COMMUNIQUE ISSUED AT THE END OF A 2-DAY TRAINING FOR CSOs ON LEGISLATIVE ADVOCACY IN CHILD AND FAMILY HEALTH ORGANIZED BY THE CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLAC) WITH SUPPORT FROM PARTNERSHIP FOR ADVOCACY IN CHILD AND FAMILY HEALTH (PACFaH) HELD AT CHESTERFIELD HOTEL, LAGOS ON THURSDAY 19TH AND FRIDAY 20TH MAY, 2016.

PREAMBLE:

Civil Society Legislative Advocacy Centre (CISLAC) with support from Partnership for Advocacy in Child and Family Health (PACFaH) organized a 2-day training for CSOs on legislative advocacy in child and family health. The training aims at bringing selected and reputable civil society organisations across focal states—Kano, Kaduna, Oyo, Bauchi, FCT, Nasarawa, Niger and Lagos states under one roof for training on appropriate skills and knowledge to effectively demand accountability in child and family health (Nutrition, Routine Immunisation, Family Planning and Childhood killer diseases) from the legislatures.

The meeting drew about 30 participants from various organisations. It featured Mallam Y.Z Ya’u, Mrs. M.O Shobowale, Barr. Onyekachi Asogwa, Dr. Francis Ohanyido and other PACFaH issue leads. After exhaustive deliberations on various thematic issues, the following observations and recommendations were made:

Observations:

1. While legislative advocacy is a deliberate process with demonstrated evidence to indirectly influence the legislators to support or pass a specific legislation, lobbying aims at directly influencing the legislators to support or pass a specific legislation.
2. As the United States donor agencies under Section 501(c)(3) of the Internal Revenue Code of 1986 are totally disallowed from lobby activities, all grantees of the agencies must uphold and strictly adhere to the lobby-free provisions in their related programmes and activities.
3. The primary responsibilities of the legislators include lawmaking, oversight function, representation, constituency outreach, financial control, confirmation of appointment, and constitutional amendment.
4. Related child and family health issues demanding legislative advocacy are adequate budgetary allocation, procurement and skillful administration of life-saving commodities, creation of budget line items, timely release and judicious utilization of fund, upgrading and functional health care facilities at all levels.
5. Proposal writing is neither fund raising but an opportunity to sell the organization to a potential funder, primarily for expansion of friendship.
6. In proposal monitoring plan, critical consideration should be accorded impacts, effects, outputs, activities, inputs, casual hypothesis and problem assessment to ensure focused, concise, compelling, comprehensive and creative project implementation.
7. Project strategy design involves developing befitted SWOT analysis—Strengths, Weaknesses, Opportunities and Threats; and Organisation Capacity Assessment Tool would help to appreciate SWOT and embrace proactive strategy to mitigate the organisation’s Weakness and Threats.

8. While qualities of a good indicator are practical, independent, measurable and targeted, indicator is measured by output, effective or impact of a project.

9. A well written budget narrative should be clear, accurate, consistent, complete with appropriate level of to prevent rewrite and minimize errors.

Recommendations:

1. Building formidable civil society with harmonized, interpreted and standardized data to inform effective legislative advocacy in child and family health.

2. Developing context specific messaging and advocacy briefs on family planning, treatment of childhood killer diseases (pneumonia and diarrhea), nutrition, and routine immunisation for appropriate and effective legislative advocacy in child and family health.

3. Engaging lobby-free legislative advocacy in child and family health through appropriate consultation of well-informed and experienced Legal Adviser to interpret, decode and distinguish advocacy from lobby activities.

4. Understanding relevant lobby-free provisions of the United State Law to ensure appropriate compliance.

5. Well-informed civil society on the constitutional mandate of the legislators within the context of exclusive, concurrent and residual lists to understand and effectively demand accountability on legislative roles and responsibilities on child and family health at all levels.

6. Understanding existing legislation and strategic policy documents like the National Health Act 2014, National Strategic Plan of Action on Nutrition (NSPAN), National Blue Print on Family Planning, National Immunisation Policy, counterpart commitment/tripartite agreement on routine immunization, and recommended guidelines (such as Amoxicillin Dispersible Tablets and Zinc/Lo-ORS) as first line treatment of pneumonia and diarrhea respectively by the United Nations Commission on Life-Saving Commodities (UNCoLSC) to inform evidence-based advocacy in child and family health.

7. Building constructive working relationship with legislative aides and staff to ease accessibility to the legislatures for advocacy in child and family health.

8. Adopting high level objectivity and professionalism, extensive research, strategic planning, innovation, intellectuality in proposal writing to inform comprehensive and acceptable proposal.

9. Understanding the proposal maxims—organisation, funder and domain—prior experience, developing holistic organisational structure, organisation’s weaknesses to build defence against anticipated questions from project funders.
10. Sustainable operation through enhanced organisation’s capacity, good knowledge management, appropriate operational research and consultation, information and experience sharing, timely decision making.

**Conclusion**

The participants expressed appreciations to CISLAC/PACFaH for embarking on the training channeled towards building their capacity on legislative advocacy in child and family health. Participants expressed gratitude to the organizers, noting that the engagement was revealing and indeed an opportunity to begin to engage the legislatures at all levels. They demonstrated willingness to continue demanding accountability on Nutrition, Routine Immunisation, Family Planning, and treatment of childhood killer diseases in their respective states.

Signed:

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