

SSO Spotlight : Nigeria



Introduction

Acha Memorial Foundation (Acha) in Nigeria has developed and begun to implement an advocacy plan to achieve the goal of securing government funding for free blood pressure checks. This case study describes the process of developing the advocacy plan, the initial delivery of activities and the monitoring of short term outcomes.

Background

Acha was established as a stroke support organization (SSO) in 2015 by brothers Timothy and MacDonald Oguike, after the death of their father following a stroke. The Oguike family found it very difficult to find the right information about stroke facts, treatment and rehabilitation and the brothers believe this

contributed to their father's death. Through its MasterStroke project, Acha aims to address the burden of stroke in Nigeria through: community stroke awareness and education campaigns; guidance on how to access the right stroke treatment and long term support; and advocacy to decision makers for improved government stroke awareness and risk management services.

Stroke advocacy

In 2016 Acha participated in the World Stroke Organization (WSO) Advocacy Toolkit workshop. In preparation for the workshop, Acha used the Advocacy Toolkit's advocacy plan template to draft its own plan. This plan was then further refined through peer and WSO feedback. The advocacy plan template has nine questions:

1. What do we want? (goals and objectives)
2. Who can give it to us? (key decision makers)
3. What do they need to hear? (messages)
4. Who do they need to hear it from? (influencers, alliances)
5. How do we get them to hear it? (delivery)
6. What have we got? (resources; strengths)
7. What do we need to develop? (challenges; gaps)
8. How do we begin? (first steps)
9. How will we know it's working, or not working? (monitoring and evaluation)

Download Advocacy Toolkit at:
www.worldstrokecampaign.org

What do we want?

Acha's advocacy goal is to secure government funding for free blood pressure checks.

Who can give it to us?

Acha has identified chairpersons of local government, local government health administrators, head doctors in local hospitals and State Commissioners of health as the people who can make decisions about free blood pressure checks. Acha are aware that decisions about health related funding are not only made by health administrators.



What they need to hear?

Acha recognize that decision makers need to hear accurate information about health risks of high blood pressure, official data and comparisons. Acha knows they can complement this with their own data from public testing events. Acha can also gather information about the social and financial costs of strokes at the household level, which gives a valuable human side to the official data.

Who to hear it from?

Timothy and MacDonald founded Acha because of their own personal experience. They therefore want to ensure that the voices of stroke survivors and families are heard. Decision makers also need to hear from: other Nigerian SSOs; people with high blood pressure; carers; medical professionals; the Nigerian Stroke Society; the National Stroke Reference Group. Acha knows the message is stronger coming from across society.

How to get them to hear?

Acha utilizes social media and technology and will use their experience in this area to develop and share stroke survivor videos. In addition, knowing that they need to show that wider society supports this advocacy goal, Acha has developed an online petition calling for free blood testing. As well matching their skills with the voices that need to be heard, Acha understands that they need to follow recognized procedures to gain the attention of decision makers. They plan to write letters to the Chairperson, health administrator, local hospitals and Commissioner of health with details of their advocacy goal, the supporting data and requesting a meeting.

What have we got?

Acha has good access at the grassroots level, has built trust with the communities and has a good reputation. Acha has good relationships with other SSOs, with hospitals and with the Nigerian Stroke Society. Acha also has data – from its online petition and from its work in communities. And something that Acha values immensely is its team of volunteers.

What do we need?

Acha needs financial resources. It also needs evidence of the importance of its work in order to raise funds and to maintain the interest of all stakeholders.

How do we begin?

Acha know they need to build awareness, relationships and evidence to achieve their advocacy goal. In April 2017 they ran blood pressure events in 6 states. During these events they aimed to establish relationships with decision makers and capture data on high blood pressure incidence.

Is it working?

Baseline The current situation of awareness, relationships, evidence.
Acha had no evidence of high blood pressure incidence in the 6 provinces.
Indicators What to look at to see if awareness, relationships and evidence change.
The number of events, participants, % with high blood pressure and referrals to hospital.
Data How we will collect the data, when and who will be responsible
A participant information form, completed by each volunteer and collated by event manager.

Acha developed a monitoring plan and have used this plan to record initial results: 390 people had their blood pressure checked. 38% had hypertension; more than a third of these people were under 44 years old. A further 22% were pre-hypertensive; with over half of these people under 44 years old. This data shows a significant rate of hypertension and prehypertension where Acha held events. This is valuable evidence to be used by Acha in their advocacy for free blood pressure checks.

For information on Acha Memorial Foundation, visit:

www.achafoundation.com
www.masterstrokeproject.com