NNNGO-PAS CSO MAPPING REPORT

INTRODUCTION

The Nigeria Network of NGOs (NNNGO), the first generic Network for NGOs in Nigeria was established in 1992 and is the implementing Civil Society Organisation (CSO) in Lagos State for "Partnership for Advocacy in Child and Family Health@ Scale" (PACFaH@Scale). PACFaH@Scale is an innovative 5-year Health Accountability project funded by the Bill and Melinda Gates Foundation, and coordinated by a leading Nigerian Healthcare Consultancy Firm, development Research and Project Center (dRPC).

The PACFaH@Scale program is implemented through a partnership with 2 government agencies (NILS and NIPSS) as well as 7 indigenous CSOs - 3 at the National level and in 4 States – Kano, Kaduna, Niger and Lagos States. It has four program areas –

(i) Family Planning
(ii) Routine Immunization
(iii) Nutrition
(iv) Treatment of Childhood Pneumonia/Diarrhea

NNNGO-PACFaH@Scale is focusing on advocating in Lagos state for:

(a) Long term financing plan to fund Routine Immunization from domestic resources

(b) Increased funding for Family Planning

PURPOSE OF MEETING

The Civil Society Organizations (CSO) mapping meeting was organized by NNNGO-PACFaH@Scale to address the Intermediate Outcome under the Result Tracker which states "Increased CSO coalition network to conduct technical reviews of the state's new domestic funding schemes and to provide feasibility study updates in Niger, Kaduna, Kano and Lagos". The active role Civil Society Organizations play especially in health advocacy, necessitates establishing partnerships with such organisations if health development is to be sustainable.

The meeting was held at the O.L.A. Conference Centre, Maryland, Lagos State on 29th March, 2018 with 25 CSOs in attendance. The objectives of the meeting were to-

- Produce a directory of relevant CSOs involved in RI and FP advocacy in Lagos state
- Carry out a rapid organizational and capacity assessment of the CSOs
- Obtain verifiable information on strengths, weaknesses, opportunities and threats to programming in the areas of funding for RI an FP, especially as it relates to advocacy and budget tracking
- Form a basis for capacity training of CSOs on the above stated issues.

METHODOLOGY

The methodology involved Questionnaire administration (both online and offline) and Group Breakout Sessions (based on area of focus –RI or FP). Questionnaire administration was done either online (in which the questionnaire was sent via email to the CSOs) or offline (in which the representative of the CSOs filled the questionnaire at the venue of the meeting). A total of 18 copies of the questionnaire had been completed as at the time of this report.

The Group Breakout Sessions were conducted during the meeting with 10 CSOs under the RI group and 15 CSOs under the FP group.

Pre-assessment planning

To ensure maximum participation and input from the CSOs, the NNNGO-PAS Team held a planning meeting to identify the potential CSO respondents as well as finalise the scope and content of the questionnaire and the group breakout sessions.

Data collection methods

The questionnaire was developed following review of literature and other relevant information. It was divided into the following sections:

Section A - Civil Society Organization (CSO) Identification Data

Section B - CSO Organizational Profile

Section C - CSO Activities & Coverage

Section D - Organizational Personnel & Financial Capacity

Section E - Past Experiences & Record

Section F - Innovativeness & Readiness to Be Engaged

The group breakout sessions (based on the focus areas of RI and FP) concentrated on identifying

- Priority Advocacy Issues
- Advocacy Targets
- Advocacy Messages

Data collection

A total of 18 CSOs completed and submitted their questionnaire as at the time of this report, with the remaining copies of the questionnaire still expected to be submitted. The data was entered using Microsoft Excel. All subsequently completed questionnaire copies will also be entered and included in the NNNGO-PAS CSO directory which will be updated on a continuous basis.

For the group breakout sessions, the CSOs were grouped under the two focus areas –RI and FP, following discussions with the CSO representatives which centred on area of expertise, experience and major advocacy engagements. This session was conducted after the questionnaire administration had been completed.

FINDINGS

Questionnaire administration

The results obtained from the respondents under each section of the questionnaire are highlighted below-

(a) Civil Society Organization (CSO) Identification Data:

Table 1: Identification Data

S/N	ITEMS	Number of CSOs
1	Existence of Official Email address	11
2	Existence of Official website	7
3	Level of Operation	
	National	8
	State	17
	LGA	12
4	Program Areas	
	Malaria	12
	Neonatal, Child and Maternal Health	14
	Family planning	14
	HIV & AIDS	14
	Routine immunization	14
	Nutrition	12
	Education, Democracy and Governance	10
	Women Development/Poverty Alleviation/Empowerment	11
5	Number of LGAs where have the most experience (functioning)	
	Only One LGA	3
	More than One LGA	8
	All the LGAs	7

CSO Organizational Profile:
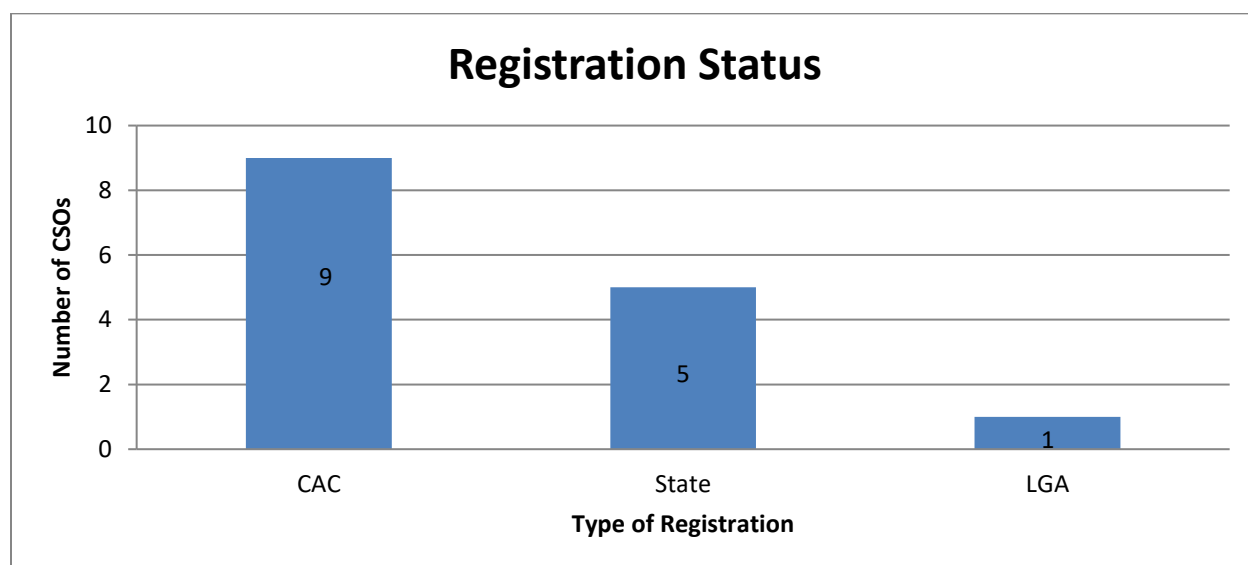
Figure 1: Status of Registration

Figure 1: Status of Registration

Table 2: Organisational features

S/N	ITEMS	Number of CSOs
1	Existence of an office	15
2	Existence of facilities -	
	Computers/Laptops	14
	Internet Access (Wi-Fi/Modem/Browsing Phones)	13
	Tables and Chairs	13
	Meeting Venue	16
3	Existence of a Board of Trustees or Directors	14
4	Existence of a Strategic Plan	12
5	Existence of a Project Specific Strategic plan	14
6	Existence of an Annual Workplan	13

7	Existence of a Project Specific Workplan	16
8	Existence of an Annual Budget	11
9	Existence of a Project Specific Budget	13
10	Existence of an Organogram or Organizational Chart	16

(b) CSO Activities & Coverage:

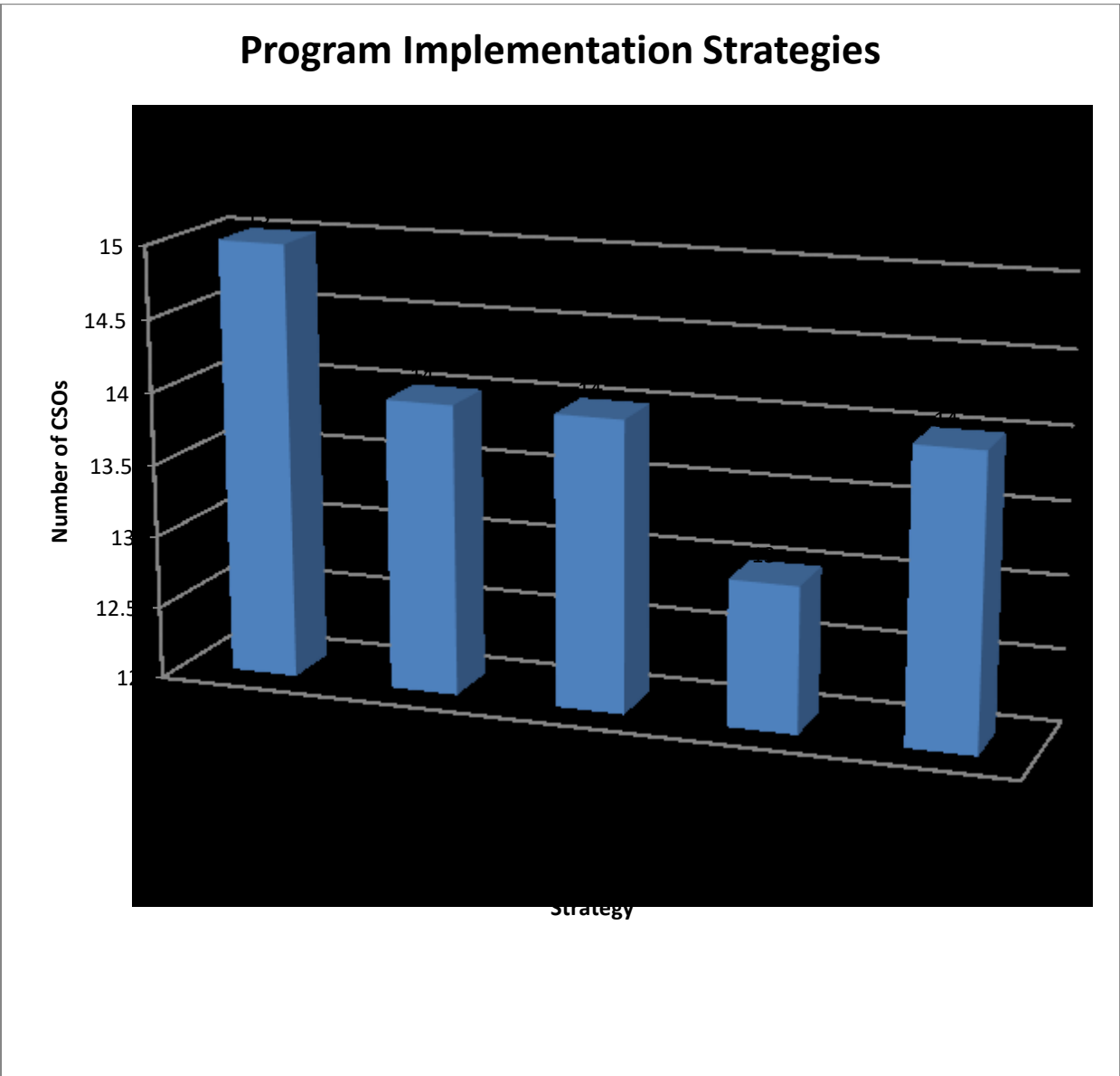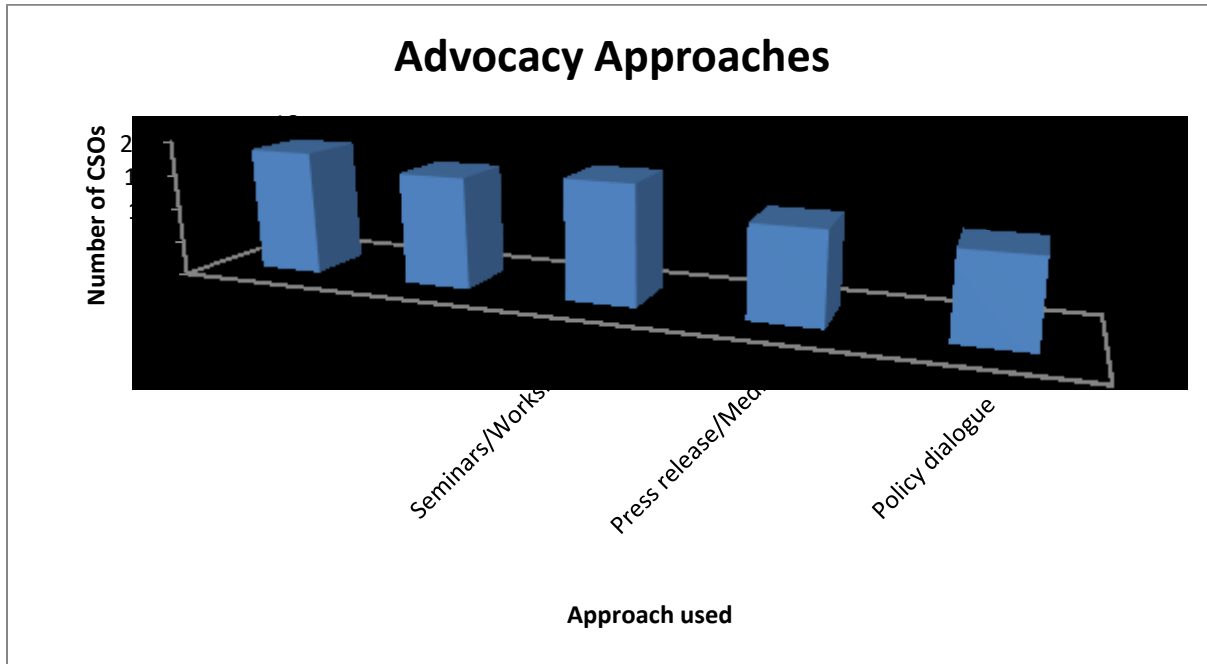**Figure 2: Implementation strategies applied in carrying out programs**

Program Implementation Strategies
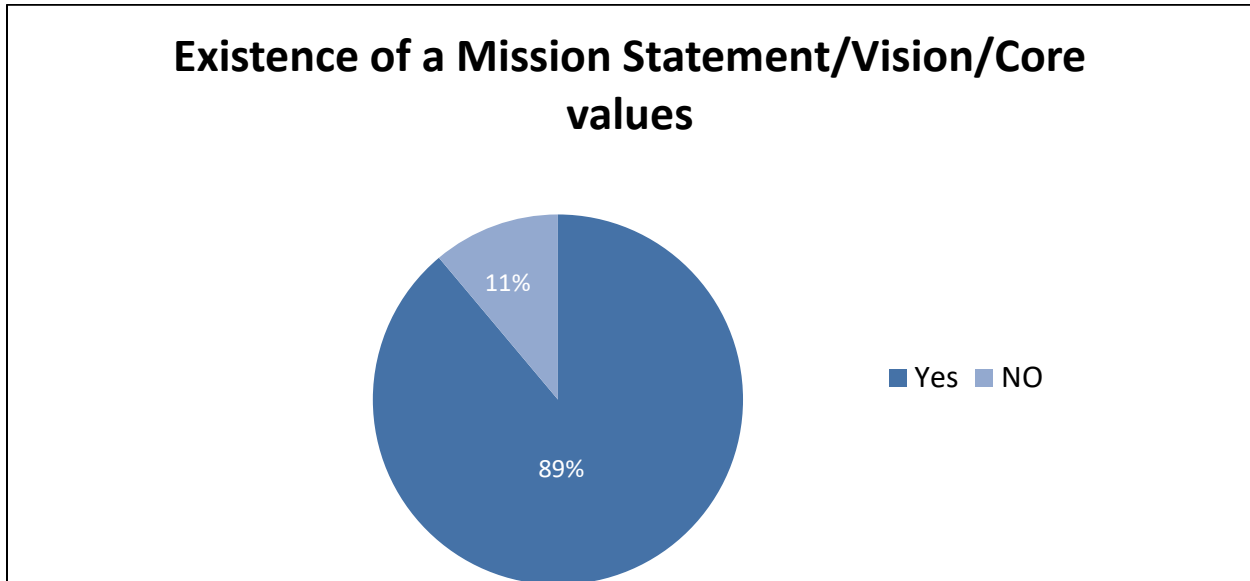
Figure 3: Advocacy approaches utilized

Advocacy Approaches

Number of CSOs

Seminars/Worksh...   Press release/Med...   Policy dialogue

Approach used

(c) Organizational Personnel & Financial Capacity

Figure 4: Pattern of Staffing

Staffing

type of staff

Volunteer — 9

Part-time — 5

Full-time — 8

0   1   2   3   4   5   6   7   8   9   10

Number of CSOs

Existence of a Mission Statement/Vision/Core values

89%
11%

■ Yes ■ NO

(d)   CSO Past Experiences & Record:

Figure 6: Membership of a network or coalition of NGOs

Organization is a member of any network or coalition of NGOs

33%
67%
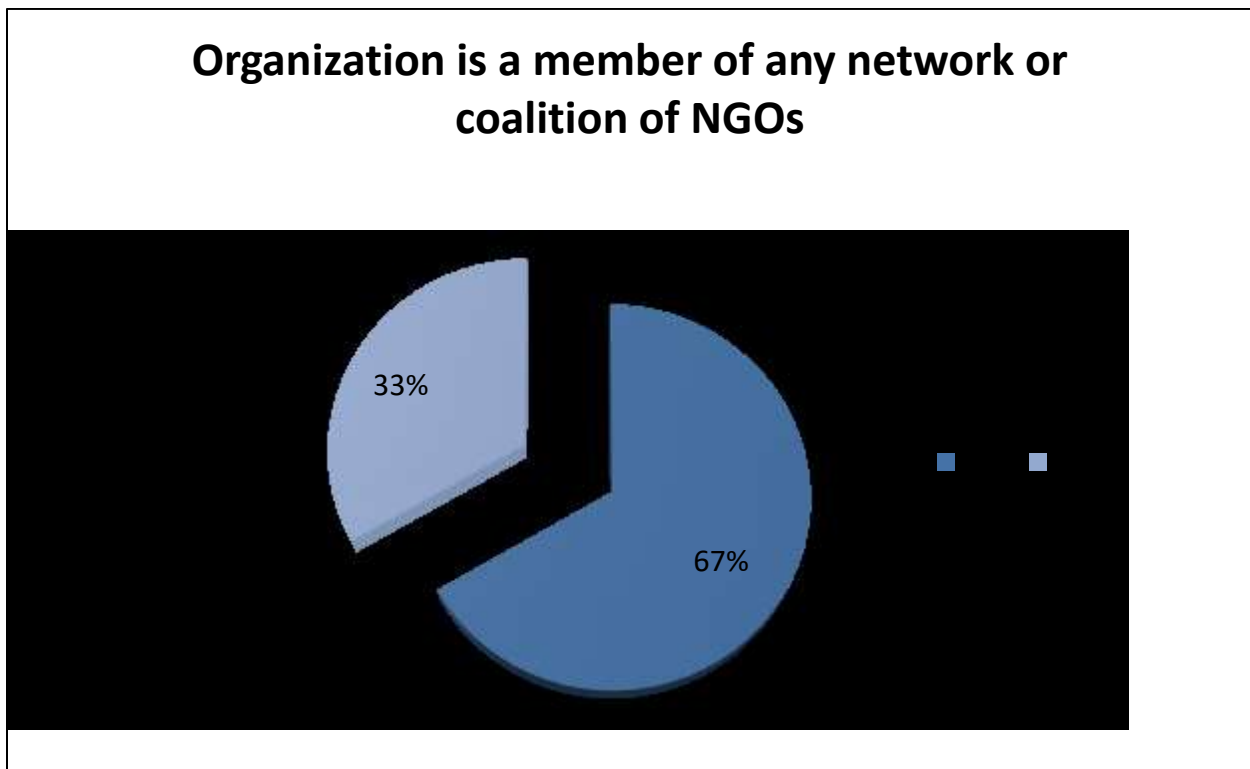
Name of network or coalition of NGOs - The networks/ coalitions of NGOs mentioned include NNNGO, ACOMIN, CISHAN, AOON, LASCOP and LASAM.

Experience working with NGOs and Development Organisations in Lagos state – A "Positive Learning Experience" was the response from all the 18 CSOs.

(e) Innovativeness & Readiness to Be Engaged:

Table 3: Existing Strengths and Weaknesses

Issues	Main Responses
Key factors that impact negatively on the performance of indigenous Nigerian CSOs in Lagos state	▪ Inadequate Funding to carry out activities ▪ Unwillingness of policy makers to cooperate with CSOs ▪ Lack of commitment by policy makers in the area of funding specific health related issues ▪ Negative cultural beliefs ▪ Non-sustainability issues ▪ Poor level of professionalism by CSO workers ▪ Failure to be accountable with regards to donor funds ▪ Poor partnership among CSOs ▪ Inadequate capacity of CSO staff to effectively and efficiently execute projects ▪ Poor documentation and reporting of activities conducted ▪ Failure to register organisation with the appropriate institution
Key strengths that could aid in carrying out programs in any of the PAS issues areas, if a partnership with NNNGO-PAS is developed	▪ A close working relationship with the State Government ▪ Existing partnership with other donors ▪ Existing relationship with the media ▪ Wide audience reach at the state level ▪ Experienced reporters and presenters on RI & FP issues ▪ Grass root presence and relevance

	- Good relationship with communities - Competence in carrying out advocacies - Competence in carrying out community enlightenment and mobilization - CSO members possess diverse experiences and skills - Competence in carrying out research
Weaknesses that can hinder effective functioning	- Poor data collection skills - Poor collaboration with policy makers - Lack of consistent funding to sustain health campaigns via media - Inadequacy in developing project strategic plans - Inadequacy in developing funding proposals for projects - Inadequate proposal writing skills - Poor M&E skills

Group Breakout Session

The outcome of the group breakout session by CSOs involved in RI is highlighted below-

PRIORITY ADVOCACY ISSUES	ADVOCACY TARGETS	ADVOCACY MESSAGES
Timely release of RI funds for the PHC Board	- PS Ministry of Health - Directorate of medical services and pharmaceuticals - PS PHC Board, - Director Nursing Services. - SA on Health	Timely release of budgeted funds for Routine Immunization will ensure regular programmes on RI, and hence reduce incidences of

	• The Media (Traditional and Social)	epidemics in the state. ➢ There will be confidence in the PHCs in the state as community members will begin to look up to the PHC for reduction of disease burden in their LG. ➢ It will be possible to track the regular funds given to the PHCs for that activity.
Increased funding of RI	• PS Ministry of Health • Directorate of medical services and pharmaceuticals. • PS PHC Board, • DMS , • Commissioner for health • Chairman health committee(LASHA) • Director of Family Health and Nutrition LSMoH. • Wife of the Governor • SA on Health • The Media (Traditional and Social)	➢ Increased funding will make money available to reach other communities which hitherto had not been reached. ➢ There will be enough funds to engage as many personnel as desired to do the activities. ➢ Reduction of disease burden in the state when routine immunization is embarked upon.
Inauguration of Local Government	• PS Ministry of Health • PS PHC Board	➢ Having a PHCB Board in place will

Health Authority at the LGAs and the constitution of the PHC board members	• HCH • SA on Health • Chairman, House Committee on Health • The Media (Traditional and Social)	ensure smooth running of the PHCB as an entity, and also conform to the Health Sector Reform Law of 2006. ➤ Inauguration of the LGHA will ensure smooth running of the PHCs at the LG level in the State. ➤ LGHA will eliminate all shortcomings being experienced presently at the PHCs as there will be an effective supervision and monitoring. ➤ Programme activities will run smoothly at the LG levels.

The outcome of the group breakout session by CSOs involved in FP is highlighted below:

PRIORITY ADVOCACY ISSUES	ADVOCACY TARGETS	ADVOCACY MESSAGES
Inadequate release of FP budget allocation	❖ Director of Budget MBEP ❖ Director of family Health and Nutrition	Release FP budget allocated funds timely

	❖ PS PHCDA ❖ Director Medical Services PHCDA	
No budget line item for FP consumables	❖ PS Ministry of Health ❖ PS Ministry Budget and Economic Planning ❖ Director of Budget MBEP ❖ Director of family Health and Nutrition At LGA Level ❖ Medical of Health ❖ FP Manager ❖ Budget Officer ❖ Supervisor of Health ❖ Head of Administration ❖ Chairman LGA	Create a budget line item for FP consumables
Unclear definition of the roles PHCDA and reconstitution of expired board	❖ Executive Governor ❖ Commissioner Ministry of Health ❖ PS Ministry of Health ❖ PS PHCDA ❖ Chairman House Committee on Health	The state government to clearly define the role of PHCDA and reconstitute the expired board
No systematic monitoring of released funds for family planning	❖ PS Ministry of Health	Support budget tracking exercise of civil society

	❖ PS Ministry Budget and Economic Planning ❖ Director of Budget MBEP ❖ Director of family Health and Nutrition ❖ Medical of Health ❖ FP Manager ❖ Budget Officer	

Additional Issues

The following were highlighted by the media organisations present as being important for successful advocacy to policy and decision makers –

- Need for NGOs and CSOs to collaborate with media groups and organisations
- Use social media platforms (and not only traditional methods such as radio, television, etc.) in carrying out advocacies
- Ensure media coverage of advocacy activities as much as possible so as to help amplify the advocacy messages

NEXT STEPS

- Compile and produce a database containing detailed information on CSOs involved in RI and FP advocacy in Lagos
- Plan a capacity building training to address the identified shortcomings and weaknesses as a result of the CSO mapping meeting
- Develop advocacy messages which are founded on the prevailing RI & FP situation in Lagos State
- Plan a constituency mobilization meeting of CSOs, CSO networks/coalitions and the media in preparation for advocacy visits