

# Advocating for women and children in decentralized settings



Many countries in Africa are in varying stages of decentralization, where greater political responsibility is held by the district, county, or province, and budgeting and delivery of health services often falls to local governments. Generally, this will bring services and decision-making closer to the people and facilitate better access to health care services, as local populations have greater ability to engage with their local leaders and hold them accountable. The decentralization model holds promise as African countries work toward achieving the goal of universal health coverage.

However, there are significant challenges to realizing this potential. Most notably for advocates, the shift in governance structures can dramatically expand the scope of activities they must undertake to ensure policies are adopted and implemented at both the national and subnational levels.

This case study explains how PATH has tested and evolved an approach to advocating in decentralized settings and highlights notable successes from the subnational level in Kenya and the Democratic Republic of the Congo (DRC).

## The challenge and opportunity

At PATH, we approach advocacy with an eye for adaptive learning—deploying validated approaches and then testing and refining them over time—which has been very effective for our work in decentralized settings. First, as countries like Kenya and the DRC began to devolve, we worked with advocates and policymakers to understand what this meant for health decision-making. This effort culminated in PATH convening an Advocacy Learning Lab in 2019 that brought together stakeholders from nine African countries to identify and promote best practices for advocacy in decentralized settings.

At the same time, we were learning by doing—expanding our advocacy capacity at the county and provincial level in Kenya and DRC, meeting with stakeholders to understand how decisions and funding flow, and building local advocacy coalitions to generate more support for the issues we were advancing in support of women’s and children’s health.

## Notable successes

### *Kenya: National and county-level support for newborn, child, and adolescent health*

In Kenya, the Newborn, Child, and Adolescent Health Policy (NCAH) was adopted in 2018 as the country’s first policy to harmonize delivery of health care from birth through adolescence. PATH worked closely with the government and



PATH's Guy Bokongo at the Advocacy Learning Lab focused on health in decentralized settings. PATH/Dan Ewur.

**"Devolution was initiated by Kenya in order to respond to citizens' needs to have strengthened institutions, improved service delivery, and citizen engagement. The implementation of devolution created an opportunity for the local communities to identify their problems, prioritize interventions, and oversee implementation."** –H.E. Dr. Wilber Ottichilo, Governor, Vihiga County, Kenya, at PATH's Advocacy Learning Lab: Decentralization

civil society partners to finalize the national policy. At the same time, PATH recognized that a policy is only impactful if fully implemented, which in a decentralized country like Kenya requires coordination—and accountability—from national to county levels. With that in mind, even as the national policy was still in progress, PATH and its partners were laying the foundation for implementation at the subnational level.

Much of this happened during the year-long consultation process to finalize the national policy, bringing together key stakeholders including national government entities, civil society organizations, United Nations agencies, researchers and academia, professional bodies, county leaders, and religious institutions. PATH supported the Ministry of Health to organize consultations with county-level leaders to secure their input, which ultimately helped ensure buy-in. PATH also advocated for the inclusion of clear roles in the policy, including outlining what is expected of county health departments so they can be held accountable for action.

Even before the national policy was finalized, similar policies were adopted in Kenya's Vihiga and Kakamega counties, where PATH provided technical assistance. PATH played an important role in linking county and national-level stakeholders and ensuring that these policies were taken into consideration during the development of the national policy. When the Newborn, Child, and Adolescent Health Policy was adopted, Vihiga and Kakamega counties became frontrunners for its implementation.

PATH worked closely with each county to disseminate and take steps to ensure the policies were implemented. In Vihiga county, PATH helped disseminate the 2018 Vihiga Reproductive, Maternal, Newborn, Child, and Adolescent Health Policy alongside the NCAH policy and organized the Vihiga County Health Partners meeting to further align subnational and national priorities. PATH supported the county health management team (CHMT) to host dissemination meetings across the county. In Kakamega, where the county's Maternal, Newborn, and Child Health and Family Planning Act of 2017 is in place, PATH and partner Matunda Jua Kazi strengthened the capacity of the Kakamega Maternal, Child, and Newborn Health Civil Society Organizations Alliance (MNCH Alliance) to hold the county government accountable for improving maternal and child health per the legislation. PATH also supported the MNCH Alliance in developing its 2019 workplan, which included advocacy activities to influence the prioritization of maternal, newborn, and child health and immunization through formal and informal budget recommendations. Furthermore, in Kisumu and Vihiga counties, PATH worked to ensure priority interventions in the national policy were incorporated into programmatic workplans.

### *Kenya: Budgets that reflect priorities for women and children*

PATH has deployed a similar two-pronged approach to influence budgets for maternal, newborn, and child health (MNCH) and immunization at both the national and subnational level. We partnered with the Institute of Public Finance Kenya (IPFK), an independent think tank, to develop analyses of Health Performance and Budget Expenditure reports for fiscal year 2017/2018 at the national level and in our three target counties (Kakamega, Kisumu, and Vihiga). The report outlines sector performance, achievements, and resource requirements and is critical in determining health sector programmatic and budget proposals and recommendations for the upcoming financial year. We then shared the analyses in the county Health Sector Working Group (HSWG) meetings in each county.

This effort is just beginning to bear fruit, but already we have seen Kisumu and Vihiga counties budgeting for essential commodities. Most notably, Vihiga county budgeted for and procured chlorhexidine for the first time. This policy win



Attendees hold up copies of the Vihiga Reproductive Maternal Newborn Child and Adolescent Health Policy at the launch event in Vihiga County, Kenya. PATH/Pauline Irungu.

PATH has learned through our subnational advocacy efforts that when significant political disruption and dysfunction exists at the national level, the opportunity and need to improve policies and financing subnationally grows.

is not only reflective of PATH's targeted budget advocacy but also builds on our technical advocacy over many years to advance policies for chlorhexidine at the global and national levels. Recently, PATH contributed to the finalization of the national Chlorhexidine Digluconate 7.1% (CHX) scale-up plan for Kenya and advocated for the inclusion of a county engagement mechanism to encourage procurement of CHX gel, as we saw in Vihiga. Looking forward, PATH recognizes the imperative to hold county governments accountable for quantification and sustained procurement of CHX and other commodities, as well as the importance of ensuring that relevant guidelines are available for frontline health care workers.

### *DRC: funding health priorities through provincial level edicts*

In the DRC, the national government is responsible for acquiring vaccines, while provincial governments are mandated to deliver and distribute the vaccines to communities. However, neither the national nor provincial ministries of health have enough dedicated funding to ensure these vaccines are properly stored and transported in a timely manner to health facilities around the country. As a result, many children in the DRC go without lifesaving vaccines.

Reinforcing the capacity of provincial health leaders to sustain immunization funding in light of decentralization, PATH worked with two of the DRC's most vulnerable provinces—Tshopo and Bas-Uele<sup>a</sup>—to support them in passing edicts with the goal of ensuring funding and accountability for critical health services. As the only organization working in the policy advocacy space in Tshopo and Bas-Uele, PATH assisted in the passing of the edicts through formation of committees to draft the policy text and served as a technical advisor to the ministries of health throughout the process.

While the edicts were originally meant to focus solely on immunization, PATH recognized a greater need and decided to broaden the edicts to cover health, but with a focus on immunization. These edicts not only set aside funding, but also outline the role of parliamentarians and the provincial government as it pertains to health. Finally, and perhaps most importantly, the edicts outline methods for sustaining reliable financial resources for the promotion of health services in each province in the context of a changing political environment.

Following the successes in Tshopo and Bas-Uele, PATH supported leaders in the province of Kwango to issue an edict to create a similar health promotion fund to meet pressing health needs including immunization and elimination of human African trypanosomiasis (HAT), also known as 'sleeping sickness'. The fund, operationalized in 2019, had immediate impact enabling provincial leaders to quickly mobilize funds to support response to a measles outbreak. Furthermore, the Kwango government allocated nearly US\$2 million to the health budget and has committed to ringfence enough funding to carry out immunization using only locally raised resources.

With the edicts in Tshopo, Bas-Uele, and Kwango now in place, these provinces have more control over funding for immunization and other health needs and will therefore be resilient to future shifts in political priorities as they relate to funding essential health services. The edicts also serve as an accountability tool for civil society, who now have documentation by which to hold county health divisions accountable on execution of the edicts as outlined. During the budgetary process, these edicts will help ensure health needs of the provinces are put first.

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<sup>a</sup> Work in Bas-Uele was funded by the VITAC project, not the APP Advocacy Anchor Grant.

## Lessons learned

1. **The need for structured and sustained advocacy at the subnational level is great, and growing.** What we have learned through our subnational advocacy efforts is that when significant restructuring creates multiple decision-making layers, and in some cases even disrupts or delays government, the opportunity and need to improve policies and financing at the subnational level grows.
2. **The technical advocacy model is effective.** In many recently decentralized settings, knowledge of health policy options by newly appointed policymakers is limited. In these settings, PATH's technical advocacy approach is particularly impactful. We have developed an approach that addresses information needs at all phases of the policy cycle; we support political will generation, draft policy and provide inputs based on the evidence and validated approaches, support development of workplans to implement policy, and strengthen the capacity of local organizations to support these efforts.
3. **Subnational engagement does not have to wait.** While national level engagement and cascading policies to counties continues to be important, we have seen that local governments can get ahead of national commitments and begin delivering services before the ink is dry on policies being signed in the capitol. It is essential to engage at the subnational level during the national policy development process—not after. Incorporating subnational priorities into national policies ensures buy-in and enhances the chance of implementation.
4. **There is no one-size-fits-all policy tool, but we can learn from models.** Through our subnational advocacy we have identified and tested innovative policy mechanisms including provincial edicts and county legislation to ringence funding. Other times, something as seemingly simple as a government workplan can be an important tool to turn policies from paper to programming. The most effective tool will depend on the need, context, and political appetite, but we can use models from within and across geographies to learn and improve our approach.

## Looking forward

In the geographies where we are engaged in subnational advocacy, the demand for PATH's support in provinces or counties beyond our current footprint is high. Going forward, we will explore what ideas are scalable within countries, and which can serve as models across countries. While it would not be appropriate or feasible to have an active advocacy presence in every province or county in the countries where we work, we are exploring approaches to provide our learnings and expertise through tools and resources for subnational advocacy in a manner that can be utilized and scaled up by local partners and governments.

## PATH's 10-Part Approach to Advocacy Impact

Successful policy advocacy is guided by systematic analysis and pragmatic processes. PATH's ten-part framework, outlined below, is a methodical approach to policy change that has helped over 600 individuals in more than 100 organizations in countries around the world achieve health policy change.

- Identify the advocacy issue
- State the policy goal
- Identify decision-makers and influencers
- Identify the interests of the decision-makers and influencers
- Clarify opposition and potential obstacles facing your issue
- Define your advocacy assets and gaps
- Identify key partners
- State the tactics you need to reach your goal
- Define your most powerful messages
- Determine how you will measure success

For more information and resources, and to find out how we can help, visit <http://sites.path.org/advocacyandpolicy>.