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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What makes advocacy work MCH Nigeria

The abstract displays the major concern with the manuscript. The policy makers who might be the focus of advocacy are not mentioned. Since Nigeria is a 3-tiered system of governance, it is important to explain which level or levels are being targeted. The Methods talk about theories but not the important indicators of successful policy implementation that one would hope could be documented. Unless one knows what the expected objectives of the advocacy process and the related policies are, one does not know what to make of the processes. Of concern is the fact that MCH policies are extremely wide-ranging from child immunization to family planning to safe motherhood and more. Which of these are the main focus of the inquiry/manuscript? In short, the reader needs to be told up front, succinctly in the abstract not only the processes of assessment, but what is being assessed - what is the evidence the assessment is looking for to indicate whether advocacy is successful.

Furthermore, the abstract says, "Effective advocacy mechanism involves alliance brokering to increase influence, the media supporting and engaging in advocacy, and the use of champions, influencers, and spouses (Leadership and Elite Gendered Power Dynamics)." How are the authors judging the 'effectiveness' of specific processes on specific policies? In addition, "All these enhanced the entrenchment of MCH on the political and financial agenda." Which policies have been entrenched at which of the 3 levels of governance - what are the actual results or evidence that this occurred? Advocacy is an input, so the question arises, did advocacy result in anything - we can say that 30,000 bednets were distributed in the community, but unless we report that people actually used them and malaria cases dropped, it is meaningless to focus only on the input.

The abstract concludes by saying, "Advocacy is a useful tool to bring together different forces by allowing expression of voices and ensuring accountability, but there is no hint of evidence for those claims to usefulness. While an abstract is meant to be brief, it should at least present major evidence and findings and use those to make conclusions.

In looking at reviewer questions and author responses, I am drawn to the question about what MCH policies with 'free services' were available prior to the SURE-P intervention and it seems like a wide variety of programs existed and continued to exist before, during and after SURE-P. This leads one to wonder what the SURE-P accomplished. Were additional states eventually added. Did the NHIS eventually start to cover more than federal civil services. As implied on
comments about the abstract above, what are the indicators of policy influenced by advocacy? There is a response to one reviewer that, "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." Without presenting any evidence that advocacy works, there is no point describing interventions. The purpose of advocacy is to bring about change, to seek funding support, to sustain programs, and if we cannot show that advocacy method a, b, or c achieves that, there is nothing to be learned.

A reviewer asks about the 3rd or NGO sector - the authors do not indicate what were considered to be the first two sectors, and one is left to assume that these might be the public and the private sectors - AND one expects that all three provide health services. As a provider of health services, what do the authors perceive as appropriate advocacy action TOWARD them? Do we expect a church mission hospital that survives on donations and fees to start offering free services just because the local government MCH clinics are free? Again, what are the advocacy targets, approaches and results of SURE-P. It is not enough to report on processes without saying what and who were targeted and what were the results (with evidence). In addition we can note that NGOs can fulfill two roles in this process - some are actual health service providers. Others including CSOs are active in educating their members and the public about social issues. We need to be very clear about how the term NGO is used - as the purveyors of advocacy or as the provider of services.

Overall theoretical concepts are interesting but how are these functionally operationalized to produce advocacy interventions and then what are the results of these interventions?

In terms of selecting a single state, the authors responded to a reviewer, "we believe our findings reflect what happened in other states during the period of inquiry." Believing is one thing and knowing is another. It would certainly have been possible to obtain documents to review about the interventions in a few other states to confirm whether there are similarities or major differences. The fact that different states are in different cultural zones and have different political parties in charge imply that one state alone may not be representative of the program as a whole. While it may have been challenging to do interviews is several states, it should have been possible to obtain and review project documents. Fortunately there are some advocacy events at the national level that are described in Box 1.

In response to one reviewer the authors say that, "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." It is not clear whether this is intended to be seen as a result or evidence of advocacy efforts. I am not sure whether the project lobbied the World Bank. My experience is that the BANK offers packages, and governments must agree to seek those packages and then use the funds correctly. I have seen several Bank supported projects get hung up at the state level because of mismanagement and worse. Hopefully, advocacy would be aimed at making government more accountable with the resources made available by the Bank and other donors. Governments must request the funds and once received, advocates must ensure that the funds are used as intended. Another important advocacy issue relates to the fact that donor funds do not last forever - they
jumpstart some projects - then advocacy is needed to ensure that governments sustain those projects after the donors leave.

In the methods we clearly see "literature and document review." This can mean many things including a systematic search in published peer review literature. One needs to specify the specific literature and documents sought after, which apparently consists mainly of project and agency reports and maybe some news stories or articles published as a result of the project, but who knows.

The term 'advocacy events' appears throughout the document, but it does not appear to be defined specifically in the methods section. This would help when it comes to explaining the BOX and how the authors identified the items to be included - so the question is whether these items fit a clear definition. The results mention the following: "The nature of their engagement included organizing demonstrations, workshops, symposiums, town hall meetings, individual meetings, press conferences, and engagements with media." It would help to rationalize such a list with a definition - one suspects that town hall would not have been done since the authors said they did not track activities below the state level - if LGAs were not included, one doubts towns were a level of advocacy.

This statement in the results, "concerned individuals and groups, armed with evidence advocate to the government through policy influencers/champions, national and local media, this will help key decision-makers understand severity of the problem and will trigger government commitment and lead to enactment and funding of sustainable MCH policies," is actually a very good description of the overall purpose of the study and the intent of the manuscript - that is documenting who were these concerned people, what advocacy did they perform targeted at which policy makers achieving what effect/result?

Later in the results the following gives us a clearer idea of who might be the policy makers targeted - "Strategic engagements with stakeholders like the minister of health, minister of national planning and minister of finance, legislators, chairman Senate committee on health and chairman house of representative on health and the wife of the Governor after the suspension of funding to SURE-P MCH facilitated the process of sustained concern on MCH both at the national and sub-national level." This is a mix of legislative (policy lawmakers) and executive (policy implementors) that would aid the reader's understanding if noted earlier - remember the abstract should give some specifics, too.

The BOX listing events is an important addition to the paper. It would help to explain that these 14 were all the 'events' that were documented over the period or only a sample. For some events there is a tangible outcome in terms of policy implementation/action: "The Minister set up a committee to revitalise the MSS programme that contained activities similar to SURE-P." Others are less concrete: "HEWAN sensitized and mobilized on accountability for health funds. More reports in the media on accountability for health." One assumes that evidence for this 'sensitation' was obtained from documents/reports, but did it result in policy related ACTION? Were any of these events confirmed and more fully described through the interview process. It would be very appropriate in terms of the mentioned triangulation for information to be validated through more
than one source. Interviews might help explain more of the outcomes that are vague in some of the 14 events.

The discussion rightly says: "This study provided evidence on the mechanism of advocacy activities for sustained prioritization of MCH activities in Nigeria. To understand fully the role of advocacy, three theories were applied. These theories can help to understand the beliefs and assumptions about the way the policy-making process works and identify causal connections to explain how and why a change may or may not occur as a result of advocacy efforts. Combining these theories sheds new light on the effectiveness of advocacy in prioritization of health programmes. They also allow for the transferability of findings from this and how they can be applied in other contexts." The theories should guide development of instruments that gather evidence not only to confirm the relevance of the theory to what happened in the project, but also 'effectiveness' as stated above. The reader is left with the ultimate question of whether the authors have assembled enough evidence to show that the advocacy efforts as described herein actually led to a sustained and enhanced implementation of life saving MCH policies.

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