Reviewer’s report

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

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Reviewer: Jane Francis Duru

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REVIEWER’S COMMENTS

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.

Specific Comments:
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),

□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.

b) Highlight SURE-P MCH programmes/activities.

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.

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.

□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?
Page 3, lines 20 & 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?

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

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.

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

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

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.

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.

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?

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."

oAlliance for Child Survival, Anambra

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 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?

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**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an
additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further
assessment in your comments to the editors.

I am able to assess the statistics
**Quality of written English**
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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