (3rd paragraph of the background section)

Reviewer’s Comment

c) It is also necessary to clarify that SURE -P was not just focused on MCH. SURE -P was established to mitigate the immediate impact of the partial removal of petroleum subsidy on the population. The intervention areas of the SURE-P are categorized into two, social safety net projects and infrastructure development projects. The Maternal and Child Health (MCH) Program is the first program under the Social Safety Net Projects.

Authors’ Response

We take this point and in the revised version we have added that SURE -P was not only focused on MCH but there were other areas.

(3rd paragraph of the background section)

Reviewer’s Comment

d) The program has a four-year life span, 2012 - 2015. The program was ended in November 2015 by the newly elected President Buhari after 47 months not after 2½ years. Please, correct this impression.

Authors’ Response

We thank you for this observation and have corrected this

(4th paragraph of the background section)
Reviewer’s Comment

Page 3, line 15 - Who are those key stakeholders and what are the efforts they made to ensure and sustain the prioritization of MCH through different advocacy and lobbying activities?

Authors’ Response

Thank you for the comment and following a similar comment from Reviewer 1, We have provided this in Box 1 and result section

Reviewer’s Comment

Page 3, lines 20 &amp; 21 - what are those other free MCH interventions at PHC centres that the federal and some state governments continued to implement with the suspension of the SURE-P MCH programmes?

Authors’ Response

We thank you for this comment and following a similar comment from Reviewer 1, we have provided the other free MCH interventions at PHC centers that the federal and some state governments continued to implement with the suspension of the SURE-P MCH programmes (4th paragraph of the background section)

Reviewer’s Comment

Page 3, line 24, explain what you mean by 'The third sector', for the benefit of your readers.

Authors’ Response
Thank you for the comments. Following a similar comment from Reviewer 1, we have provided the meaning of the third sector

(5th paragraph of the background section)

Reviewer’s Comment

Page 3, Lines 59- 60 and page 4, line 1 -on the purpose of study. Take another look on that, it seems something is omitted making the sentence incomprehensible.

Authors’ Response

Thank you for the observation. We reworded the sentence to make it comprehensible:

(Last paragraph, background)

Reviewer’s Comment

Methods Page 4, lines 4-5 - "This paper is part of a larger study that sought to determine the effectiveness and sustainability of health systems strengthening government programme in improving MCH in Nigeria". This statement needs to be reframed.

Authors’ Response

Thank you for the comments. As suggested we have reframed this statement.

(1st paragraph, methods section)
Reviewer’s Comment

In page 4, Line 10 - It mentioned that the study used realist evaluation through mixed methods approach, as described elsewhere - indicate the elsewhere.

Authors’ Response

Thank you for the comments. The elsewhere is a study that was referenced 18. However, we have replaced the word “elsewhere” with “another study” to make the sentence clearer (2nd paragraph, methods section)

Reviewer’s Comment

Page 4, lines 30-31 - The Max McCombs and Donald Shaw's Media Influence theory, suggests that political issues (add - "being" here) on the public's agenda will depend on the extent of coverage the issue receives by mass news media.

Authors’ Response

Thank you for the observation. We have added the “being”

(3rd paragraph, theoretical framework)

Reviewer’s Comment

According to Lines 48 -53 in page 4, list/include the advocacy activities carried out post SURE-P/MCH as obtained from your mapping policies, programs and advocacy events and document reviews. It is necessary also to mention the stakeholders - agencies, bodies and NGOs that carried out these activities.
Authors’ Response

Following a similar comment from Reviewer 1, We have provided in Box 1 the agencies, bodies, and NGOs that carried out these activities. (See box 1)

Reviewer’s Comment

Page 5, from lines 4-11, a) a total of 22 IDIs respondents were drawn from three set of people - organizational leads, key individuals and policymakers taken from CSOs, Development Partners, NGOs, Health Professional Groups, Media Practitioners and Policymakers. b) Why were few stakeholders- organizational leads & key individuals not selected from State like the Policymakers?

Authors’ Response

Thank you for the comments. We have explained in the Methods section that the selection of respondents was based on our findings from the mapping. Hence only 3 policymakers were selected for the IDIs.

(6th paragraph, methods section)

Reviewer’s Comment

Results

Include the name and State of the NGO, CSO, or Professional group in the quotes in pages 6-10. For example -

"we championed it and paid advocacy visit to the house of assembly and the commissioner for health then and the governor took it upon himself to send the bill as an executive bill to the house of assembly. And after advocating to even the ministry of justice and other line ministries, it was passed."
Authors’ Response

Thank you for the suggestion. However, we are mindful of the fact that naming these places and organizations could be a breach of confidentiality as the respondents were promised such as part of the consent procedures and as part of our data security plan. However, we have now indicated whether the respondent came from the national or state level as we did for policymakers (See Result section)

Reviewer’s Comment

In pages 7-10, you indicated that the effective advocacy mechanism involves alliance brokering, building relations with media and champions/influencers, effective mobilization of citizens and using relevant evidence (Lines 33 - 38 in page 8). And that the key contextual influences which determined the effectiveness of advocacy measures for MCH include timing and the political cycle (Lines 56 - 60 in page 6, lines 1-25 in page 7); availability of concrete, credible, convincing, compelling data/evidence(Lines 27- 45 in page 7); strategic engagements with interested, powerful stakeholders (like the ministers of health, national planning and finance, legislators, chairman Senate committee on health and the chairman house committee on health, and wife of the Governor) as champions, Lines 5 - 10 in page 8) and alliance building in advocacy (Lines 22 - 31 in page 8). All these enhanced the entrenchment of MCH on the political and financial agenda. From the foregoing, can you explain how using the above strategies impacted MCH programs in Nigeria after the end of SURE-P in 2015? Were more MCH activities implemented? Were more MCH policies enacted? Did the funding of MCH programs increase? Show budget of MCH for the past 7 years (from 2012 -2018). Were more nurses employed or trained? Were more medical equipment, materials and products procured and distributed, etc?

Authors’ Response

Thank you for the comments. We did not set out to assess the effectiveness of advocacy efforts as it was outside the scope of this paper and represents an area for future research. The study was about understanding mechanisms of how advocacy works.

(Limitation Section)
However, we have added that the World Bank approved US$500 Million to improve Maternal and Child Health, achieve the ‘Saving One Million Lives’ Goal whose operation was expected to last from August 1, 2015, to December 2019 as part of our findings.

(2nd paragraph results)

We did not collect information on the nurses employed or trained, medical equipment, materials, and products procured and distributed after the end of SURE-P. Rather we used the testimonies of respondents to arrive at conclusions, triangulated with the data from the advocacy events mapped. For example, according to the respondents at the State level the increased package of health services for mothers and children in the current BHCPF was due to advocacy. Increased releases in budget funds at the state level were also attributed to advocacy by some groups.

(4th and 5th paragraph Result: Agenda setting and community sensitization in MCH)

However, we have added a graph (figure 1) of the capital health budget 2012-2018 with an explanation to buttress the increased funding. (2nd paragraph Networking with Powerful and Interested Champions subsection of results)