Planning, Budgeting and Disbursing Funds for Newborn Survival in Katsina State, Nigeria – a Net-Map analysis

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Context and Background: Newborn Survival in Katsina State and why we need to understand actor influence networks

This study was undertaken to inform Save the Children's activities towards newborn survival in Nigeria, namely Katsina State. Its specific focus is on the processes that lead to funding (or not) of newborn survival and maternal health interventions by the state. Nigeria has the highest number of maternal and newborn deaths of all African countries, with 33,000 women dying during pregnancy and childbirth and 251,000 babies dying in their first month of life – often due to preventable and treatable causes. Katsina is one of the high burden states, a low average income and high percentage of rural population mean that women and new-born babies in Katsina are at a far higher risk than those in richer and more urbanized states. While general policies to support new-born survival are in place, they often are not prioritized in funding decisions and their actual implementation is spotty at best.

Save the Children has been strongly involved in the country's health planning, working with the Ministry of Health to develop and further edit the national Situation Analysis and Newborn Action Plan (updated as Saving Newborn Lives in Nigeria, Federal Ministry of Health, Nigeria, 2011). In Jigawa, Katsina, Yobe and Zamfara, high burden states in the North, Save the Children is working as part of the consortium managing the Partnership for Reviving Routine Immunization in Northern Nigeria – Maternal Newborn and Child Health Program (PRINN-MNCH).

Through this involvement in the policy arena and in the field, a gap between policy development and implementation / results on the ground became apparent. Among the shortcomings identified was the fact that newborn survival and maternal health interventions received limited attention in the planning and budgeting process and even the money budgeted for these activities often was not disbursed in full to the implementing partners. Using Katsina as a case study, the research team was tasked to investigate more closely how maternal health and newborn survival activities fare in the process of state level planning, budgeting and disbursing of funds. This research was undertaken with the aim of developing strategies for both, Save the Children and other actors invested in newborn survival. Save the Children is planning to use the results of this study to inform their advocacy at the state level towards provision of essential infrastructure and equipment, staffing and services to improve the access to newborn health care both at facility and community level.

Method

In initial discussions with stakeholders and staff in Nigeria, two things became apparent:

1. Planning, budgeting and the release of funding are three distinct steps in the process – while they are connected, there is no automatic progression from one to the next and different actors influence the different steps.
2. Both, formal and informal networks between actors have an impact on how strongly actors can influence these three steps.

To effectively give a stronger voice to newborn survival, it is crucial to disentangle the complex formal and informal networks involved and understand who the core influencers are at the different stages of the process.
The Net-Map method (Schiffer and Hauck, 2010) used in this study allows for an in-depth analysis of the influence networks at the different stages of this process.

Net-Map is a participatory method for mapping social networks, exploring

- Who are the actors?

- How are they linked to each other with different kinds of connections (formal and informal)?
- What are their goals?
- How strongly can they influence the outcome?
- What are crucial strengths and weaknesses of the system?

This method has been used in various cases around the world, including the analysis of the policy landscape around infant and young child nutrition in Ethiopia, Bangladesh and Vietnam and the information networks of front line health workers concerning HIV and reproductive health in Malawi. The method was adapted to the specific questions in this case, especially in recognizing that the level of influence of actors may differ between planning, budgeting and disbursing of money.

The local facilitators conducted group meetings and individual interviews in which they basically followed the same protocol (see Appendix 1 for a detailed field guide and Appendix 2 for a list of participants):

1. **Setting the scene, explaining the study:** Facilitators provided basic explanations and definitions around new-born survival to avoid misunderstandings and to make sure that all interview partners started from the same background and that a common understanding of terminology was established.
2. **Assembling actors:** Facilitators placed an empty flip chart paper in front of interview partners and asked them to name any actor (individual, group or organization) who influenced the planning, budgeting and disbursing of funds for newborn survival and maternal health activities in Katsina State for the 2010-2011 plan. Actor names were written on sticky-notes (post-it™) and distributed on the empty sheet.
3. **Links between actors:** Facilitators defined the different links of interest in this study and assigned colors to the links: formal directive (black), flow of money (red), putting pressure on someone (blue) and giving evaluation information (green). Starting with the formal directive, they drew arrows between actors, following the guidance of the interview partners.
4. **Attributing influence:** Facilitators guided interview partners to set up influence towers (made of stackable discs, the higher the influence, the higher the tower) next to each actor card. This process was repeated three times, first answering the question: How strongly did they influence the planning? Then investigating their influence on budgeting and then on disbursing of funds. The height of the different influence towers was written down next to each actor for later reference[1].
5. **Additional question:** After setting up the Net-Maps the facilitators asked interviewees for pointed advice about how to interact and connect with the core influencers in each of the three steps.

[1] Here the process differs from the standard Net-Map process in two ways. In the standard process, the influence tower is only set up once, for one question. However, in this case the shift of influence in the different phases was crucial, thus influence towers were set up three times to capture this change. The second difference is that in standard Net-Map procedures the goals of actors are written next to each actor in a standardized way. In the initial discussion and pre-test this step did not seem necessary and facilitators rather discussed the goals in the qualitative discussion.

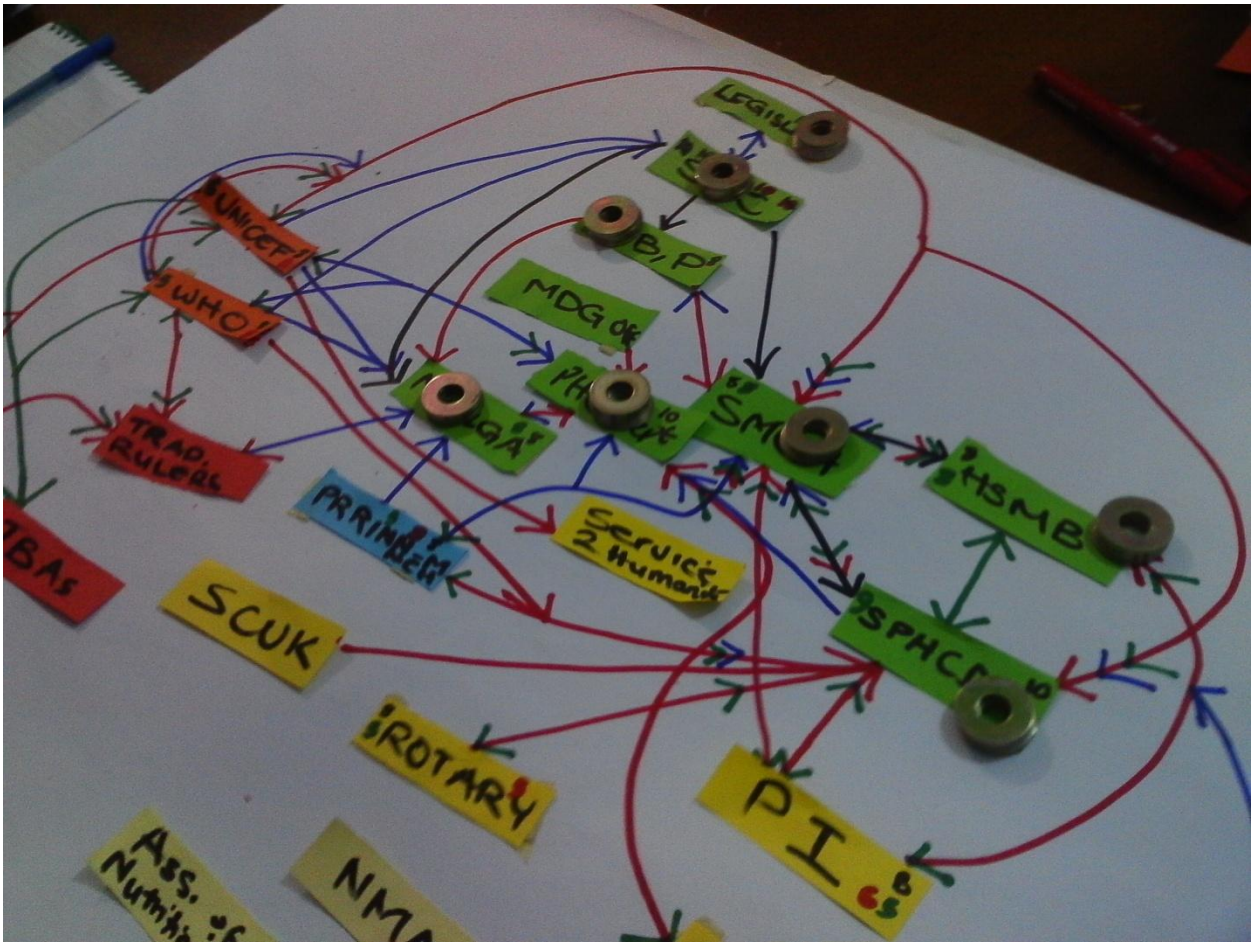
Results

The facilitators interviewed a total of 28 interview partners in 3 group interviews and 8 individual interviews (see complete list of interview partners in Appendix 2). 7 interview partners were female. The interview partners included representatives from all major organizations with newborn health focus, more general health actors and others who are likely to impact on or have in depth knowledge about the issue.

The following organizations participated in group and individual interviews. They were identified by Save the Children program officer in Katsina State based on their knowledge on the planning, budgeting and disbursement of funds for newborn survival and maternal health activities in the state.

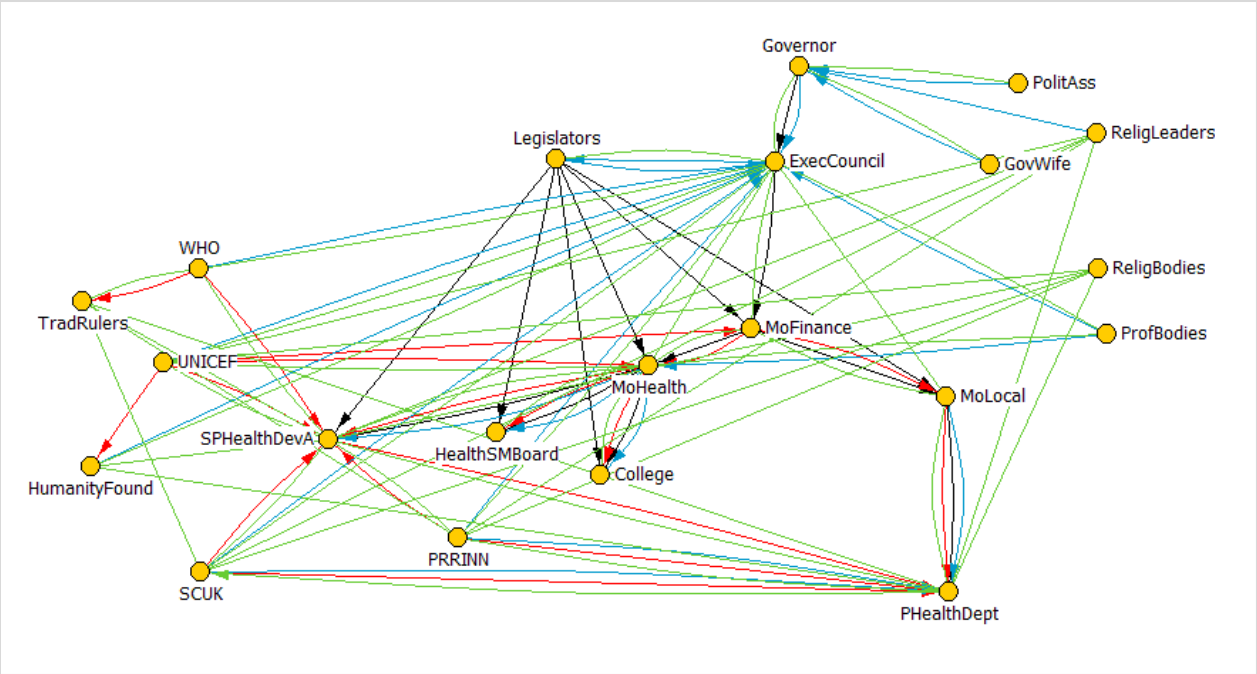
- Ministry of Health
- Ministry of Finance, Budget and Economic Planning
- Ministry for Local Government and Chieftaincy Affairs
- State Primary Health Care Development Agency
- Health Services Management Board
- School of Nursing
- School of Health Technology
- World Health Organization (WHO)
- UNICEF
- PRRINN-MNCH
- Save the Children
- FOMWAN
- ICAN
- Service to Humanity Foundation
- Federal Medical Centre
- Nigerian Union of Journalist

During the interviews, network maps (see Picture 1) were drawn and detailed notes were taken of the in-depth discussion. In a process of qualitative merging of maps which was described by Aberman, Schiffer and Johnson in their paper on fertilizer policy in Nigeria (Aberman et al. 2010), the resulting maps and qualitative notes were combined to reach a final map (Network 1) which provides an insight into the main issues driving and hampering planning, budgeting and funding of newborn survival activities in Katsina state.



Picture 1: Net-Map

The combined map includes the core actors, how they are linked with regards to giving formal directive, giving funds, putting pressure on others and giving information. It includes assessments of how strongly the actors influence planning, budgeting and disbursing of funds. As multiplex network maps can be complex and overwhelming to look at, this complete map is taken apart below, to focus on separate issues in the network. All network maps below are based on this final combined map.



Network 1: Complete Combined Network Map

Formal directive (black lines), funding (red lines), pressure (green lines), information (blue lines)

Table 1 provides a list of the core actors that are represented on the combined network. The list of all actors mentioned is far longer (Appendix 3) but to understand the general structure of the system and develop influencing strategies it is more useful to focus on the core actors and how they relate to each other.

Table 1: Core actors and acronyms

Acronym	Name of Actor	Actor Category
College	College of Health Sciences[2]	Governmental
ExecCouncil	State Executive Council	Governmental
Governor	Governor	Governmental
GovWife	Governor's Wife	Informal
HealthSMBoard	Health Services Management Board	Governmental
HumanityFound	Service to Humanity Foundation	NGO
Legislators	State Legislators	Governmental
MoFinance	Ministry of Finance, Budget and Economic Planning	Governmental
MoHealth	Ministry of Health	Governmental

[2]College of Health Science is the Agency that controls the three health schools in the state: School of Nursing, School of Midwifery and College of Health Technology.

MoLocal	Ministry of Local Government and Chieftaincy Affairs	Governmental
PHealthDept	Primary Health Care Department	Governmental
PolitAss	Political Associates of the Governor	Informal
ProfBodies	Professional Bodies	Professional Bodies
PRRINN	Partnership for Reviving Routine Immunization in Northern Nigeria	NGOs
ReligBodies	Religious Bodies	Community Actors
ReligLeaders	Religious Leaders	Community Actors
SCUK	Save the Children UK	NGOs
SPHealthDevA	State Primary Health Care Development Agency	Governmental
TradRulers	Traditional Rulers	Community Actors
UNICEF	United Nations Children's Fund	Multilateral
WHO	World Health Organization	Multilateral

Formal hierarchies and funding network

While informal networks might play an important role, the basis for understanding the planning, budgeting and disbursing of funds is to understand the formal hierarchies and the formal planning process. Later, it will be shown how and where informal influences enter and alter this formal process. The formal planning and budgeting process goes as follows:

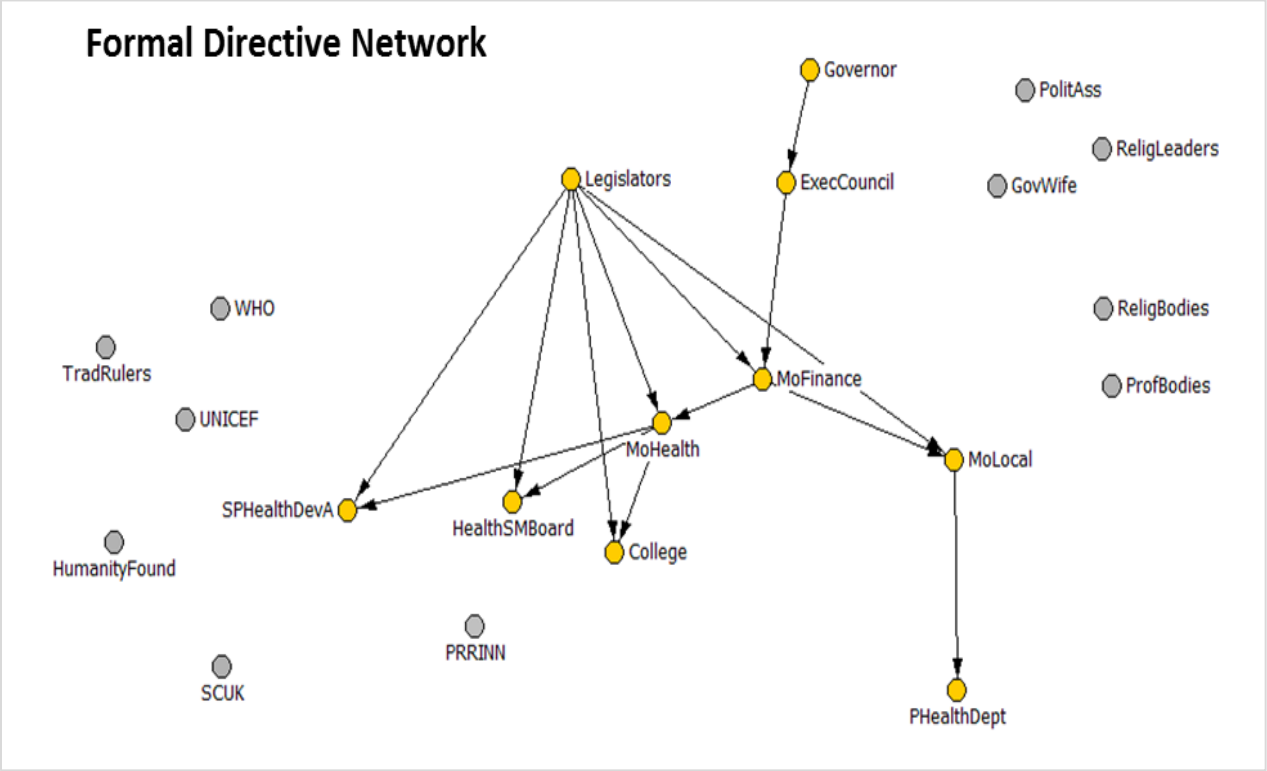
The interview partners described that planning and budgeting for the plans were always done together. The agencies make budgets not exceeding the budget ceiling provided by the Ministry of Finance on the state level. The budgets are then forwarded to their respective mother Ministries (e.g. State Primary Health Care Development Agency (SPHCDA), Health Service Management Board (HSMB) and College of Health Sciences (CHS) forward their budget to the Ministry of Health). The next stage is for all the ministries in the state to compile all budgets from their various agencies into one budget and forward it to the Ministry of Finance. The Ministry of Finance then collates all the budgets from all the Ministries into one budget and calls for budget defense from all the ministries. After the budget defense in the Ministry of Finance, the budget is then forwarded to the State Executive Council for approval. The interviewees noted that as long as the budgets submitted to the Ministry of Finance do not exceed the budget ceiling, no cutting of budgets takes place at this point.

Once the budget is approved, the implementing agencies (State Primary Health Care Development Agency, Health Services Management Board and Primary Health Care Department) can request funds for the line items in the budget. The requests are channeled through their respective line ministries toward the Ministry of Finance, which manages the disbursement of funds.

In the process of approval and disbursement, the governor plays a very particular role. He is the chairman of the State Executive Council and thus chairs the meetings for all budgets and release of funds to be approved. The other members of the executive council are all the commissioners of the various ministries. While the formal process includes deliberation on the budget and releases by the members of the Council, interviewees stated that not much deliberation is done. It was rather observed

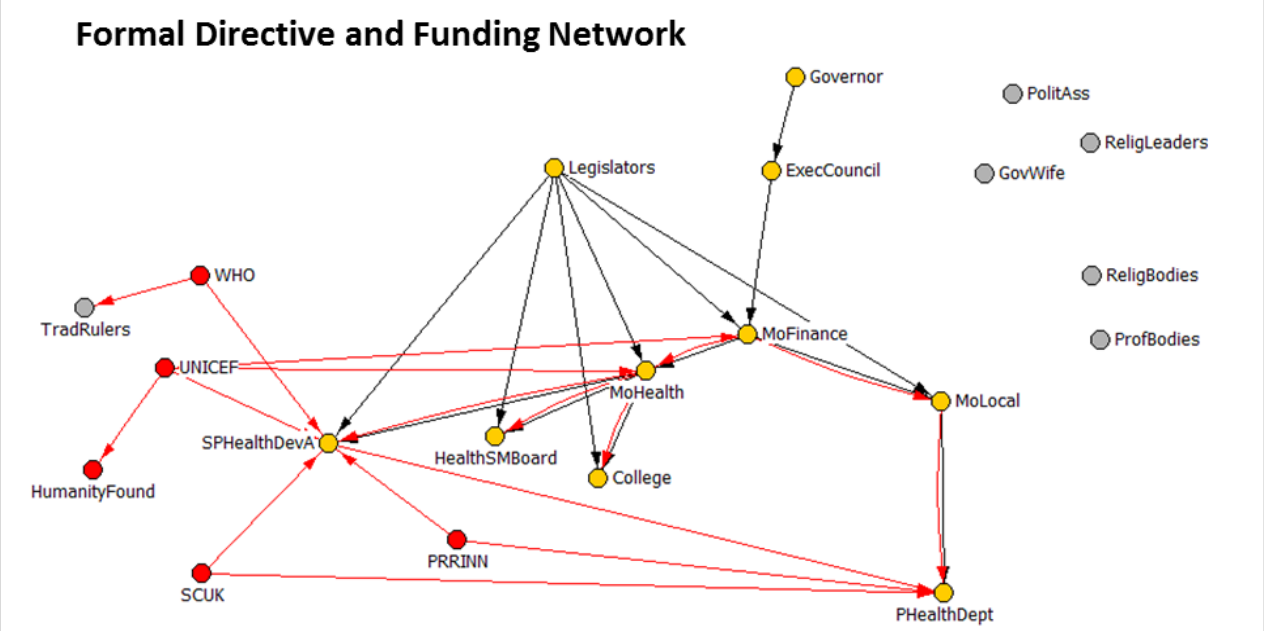
that those issues of interest to the governor were put on the agenda and automatically approved during the meeting, while those issues that the governor is not interested in, may not even appear on the agenda and subsequently may not be approved. In his campaign the governor mentioned public health concerns as part of his agenda; however, the interests of the governor are much more varied than the specific focus on maternal health and newborn survival. Interviewees agreed that the major funding gap lies in the difference between what is in the budget and what is actually released to the agencies.

The formal lines of directive that underpin this process are shown in Network 2.



Network 2: Formal directive, yellow nodes = government, grey nodes = others

Executive Council meetings are held weekly to address various issues in the state. Budgets and funds to be disbursed are approved at these State Executive Council meetings. The council is supposed to collectively make all approvals. With regards to the state budget, the Ministry of Finance forwards the state budget to the State Executive Council for approval. The council meets to officially deliberate and approve the budget. After the approval, the state budget is then forwarded to the state legislators for signing the budget into law. The legislators call all agencies and ministries for another budget defense at the legislative chamber after which the budget is approved and returned back to the state executive council for budget implementation. Approval for the release of funds from the budget is not done at once. It is spread across the year. In every SEC meeting, approval for the release of funds is given to certain aspect of the budget depending on the interest of the governor.



Network 3: Formal directive (black lines) and funding (red lines), yellow nodes = government, red nodes = NGOs/Multi-laterals/Programs, grey = others

Network 3 illustrates how the lines of funding relate to the lines for formal directive with regards to newborn survival and maternal health planning, budgeting and funding in Katsina State. There are a number of different trajectories for funding of these activities. Within the government, funding flows follow the hierarchy, the Ministry of Finance releases funds to the line ministries (Health, Local Government and Chieftaincy Affairs), that distribute them to their agencies (e.g. MOH to State Primary Health Development Agency, Health Services Management Board and College of Health Sciences). However, there are funding flows beyond these. Multilateral agencies, international NGOs and Programs give funds to government actors on all levels either as general budget support (UNICEF to Ministry of Finance and Ministry of Health) or directly to the front line agencies[3]. Here the State Primary Health Development Agency has the most diverse sources of funding (from Ministry of Health, UNICEF, WHO, Save the Children, PRRINN), while UNICEF gives to the most diverse group of recipients (Ministry of Health, Ministry of Finance, State Primary Health Development Agency, Service to Humanity Foundation). One reason why SPHDA has this broad funding base is that it is responsible for the primary health care facilities, which are much higher in number and have a broader reach than the secondary facilities (which fall under the HSMB).

[3] The term "funds" is used in the broadest sense here, not just including direct transfer of money but also support in terms of facilities and equipment, drugs and vaccines, training and capacity building of health personnel.

Formal and informal influence systems

In addition to the formal lines described above, informal networks are crucial for understanding this process. Interview partners described an intertwined formal and informal influence system. Merely analyzing formal positions and responsibilities would not be sufficient to understand how actors influence planning, budgeting and funding of newborn survival and maternal health activities in the state. However, one would also miss the target by claiming: "It's all about informal networks. Formal networks and positions don't matter at all."

The most influential actors, especially in the disbursing of funds, have managed to successfully combine formal and informal networks which strengthen and support each other. A prime example is the governor, who is the formal head of Katsina State and has all the formal responsibility that goes with this position. On top of this, he has also developed a strong informal network, in which his wife heads most of the health committees and runs a health related NGO, he has a close relationship with the Emir, who provides a link to the communities, and he has a number of political associates who support him. Informal links also play an important role for those who lack access to formal links or who are not in a formal decision making position. Often developing informal links to those in decision making capacity is their only or at least most effective way of achieving their goals. Interview partners agreed that getting the ear of the governor or his informal influencers was often a more effective way of securing funding than any formal process would have been:

"On so many occasion you have to use people (friends of the governor, wife of the governor, political associates, etc.) to achieve what you want. The disadvantage is that if the informal link is no longer available, things become very difficult. Knowing who the informal links are is also very important."

"There should also be evidence based approach to influential stakeholders operating through informal links (governor's wife and traditional rulers) because they can put pressure on the governor to approve anything"

In designing the interviews, the process was split into three steps, looking at the main influencers at the point of

1. Writing the plan,
2. Drawing the budget and
3. Disbursing the funds.

However, throughout the interviews it became apparent that to understand influencers, it is sufficient to split the process up in two parts. There is a distinct group of actors who influence the planning and budgeting and another distinct group of actors who influence the disbursement of funds (see Graph 1).

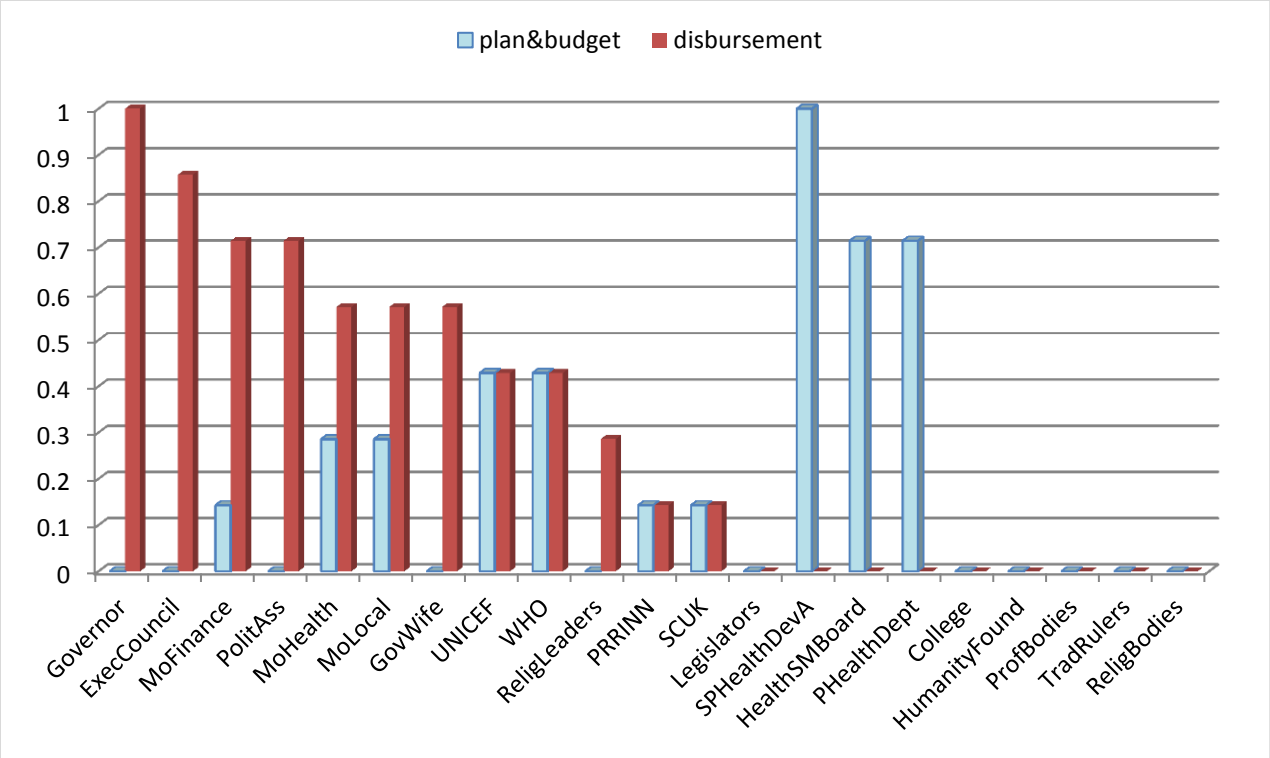
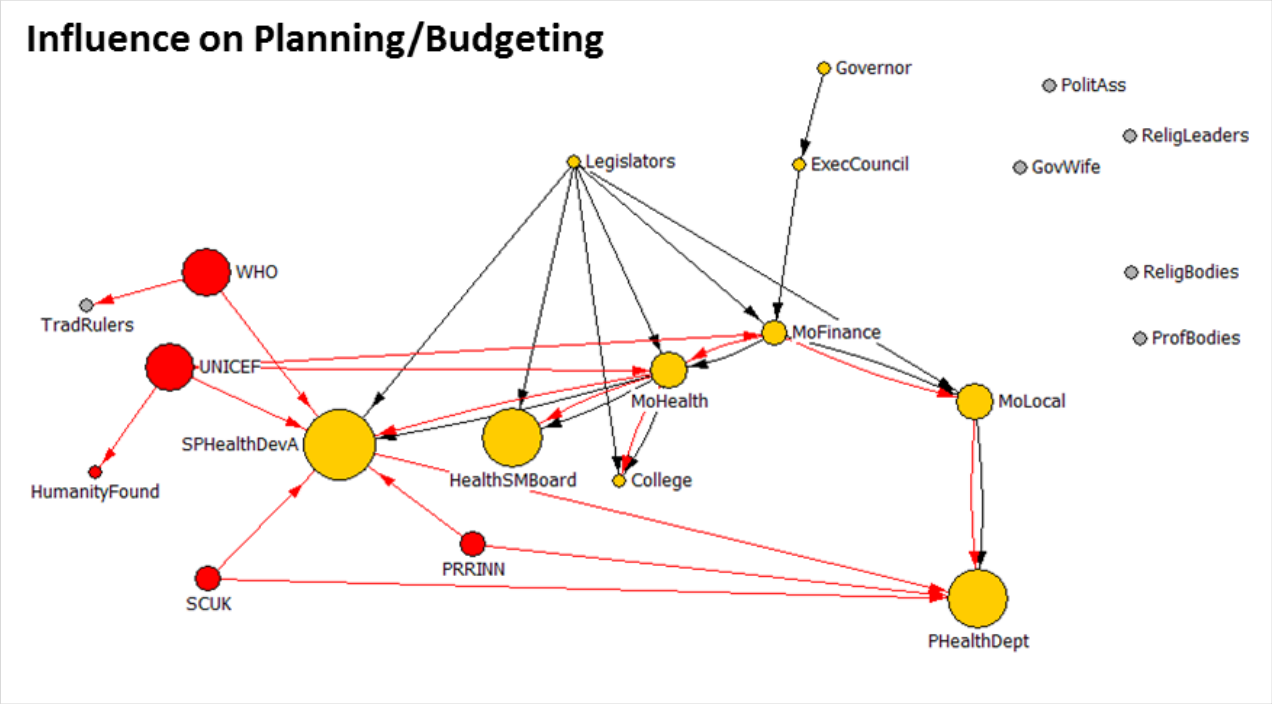
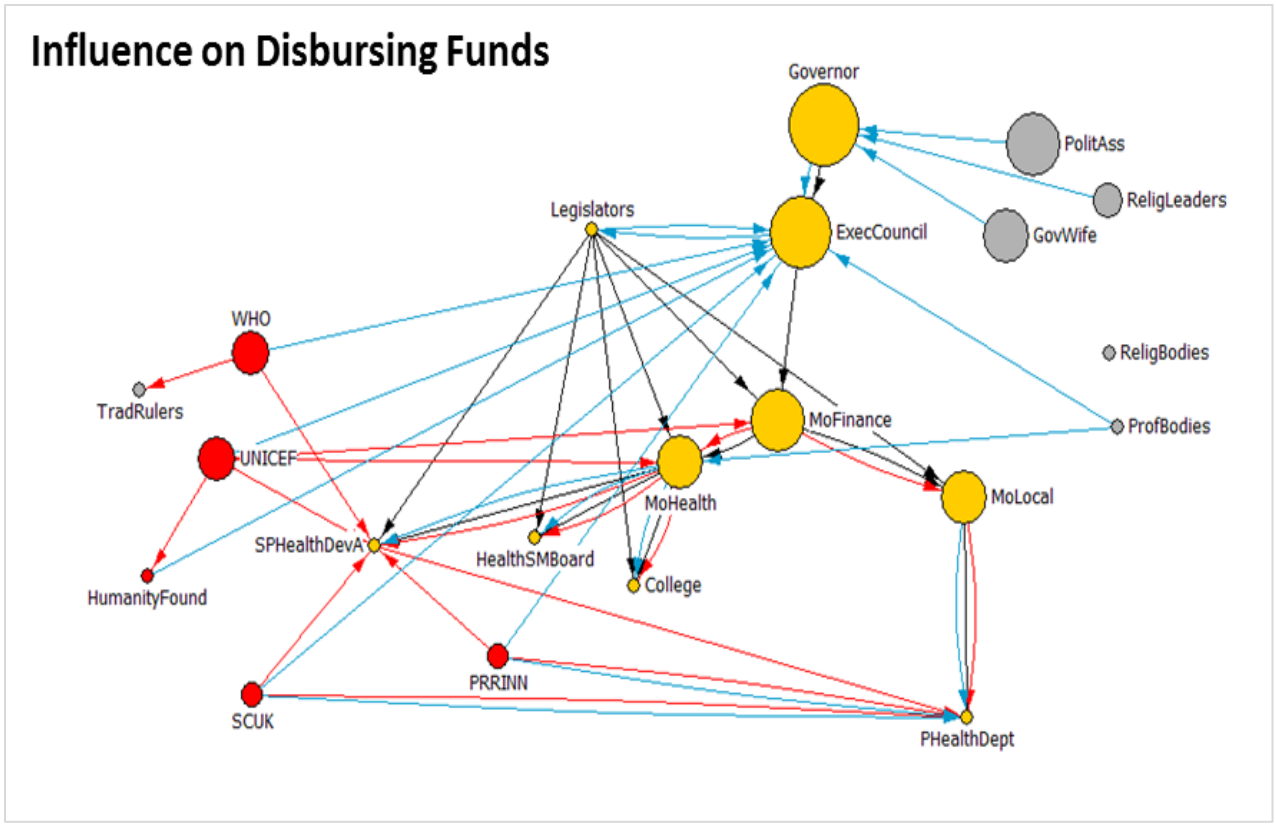


Figure 1: Different influence in Planning/Budgeting and Disbursing of Funds

Networks 4 and 5 and Figure 1 show the great difference between who influences the planning and budgeting (Network 4) and who influences the disbursing of funds (Network 5). The influence scores are a combination of the scores given to the different actors by the interview partners and group participants – thus they reflect how the experts interviewed assess the influence of those involved in the process. When adding the "putting pressure" link to the picture (as in Network 5) it becomes apparent that most actors try to put pressure on those who are powerful in determining the disbursement of funds, namely the State Executive Council and the governor. The fact that most actors focus their pressurizing on this step in the process indicates that this is the crucial bottleneck, while they see the planning and writing of the budget as more technical or even theoretical exercises.



Network 4: Formal directive (black links) and funding (red links), yellow nodes = governmental, red nodes = NGOs/Multi-laterals/Programs, grey nodes = others size of node = influence on planning and budgeting



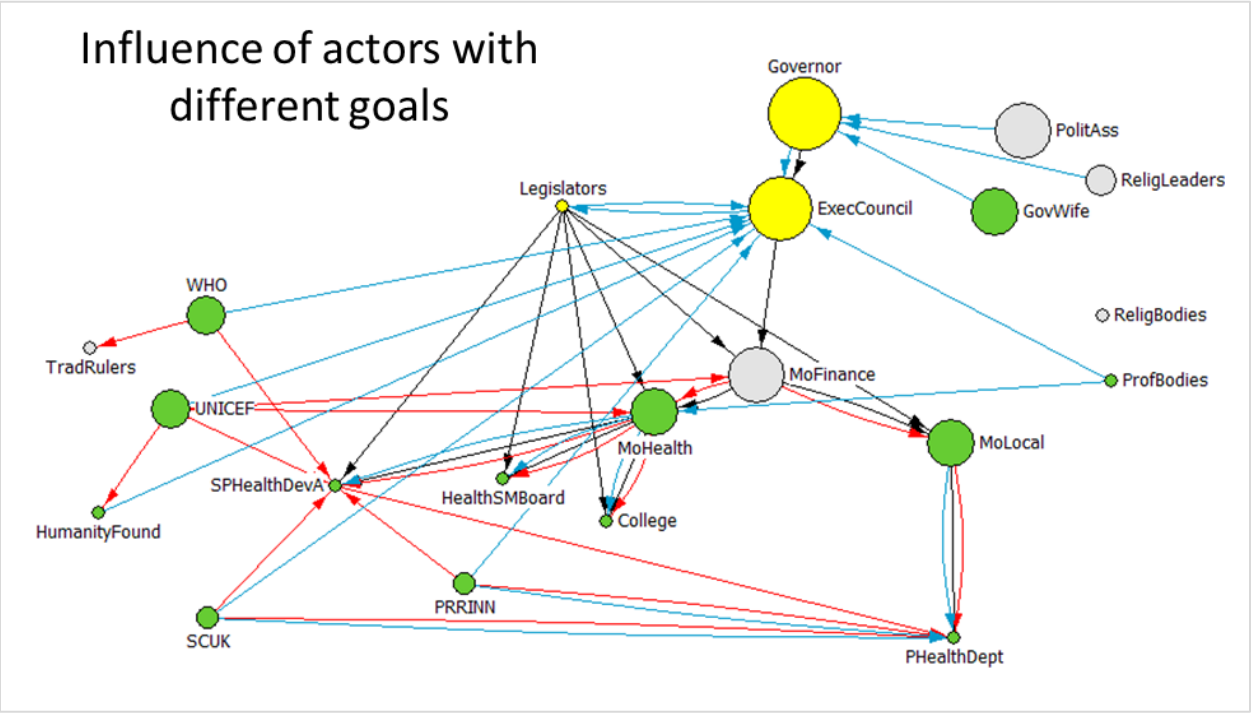
Network 5: Formal directive (black links), funding (red links), pressure (blue links)
yellow nodes = governmental, red nodes = NGOs/Multi-laterals/Programs, grey nodes = others
size of node = influence on disbursing funds

One interesting aspect of this is that in the discussion interview partners and groups agreed that the main gate-keeper for the release of funding is the governor; however, in the drawn network most actors put pressure on the State Executive Council and not on the governor directly.

In general interview partners talked at length about the importance of informal networks. However, many seemed reluctant to actually draw these informal connections on the network map. Informal links that they talked about but did not draw include the following:

- Most actors try to put pressure on the governor for the release of funds
- If actors cannot connect to the governor directly, they try approaching him through his wife, his political associates or the emir.

Importance of non-health actors



Network 6: Formal directive (black links), funding (red links), pressure (blue links)
grey nodes = no health mandate, green nodes = health core actors, yellow nodes = multiple goal actors (including health)
size of node = influence on disbursing funds

Network 6 shows an issue that is crucial to understand for anyone who wants to make an impact on the funding of newborn survival activities in Katsina state: **The most influential actors when it comes to disbursement of funds are all located outside the health sector**!

While the core health actors (green nodes) plan for their needs and influence the written budget, the decisions about how much funding will actually reach the ground are taken by a group of actors for whom health is just one of many concerns (yellow nodes). Health is one of the many mandates of the State, thus the executive council has to balance health sector demands with the demands from other fields. The governor made some health related promises in his election campaign, thus health can be seen as one of his priorities – but, just as the executive council, the governor is responsible for all the different areas of government and health is only one sector among many.

Broadly speaking, the actors who plan and budget are those who have a strong focus on and expertise in front line health issues, including actors such as the State Primary Health Care Development Agency, Health Services Management Board, Primary Health Care Department on the government side (with a medium level influence from their line ministries), and WHO and UNICEF of the international actors. These are all actors who have a strong focus on maternal health and newborn survival issues. The government agencies named above are the ones that implement interventions and use the money as disbursed. In writing the plan and budget, they state their needs.

When looking at those influencing the disbursement of fund however, it becomes apparent that the core influencers here have no specific background, interest or mandate in the health sector, let alone in the field of newborn survival and maternal health. As stated above, health is one of their many mandates that they need to balance with all other areas of government. The most influential actors are those in the formal position to implement the budget (Governor, Executive Council and Ministry of Finance) and informal influencers such as the political associates of the governor and the Emir (religious leader). With regards to health focus, one exception is the governor's wife (a strong informal influencer), who chairs most health committees in the state and runs a health related NGO[4], that includes maternal and child health in its mission.

The fact that these core actors see health only as one of many responsibilities is especially important as the analysis above shows that most interviewees see the disbursement of funds (rather than the planning and budgeting) as a major sticking point. Interview partners strongly agreed that the governor was the most influential actor in deciding about the disbursement of funds and that his influence showed both in the formal and informal networks. They stated:

"The governor approves all policies and budgets for health in the state. The wife of the governor chairs most of the health committees."

"In Katsina state, a lot of protocols are skipped in order to get things done. Most of the ministries and agencies are not important, the governor decide on whatever is to be done in the state. […] Any fund that is approved by the governor is released by the ministry of finance but the problem is for the governor to approve the release of funds. The governor's interest matters a lot in this respect."

Difference between how much is in the budget and how much is disbursed

A number of interviewees stated that there was a rather large difference between how much money the implementing agencies put in their plan and budget and how much money was finally disbursed. It was observed that as long as the ministries do not exceed the budget ceiling given to them, these cuts were not done by the Ministry of Finance in collating the budget or the State Legislator in approving it. When interviewees discussed this gap, they all referred to issues around the disbursement of funds[5]. A number of reasons were given:

- Those deciding on the disbursement gave priority to other areas (this was the most common reason),
- Less money than expected was given from the federal level,
- Corruption/leakage of some funds,

[4] The Service to Humanity Foundation (http://servicetohumanitys.org) states on its website that among other issues they are committed to maternal and child health: "To reduce maternal and infant mortality, our program is in collaboration with various stakeholders to ensure that access are provided to comprehensive prenatal and postnatal care women; increases the number of children receiving health assessments and follow-up diagnostics and treatment; and provides access to preventive care and rehabilitative services for children." (website accessed on 08/30/2012)

[5] While it can be assumed that the plans and budgets of the different agencies have to be adjusted by their line Ministries to stay below the budget ceiling, these cuts were not discussed in the interviews.

- Funds were not requested by agencies.

The influence network dynamics described above, in which those deciding about the disbursement of funds have no or limited interest in maternal and newborn health goes in line with the most commonly mentioned reason for why less money was disbursed than budgeted. However, some interviewees stated that this was not really a problem:

"Because the disbursed funds is approved by someone else, it can either be what you budgeted for or less than that because the government feels that budgeted figures are inflated. The practice is that budgeted figures are always inflated because they know that the government will always cut the figures down."

Apart from the fact that less money was spent than requested, it was also observed that certain kinds of spending received priority over others. One interview partner observed a general preference for capital projects over spending for salaries or training because of the higher possibility of kickbacks in the former:

"Corruption is another problem. Sometimes the fund is there but before the funds is released, you have to follow some links and bribe your way in order to get funds released. Projects are not implemented because of misplaced priority. Funds are not sometimes released because nothing will be gotten out of it even if the community has a daring need for that project. For example, priority is given to more construction of hospitals because of what will be gotten from the award of contract rather than employing personnel which is deficient in health care facilities."

Discussion and recommendations

In the following section, a number of issues will be further discussed. The goal here is not to develop shelf ready solutions for the problems identified but rather point towards those issues that need more attention, and guide further in-depth discussion around these issues. If, for example, advocacy towards decision makers is identified as a promising strategy, what does that mean concretely and what are the things advocates need to think about to be as successful as possible?

There was general agreement among interview partners that a successful planning, budgeting and disbursement process needed the involvement and commitment of a whole range of actors. They recommended mainly two strategies:

1. Involve all relevant stakeholders in the planning process early on to avoid overlap, develop commitment and grow a strong coalition around the relevant issues.
2. Advocate relentlessly to the governor and those who influence him to convince him to give adequate priority to releasing funding as requested.

Involvement of all stakeholders

The demand to involve all relevant stakeholders in the planning process sounds reasonable and straightforward. It has been shown that plans developed in a participatory manner tend to be more solid

and more likely to meet the demands of different stakeholder groups. Also, involving partners early in the process increases their sense of ownership and can build trust for future collaboration.

However, in the actual implementation of participatory planning processes a whole range of things need to be considered:

- Who hosts the conversation and what is the role of the host? Neutral convener or interested party?
- Who will be invited to join? Different departments within one ministry? Government actors from different ministries and levels? Non-governmental, civil society, private sector, community actors?
- What will be the role of different actors, how much power will be given to their respective contributions?
- How do the organizers deal with disagreement?
- How will organizers mitigate the risk that more vocal interest groups capture more benefits than the truly needy?
- Will participation in the process evoke expectations in stakeholders?

Advocacy towards non-health decision makers

As discussed above, some of the major decision makers in the process have a much broader mandate than health alone, or even more specifically, new-born survival. Advocacy towards these actors is most effective if it is done in a two-pronged approach,

1. Establish the issue as important
2. Connect the issue to those that are important to the influencer

In many advocacy campaigns, the main focus is put on the first, establishing the importance of the issue. In this case that means collecting evidence of how severe the problem is statistics on newborn and maternal deaths, their distribution, causes and possible strategies for solving the problem. Then the issue is presented in the context of public health challenges.

This is a very important first step and without this evidence it would be hard to make a convincing point. But the challenge is that the actors that need to be convinced may not look at the world with a public health perspective and might have different priorities. Successful advocacy connects the problem to the priorities of the advocacy targets. Thus, it is crucial to understand what the main drivers of the decision makers are and connect the issue to these drivers. This, most likely, will mean leaving the arena of public health and connecting the issue to other arenas.

For example, if a decision maker is mainly concerned with economic development, the cost that maternal and newborn deaths put on individual households and the economy in general could be a powerful argument for this actor. If the decision maker is concerned about re-election, the importance of this issue to the electorate could be in the center of the argument. When advocating towards decision makers who perceive women's and child health as marginal or a special interest issue, the focus could be shifted towards the impact of these health issues on the head of household or more generally

the whole household. If the decision maker compares the development of his state with that of others, evoking a healthy competition around reducing newborn mortality might work. And finally, advocacy tends to be more powerful when connected to funding decisions. This connection has been used in an interesting manner by the Bill & Melinda Gates Foundation when they promised a $500 000 price for the state with the highest number of immunized children.

Collaboration with actors with shared and overlapping goals

While we have shown above that the engagement of decision makers from outside the health sector can be challenging, there are also a number of pitfalls in the relationship to other actors who have shared or overlapping goals, i.e. general health sector actors, actors concerned with maternal and child health and, most specifically, those concerned with newborn survival. As of now, newborn survival is not an independent powerful issue in the policy debate and planning in Katsina. It is rather seen as part of a whole group of issues surrounding conception/contraception, pregnancy, delivery, infant and child health. Newborn survival advocates point to the high percentage of preventable deaths in the first weeks of life and – as newborn care requires a certain set of skills, practices and interventions different from those needed to care for older infants; they aim to carve out a defined space for newborn survival as an issue. Two possible strategies can be explored here, either exclusively or hand-in-hand:

- Increase visibility ("branding"), funding, debate around newborn survival as independent issue and
- Connect newborn survival to issues that which already have a higher profile and then develop synergies

Increasing visibility of the issue independently may be necessary to ensure that the specific needs of newborns are actually met and the data around the issue provides strong arguments towards why a more general "maternal and infant health" approach might not be sufficient for solving the problem. However, establishing newborn survival as independent issue also carries the risk of developing an unhealthy competition (for funding, attention, etc.) between this and other related issues. This is where it becomes crucial for newborn survival advocates to strategically link their activities and goals to those of more established issues and show how, for example, applying newborn survival techniques can prepare the ground for activities needed later in the life of the infant are linked to a mother's health and survival (e.g. some interventions impact both mother and newborn). They could point out how breastfeeding within one hour of delivery can help prepare the ground for exclusive breastfeeding in the first six months, or how the hygiene is required for proper newborn care can translate into fewer infections in the older infant and toddler.

Focus on different partners at different times

Looking at Network 5 it might seem prudent to focus all attention on the governor and the actors surrounding him to try closing the funding gap. And, as outlined above, it does make sense to develop a feasible strategy for interacting with him. This, however, is just one part of a bigger picture. In different steps of the process, different actors need to be in the focus. In the process of developing and planning interventions (Network 4), the implementing agencies are the most influential and the higher level decision makers are less influential. Two strategies could improve this step:

- Supporting the implementing agencies with technical information about possible interventions, helping them to write a plan/budget which is as good and realistic as possible.
- Facilitating a stronger involvement of higher level actors (e.g. Ministry of Health, governor, his wife or his associates) in the planning process to give them a stronger feeling of "ownership" which will make them stronger supporters of the release of funding later in the process.

Once the budget is finalized, advocates need to focus on the higher level actors (governor etc.) to support the release of funding, as described above. But the process is not over once the implementing agencies receive their funding. Now support agencies can increase the impact of the interventions, by providing training, logistics and connections between different partners.

Establishing unlikely partnerships

On a final note, some of the most innovative solutions come from the collaboration between unlikely partners. In social network analysis it has been proven that heterogeneous networks tend to be much more innovative than homogeneous ones – in networks that involve very diverse partners, ideas that work in one field, may be adapted and adopted in another field. Resources that are a side-product for one kind of actor might be crucially needed by another. In the case of maternal health and newborn survival in Katsina, one un-used resource was the passenger seat of many of the cars transporting goods through the state. The missing resource – from the perspective of maternal health and newborn survival – was fast and affordable transport of pregnant women to health facilities. Through collaboration between unlikely partners (the road transport workers union, PRRINN – MNCH and Save the Children UK) drivers now help transport women to health facilities to deliver in a safer environment.

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Appendix 1: Field guide

Planning, budgeting and disbursing of funds for newborn survival and maternal health activities in Katsina State, Nigeria

Pre-Interview

- Write the names of interviewers and interview partners on the top of a flipchart page. Also write the date and the overall question:
- **Who influenced planning, budgeting and disbursing funds for newborn survival and maternal health activities in Katsina State in the 2010-2011 plan?**
- Write the names of the **links** in the corner of the flipchart page, using the color to correspond with links:
    - **Black for formal directive,**
    - **Red for flow of money,**
    - **Blue for putting pressure,**
    - **Green for evaluation information**
- Write names of **actor groups** on post-it notes of different color and add as legend in same corner of flipchart page:
    - **Green: government,**
    - **blue: NGOs,**
    - **red: civil society and CBOs,**
    - **pink: donors,**
    - **purple: others**
- Write name of interviewer and note-taker and date of interview/meeting in same corner
- Prepare flip-chart with examples for newborn survival and maternal health activities as indicated below and hang on wall of meeting room

Overview of Research:

Brief overview of situation in newborn survival in Nigeria, the goals and questions of this study and the interest that Save the Children takes in newborn survival in this state.

"Today we would like to get a better understanding of how activities towards new-born survival and maternal health enter the Katsina state strategic plan, how they are budgeted for and who influences how the money is actually disbursed. Before we start, let's look at some numbers and trends to make sure we are all on the same page: With 167 million inhabitants, Nigeria—Africa's most populous country—has the continent's highest annual number of maternal and new-born deaths. Each year 33,000 women die during pregnancy and childbirth, and over 240,000 babies die in their first month of life. Complications during childbirth, preterm birth, and infections—all preventable and treatable conditions—are the major causes of new-born deaths.

To reduce newborn deaths in Nigeria, the Saving Newborn Lives program believes action must happen at sub-national level. In 2011, a "Situation Analysis of Newborn Health" includes individual state profiles highlighting key maternal, newborn, and child health indicators for each state. Save the Children wants to use the Situation Analysis state profiles to advocate for the provision of essential infrastructure and equipment, staffing, and community, clinical and management services aimed at improving availability and access to new-born health care at facility and community levels. This will be complemented by advocating for the improved quality of services and also the generation of community demand for services.

To be successful, we have to get an in-depth understanding of who is involved in this process. Today we would like to focus on learning about who influences the role that new-born survival and maternal health activities play in the annual plan, how the budget is developed and what money is actually spent on which activity. To help us focus on how things actually work and not just talk about how they are supposed to work, let's zoom in on the last annual plan, which was developed in 2010 and ended in September 2011.

For Save the Children it is important to know who is involved in these activities and where the major opportunities and hurdles are, so that we know what we can do to contribute to increased newborn survival.

When we talk about newborn survival and maternal health activities, we mainly focus on activities that happen during the pregnancy (that are relevant to newborn survival) and in the first 28 days of the baby's life. As most newborn death happen in the first week of life, this is what most intervention focus on. A lot of activities fall under this, just to give some examples, typical activities during pregnancy include:

- *antenatal care (especially iron folate, tetanus toxoid immunization, and malaria prevention)*
- *birth planning (emergency transportation, saving money, deciding on the place of birth. XXX etc.)*
- *danger signs during pregnancy,*
- *delivering with a skilled attendant*
- *Counseling on breastfeeding and immediate and essential newborn care*

Typical newborn survival activities during and after birth would include:

- *Postnatal care within 2 days of delivery/birth*
- *home visits by a health worker within 7 days of birth to assess baby for danger signs and counsel mother on newborn care and danger signs and what to do if danger signs,*
- *supporting women to give birth in a hospital or health center or, in case of home births, to have a trained midwife present.*
- *Immediate and essential newborn care to include*
    - *placing the baby skin-to-skin with the mother immediately after birth*
    - *clean cord care: cutting the cord with new or sterilized instruments and not applying anything to the cord*

- *support of breastfeeding within 1 hour of birth and continue to exclusively breastfeed,*
- *delayed bathing for at least X hours*
- *assessing the baby for danger signs and taking appropriate action (e.g. resuscitation for a baby not breathing at birth, special care, such as Kangaroo Mother Care, for low birth weight or premature babies)*

We know that this is a question where many different people and agencies are involved. Also, given the limited funds available for health and development, it is clear that the issues around newborn survival compete for funding and attention with a lot of other, equally important issues. We have invited you today as experts in this field to help us understand this complex question. All of you have a unique insight into newborn survival and maternal health and the planning and implementation of activities in Katsina and together we will be able to map out the complex landscape of actors involved in it. This will allow us to see what is working well, who is collaborating, where help is needed and what we can do to be most effective in our future interventions.

To make things as clear as possible and avoid misunderstandings, we will map out the answers to our question on paper, using the Net-Map method. Just to give you an overview over the questions: We will start by asking who was involved in planning, budgeting and disbursing funds for newborn survival activities in Katsina state for the 2010-2011 annual plan. Then we will look at how they are linked to each other. We will explore how strongly each of them influenced the planning, budgeting and implementation of newborn survival activities. And finally we would like to ask you for advice on how to best collaborate with the most influential actors on the map.

We invite you today to speak openly about how things are actually done and share your personal experience in this field. This means we are not just interested in the formal rules and regulations but in your daily practice – what are successful strategies for getting things done, where do you experience frustrations and what unwritten rules do we need to know?

We know that there can be a big difference between what is added to the plan, what the budget looks like and finally, which activities actually receive the funding and can be implemented in the field. As people who are involved in each of these steps, you can help us get a better understanding of who is influential in which step and what Save the Children and others can do to effectively improve the situation of newborns in Katsina.

One note on privacy: While our note-taker will take detailed notes of the discussion, we will not share with anyone who said what specifically."

Step 1: Who is involved?

Looking at the state strategic plan of October 2010 to September 2011, who were all the individuals, groups and organizations who influenced what newborn and maternal health activities were

- **included in the plan,**
- **how these activities are covered in the budget and**
- **how much money was actually disbursed for which of these activities by the state to lower level actors?**

- Write actors on actor cards, color according to group they belong to and distribute on map.
- Prompt if necessary to make sure they include actors involved in all three steps and include both, actors with formal functions and actors who are trying to influence the process and outcome without having a formal role in the government administration.
- While we know that there are many steps before money that comes from the state reaches the health worker in the field and is spent on the intended purpose, for this study we mainly focus on "does the money leave the state coffers to go to the intended recipient (most likely local government agency). This is not because we discount problems on the lower level but because we want to avoid making the map too complicated. However, if there are comments in the qualitative discussion about lower level issues, please also note them.

Step 2: Drawing links between actors

Now we will look at how these actors are connected when it comes to planning, budgeting and implementation of newborn survival. For the following links, who provides _____ to whom?

- **Formal supervision/command - formal (black)**
- **Funding – formal (red)**
- **Pressure(blue)**
- **Evaluation Information: What is happening on the ground? (green)**

Draw arrows between actors using a different color for each link. Draw one link at a time (e.g., finish all of *formal command* before starting on *funding*), but let them add links later if they remember something.

- Links should be ONLY when related newborn survival and maternal health activities

- Formal supervision – formal oversight/reporting, the arrow goes from the actor giving the command to the actor being supervised.
- Funding: This relates to actual money flows and focuses on formal flows only (do take note if there is discussion about informal money flows in the qualitative notes)
- Pressure – when an actor tries to promote a specific outcome and has a certain weight to throw around – but no formal authority
    - This link reflects any instance where an actor tries to influence or change the outcome through an informal means. This can still be a legitimate[6] means but there is no formal enforcement capacity. Be sure to record specific information about the link in the notes.
    - Pressure is defined as providing suggestions when there might be repercussions for not following (e.g. "if you don't do this, you might lose popular support").
    - When taking notes, look out for mentions of personal relationships (when an actor has a personal relationship that enables or supports pressuring)
- Evaluation information: Information about what is actually happening
    - Who informs who about what is happening on the ground?
    - How is data about implementation, impact, problems etc. shared?

Step 4: Attribute influence

"We realize that actors might have different levels of influence on the different steps of the process. So we would like to start talking about how strongly they influenced which newborn survival and maternal health activities entered the planning documents. Afterwards we will look at how strongly these actors influenced the budgeting for newborn survival and maternal health activities and finally their influence on what funds were actually disbursed from the state government coffers to implement them.

- Define influence:
    - Ask the interview partner *"what are different ways someone could influence the planning, budgeting and disbursing of funds for newborn survival activities?"* Tell them additional ways of influencing if they leave things out.
        - Ways of influencing include, but are not limited to: formal supervision, funding, technical information, advice, advocacy and pressure, but might go beyond the links mentioned above, e.g. influence because one is respected.

[6] Informal does not mean illegitimate or illegal

4.1. Influence on 2010-2011 state strategic plan: How strongly did these actors influence what newborn survival and maternal health activities were added to this plan?

- Attribute influence:
    - Add influence towers, starting with the most influential one(s).
    - Once all have been set up, ask them to explain. Ask the respondent to discuss "Where does their influence come from and how did they use it?" for each actor. In particular, get explanations about all actors that are very high, very low, or seem a bit inconsistent or unclear as to where their influence comes from.
        - For instance, "Actor x and y are the highest influence, where does their influence come from?" "Actor a and b have the same level of influence, what happens if they disagree?"
        - DO NOT PROMPT THEM TO CHANGE THE INFLUENCE. JUST ASK QUESTIONS UNTIL YOU UNDERSTAND THEIR ANSWER OR THEY CHANGE IT.
    - Last, review the entire board, starting by stating the influence level of the actor with the highest level all the way down to the lowest.
    - The purpose of doing this in three stages is to allow the interview partner to reflect on his/her answers and possibly make changes upon noticing inconsistencies.

Note down influence values next to actors. Remove towers.

4.2. Influence on 2010-2011 budget: How strongly did these actors influence which newborn survival and maternal health activities received what budget allocations?

Repeat steps as 4.1. Note down influence values and plus/minus signs for budget next to the ones for the plan, remove influence towers.

4.3. Influence on 2010-2011 disbursing of funds: How strongly did these actors influence how much money was actually disbursed from the state funds to implement the newborn survival and maternal health activities in the budget/plan?

Repeat steps as in 4.1. Note down influence values and plus/minus signs for funding next to the ones for the plan, remove influence towers.

THIS SECTION ALWAYS GENERATES RICH INFORMATION; BE SURE TO TAKE DETAILED NOTES HERE.

Step 5: Follow-up Questions: How can we connect with core influencers?

Now we have seen that different actors matter most in the different steps of the process and that these different steps have a different level of relevance when it comes to actually ensuring the survival of newborns. If Save the Children wants to have a high impact in this field, we need to know what drives these most influential actors and how we can talk to them to make them care (more) about newborn survival. This is where your experience and knowledge is invaluable. Please advise us: Let's look at the three most influential actors in each step, what kind of messages would they listen to, what kind of approaches would work best to make them care and build the foundation for great collaboration?

5.1. Put the three highest influence towers with regards to planning (4.1.) back on the map. Facilitate an open discussion, eliciting recommendations about best messages, framing and interaction strategies for working with these actors on newborn survival issues.

5.2. Repeat for highest influence actors in budget (4.2.)

5.3. Repeat for highest influence actors in disbursing funds (4.3.)

Appendix 2: List of Interview partners

Name	Position	Group
Amina .S. Sule	LEC Representing PRRINN-MNCH	Group 1
Aishatu Daku	Representative of FOMWAN	Group 1
Bala Nadani	Representative of the Director Finance, Ministry of Finance, Budget and Planning, Katsina	Group 1
Muhammed Sani Maida	Principal, School of Nursing, Katsina	Group 1
Richard Musa	C.A.N/ MNCH Coalition Katsina Branch	Group 1
Lawal. Y. Charanchi	Service to Humanity Foundation, Katsina	Group 1
Junaidu Murnai	Representative of Director Ministry of Health, Katsina	Group 1
Ibrahim Shehu	MNCH/NUJ	Group 1
David Olayemi	Advocacy officer, Save the Children, Abuja	Group 1
Manuel O. Oyinbo	Advocacy officer, Save the Children, Abuja	Group 1
Dagang Gang	Advocacy officer, Save the Children, Katsina	Group 1
Dr. Muawuya Aliyu	Executive Coordinator State Primary Health Care Development Agency (SPHCDA).	Group 2
Yau Suleiman	National Primary Health Care Department (NLPHDA), Kano	Group 2
Hajia Rabia Mohammed	Nutrition officer in the state Ministry of Health, Katsina	Group 2
Hajia Hafsat Yusuf	SM coordinator, UNICEF in Katsina	Group 2
Dr. Ado Bwakwa	state coordinator, WHO Katsina office	Group 2
Junaidu Murnai	represents the Director, Katsina state	Group 2

	Ministry of Health	
Dr. Suleiman Bello	medical consultant with the Federal Medical Centre, Katsina state	Group 2
Hajia Aishatu Aminu Yaradua	IMCL coordinator, State Primary Health Care Development Agency	Group 2
Dr. David Olayemi	Advocacy officer, Save the Children, Abuja	Group 2
Dagang Gang	Advocacy officer, Save the children, Katsina	Group 2
Abdullah Abdurrashid K	Representative of College of Health Science, School of Technology, Katsina	Group 3
Hajia Halima Idowu	Represents Service to Humanity Foundation	Group 3
Yakubu Ibrahim K/Soro	Principal, School of Health Technology, Daura	Group 3
Tijjani Umar	Represents the Director, Ministry of Finance, Budget and Economic Planning	Group 3
Saad Abdullahi	Represents the director, Ministry for local Government and chieftaincy Affairs.	Group 3
Dagang Gang	Advocacy officer, Save the Children, Katsina	Group 3
Nura Mohammad	Community Mobilization Advocacy Adviser, Save the Children, Katsina	Individual interview
Alhaji Abdullahi Mohammed	Director, Planning, Ministry of Finance, Budgeting, Economic Planning, Katsina	Individual interview
Alhaji Aliyu Jibril	WASH community mobilization adviser, Save the Children, Katsina	Individual interview
Alhaji Sule Yusuf Saulawa	Director, Inspection Division, Ministry of Local Government and Chieftaincy Affairs, Katsina s	Individual interview
Dr. Abdul Jalil	Director, Planning, Research and Development, Ministry of Health, Katsina	Individual interview
Dr. Lawal Aliyu Rabeh	Director, State Primary Health Care Department, Katsina	Individual interview
Dr. Ado Bwaka	State coordinator, WHO Katsina	Individual interview
Mohammed Sani Maida	Principal, School of Nursing, Katsina	Individual interview

Appendix 3: Complete list of all actors mentioned by interview partners

Number of times they were mentioned	Long names
11	HEALTH SERVICE MANAGEMENT BOARD
11	LEGISLATURE
11	MINISTRY OF FINANCE, BUDGET AND ECONOMIC PLANNING.
11	MINISTRY OF HEALTH
11	PARTNERSHIP FOR REVIVING ROUTIN IMMUNIZATION IN NORTHERN NIGERIA.

11	STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY
11	TRADITIONAL RULERS
11	UNITED NATION CHILDREN AND EDUCATION FUND.
10	MINISTRY OF LOCAL GOVERNMENT AND CHIEFTAINCY AFFAIRS.
10	WORLD HEALTH ORGANIZATION
9	COLLEGE OF HEALTH SCIENCES
9	PRIMARY HEALTH CARE DEPARTMENT, LOCAL GOVERNMENT AREAS.
9	SAVE THE CHILDREN UK
9	SERVICE TO HUMANITY FOUNDATION.
8	NATIONAL ASSOCITION OF NIGERIAN NURSES AND MIDWIVES.
8	RELIGIOUS LEADERS
8	STATE EXECUTIVE COUNCIL
7	FEDERATION OF MUSLIM WOMEN ASSOCIATION OF NIGERIA.
7	MEDICAL HEALTH WORKERS ASSOCIATION
7	NIGERIA MEDICAL ASSOCIATION.
7	TRADITIONAL BIRTH ATTENDANTS
6	MINSTRY OF WOMEN AFFAIRS
5	CHRISTIAN ASSOCIATION OF NIGERIA
5	MILLENIUM DEVELOPLEMT GOALS OFFICE.
5	PATHFINDER INTERNATIONAL
4	DEPARTMENT FOR INTERNATIONAL DEVELOPMENT
4	TRADITIONAL HEALERS
3	FAMILY HEALTH, YOUTH EMPOWERMENT ORGANIZATION.
3	GLOBAL ALLIANCE FOR VACCINES
3	JAMAATUL NASRIL ISLAM
3	MEDIA.
3	STATE AGENCY FOR THE CONTROL OF AIDS
3	SUPPORT TO NIGERIA MALARIA PROGRAMME
3	UNITEWD STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
2	BILL AND MELINDA GATES FOUNDATION.
2	GOVERNORS OFFICE
2	MIYETTI ALLAH
2	MINISTRY OF INFORMATION
2	MINISTRY OF RELIGIOUS AFFAIRS
2	NIGERIAN UNION OF ROAD TRANSPORT WORKERS
2	PAN-AFRICAN DEVELOPMENT EDUCATION ADVOCACY PROGRAMME
2	RED CROSS
2	STATE GOVERNMENT
1	ACCESS
1	ASSOCIATION OF NUTRITIONISTS
1	ASSOCIATION FOR REPRODUCTIVE HEALTH AND FAMILY PLANNIG

1	OFFICE OF THE CHAIRMAN IN LOCAL GOVERNMENT AREAD
1	DAAWAH SOCIETY
1	DEVELOPMENT AND RESEARCH PROJECT CENTER
1	FRONTLINE HEALTH ORGANIZATION
1	FACILITY WARD DEVELOMENT COMMITTEE
1	HEALTH REFORM FOUNDATION OF NIGERIA
1	HOSPITAL FRIENDS
1	JAMAATUL IZZALATUL BIDIA WAIQUAMATUL SUNNAH
1	LOCAL GOVERNMENT SERVICES COMMISSION
1	LOCAL HEALTH FACILITY DEVELOPMENT COMMITTEE
1	MEDICAL AND DENTAL ASSOCIATION OF NIGERIA
1	MILLENIUN DEVELOPMENT GOAL IMPLEMENTATION COMMITTEE.
1	MINISTRY OF AGRICULTURE
1	MINISTRY OF THE ENVIRONMENT
1	MSF
1	MURNA FOUNDATION
1	NATIONAL COUNCIL OF WOMEN SOCITIES.
1	NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY
1	PEDIATRICS ASSOCIATION OF NIGERIA
1	PROFESSIONAL ASSOCIATIONS
1	PRIVATE PRACTIONERS ASSOCIATION
1	PHARMACEUTICAL SOCIETY OF NIGERIA
1	ROTARY
1	STATE ACCOUNTABILITY AND VOICE INITIATIVE
1	STATE ENVIRONMENTAL PROTECTION AGENCY
1	STATE PARTNERSHIP FOR ACCOUNTABILITY, RESPONSIVENESS AND CAPABILITY
1	UNITED NATIONS POPULATION FUND
1	WARD HEALTH FACILITY DEVELOPMENT COMMITTEE