



In Family Care International's (FCI's) organizational commitment to the Global Strategy, FCI pledged to **"push for and facilitate the active engagement of civil society in health and development policy and programs at the global, national, and community levels, and demand that all stakeholders are held accountable for fulfilling their commitments."**

In support of this pledge, FCI's *Mobilizing Advocates from Civil Society* (MACS) project is working at the global and national levels to strengthen the capacity of civil society organizations to sustainably and effectively participate in and shape processes to ensure accountability for commitments to RMNCH.

 **FAMILY CARE
INTERNATIONAL**



Mobilizing Advocates from Civil Society (MACS): Advocacy and Accountability for Reproductive, Maternal, Newborn & Child Health

Introduction

The launch of the UN Secretary General's Global Strategy for Women's and Children's Health in September 2010 marked a new level of global attention and priority for reproductive, maternal, newborn, and child health (RMNCH), and created opportunities to accelerate national progress toward achievement of Millennium Development Goals (MDGs) 4 (*reduce child mortality*) and 5 (*improve maternal health and achieve universal access to reproductive health*). Subsequent years have seen a proliferation of related initiatives, including *A Promise Renewed* (child survival), the *Every Newborn Action Plan* (newborn survival), and *FP2020* (family planning), all soliciting political, financial and programmatic commitments from countries and other stakeholders. However, as the 2015 MDG deadline approaches, it has become clear that many stakeholders are not keeping their promises to women and children.

Civil society groups can play a critical role in holding governments and other stakeholders accountable to global, as well as regional and national, commitments by demanding that policies are reformed, funds invested and tracked, and health outcomes measured and published. Through the *Mobilizing Advocates from Civil Society* (MACS) project, FCI is working with partner organizations and networks at the global level and in select countries (Burkina Faso and Kenya) to strengthen and support civil society groups' capacity to monitor commitments to RMNCH.

MACS Global

At the global level, FCI has worked to shape global, regional, and national accountability mechanisms for RMNCH established by the World Health Organization and other UN agencies. We helped ensure that human rights were included as a key component in the Country Accountability Frameworks (CAF) developed to help countries identify gaps and opportunities in generating and using data for national accountability. Our insights on the critically important role of national civil society advocacy networks in holding their governments



accountable have been taken up by the independent Expert Review Group (iERG), which is tasked with tracking progress on the Global Strategy, in their widely circulated reports in 2013 and 2014.

MACS Countries

FCI is working with national partners to ensure that civil society has the information, skills, and communication channels needed to monitor whether pledges are being fulfilled, and to advocate for the full achievement of policy and program targets to which governments have committed themselves. In 2012, in Kenya and Burkina Faso, FCI and partners supported civil society organizations working across the RMNCH continuum of care, from the grassroots, county/district, regional, and international levels, to form national RMNCH advocacy networks. FCI continues to chair these networks, and provides ongoing, customized, capacity-building support. FCI has strengthened the ability of these civil society groups to undertake advocacy for accountability to accelerate realization of Global Strategy and other regional and national commitments to RMNCH. With technical assistance from FCI, these RMNCH advocacy networks have been working to build a national culture of accountability for commitments to women's and children's health.



MACS KENYA

In Kenya, the RMNCH Alliance advocates for investment in human resources for health (HRH) at the county level, including ensuring that annual budgets include the needed funds for HRH and that these funds are spent appropriately. The Alliance identified advocacy around improved human resources for health as a priority because improvements in the health workforce can have an impact across the RMNCH continuum of care, and because Kenya's commitment to the Global Strategy includes a focus on HRH.

FCI is providing ongoing capacity building and technical assistance to the Alliance to conduct advocacy with the

recently decentralized government structures. In 2012, the Kenyan government began the process of decentralizing decision-making from the national government to the newly-formed county governments. The Alliance has provided guidance to civil society advocates on policy and decision-making structures, as well as on avenues and opportunities for advocacy in the newly devolved system. This included production of a policy brief, *Reproductive, Maternal, Newborn, and Child Health in a Devolved State: The Kenya Context*, as well as tools on budget advocacy opportunities in this new framework. For example, the Kenya Annual Budget Calendar was created for advocates to better understand the annual budget cycle at both the national and county levels, and to identify opportunities for citizens to engage in priority setting.

MACS BURKINA FASO

In Burkina Faso, the RMNCH Coalition initially set out to hold government officials accountable to its Global Strategy commitments by securing increases in budget allocations for key RMNCH strategies, including family planning and access to skilled care during pregnancy and childbirth. Coalition members soon learned that decision makers and government officials were unaware of their country's commitments to the Global Strategy. In addition, the national health budget is not transparent, so essential information about how public funds are spent and how health is prioritized within the budget are unavailable. What Coalition members discovered was that the proportion of the national health budget allocated to RMNCH has decreased consistently since 2011. As a result, the RMNCH Coalition is now taking a three-pronged approach:

- 1** Raising awareness among elected officials and government representatives about Burkina Faso's commitments to the Global Strategy and related regional RMNCH frameworks, and the importance of investing in RMNCH.
- 2** Advocating that any increases to the national health budget should be met with corresponding increases to the RMNCH budget.
- 3** Making the case for the important role that budget transparency plays in accountability, and advocating for national RMNCH budget to be disaggregated and published for the public for the first time, allowing advocates to better track the country's investments.

For more information on the MACS project, visit:
<http://bit.ly/MACSproject> or email: contact@fcimail.org