

Stronger Health Advocates Greater Health Impacts

A workshop curriculum on policy advocacy strategy development

Facilitator's Guide



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For more information on PATH's policy and advocacy initiatives, please visit <http://sites.path.org/advocacyimpact/> or email advocacyimpact@path.org.

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This curriculum is part of the Stronger Health Advocates, Greater Health Impact tool series, which is available online: <http://sites.path.org/advocacyimpact/>. Other tools available on this site include:

- *A workbook for policy advocacy strategy development*
- *A workshop curriculum on policy advocacy strategy development: training of facilitators manual*
- *Policy Advocacy for Health: Interactive eLearning course*
- Coming in 2015:
 - *A resource guide for strengthening coalitions: a facilitator's toolkit*

Many of the tools are also [available for download](#) in multiple languages, including Arabic, Hindi, French, Mandarin Chinese, Portuguese, Russian, Spanish, Swahili, and Vietnamese.

Many of the concepts and activities in this guide were influenced and informed by other advocacy materials. Those looking for more information or resources on advocacy should reference the following publications:

Advocacy: Building Skills for NGO Leaders. Copyright © 1999, The Centre for Development and Population Activities (CEDPA).

Advocacy Matters: Helping Children Change Their World. Copyright © 2007. An International Save the Children Alliance Guide to Advocacy. Participant's Manual.

Advocacy Tools and Guidelines: Promoting Policy Change. Copyright © 2001, Cooperative for Assistance and Relief Everywhere, Inc. (CARE). Used by permission.

Advocacy to Improve Global Health: Strategies and Stories from the Field. Copyright © 2009, Program for Appropriate Technology in Health (PATH).

Influencing Institutional Decision Making: Designing Effective Advocacy Strategies. Copyright © 2011: 9th edition, Center for Democratic Education.

Networking for Policy Change: An Advocacy Training Manual. 1999, The POLICY Project.

The Spitfire Strategies Smart Chart 3.0: An Even More Effective Tool to Help Nonprofits Make Smart Communications Choices. Accessed at: http://www.smartchart.org/content/smart_chart_3_0.pdf.

Expanding Access through Policy Advocacy (PowerPoint presentation). Women Thrive Worldwide.

WORKSHOP OVERVIEW

Introduction

Policy advocacy is one of the most effective ways to achieve public health goals by ensuring that necessary resources, policies, and political will are available to support, scale up, and sustain global health programs. Because there are so many methods of influencing policy—and usually limited resources to pursue them—PATH has developed an approach to policy advocacy strategy development. This approach is based on a 10-part framework to help assess policy advocacy options and make strategic decisions about policy advocacy goals and activities. This 10-part framework provides the foundation for this policy advocacy strategy workshop. The workshop is designed to enhance the capacity of organizations to make an impact at various levels (global, national, sub-national) through strategic policy advocacy.

Rather than being a set of stringent rules, the 10 parts are easily adaptable guidelines to help global health implementers and advocates plan their policy advocacy efforts more deliberately, effectively, and sustainably. The methods used to accomplish policy goals and objectives can be practiced in a variety of settings to address a myriad of issues.

This three-day workshop is designed for individuals who work on health issues in low-resource settings. Participants need not have experience working on advocacy prior to participating in this workshop, although it may be useful.

For many years PATH has promoted a 10-step approach to developing an advocacy strategy, which was initially published in *Advocacy to Improve Global Health: Strategies and Stories from the Field*. This curriculum has been adapted from that original framework.

Workshop Objectives

The purpose of this workshop is to increase the understanding and skills among participants to plan, facilitate, and implement advocacy strategies to bring about change. Specifically, as a result of this workshop, participants will be able to:

- ≠ Differentiate policy advocacy from other types of advocacy.
- ≠ Identify the components of a policy advocacy strategy.
- ≠ Identify policy advocacy solutions to address global health challenges.
- ≠ Design tactics to influence decision-makers.
- ≠ Develop a policy advocacy strategy using a 10-part framework.

Participants will leave with a successfully designed draft policy advocacy strategy to share with colleagues and implement after the workshop.

Workshop Curriculum

This curriculum package includes the following materials needed to conduct a policy advocacy strategy workshop:

- ≠ Workshop objectives.
- ≠ Daily agendas and session learning objectives.
- ≠ Step-by-step instructions to facilitate sessions, activities, and small group work.
- ≠ Suggested talking points.
- ≠ PowerPoint slides.
- ≠ Case studies on a number of global health issues.
- ≠ Activity materials and exercise worksheets.
- ≠ Auxiliary materials, including workshop planning and evaluation tools.

Facilitators will deliver this workshop using both PowerPoint slides and flip charts. Using prepared slides to relay the primary content helps reduce workshop preparation time, enhances message delivery for larger groups, and provides easy talking points for the facilitator. Facilitators will still use flip charts frequently to record brainstormed ideas, demonstrate examples, or work through group activities. If you are in a lower-technology workshop site you may need to transcribe PowerPoint slides to flip charts as your primary method for presenting information.

Facilitators are welcome to add, delete, or update slides as needed to make the slides more appropriate for a particular country context or participant interests.

Workshop Approach

This is meant to be an active workshop! Full engagement of participants is critical to the success of the workshop. Sessions are designed to be interactive and participatory in order to maximize discussions and the sharing of ideas between individuals and groups. Facilitators should actively encourage this and ensure that sessions do not turn into presentations.

As the workshop guides participants through the 10-part framework, some of the parts may take longer than anticipated. Facilitators should be flexible and willing to adjust according to the needs, interests, priorities, or background knowledge of those attending the workshop. At the same time, it is important to keep a pace that ensures all material will be covered in the workshop.

Guidance on Breakout Groups

This workshop is centered on the development of policy advocacy strategies. Based on the composition of the group, participants may prefer to develop their own individual strategies, join with others on shared team strategies, or work as a full group to create a single strategy. Although the curriculum is designed with small team project work in mind, facilitators are encouraged to adapt this approach as needed. However they are used, small groups allow fuller interaction and different voices and ideas to shine through.

Before the workshop, facilitators should review the final list of participants and consider ways to divide them into teams that will promote the greatest degree of productivity and usefulness. Depending on the make-up of your participants, you may want to organize them by:

- ≠ Country or region
- ≠ Organization type
- ≠ Project
- ≠ Health topic
- ≠ Random numbering

No matter how you arrange your participants, small groups should be kept to a maximum of six people for best results.

Using the Facilitator's Guide

This guide provides complete instructions and materials needed to facilitate each session. All instructions needed for a single day are organized into one section, beginning with the agenda and a list of materials required for that day.

Facilitators can find all forms, activity materials, worksheets, and participant materials at the end of this guide in the Annexes.

(continue next page)

Details of each session are organized with the following sections and graphics:

Session Title	<p style="text-align: center;"><u>WHAT IS POLICY ADVOCACY?</u></p>	Main topic of the session.
Time	<p style="text-align: center;">  9:00–10:00 1 hour </p>	Time to start the session and how long the session should take.
Materials	<ul style="list-style-type: none"> • Flip chart paper, easels, markers, tape • Table-tent name cards and/or nametags • Participant workbooks • Handout: Agenda 	Tangible items needed for the session.
Objectives	<p>Session Objectives:</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Define policy advocacy. • Identify different types of policy change. 	Primary learning objectives for the session.
Getting Prepared	<p style="text-align: center;">GETTING PREPARED</p> <p>✓ Write the 10 parts of an advocacy strategy on a flip chart and post in a visible location.</p> <p> <u>The 10 parts of a policy advocacy strategy:</u></p>	Arrangements to make before the session starts.
Facilitation Steps	<p style="text-align: center;">FACILITATING THE SESSION</p> <p><u>STEP 1. Welcome participants to the workshop</u> <i>10 minutes</i></p> <ul style="list-style-type: none"> ➤ Welcome participants. ➤ Briefly describe the background and purpose of the workshop. 	Step-by-step instructions to conduct the session.
Moving Ahead	<p style="text-align: center;">MOVING AHEAD! </p>	How the current session will transition to the next session.

Within the facilitation steps, the following icons serve as visual cues for the facilitator:



Read from a PowerPoint slide.



Use a flip chart.



Lead an activity.



Deliver this key point.

Role of the Facilitator

As the facilitator, you are critical to participant learning and to the overall success of the workshop. Below are some **basic facilitation tips** to keep in mind.

- ≠ Be enthusiastic! The energy level of participants will reflect your own energy level, so stay upbeat and positive.
- ≠ Arrive at least an hour before the starting time to organize the room and materials, and to make other final preparations.
- ≠ Make sure to introduce yourself and greet participants as they arrive.
- ≠ Learn the names of each participant and use their names frequently. This creates a collegial atmosphere and helps participants feel valued and included.
- ≠ Don't turn your back to the room, but don't stay frozen in one spot either. Moving around engages the participants, keeps their attention, and helps everyone hear you.
- ≠ Stay flexible with the agenda. It is important that participants understand the material and produce high-quality work. If you spend more time on one area, plan to make up time elsewhere so all of the material will be covered.
- ≠ Debrief with the facilitation team for a short meeting at the end of each day to review the daily participant feedback and decide how to adjust the next day's content and agenda accordingly. This meeting is indispensable and crucial to successful workshop outcomes.

Table Coaching

During small group work, the facilitator(s) should float among teams as a mentor or “table coach.” **As a floating table coach, your primary role is to make sure participants follow instructions, understand the learning concepts, and apply those concepts correctly in their work.** You are closely positioned to look for areas where participants may be confused and to answer questions as they arise. If there are two facilitators, one facilitator should serve as the table coach for the same small group(s) for the duration of the workshop.

During small group work, follow these general guidelines:

- ≠ **Allow teams to work independently before jumping in.** Position yourself nearby while groups work independently and observe.
- ≠ **Pay attention to the conversation.** If the team is getting off track or members clearly don’t understand a concept correctly, don’t hesitate to redirect or clarify ideas.
- ≠ **Encourage the group’s critical thinking.** If the team asks you a question, respond with another question to get them thinking.
- ≠ **Watch the clock.** Teams may get into vigorous discussions, easily lose track of time, and thus fail to complete an activity. Offer time reminders at mid-point and five to ten minutes before the activity ends.
- ≠ **Encourage the group to assign roles.** Teams can function in an efficient and effective manner if a timekeeper, recorder, and spokesperson are assigned at the beginning of an activity.
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PLANNING THE WORKSHOP

Workshop organizers will need to complete the following to plan a successful workshop:

1. Invite appropriate participants.
2. Assemble the workshop team.
3. Review and adapt (if/as needed) the curriculum.
4. Assemble participant packets and print facilitation materials.
5. Manage the venue/travel logistics.
6. Conduct a facilitator’s meeting before the workshop.
7. Prepare the meeting room.

1. Invite Appropriate Participants

Inviting engaged and committed participants is important for a successful workshop. The impact of the workshop will last longer if participants have the opportunity and support to put their learning into action following the workshop. **Participants should ideally include those who:**

- ≠ Have demonstrated interest in policy advocacy.
- ≠ Have support from their supervisor.
- ≠ Have an opportunity to incorporate their learning into current or future activities.
- ≠ Have a strong understanding of their local political landscape.

A group of 10 to 15 participants is an ideal size for one to two facilitators to effectively manage discussions and small group work. We recommend no more than 15 participants.

After selecting the final participants, it is helpful to learn more about their professional backgrounds, health interests, and how much experience they have with advocacy or policy work. This information can help inform whether the curriculum or agenda needs to be adapted in any way. (A sample of a **pre-workshop participant survey** is included in the Workshop Materials section.)

Participant Preparation

Prior to the workshop, each participant should be asked to complete a brief **pre-workshop assignment** (sample included in the Workshop Materials section). This “landscaping exercise” is intended to help participants gather information on their potential policy advocacy issues so they can develop relevant and well-informed strategies at the workshop. The materials and information requested in the assignment will be tremendously helpful to planning a policy advocacy strategy.

Participants should bring their completed assignment to the workshop.

A Note About Laptops and Cell Phones

Participants may bring laptops to the workshop, but laptops should not be used during the workshop except to take notes, draft strategies, and/or reference any resources gathered during the pre-workshop

assignment. Smartphones and cell phones should be turned off. Ask participants to refrain from checking their email and conducting other work until scheduled breaks.

2. Assemble the Workshop Team

The workshop team will work closely together during all stages of the workshop to facilitate sessions and manage logistics. The workshop team should ideally include a:

- ≠ Lead facilitator
- ≠ Logistics coordinator to handle communication with the venue, catering, etc.

A single facilitator can lead this workshop, although an additional facilitator may be added if the group size is particularly large. Ideally, facilitators should have experience in:

- ≠ Group facilitation
- ≠ Advocacy
- ≠ Strategy development
- ≠ The regions and topics represented at the workshop

Co-Facilitation

A single facilitator is sufficient for this workshop. In the case, however, where two facilitators choose to work together, here are some **suggestions for effective co-facilitation**:

- ≠ Divide the course by parts and switch off throughout the day. Assign sessions that are a good match with each other's talents, knowledge, or background.
- ≠ While one facilitates, the other assumes the "assistant" role (e.g., recording on flip charts, time keeping, etc.). If you are assisting, allow your partner to manage the flow of the discussion. Resist the urge to interrupt or take control, unless support is clearly requested. If you are the lead facilitator, engage your partner to answer participant questions that align with his/her unique expertise.
- ≠ Establish cues to use during presentations to subtly communicate feedback such as "Time is running out," "Participants don't understand," "We need a quick time out," or "Your support is needed helping to explain this concept."

No more than two facilitators are recommended per workshop.

A Note About Translation

Determine the main language that will be used during the workshop. It is recommended that participants have fluency or very strong language skills in whichever language this course is delivered. Translation should not be the primary method of delivery; rather translators could be used to help with complicated terminology or concepts for non-native speakers of the language of delivery. As such, it is best to appoint a translator who has a technical vocabulary for advocacy. Facilitators should not serve as the primary translator(s).

3. Review and Adapt the Curriculum (if/as needed)

This curriculum is flexible enough to be conducted with a wide variety of audiences. Each day builds upon material and examples from the previous day, so sessions should be conducted in the order presented here. However, facilitators may wish to adapt the presentations or activities based on participant learning needs, room space, time availability, or size of the group while adhering to the original session sequence and instructions. This includes adding, deleting, or updating the PowerPoint slides to better meet the needs of participants.

Several case studies are also provided to illustrate how policy advocacy has been used to address different global health issues. Therefore, facilitators can select examples that will be most relevant to the interests of each workshop group. Facilitators can further customize the workshop with their own real-life advocacy examples or tell stories from their experiences. Be sure to select examples that reflect participant interests and needs.

If less time is available for the workshop, consider using fewer activities or examples to illustrate concepts and/or reducing the amount of time for group work or the number of teams that report out after small group exercises. If more time is available, offer an additional day to provide individual or peer-to-peer technical assistance to refine or further develop the advocacy strategies.

4. Assemble Participant Packets and Print Facilitation Materials

Before the workshop, you will need to assemble a packet of materials for each participant. Many of these items will need to be printed, either in-house or professionally. Each participant's packet should include:

- ≠ Two-pocket folder to hold materials
- ≠ Participant agenda*
- ≠ PowerPoint slides*
- ≠ Worksheets*
- ≠ Pen or pencil
- ≠ Name tag and/or name placard

**Print one for each participant. You can find these materials in the Annexes of the Facilitator's Guide.*

In addition to the items listed above, you will need to print the following materials to help you as you facilitate the workshop. These materials should not be distributed to participants in their packets, but you will need to have them on hand throughout the workshop. Use the checklist below:

- ≠ Participant roster
- ≠ Facilitator agenda
- ≠ Case study (select one most relevant to the group, from the Annexes of the Facilitator's Guide)
- ≠ Case study answer key
- ≠ Part 4: Getting Sorted signs
- ≠ Part 7: Partner Mingle cards
- ≠ Part 7: Qualities of an Effective Partnership cards
- ≠ Part 7: Types of Collaboration flash cards

- ≠ Part 9: Qualities of a Compelling Message flash cards
- ≠ Final workshop evaluation
- ≠ Participant certificates

5. Manage the Venue/Travel Logistics

Make sure that the venue is spacious enough to accommodate all participants and provide extra space for breakout groups. It is better to have breakout spaces in or very close to the main workshop room to save time between breakouts and plenary.

Other logistics to consider include:

- ≠ Catering for breaks and meals
- ≠ Participant per diems (if provided)
- ≠ Hotel reservations
- ≠ Travel and local transportation
- ≠ Audio-visual needs

6. Conduct a Facilitator’s Meeting Before the Workshop

Facilitators should meet before the workshop to review logistics and adapt the agenda as necessary. The following checklist may be useful to make sure you are prepared:

Pre-Workshop Checklist

- ___ Assemble participant packets, attendance sheet, name tags
- ___ Plan the Day 1 registration process
- ___ Coordinate for meals and coffee/tea breaks
- ___ Review final participant list and results from pre-workshop participant survey
- ___ Review participant per diem/other logistics
- ___ Decide how best to divide into small groups (e.g., by country, organization, health issue, random numbering)
- ___ Assign sessions to facilitator(s)
- ___ Make adjustments to workshop schedule, curriculum, or materials (if/as needed)
- ___ Print participant materials and assemble participant packets
- ___ Print facilitation materials
- ___ Review language management plan (if needed)
 - ≠ Translator process (who will translate and when)
 - ≠ How to best present when using translators
 - ≠ Slides, flip charting in another language

7. Prepare the Meeting Room

The day before the workshop, conduct a “walk through” of the meeting room to be sure it is properly arranged and equipped, including:

- Adequate tables and chairs
- Optimal table arrangement
- Lighting and temperature control
- Microphones (if needed)
- Audio-visuals, electrical cords, screens
- Flip charts, markers (best to use black, blue, or green colors), tape

There are generally two useful ways to arrange the tables. Each has advantages and disadvantages for various workshop components. Based on the size of your group and room, select an option that will function most effectively.

“U-shape,” with facilitators and easels at the open end. Everyone can easily see, hear, and interact with each other, but it is not as conducive for small group work. This shape is best for a smaller workshop group.

“Cabaret-style,” with several round tables spaced closely around the room with facilitators at the front of room. Effective for small group work but reduces interaction between participants.

Before the session, post the necessary flip charts on the wall in a clearly visible location in the room. Also place participant packets at each seat.

Planning Schedule

In order to complete each of these parts in a timely manner, planning should begin several months before the workshop. The following schedule is a suggested guideline:

Timeline	Task
2–3 months before	<ul style="list-style-type: none"> • Assemble the workshop team. • Secure a venue. • Invite/notify participants and send pre-workshop participant survey.
1 month before	<ul style="list-style-type: none"> • Arrange travel logistics (earlier if visas are required) for participants and facilitator(s). • Confirm participant list. • Collect pre-workshop participant survey. • Administer pre-workshop assignment. • Review and adjust workshop curriculum and agenda (if/as needed). • Assign roles and presentations among facilitators.
2–3 weeks before	<ul style="list-style-type: none"> • Finalize and produce materials, worksheets, etc. • Confirm venue logistics.
1 week before	<ul style="list-style-type: none"> • Select which case studies to use and make sufficient copies. • Print participant materials and assemble participant packets. • Print facilitation materials.

	<ul style="list-style-type: none"> ≠ Create participant roster with contact information.
1–2 days before	<ul style="list-style-type: none"> ≠ Facilitator(s) travel to workshop location, if applicable. ≠ Conduct facilitator’s meeting. ≠ Prepare the workshop room.

DAY 1 FACILITATION INSTRUCTIONS

Introduction to Advocacy
Parts 1 and 2

Today's Schedule

Registration	8:30–9:00
Welcome and Introductions	9:00–10:00
What is Policy Advocacy?	10:00–11:15
Break	11:15–11:30
Introduction to the 10 Parts	11:30–12:00
Part 1: Advocacy Issue	12:00–13:00
Lunch	13:00–14:00
Part 1: Advocacy Issue (continued)	14:00–14:45
Part 2: Advocacy Goal	14:45–15:30
Break	15:30–15:45
Part 2: Advocacy Goal (continued)	15:45–17:15
Daily Summary and Closing	17:15–17:30

Today's Materials

- ≠ Laptop, LCD projector
- ≠ Screen, power cords
- ≠ PowerPoint slide set
- ≠ Flip charts, easels, tape
- ≠ Colored markers
- ≠ Index cards
- ≠ Name tags/name placards
- ≠ Participant packets
- ≠ Attendance log
- ≠ Agenda
- ≠ Case Study
- ≠ Case Study Answer Key
- ≠ Part 1 Worksheet: Identifying Potential Advocacy Issues
- ≠ Part 1 Worksheet: Choosing an Advocacy Issue
- ≠ Part 2 Worksheet: Identifying Potential Advocacy Goals
- ≠ Part 2 Worksheet: Prioritizing Advocacy Goals (optional)
- ≠ Part 2 Worksheet: Developing an Evidence Dossier (optional)

WELCOME AND INTRODUCTIONS

Session Objectives

- After this session, participants will be able to:
- ≠ Outline the workshop objectives, agenda, and logistics.
 - ≠ Establish appropriate expectations for the workshop.



9:00—10:00

1 hour

Materials

- ≠ Flip chart paper, easels, markers, tape
- ≠ PowerPoint slides
- ≠ Name tags and name placards
- ≠ Attendance log
- ≠ Participant packets
- ≠ Agenda

GETTING PREPARED

- ✓ Set out attendance log for participants to sign when they arrive.
- ✓ Arrange tables and place participant packets at seats.
- ✓ Load the slides.
- ✓ Label one flip chart with the heading “Ground Rules” and another flip chart with the heading “Parking Lot.” Post both flip charts in a visible location.

FACILITATING THE SESSION

STEP 1. Welcome participants to the workshop

10 minutes



Welcome participants.

- Briefly describe the background and purpose of the workshop.
- Introduce the facilitators and other staff.



STEP 2. ACTIVITY: PARTICIPANT INTRODUCTIONS

20 minutes

- Ask participants to partner with someone that they don't already know or don't usually work with and briefly share:
 - ≠ Their name.
 - ≠ Their organization.
 - ≠ Any experience they have with advocacy.
 - ≠ What they hope to learn in the workshop.
- Have each participant briefly introduce his/her partner to the group.
- Flip chart their learning expectations.

STEP 3. Give an overview of the workshop

30 minutes



Review the workshop objectives. To manage expectations, discuss how their learning expectations may or may not overlap with the objectives.

- ≠ Differentiate policy advocacy from other types of advocacy.
 - ≠ Identify the critical components of a policy advocacy strategy.
 - ≠ Identify policy change solutions to address global health challenges.
 - ≠ Design tactics for influencing decision-makers.
 - ≠ Develop an advocacy strategy using a 10-part framework.
- **Emphasize this KEY POINT:**
 - ★ In the three days of this workshop you will develop a detailed, comprehensive policy advocacy strategy that you can implement.
 - **Review the agenda.** Emphasize that facilitators will be both mindful and flexible regarding the schedule. Highlight start and end times and breaks. Explain that participants are expected to attend the entire workshop.

- **Assure participants that this will be an active workshop!** Each session will include discussion, demonstrations, exercises, and small group work.
- **Review content of the participant packets.** Remind participants to bring their materials with them each day.



Invite participants to suggest a list of ground rules (norms) for working together. Record responses on the “Ground Rules” flip chart. Ideas could include:

- ≠ Start on time.
- ≠ No phones or laptops during discussions.
- ≠ Have fun!
- ≠ Respect all viewpoints.
- ≠ Ask questions when confused.
- ≠ Everyone participates.

- **Explain the role of the “Parking Lot” flip chart.** A Parking Lot is a tool to capture ideas or issues that arise but can’t be addressed at the moment. Encourage participants to write questions or topics there during breaks.
- **Review workshop logistics** (e.g., restrooms, emergency exits, meals, etc.).

STEP 4.

MOVING AHEAD!

- **Explain that we will start with some key definitions and by exploring the concept of “advocacy.”**

WHAT IS POLICY ADVOCACY?

Session Objectives

After this session, participants will be able to:

- ≠ Define policy advocacy.
- ≠ Identify different types of policy change and policy implementation.
- ≠ Differentiate policy advocacy from other related concepts.



10:00–11:15

1 hour,
15 minutes

Materials

- ≠ Flip chart paper, easels, markers, tape
- ≠ PowerPoint slides

GETTING PREPARED

- ✓ Draw the table below on two attached sheets of flip chart paper and cover until needed.

Concept	Target Audience	Objective	How is success measured?
IEC			
BCC			
Demand generation			
Fundraising			
Community/ social mobilization			
Policy advocacy			

- ✓ Load the slides.

FACILITATING THE SESSION

STEP 1. Introduce the session

5 minutes

- Explain that “advocacy” can have many meanings across countries and contexts. This session will establish a common understanding of the term “policy advocacy.”
- State the session objectives:
 - After this session, you will be able to:
 - ≠ Define policy advocacy.
 - ≠ Identify different types of policy change and policy implementation.
 - ≠ Differentiate policy advocacy from other related concepts.

STEP 2. Define policy advocacy

25 minutes



Ask participants to brainstorm words that come to mind when they think of advocacy. Flip chart their responses, which might include:

- | | | |
|------------------|---------------------|----------------|
| ≠ Process | ≠ Decision-making | ≠ Policymakers |
| ≠ Persuasion | ≠ Lobbying | ≠ Policy |
| ≠ Change | ≠ Awareness-raising | ≠ Organizing |
| ≠ Communication | ≠ Education | ≠ Inform |
| ≠ Influence | ≠ Defending | ≠ Sensitizing |
| ≠ Accountability | | |

- Make the following KEY POINT:

- ★ Advocacy can be generally understood as the process of building support for an issue to create change in attitudes, behaviors, policies, systems, or ways of doing things. Many organizations use advocacy to build support for a health issue, intervention, or technology among key audiences and move them to action. Policy advocacy is a specific type of advocacy.



Read the definition of policy advocacy from the slide. Indicate any brainstormed words that appear in the definition.

Policy advocacy is the deliberate process of informing and influencing decision-makers in support of evidence-based policy change and policy implementation, including resource mobilization.



Review the slide on the four main parts of the definition.

- ≠ Policy advocacy is a deliberate process that requires planning and strategy. It is not effective if done haphazardly.

- ≠ It aims to inform and influence decision-makers. Policy advocacy tries to influence those who have the formal power to make the change.
- ≠ Policy advocacy seeks changes that are evidence-based. You should have program experience or data to prove the issue is important and the suggested solution will help.
- ≠ The ultimate goal of policy advocacy is to achieve a desired policy change or ensure that an existing policy is implemented. It is not enough to just educate policymakers. We want to convince them to take action. Policy change and implementation can happen at a global, national, or sub-national level. It can even happen at an organizational or facility level if they are the institutional target of your advocacy efforts.



Review the slide on types of policy change and policy implementation.

Policy change can include:

- ≠ Elimination of a harmful policy.
- ≠ Updating or amending an existing policy.
- ≠ Developing a new policy.
- ≠ Allocating or committing resources within a budget.

Policy implementation can include:

- ≠ Disseminating a policy.
- ≠ Enforcing a policy.
- ≠ Disbursing allocated funds appropriately.
- ≠ Demonstrating accountability for policy commitments and carrying out the provisions called for within policies.

Facilitator Tip!

You may have decision-makers in your workshop. Make the point that they often need to be advocates too. They need to advocate for policy change or implementation within their institution, across institutions, and throughout different levels of the governance system.

- **Facilitate a brief discussion to clarify the purpose of advocacy for policy implementation.** Prompt with questions such as:

- ≠ How is advocacy for policy implementation different from program implementation?
- ≠ Why is ensuring the implementation of a policy by the responsible decision-maker an important part of policy advocacy?

- **Make the following KEY POINT(S):**

- ★ In some cases, a public health policy may exist, but it is not being implemented. At times, additional policies may be needed to ignite implementation. For example, a high-level strategy may require accompanying guidelines. However, you should not always advocate for new policies. In many contexts, there is a sound policy environment. What is needed is advocacy to hold responsible decision-makers accountable for implementing policies already in place.
- ★ Advocacy for policy implementation does not mean your organization is helping to implement via your programmatic work, such as delivering targeted health services or training health workers, making facility improvements, and/or working to shift social norms and values when they contribute to poor health. This work is necessary and critical

to ensure health impact and is complementary to policy advocacy, but is not the focus of a policy advocacy strategy or this workshop.



Ask participants to brainstorm different types of policies and flip chart their answers. They may include:

- | | | |
|-------------------------|----------------------------------|---|
| ≠ Laws/legislation | ≠ Procedures | ≠ Treaties |
| ≠ Plans | ≠ Guidelines | ≠ International conventions or declarations |
| ≠ Strategies | ≠ Regulations | ≠ Circulars |
| ≠ Agendas | ≠ Budgets/line items | ≠ Government work plans |
| ≠ Frameworks | ≠ Government training curriculum | ≠ Essential medicines/devices lists |
| ≠ Protocols | ≠ Procurement tenders | |
| ≠ Administrative orders | | |

➤ **Facilitate a brief discussion on whether verbal statements (such as a presidential declaration) or a unilateral action by a decision-maker to make a programmatic shift can be a type of policy or a policy change.** Prompt with questions such as:

- ≠ How do people know how to carry out the change?
- ≠ Will the change last after the decision-maker moves on?

➤ **Make the following KEY POINTS:**

- ★ Many of the terms for policies are used interchangeably within common themes (e.g., “plans, strategies, agendas, frameworks” and “protocols, guidelines, regulations”).
- ★ Generally speaking, health policies are those documents or statements issued by government or institutions that guide/inform/influence/fund/govern health programs and people’s health care-seeking behavior.
- ★ Policy advocacy emphasizes changing **written documents**. Even if a declarative statement is made, it should ultimately be captured in writing, in the form of policy. This helps ensure a more lasting or permanent change.



Ask participants to brainstorm ways a decision-maker demonstrates accountability. Ask participants what accountability looks like in the area of health, and flip chart their answers. Answers may include, but are not limited to:

- | | | |
|---|---|--|
| ≠ Dissemination of/ trainings on plans and policies | ≠ Disbursement of funds according to commitments or allocations | ≠ Commodities, equipment, and supplies are procured and present in health facilities |
| ≠ Transparent decision-making | ≠ Existence of mechanisms to collect citizen and civil society organization (CSO) input on policies and budgets | ≠ Health worker posts are filled |
| ≠ Formal monitoring of funding, systems, and services | ≠ Existence of mechanisms for providing feedback and reporting to citizens and CSOs on their activities | ≠ Services, as articulated in polices, are available at designated levels of care |
| ≠ Responding to community identified-needs | ≠ Carrying out the actions called for in policies | |
| ≠ Enforcement of laws | | |
| ≠ Existence of redress systems | | |

➤ **Make the following KEY POINTS:**

- ★ Developing a new policy will not help to address health problems if decision-makers don't follow through on their promises. Successful policy implementation often requires further action and accountability by decision-makers once a policy has been created.
- ★ Accountability is often a two-way street. Citizens and civil society also have responsibilities within a health system, part of which is collecting and scrutinizing relevant information and using this information to hold duty-bearers to account for delivering on promises.

Facilitator Tip!

As advocacy related to accountability can be challenging in many contexts, you may want to ask participants to share examples of different terms they have used to describe accountability efforts in their countries or examples of approaches to accountability work that have been well-received by or done in partnership with decision-makers.

STEP 3. Compare advocacy with similar concepts

45 minutes

- **Explain that policy advocacy is often confused with other concepts that share similar elements.** These other concepts include: information, education, and communication (IEC), behavior change communication (BCC), fundraising efforts, demand generation, and community and social mobilization. To differentiate between these concepts, it can be helpful to consider the targets, objectives, and outcomes of each approach.



Guide participants to complete the table as below.¹ Prompt with questions such as:

- ≠ When conducting IEC or BCC activities, who is your target audience?
- ≠ What do you want them to do? How do you know if they did it?

Concept	Target Audience	Objective	How is success measured?
IEC	Individuals or sub-groups of the population (e.g., pregnant women, men over 50)	Increasing awareness, promoting specific behaviors or actions	Knowledge about desired behavior is increased
BCC²	Individuals or sub-groups of the population (e.g., pregnant women, men over 50)	Promote and support a change in a specific behavior or action	Desired behavior is adopted
Demand generation³	Individuals, health professionals, institutional buyers, policymakers ⁴	Increase awareness of, demand for, and uptake of new or existing health products or services	Increased knowledge, demand, and uptake
Fundraising	Donors	Raise funds for organization	Resources received
Community/social mobilization	Community members/relevant segments of society	Engage/involve community members to address community-wide health issue/increase awareness and mobilize stakeholders to raise their voices and take action to	More people are aware and actively engaged in raising and addressing an issue

¹ Adapted from *The Centre for Development and Population Activities (CEDPA). "Advocacy: Building Skills for NGO Leaders. The CEDPA Training Manual Series." Washington, DC. 1999.*

² Applied behavioral communication (AB comm) is a new framework developed by PATH to describe its approach to behavior change. It is an evidence-based process using communication and interpersonal strategies to promote positive health outcomes.

³ Demand generation can also refer to creating citizen demand for improved health and social service delivery compelling duty-bearers (e.g. policymakers, service providers) to both make and act on commitments.

⁴ In this instance, policymakers can often be important influencers if they speak out favorably about the importance of services, products, or changes leading to increased uptake.

		improve health services and programming	
Policy advocacy	Formal decision-makers	Influence policy change or ensure a policy is implemented	Policy change is achieved; policy is implemented

➤ **Facilitate a brief discussion about how policy advocacy is similar to and different from the other concepts.** Prompt with questions such as:

- ≠ How has your impression of policy advocacy changed?
- ≠ How might these other approaches play a role in policy advocacy?

➤ **Summarize with the following KEY POINTS:**

- ★ In policy advocacy, the media, community members, religious leaders, and health providers are not the final target audience. But outreach to these groups through community and social mobilization can be a strategic tactic to influence decision-makers, who *are* the final target.
- ★ Getting money from the government for your organization to implement a specific program or training is not policy advocacy. It is policy advocacy if your organization influences the government to improve or adopt a program or training.
- ★ The success of policy advocacy efforts is not usually measured in terms of health impact. It can be extremely difficult to directly attribute health improvement or lives saved to advocacy efforts. Instead, it is often more manageable to measure policy advocacy efforts by identifying whether the desired change has been made or action has been taken by target decision-makers.

Facilitator Tip!

Questions about **lobbying** may come up in this workshop. If they do, make the following **KEY POINTS:**

Most policy advocacy does not include lobbying. Policy advocacy is considered lobbying only if it involves outreach to legislatures/parliaments on specific legislation/laws and budget allocations.

Many donors restrict lobbying with their funds. For example, neither US Government funding sources (including the US Agency for International Development, the US Department of Health and Human Services, and the US Centers for Disease Control and Prevention), nor grants from the Bill & Melinda Gates Foundation, can be used for any lobbying activities inside or outside the United States. Additionally, many countries have specific rules governing lobbying activities.

Be sure you understand your organizational, donor, and local government rules related to lobbying before pursuing such activities.

STEP 4.  **MOVING AHEAD!**

- Explain that we will be ready to take our first look at the 10 parts of the strategy framework after the break.



INTRODUCTION TO THE 10 PARTS

Session Objective

After this session, participants will be able to:

- ≠ Identify the critical components of an advocacy strategy framework.



11:30–12:00

30 minutes

Materials

- ≠ Flip chart paper, easel, markers, tape
- ≠ PowerPoint slides
- ≠ Case Study
- ≠ Case Study Answer Key

GETTING PREPARED

- ✓ **Write the 10 parts of an advocacy strategy on a flip chart and post in a visible location.**

The 10 Parts of a Policy Advocacy Strategy:

Part 1- Advocacy Issue

Part 2- Advocacy Goal

Part 3- Decision-makers and Influencers

Part 4- Decision-makers' Key Interests

Part 5- Advocacy Opposition and Obstacles

Part 6- Advocacy Assets and Gaps

Part 7- Advocacy Partners

Part 8- Advocacy Tactics

Part 9- Advocacy Messages

Part 10- Plan to Measure Success

- ✓ **Select a case study to use and make sufficient copies for handouts.**

- ✓ **Load the slides.**

FACILITATING THE SESSION

STEP 1. Introduce the session

5 minutes

- **Remind participants that policy advocacy should be a “deliberate process.”** A formal strategy will help you envision and implement this process. PATH has developed a simple 10-part framework to help you develop a policy advocacy strategy in a very logical way.
- **State the session objective:**
 - After this session, you will be able to:
 - ≠ Identify the critical components of an advocacy strategy framework.

STEP 2. Review the 10 Parts

5 minutes



Review the slide on the 10 parts and briefly describe the main components of each part.

Part 1- Advocacy Issue

Part 2- Advocacy Goal

Part 3- Decision-makers and Influencers

Part 4- Decision-makers’ Key Interests

Part 5- Advocacy Opposition and Obstacles

Part 6- Advocacy Assets and Gaps

Part 7- Advocacy Partners

Part 8- Advocacy Tactics

Part 9- Advocacy Messages

Part 10- Plan to Measure Success

- **Refer participants to the “10 Parts” flip chart.** Explain that this flip chart will serve as a “checklist” as we move along the process.
- **Make the following KEY POINTS:**
 - ★ There are many ways to approach this framework, and the order is not strict. Often you will need to adjust different parts for the changing political environment as your strategy unfolds. But each part is very important for a complete, focused advocacy strategy.
 - ★ Some parts will also take longer than others.

STEP 3. ACTIVITY: CASE STUDY

15 minutes

- **Divide the participants into three to four teams and distribute copies of the selected case study.**
- **Ask volunteers to take turns reading through the case study out loud in their teams.**
- **Instruct each team to look for the 10 different parts of the advocacy strategy framework in the case study and list them in the chart provided on the other side.** Allow ten minutes.
- **Ask teams to share where they found each part, starting with Part 1.** (Refer to the Case Study Answer Key). To facilitate discussion, ask some questions, such as:
 - ≠ Were any parts harder to identify than others?
- **Make the following KEY POINT:**
 - ★ This case is just one example of what the 10 parts might look like in real life. Each session of the workshop will explore these parts in greater detail and provide more examples.

STEP 4. Preparing to develop an advocacy strategy

5 minutes

- **Make the following KEY POINTS:**
 - ★ Before you jump into strategy development, you should do some preparation work to be sure you understand your policy “landscape.” Before you begin a strategy, it is helpful to:
 - ≠ Research the political/policymaking process.
 - ≠ Analyze the current policy environment, including which policies exist that guide your program’s interest and any existing gaps in both policies and policy implementation.
 - ≠ Conduct stakeholder mapping.
 - ★ You should also conduct a needs assessment to understand the issues facing the population you hope to benefit.
 - ★ Each of you took some of these steps when you completed your pre-workshop assignment. The purpose of that assignment was to help you gather information that you will need to know before you start strategizing.

STEP 5.

MOVING AHEAD! 

- **Explain that now we are ready to jump into Part 1. In the first part, you will select the issue you want to address with policy advocacy.**

Session Objectives

- After this session, participants will be able to:
- ≠ Identify qualities of a good issue for advocacy.
 - ≠ Evaluate potential issues for advocacy.



12:00–15:30

2 hours,
30 minutes (plus 1-hour lunch break)

Materials

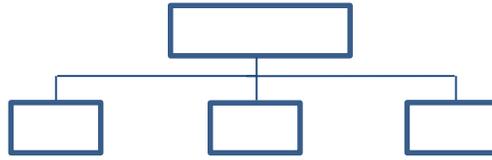
- ≠ Flip chart paper, easel, markers, tape
- ≠ PowerPoint slides
- ≠ Part 1 Worksheet: Identifying Potential Advocacy Issues
- ≠ Part 1 Worksheet: Choosing an Advocacy Issue

GETTING PREPARED

- ✓ **Decide how to most logically divide participants for the hands-on group work that will continue through the workshop** (e.g., by country, project, organization, health topic, or random numbering). Participants can also work individually if their focus is unique.
- ✓ **Create the following table on two attached pieces of flip chart and cover until needed.**

Issue Criteria	Issue 1	Issue 2
Clarity, Specificity		
Evidence-base		
Partnership potential		
Political will		
Unique expertise		
Available resources		
Little to no risk		
Significant impact if addressed		
Success feasible in 3–5 years		
Total # of Highs, Mediums, Lows		

- ✓ Draw the graph below on two attached pieces of flip chart and cover until needed.



- ✓ Load slides.

FACILITATING THE SESSION

STEP 1. Introduce the session

5 minutes

- **Explain that before you can really begin your advocacy strategy, you must decide the issue you want to address with policy advocacy.** This is one of the most challenging but important parts of developing your strategy!

- **State the session objectives:**
 - After this session, you will be able to:
 - ≠ Identify qualities of a good issue for advocacy.
 - ≠ Evaluate potential issues for advocacy.

STEP 2. What makes a good issue for policy advocacy?

10 minutes



Ask participants, “What qualities would make an issue good for policy advocacy?” Flip chart their answers.



Review the slide on good issues for policy advocacy:

- ≠ Any issue you select for policy advocacy should have these five elements:
 1. It should be an existing objective or natural outgrowth of your organization or program’s work. Don’t advocate for an issue with which your organization has no experience. It limits your credibility.
 2. It should be based in evidence. There needs to be proof that your issue is in fact a problem.
 3. A change in policy or implementation of a policy should help to improve the problem.
 4. It should be reasonably attainable in three to five years. That is the average length of a policy advocacy strategy.
 5. It should be suitably specific and clear. Broad health topics, such as HIV and AIDS, are too general.

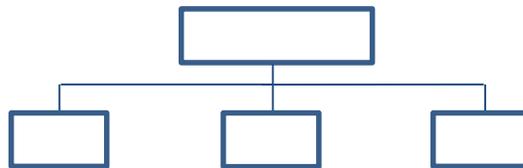
- **Make the following KEY POINTS:**
 - ★ There are many problems in this world. Policy advocacy is not always the best strategy to solve them. If a problem is better solved programmatically, it is not an ideal focus for a policy advocacy strategy.

- ★ There are many types of evidence. It may vary from randomized clinical trial results to global standards and best practices to community-identified needs. The stronger and more varied your evidence, the more effective your advocacy.
- ★ The more specific and clear you make your issue, the better able you are to develop a concrete policy solution that will help improve the problem.
- ★ A helpful way to make your issue suitably specific is to start with a very brief statement of the main problem you hope to address through policy advocacy. A main problem is typically a challenge that impacts the people you serve or that impedes access to or delivery of effective care. Then we identify the root causes of the problem; these tend to become your issues for advocacy.

STEP 3.  **ACTIVITY: GROUP EXERCISE** *20 minutes*



Reveal the flip chart with the below graph on it.



- **Ask a participant to state a main problem he/she would like to address through policy advocacy** in two sentences or less. Write the problem in the top box.
- **Ask the participant to next identify two to three root causes** of the problem in two sentences or less. Write the causes in the three bottom squares.
- **Ask the participant the following questions** about each of the root causes:
 - ≠ Can a policy change or the implementation of an existing policy help improve the root cause?
 - ≠ Does your organization have programmatic experience with this root cause?
 - ≠ Do you have any evidence that this is a root cause?
 - ≠ Can the problem be reasonably (if not completely) addressed in three to five years?
- **Explain that if any of the answers to the questions are “no,” the root cause does not make a strong issue for policy advocacy. Any root cause that receives four “yes” answers could be a suitable issue for policy advocacy.**

Facilitator Tip!

Experienced advocates are likely to identify the absence of a policy or funding as the main problem. In this case, encourage them to back up and clarify the main problem they hope to solve through funding or policy.

Facilitator Tip!

Occasionally, the main problem will already be suitably specific. If all of the answers are “yes” for the issue, there is no need to list root causes.

- **Based on the answers to the questions, have the participant choose which of the root causes would be a suitable issue for advocacy.** It is okay if more than one root cause is suitable for advocacy; you'll be able to compare and choose later. If none of the root causes are an effective issue for advocacy, ask the participant to brainstorm more causes or select another problem.
- **Repeat exercise with another participant** (if time permits).

STEP 4.  **ACTIVITY: SMALL GROUP WORK** *25 minutes*

- **Divide the participants into their small groups. Refer them to *Part 1 Worksheet: Identifying Potential Advocacy Issues.***

Part 1 Worksheet: Identifying Potential Advocacy Issues

Write the main problem you want to address in the top box and three root causes of that problem in the boxes underneath. Then answer the four questions for each root cause. If you checked "yes" to all four questions, write the root cause in the box below labeled "Potential Issue for Advocacy." At this point, you may have several root causes that could be a good issue for advocacy; you'll be able to compare and choose between root causes utilizing a different worksheet. If you do not yet have at least two root causes that would be suitable for advocacy, flip to the other side of the worksheet and repeat this exercise with a different main problem.

MAIN PROBLEM	[]					
ROOT CAUSES*	[]		[]		[]	
<small>*Root causes are potential issues for advocacy.</small>	YES	NO	YES	NO	YES	NO
Can a change in policy or implementing an existing policy help improve the root cause?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization have programmatic experience with this root cause?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any evidence that this root cause is in fact an issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the root cause be reasonably (if not completely) addressed in three to five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POTENTIAL ISSUE FOR ADVOCACY?		POTENTIAL ISSUE FOR ADVOCACY?		POTENTIAL ISSUE FOR ADVOCACY?	
	[]		[]		[]	

- **Provide the following instructions:**
 - ≠ Write the main problem you want to address in the top box and three root causes of that problem in the boxes underneath.
 - ≠ Then answer the four questions for each root cause. If you checked “yes” to all four questions, write the root cause in the box below labeled “Potential Issue for Advocacy.”
 - ≠ At this point, you may have several root causes that could be a good issue for advocacy; you’ll be able to compare and choose between root causes utilizing a different worksheet.
 - ≠ If you do not yet have at least two root causes that would be suitable for advocacy, flip to the other side of the worksheet and repeat this exercise.

- **Tell participants they will have about 20 minutes after the lunch break to complete the worksheet if they do not finish before.**



STEP 4.  **ACTIVITY: SMALL GROUP WORK** (continued) *30 minutes*

- Instruct participants to continue working on their Part 1 worksheets for the next 20 minutes.
- After about 20 minutes, debrief by asking teams to briefly describe their results, as time permits.

STEP 5. Prioritizing issues for policy advocacy *15 minutes*

- Make the following KEY POINT:

- ★ There could be many valid issues to address, but some of them might be better than others. Having too many issues for advocacy can significantly dilute your efforts. It is important to prioritize.

Facilitator Tip!

You may want to explain that an organization will usually not want to focus on more than three to five issues at any given time. For the purposes of this workshop—given the time together—participants are encouraged to prioritize one issue. Participants can use their workbooks to work through other issues following the workshop.



Ask participants to brainstorm factors that might lead them to choose one issue over another. Flip chart their answers, which might include:

- ≠ Staff expertise
- ≠ Money available
- ≠ Time available
- ≠ Political climate
- ≠ Other concurrent policy initiatives
- ≠ Impact of upcoming election
- ≠ Likelihood of success
- ≠ Stakeholder preference

- Make the following KEY POINT:

- ★ Many of the problems you might want to address won't be feasible for a number of reasons. To help you select between issues, it can be helpful to rank them against specific criteria.



Review the slide on the standard criteria used to assess advocacy issues.

- ≠ Specificity and clarity of the issue.
- ≠ Amount of evidence to prove the problem.
- ≠ Potential for partnership to address issue.
- ≠ Amount of political will to address issue.
- ≠ Organization has unique experience and expertise to contribute to addressing the issue.
- ≠ Availability of resources (time, money, and influence) to address the issue.
- ≠ Risk to your organization to address the issue.
- ≠ Likelihood the policy change or action will significantly impact the problem.
- ≠ Feasibility of success in three to five years.



Ask two participants to each share one of their potential issues for advocacy. Lead the group to score both issues (high, medium, or low) against the worksheet criteria on the prepared flip chart below:

Issue Criteria	Issue 1	Issue 2
Clarity, Specificity Evidence-based Partnership potential Political will Unique expertise Available resources Carries little to no risk Significant impact if addressed Success feasible in 3–5 years		
Total # of Highs, Mediums, Lows		

- **Facilitate a brief discussion about which issue they would select based on the scores.** Explain that the issue with the most highs and mediums usually has the greatest chance of impact and success. But there are no absolutes.

Facilitator Tip!
 Point out to participants that the issue criteria “Carries little to no risk” should be ranked inversely; “high” means there is no risk, and “low” means there is significant risk.

(continue next page)



- Instruct the participants to use **Part 1 Worksheet: Choosing an Advocacy Issue.**

Part 1 Worksheet: Choosing an Advocacy Issue

Write your potential issues for advocacy from the previous worksheet(s) in the top row. Rate each of the issues as high, medium, or low using the criteria in the left column. Then total the number of highs, mediums, and lows for each issue. While there are no absolutes, the issue with the most highs and mediums usually has the greatest chance of impact and success. If your potential issues rank similarly, choose your favorite issue as the focus of your advocacy strategy. Whichever issue you select will become the focus for the advocacy strategy you develop moving forward.

Criteria	Issue 1:	Issue 2:	Issue 3:
The selected issue is specific and clear.	<input type="checkbox"/> High (very specific/clear) <input type="checkbox"/> Medium (fairly specific/clear) <input type="checkbox"/> Low (unspecific/unclear)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Qualitative or quantitative data exist to prove it is an issue.	<input type="checkbox"/> High (strong evidence) <input type="checkbox"/> Medium (some evidence) <input type="checkbox"/> Low (none/weak evidence)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Partnership potential exists among influential organizations, leaders, and stakeholders.	<input type="checkbox"/> High (many partners) <input type="checkbox"/> Medium (some partners) <input type="checkbox"/> Low (no partners)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Political will exists to address the issue.	<input type="checkbox"/> High (supportive) <input type="checkbox"/> Medium (neutral) <input type="checkbox"/> Low (opposed)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Your organization has unique experience or expertise to contribute.	<input type="checkbox"/> High (unique role) <input type="checkbox"/> Medium (fairly unique role) <input type="checkbox"/> Low (many others have this)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Your organization has advocacy resources to address the issue.	<input type="checkbox"/> High (many resources) <input type="checkbox"/> Medium (some resources) <input type="checkbox"/> Low (no resources)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
The goal carries no or little risk for your organization.	<input type="checkbox"/> High (no risk) <input type="checkbox"/> Medium (minimal risk) <input type="checkbox"/> Low (significant risk)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

- Provide the following instructions:

- ≠ Write your potential issues for advocacy in the top row. For those of you that want to choose among more than three issues, use extra scrap paper to make additional columns.
- ≠ Rate each of the issues high, medium, or low using the criteria in the left column. Then total the number of highs, mediums, and lows.
- ≠ Select which issue would be better to target with policy advocacy and write that in the bottom box. If your issues rank similarly, choose your favorite.
- ≠ This issue for advocacy will be the foundation of the strategy you develop in this workshop.

Facilitator Tip!

You may want to have extra worksheets for individuals or groups that want to select between more than two issues.

- **After 20 minutes, ask as many teams as time allows to briefly present their selected issue.** Prompt discussion with questions such as:
 - ≠ Did the scores surprise you?
 - ≠ Did your “favorite” issue come out on top?
 - ≠ How did the scores impact your choice?
- **If time permits, help teams refine their issues as necessary by asking strategic questions or offering suggestions to make them more specific and/or amenable to policy change and policy implementation.**

Facilitator Tip!

Reiterate to participants that this root cause is now their final issue for advocacy. They will use this issue for the rest of the workshop to develop an advocacy strategy.

STEP 7.

MOVING AHEAD!

- **Congratulate the group on completing Part 1.**
- **Go to the “10 Parts” flip chart and check off Part 1.**
- **Explain that the next part is to consider the policy change that will help improve or resolve the issue. We will begin Part 2 after the break.**



BREAK 15:30–15:45 (15 minutes)

Session Objectives

- After this session, participants will be able to:
- ≠ Identify the essential components of an advocacy goal.
- ≠ Develop a policy advocacy goal for their strategy.



15:45–17:15
1 hour, 30 minutes

Materials

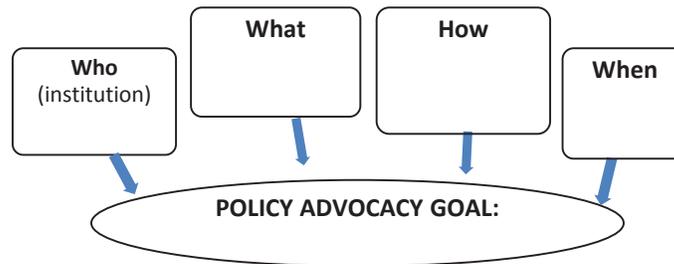
- ≠ Flip chart paper, easel, markers, tape
- ≠ PowerPoint slides
- ≠ Part 2 Worksheet: Identifying Potential Advocacy Goals
- ≠ Part 2 Worksheet: Prioritizing Advocacy Goals (optional)
- ≠ Part 2 Worksheet: Developing an Evidence Dossier (optional)

GETTING PREPARED

- ✓ Create the following flip chart and post:

WHAT	HOW

- ✓ Create the following graph on two attached pieces of flip chart and cover until needed:



- ✓ Write the following on a flip chart:

_____ will _____ to ensure
 (WHO) (HOW)
 _____ by _____ .
 (WHAT) (WHEN)

- ✓ Load the slides.

FACILITATING THE SESSION

STEP 1. Introduce the session

5 minutes

- **Explain that in Part 2, you will develop your policy advocacy goal to help focus your strategy.** The foundation for that goal is to state your solution, or what you want a decision-maker to do to address your issue for advocacy.
- **State the session objectives:**
 - After this session, you will be able to:
 - ≠ Identify the essential components of an advocacy goal.
 - ≠ Develop a policy advocacy goal for your strategy.

STEP 2. Identifying potential solutions

30 minutes



Review the slide on the four elements of a policy advocacy goal.

- ≠ **WHO:** the decision-making institution with the power to take action on your advocacy issue.
 - ≠ **WHAT:** the change you would like to see relative to your advocacy issue.
 - ≠ **HOW:** the specific action a decision-making institution can take to accomplish the change.
 - ≠ **WHEN:** a time frame for the action to occur (often between six months and three to five years, depending on the particular advocacy effort).
- **Make the following KEY POINTS:**
 - ★ The “**how**” within a policy advocacy goal refers to a specific policy change or an accountability action that can be made by a decision-making institution.
 - ★ It is important to remember your advocacy goal should reflect what a decision-making institution can do to solve your advocacy issue. Remember, policy advocacy is working toward influencing someone else to take action. So your advocacy goal will not be an action you or your organization will take.
 - ★ When developing an advocacy goal, it is recommended you begin by developing your policy solution, essentially the “what” and “how” elements of your advocacy goal.
 - **Reveal the flip chart. And ask participants to copy down the chart on a piece of scrap paper.**

WHAT	HOW

- **Explain it is time for participants to brainstorm the “what” of their policy advocacy goals.** Ask participants to think back to their advocacy issue and identify the big change they would like to see—what is the difference that will improve the lives of the people they serve or will improve access to or delivery of effective care? Encourage participants to describe that change in one sentence and write it down in the “what” column. **Give participants five minutes to brainstorm their “what.”**
- **Next ask participants to brainstorm the “how” of their goals—or what a decision-making institution can do to make the desired change happen.** Can the decision-maker develop, repeal, or amend a policy, form a budget line, organize dissemination of policies, hire more health care workers, or make specific purchases, etc. Refer participants to the flip charts from earlier in the day when they brainstormed different types of policies and accountability actions to help them in this exercise. Have participants write down their responses in one sentence in the “how” column. **Give participants five minutes to complete this exercise.**
- **Ask a participant to remind the group of their advocacy issue and then share an example of the “what” they would like to see changed and the “how” in two sentences or less.** Record their answers on the flip chart for the group to see. Ask clarifying questions if necessary to help them become more specific.
- **Explain that these two parts—the “what” and the “how”—make up your policy advocacy solution.**
- **Make the following KEY POINTS:**
 - ★ The more specific your “how” the better. For example, if you want a decision-making institution to develop, amend, or repeal a policy, specify the name of the policy. Similar to your advocacy issue, the more specific your goal the greater clarity it will bring to your overall advocacy strategy.
 - ★ The “how” is an extremely critical component of your policy analysis. Too often, advocates approach decision-makers with problems they want addressed without recommendations as to how those problems can be effectively solved. Without a strong policy solution, your advocacy efforts can be easily undermined.
 - ★ There is usually more than one way “how” a problem might be addressed. Oftentimes, a change can be made through many different mechanisms or policies and by various institutions. Depending on shifts in the political environment, you may need to refine or change your “how” over time. For example, the original policy you may target to amend will not be updated for five years. How else might the change you want then be made? Right now, you only need to identify one way “how” for your policy advocacy goal. However, it is always a good idea to have other options in mind.

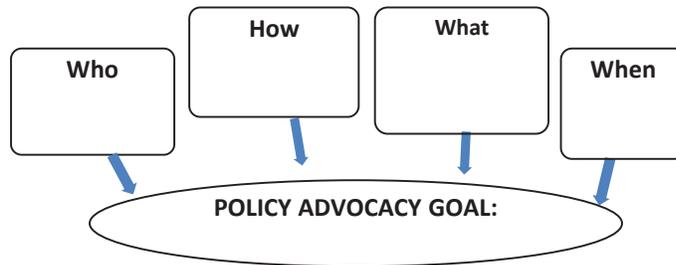
STEP 3. Turn policy advocacy solutions into advocacy goals

15 minutes

- Explain that it is now time to identify the “who” and the “when” of their policy advocacy goal, or:
 - ≠ The decision-making institution that will need to act.
 - ≠ The deadline by when they will need to act.



On the prepared flip chart, transfer the “how” and “what” the participant shared into the relevant boxes.



- Work with the previous participant who shared their “how” and “what” to next complete the “who” and “when” boxes.
- Next help the participant to combine all of the boxes into one concise goal statement on the flip chart. Explain we will fill in the blank spaces with their who, how, what, and when.

_____ will _____ to ensure
(WHO) (HOW)
_____ by _____ .
(WHAT) (WHEN)

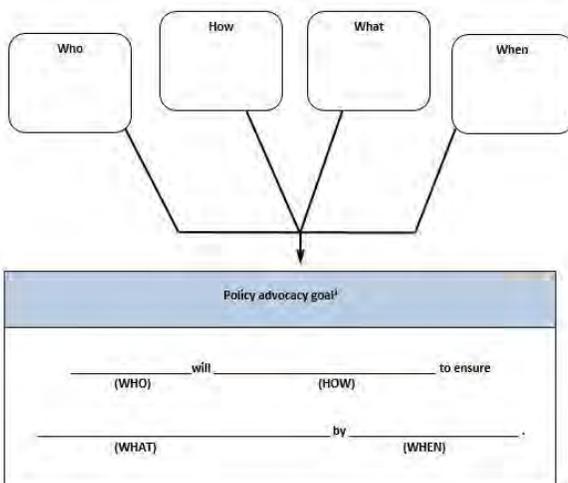
- Repeat exercise with another participant as time permits.

(continue next page)

- Refer participants to **Part 2 Worksheet: Identifying Potential Advocacy Goals.**

Part 2 Worksheet: Identifying Potential Advocacy Goals

Building on the advocacy issue you identified in Part 1, fill in the boxes below to develop a potential advocacy goal. In the “what” box, briefly describe the change you want to achieve. In the “how” box, describe the specific action a decision-making institution can take to make your desired change a reality. To help you identify your “how,” you may want to think back to the different types of policy change and policy implementation described in the section, “What is Policy Advocacy.” Is there a specific type of policy-related action that applies to your situation? Next fill in the “who” box, or the name of the decision-making institution with the authority to make your desired change. In the “when” box, write the deadline by which you want to see their action take place. Then, fill in the blanks below with the corresponding information from the boxes. This will give you a concise advocacy goal statement.



Policy advocacy goal!

(WHO) will (HOW) to ensure (WHAT) by (WHEN)

¹ This is simply a suggested order for combining the four parts into an advocacy goal statement. You may prefer to combine the four parts together in a different order.

- Provide the following instructions:

- ≠ Building upon the advocacy issue you identified in Part 1, fill in the boxes to develop a potential advocacy goal.
- ≠ In the “what” box, briefly describe the change you want to achieve.
- ≠ In the “how” box, write the specific action a decision-making institution can take to accomplish the desired change.
- ≠ In the “who” box, write the name of the decision-making institution with the authority/ability to make your policy solution a reality.
- ≠ In the “when” box, write the deadline for their action to occur (often six months to three to five years, depending on the particular advocacy effort).

Facilitator Tip!

If there is extra time, have participants develop two advocacy goals and then make a relative comparison to determine which is the most feasible at this moment. *Part 2 Worksheet: Identifying Potential Advocacy Goals (Duplicate)* and *Part 2 Worksheet: Prioritizing Advocacy Goals (Optional)* can be used for this purpose.

- Finally, fill in the blanks with the corresponding information from the boxes to create a concise advocacy goal statement.

- **When finished, ask each group to share its advocacy goal.** Ask clarifying questions such as:
 - Is your goal related to policy change, policy implementation, or resource mobilization?
 - Would a policymaker understand the exact direction or action they need to take from your goal?
 - How will you know if you have achieved your goal?

STEP 5.

MOVING AHEAD!

- **Go to the “10 Parts” flip chart and check off Part 2.**
- **Congratulate participants on developing their policy advocacy goals** and for completing a very full day. Tomorrow the work to identify advocacy targets will begin.

OPTIONAL SESSION: DEVELOPING AN EVIDENCE DOSSIER

Session Objectives

After this session, participants will be able to:

- ≠ Create a dossier of the major evidence available to support their advocacy issue and goal.



20 minutes

Materials

- ≠ Part 2 Worksheet: Developing an Evidence Dossier (optional)

FACILITATING THE SESSION

STEP 1. Introduce the session

5 minutes

- **Remind participants that “evidence-based” is central to our definition of policy advocacy. Because of that, it is important to take time to think about and pull together the evidence that serves as the basis for your advocacy strategy—evidence that your issue is in fact a problem and that your proposed solution will work. We won’t compile a “dossier” here today, but we will talk through the places where you might gather information and review a worksheet to help you compile evidence.**
- **State the session objectives:**
 - After this session, you will be able to:
 - ≠ Create a dossier of the major evidence available to support your advocacy issue and goal.

STEP 2. Compiling Evidence for Advocacy

10 minutes



Ask participants to brainstorm sources of evidence that may help them in their advocacy efforts.

Flip chart their answers, which might include:

- | | | |
|----------------------------------|---------------------------|------------------------|
| ≠ Literature reviews | ≠ WHO guidelines | ≠ Surveys |
| ≠ Key informant interviews | ≠ Normative guidance | ≠ Community monitoring |
| ≠ DHS data | ≠ Global standards | ≠ Facility assessments |
| ≠ Census data | ≠ HMIS information | ≠ Citizen report cards |
| ≠ Peer-reviewed journal articles | ≠ Focus group discussions | ≠ Field reports |
| | ≠ Random clinical trials | |

➤ **Make the following KEY POINTS:**

- ★ Advocacy evidence can be categorized as primary or secondary and quantitative or qualitative.
- ★ Primary evidence, sometimes referred to as original or primary data, is information you have gathered yourself for your specific research purposes. Secondary evidence, or secondary data, refers to the collection, summary, collation, or analysis of existing data and information.
- ★ Also, consider if the evidence is qualitative or quantitative. Quantitative evidence may come from sources such as: census data, DHS surveys, or numerical summaries of survey data. Qualitative evidence may come from sources such as: focus groups, interviews, or consultative workshops.

➤ **Facilitate a brief discussion about the importance of using evidence for advocacy.** Prompt with questions such as:

- ≠ What types of primary evidence has your organization gathered?
- ≠ How have you validated your primary data with secondary data or the reverse?
- ≠ How can it be used for your advocacy purposes?

➤ **Summarize with the following KEY POINTS:**

- ★ In advocacy, as in many areas of public health, validation of data through cross-verification from two or more sources is critical. By combining multiple observers, theories, methods, and empirical materials, advocates can build a more robust and compelling case to decision-makers.
- ★ It is of particular importance in advocacy to validate community-identified needs with empirical findings as well as the reverse. Too often, advocates tend to heavily rely on one over the other and their proposals for change can easily be discredited by decision-makers. For example, if an organization is presenting its change agenda based primarily on focus groups and surveys aimed to gather community perceptions, they are often told they do not have enough supporting evidence. However, if they rely exclusively on more empirical data, they are often told they lack the local perspective and realities. If multiple sources or research methods lead to the same conclusion, you will have a stronger position to begin your advocacy.

- Refer participants to **Part 2 Worksheet: Developing an Evidence Dossier.**

Part 2 Worksheet: Developing an Evidence Dossier (Optional)

Use the table below to create a dossier of the evidence you have to support the issue that you want to address and the proposed solution. Write the title or full citation for the source(s) of your evidence in Column A. Next, categorize the type of evidence (qualitative or quantitative; primary or secondary) in Column B. In Column C, summarize major findings from the source that support your advocacy goal. In Column D, note the ways in which this information might be used in your advocacy efforts (e.g., include it in fact sheets, share it in meetings with decision-makers).

A. Title and/or citation	B. Type of Evidence	C. Major findings that support your advocacy goal	D. Ways to use this evidence in your advocacy efforts
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		

- Provide the following instructions:
 - ≠ You can use the table on this worksheet to create a dossier of the evidence you have to support the issue that you want to address and the proposed solution.
 - ≠ Write the title or full citation for the source(s) of your evidence in Column A.
 - ≠ Next categorize the type of evidence (qualitative or quantitative; primary or secondary) in Column B.
 - ≠ In Column C, summarize major findings from the source that support your advocacy goal. In Column D, note the ways in which this information might be used in your advocacy efforts (e.g., included in fact sheets, or shared in meetings with decision-makers).
 - ≠ This worksheet is an effective tool to capture and categorize your existing evidence, as well as a tool to help you identify any major gaps you have in your evidence. We will not complete the worksheet today as you will likely need to do a fair amount of research. You are encouraged to update this worksheet when you return to your organization and routinely update it over the course of your project to organize your evidence.

STEP 4.

MOVING AHEAD!

- Check for any questions about the *Part 2 Worksheet: Developing an Evidence Dossier*.
- Congratulate participants on beginning to think through their evidence dossier and for completing a very full day.

DAILY SUMMARY AND CLOSING

Session Objectives

After this session, participants will be able to:

- ≠ Summarize the day's topics and achievements.
- ≠ Provide feedback about the workshop so far.



17:15–17:30

15 minutes

Materials

- ≠ Index cards

FACILITATING THE SESSION

STEP 1. Summarize the day

5 minutes

- **Congratulate and thank participants for their enthusiasm and hard work.**
- **Quickly review the main topics and group accomplishments from the day.**
- **Ask participants for any final questions or comments about the day.**

STEP 2. ACTIVITY: FEEDBACK

10 minutes

- **Distribute index cards for participant feedback about the day.** Ask them to draw a “+” on one side and write one thing they learned/liked today. On the other side, have them draw a “—” and write one thing they would like to see changed.
- **Attend to any remaining logistics and close the day.**

AFTER THE DAY:

1. Review participants' feedback. Prepare a summary for the following morning.
2. Review today's progress and tomorrow's agenda. Adjust the content and timing as needed based on participant feedback.
3. Rearrange flip charts that are no longer needed and prepare flip charts for the next day.

DAY 2 FACILITATION INSTRUCTIONS

Parts 3 through 7

Today's Schedule

Opening Session	9:00–9:15
Part 3: Decision-makers and Influencers	9:15–10:30
Break	10:30–10:45
Part 4: Decision-makers' Key Interests	10:45–12:00
Part 5: Advocacy Opposition and Obstacles	12:00–13:15
Lunch	13:15–14:15
Part 6: Advocacy Assets and Gaps	14:15–15:15
Break	15:15–15:30
Part 7: Advocacy Partners	15:30–17:15
Daily Summary and Closing	17:15–17:30

Today's Materials

- ≠ Laptop, LCD projector
- ≠ Screen, power cords
- ≠ PowerPoint slide set
- ≠ Flip charts, easels, tape
- ≠ Colored markers
- ≠ Index cards
- ≠ Name tags/name placards
- ≠ Attendance log
- ≠ Agenda
- ≠ Post-it/sticky notes
- ≠ Getting Sorted signs
- ≠ Case Study
- ≠ Partner Mingle cards
- ≠ Qualities of Effective Partnerships flash cards, 3 sets
- ≠ Types of Collaboration flash cards
- ≠ Part 3 Worksheet: Identifying Decision-makers
- ≠ Part 3 Worksheet: Identifying Influencers
- ≠ Part 4 Worksheet: Identifying Decision-makers' Key Interests
- ≠ Part 5 Worksheet: Addressing Opposition
- ≠ Part 5 Worksheet: Overcoming Obstacles
- ≠ Part 6 Worksheet: Taking Inventory of Assets and Gaps
- ≠ Part 7 Worksheet: Selecting Advocacy Partners

OPENING SESSION

Session Objectives

- After this session, participants will be able to:
- ≠ Recollect the key points from the previous day.
 - ≠ Outline objectives for the day.



9:00–9:15
15 minutes

Materials

- ≠ Flip chart paper, easels, markers, tape
- ≠ Attendance log
- ≠ Agenda
- ≠ Post-it/sticky notes

GETTING PREPARED

- ✓ Set out attendance log for participants to sign when they arrive.
- ✓ Set up two blank flip charts in the front of the room.

FACILITATING THE SESSION

STEP 1. Welcome and Day 1 feedback 5 minutes



Welcome participants.

- Briefly summarize the participant feedback from yesterday and describe any adjustments planned for today.

STEP 2. ACTIVITY: HEADLINES

5 minutes

- **Distribute one post-it/sticky note to each participant.**
- **Ask participants to recall the discussions and activities from yesterday.**
- **Ask them to think of one short “headline” from yesterday that represents something important they learned and to write that headline on their post-it/sticky note. Tell them to post it on the blank flip charts at the front of the room when they are finished.**
- **After everyone has finished, review each headline, note commonalities, and discuss briefly.**

STEP 3. Review today's agenda

5 minutes

- **Refer participants to their agendas.**
- **Review the main topics and activities planned for the day.** Highlight how today will build upon the topics and outcomes from yesterday.
- **Ask for questions.**

Session Objectives

After this session, participants will be able to:

- ≠ Identify key decision-makers and influencers.
- ≠ Target advocacy goals to the appropriate decision-makers.



9:15–10:30

1 hour,
15 minutes

Materials

- ≠ Flip chart paper, easels, markers, tape
- ≠ PowerPoint slides
- ≠ Part 3 Worksheet: Identifying Decision-makers
- ≠ Part 3 Worksheet: Identifying Influencers

GETTING PREPARED

- ✓ **Load the slides.**

FACILITATING THE SESSION

STEP 1. Introduce the session

5 minutes

- **Remind participants that yesterday we identified decision-making institutions as part of our advocacy goals (the “Who” box).** Now we will identify specific decision-makers within these institutions. These decision-makers are important because they are the ones who have the power to give you what you want—the people who can say yes or no to your goal. They will become the specific targets of your advocacy efforts.
- **State the session objectives:**
 - After this session, you will be able to:
 - ≠ Identify key decision-makers and influencers.
 - ≠ Target your advocacy goal to the appropriate decision-makers.



Read the definition of decision-makers from the slide:

Decision-makers: People with the formal power or authority to take the desired policy action and/or their key advisors or staff.



Ask participants to give examples of different kinds of decision-makers they know from their own health advocacy and program work. Remind participants that decision-makers can operate at multiple levels, and even be associated with facilities, organizations, or the private sector depending on the focus of their advocacy strategy. Flip chart their answers (a general list, not specific names) and offer some examples to prompt their thinking such as:

- ≠ Executive leaders, such as Presidents and Vice Presidents
- ≠ Ministers of Finance, Health, Education, and Gender and Women’s Affairs
- ≠ Parliamentarians
- ≠ Division Heads
- ≠ County/Provincial Governors
- ≠ County/Provincial Assembly Members
- ≠ Chief Administrative Officers
- ≠ Local Council Members
- ≠ District Health Management Team Members

➤ **Make the following KEY POINTS:**

- ★ If a committee or working group makes the final policy decision, it is important to identify the specific individual(s) who has the most sway in the group, sets the agenda of the group, or facilitates the meetings.
- ★ There is often, although not always, a chain in decision-making. Although one person may ultimately make the final decision, there are often other decision-makers who need to be persuaded along the way. For example, to reach the Minister of Health, you may need to start with the division head who works on your specific issue and then work your way up the chain.



Ask a team to share its advocacy goal example from yesterday. Ask the full group to brainstorm a list of key decision-makers (individual names if possible) with the authority to make the decisions about that policy action. Flip chart their answers.

➤ **Then ask the large group to brainstorm how they might actually reach these people to advocate for the issue. Prompt with questions such as:**

- ≠ Can you get a meeting with them on your own?
- ≠ Are there other forums besides a meeting that might help you inform or influence your decision-makers?
- ≠ If you don’t have direct access, who can help you reach your decision-makers?

➤ **Make the following KEY POINTS:**

- ★ The more direct influence or connections you have with your key decision-makers, the more chance you will have to persuade them.
- ★ Don't limit yourself only to connections you yourself might have. Consider what relationships might exist between the decision-makers and staff at your organization, members of your board, media contacts, colleagues, or key program partners.
- ★ The more specific you can be when identifying decision-makers (e.g., identifying their title and name, as opposed to simply identifying parliamentarians), the more focused and thoughtful you can make your advocacy strategy.

STEP 3. Define and identify key influencers

10 minutes

➤ **Make the following KEY POINT:**

- ★ Even if you have direct access to decision-makers yourself or through your close connections, it can be useful to also reach them through the people they listen to most, those individuals or groups who have special access or influence.



Read the definition of influencers from the slide:

Key influencers: People or groups who can have a compelling force on the actions, opinions, or behavior of decision-makers.

- **Give participants one minute to brainstorm as many types of individuals or groups who might be powerful influencers for decision-makers** (a general list, not specific names). They can do this on a piece of paper or flip chart.

- **Ask each group to read its list aloud.** Examples of key influencers they might include:

- | | |
|-------------------------------|-------------------------------------|
| ≠ Well-known business leaders | ≠ Business associations |
| ≠ Professional associations | ≠ Celebrities |
| ≠ Community action groups | ≠ A voting bloc |
| ≠ Specific journalists | ≠ Research institutions |
| ≠ Faith-based groups | ≠ Academics |
| ≠ Civic leaders | ≠ Coalitions |
| ≠ Other NGOs | ≠ Technical staff within a ministry |

➤ **Make the following KEY POINT:**

- ★ Always be as specific as possible. Saying “the general public” or “the media” is too broad. It is better to identify a specific journalist or single news outlet (such as one

that reports on politics) or a community action group to whom the decision-maker pays close attention.



Choose one of the decision-makers brainstormed earlier by the group. Ask the large group to help brainstorm a list of specific influencers for the decision-maker. Flip chart their answers.

STEP 4.  **ACTIVITY: SMALL GROUP WORK**

45 minutes

- **Ask participants to turn to their *Part 3 Worksheet: Identifying Decision-makers and Part 3 Worksheet: Identifying Influencers.***

Part 3 Worksheet: Identifying Decision-makers

Starting in Column A, list the different categories of decision-makers that are relevant for your advocacy strategy. Depending on your focus, you may have multiple categories or only one category. Then, in Column B, write the specific names or titles of the most relevant individual decision-makers for that category.

A. Category of decision-makers	B. Specific decision-makers
	1.
	2.
	3.
	1.
	2.
	3.
	1.
	2.
	3.

- **Refer participants to *Part 3 Worksheet: Identifying Decision-makers.***
- **Provide the following instructions:**
 - ≠ Starting in Column A, list the different categories of decision-makers that are relevant for your advocacy strategy (e.g., parliamentarians, district health management team members). Depending on your focus, you may have multiple categories or only one category.

≠ Then, in Column B, write the specific names or titles of the most relevant individual decision-makers for that category.

➤ Then immediately refer participants to **Part 3 Worksheet: Identifying Influencers**.

Part 3 Worksheet: Identifying Influencers

Select three priority decision-makers from the previous worksheet and list them in the shaded column. Next, in Column A, identify potential categories of influencers for each individual decision-maker. Then, in Column B, list up to three powerful and specific influencers within each category.

Decision-makers (from previous worksheet)	A. Category of influencers	B. Specific influencers	
1.		1.	
		2.	
		3.	
			1.
			2.
			3.
2.		1.	
		2.	
		3.	
			1.
			2.
			3.
3.		1.	
		2.	
		3.	
			1.
			2.
			3.

➤ Provide the following instructions:

- ≠ Select three priority decision-makers from the previous worksheet and list them in the shaded column.
- ≠ Next, in Column A, identify potential categories of influencers for each individual decision-maker.
- ≠ Then, in Column B, list up to three powerful and specific influencers within each category.

➤ After 20 minutes, ask groups to briefly share their list of decision-makers and influencers from the worksheets. Facilitate discussion with questions such as:

- ≠ How do these individuals/groups influence the decision-maker?

STEP 5.

MOVING AHEAD!

- Congratulate participants on completing Part 3.
- Go to the “10 Parts” flip chart and check off Part 3.
- Explain that the next step will be to better understand your target decision-makers and their position on your policy advocacy issue and goal. We will begin this after the break.



BREAK 10:30–10:45 (15 minutes)

PART 4: DECISION-MAKERS' KEY INTERESTS 4

Session Objectives

After this session, participants will be able to:

- ≠ Evaluate the awareness and position of target key decision-makers on their issue and advocacy goal.
- ≠ Identify decision-makers' key interests as a means to persuade them on their issue and advocacy goal.



10:45–12:00
1 hour,
15 minutes

Materials

- ≠ Flip chart paper, easels, markers, tape
- ≠ PowerPoint slides
- ≠ Getting Sorted signs
- ≠ Part 4 Worksheet: Identifying Decision-makers' Key Interests

GETTING PREPARED

- ✓ **Tape the four Getting Sorted signs about position in a line on the wall as shown:**

Opposed

Non-mobilized

Low support

High support

- ✓ **Place the four Getting Sorted signs about awareness on the floor below the signs taped to the wall as shown:**

Unaware

*Aware,
inaccurately informed*

*Aware,
uninformed*

*Aware,
accurately informed*

- ✓ **Load the slides.**

FACILITATING THE SESSION

STEP 1. Introduce the session

5 minutes

- **Explain that we need to understand what our decision-makers know about our issue and advocacy goal (their level of awareness) and how they feel about our issue and goal (their position) in order to determine how best to persuade them.**
- **State the session objectives:**
 - After this session, you will be able to:
 - ≠ Evaluate the awareness and position of your decision-makers.
 - ≠ Identify decision-makers' key interests as a means to persuade them on your issue and goal.

STEP 2. Awareness and position of decision-makers

20 minutes



Review the slide on awareness of an issue. Describe the different levels as below:

- ≠ Unaware: not familiar with your issue.
 - ≠ Aware of the issue, but inaccurately informed: has heard of the issue, but may have information that is outdated or inaccurate.
 - ≠ Aware of the issue, but mostly uninformed: has heard of your issue, but may not have much information.
 - ≠ Accurately informed of the issue: aware and correctly informed of your issue.
- **Make the following KEY POINTS:**
 - ★ You need to think about your issue from each of your decision-maker's perspectives. The most effective advocacy strategies are designed to meet your decision-makers where they are, and move them toward your point of view.
 - ★ The focus of your outreach will vary depending on your decision-makers' levels of awareness. For decision-makers who are unaware or uninformed, you will first want to share information on your issue. People need basic knowledge on an issue before they can even consider acting on it. For those who are aware and informed on your issue, you want to build their will to act. Your task often is to illustrate why a decision-maker should care about this issue.



Review the slide on position on your goal. Describe the different positions below:

- ≠ Opposed: clearly committed against your viewpoint. You are not likely to change their mind.
- ≠ Non-mobilized: doesn't yet have an opinion or is undecided on their position.
- ≠ Low support: won't oppose your goal but also not likely to be an active, visible promoter, either. They are generally supportive of the issue.
- ≠ High support: actively working or speaking out on behalf of your goal as a visible and vocal champion to make a change. You don't need to spend time trying to persuade these individuals.

➤ **Make the following KEY POINTS:**

- ★ When determining the position of your decision-maker, think in terms of your specific goal instead of the broader issue. For example, your decision-maker might be a champion of your issue in general, but he or she might not yet have an opinion on your specific issue-related goal.
- ★ Focus on those you can persuade—either those who are non-mobilized or low support. It might seem obvious, but too often advocates spend time responding to their opposition or persuading their champions who are already thoroughly convinced. Instead, you should target those who might be on the fence but would support your issue and/or become champions with a little thoughtful outreach. There is more potential for movement in the middle than at the extreme ends.
- ★ Take the time to understand why someone is opposed to your issue or goal; if they are opposed or resistant because they are inaccurately informed, you may want to place them in the “non-mobilized” category, as there is a chance you could persuade them with correct information. However, if they are vehemently opposed, you will unlikely be able to persuade them.
- ★ You may need to do more research to accurately understand a decision-maker's true position. You can often discover this information through public voting records (if they are available), newspaper articles or other press coverage, and meeting and talking with colleagues or the decision-maker's staff.

➤ **Explain that after analyzing the awareness-level and position of your target decision-maker, the next step is to figure out what might compel them to move toward your point of view.**

➤ **Make the following KEY POINT:**

- ★ As an advocate, you should tap into your decision-maker's existing key interests in order to build a bridge to your ideas. This will help them see your issue as personally relevant.



Ask participants to brainstorm interests or topics that decision-makers care about that will likely shape their opinion or response to your issue and goal. Flip chart responses and be sure the following are mentioned:

- ≠ The latest evidence and data
- ≠ Societal and cultural norms
- ≠ Personal history or experience
- ≠ Relationships or networks
- ≠ Professional advancement
- ≠ Political positioning
- ≠ Time
- ≠ Religious views
- ≠ Financial considerations
- ≠ Constituent viewpoints
- ≠ Media coverage
- ≠ Upcoming elections
- ≠ International standards
- ≠ Other health and development issues

➤ **Make the following KEY POINTS:**

- ★ People care more about an issue when it aligns with their key interests. Understanding what your decision-maker cares about most will help you design advocacy tactics and messages that are more persuasive and compelling. This is about their key interests, not yours. Don't assume people will care about an issue for the same reasons you do. They may be motivated to act for very different reasons.
- ★ If your decision-maker has multiple interests, choose the one you think will be the most motivating or compelling and could legitimately link to your issue and goal. If it seems like a stretch, rethink your choice.



Ask a participant to share one of his/her key decision-makers and their likely level of awareness and position on the relevant issue and goal. Flip chart their answers.



Ask the large group to brainstorm a list of likely key interests for that decision-maker. Flip chart their answers. Ask prompting questions such as:

- ≠ Why might your decision-maker not want to take action on your issue and goal?

➤ **Repeat with another participant as time allows.**

Facilitator Tip!

If a participant says their key decision-maker is strongly opposed to their issue, suggest that the timing may not be right to advocate to that individual.

Suggest instead that they identify a different decision-maker or select a policy action that would not involve that particular decision-maker.

(continue next page)

- Ask participants to locate **Part 4 Worksheet: Identifying Decision-makers' Key Interests**.

Part 4 Worksheet: Identifying Decision-makers' Key Interests

In the shaded column, list up to five decision-makers from the Part 3 Worksheet: Identifying Decision-makers. Rate the awareness and position of each decision-maker on your issue/goal, using the checklists in Columns A and B. Then identify two key interests of each decision-maker and list them in Column C.

Key decision-makers (from Part 3)	A. Awareness of issue	B. Current position on issue	C. Decision-makers' key interests
	<input type="checkbox"/> Unaware <input type="checkbox"/> Aware, uninformed <input type="checkbox"/> Aware, inaccurately informed <input type="checkbox"/> Aware, accurately informed	<input type="checkbox"/> High support <input type="checkbox"/> Low support <input type="checkbox"/> Non-mobilized <input type="checkbox"/> High opposition	1. 2.
	<input type="checkbox"/> Unaware <input type="checkbox"/> Aware, uninformed <input type="checkbox"/> Aware, inaccurately informed <input type="checkbox"/> Aware, accurately informed	<input type="checkbox"/> High support <input type="checkbox"/> Low support <input type="checkbox"/> Non-mobilized <input type="checkbox"/> High opposition	1. 2.
	<input type="checkbox"/> Unaware <input type="checkbox"/> Aware, uninformed <input type="checkbox"/> Aware, inaccurately informed <input type="checkbox"/> Aware, accurately informed	<input type="checkbox"/> High support <input type="checkbox"/> Low support <input type="checkbox"/> Non-mobilized <input type="checkbox"/> High opposition	1. 2.
	<input type="checkbox"/> Unaware <input type="checkbox"/> Aware, uninformed <input type="checkbox"/> Aware, inaccurately informed <input type="checkbox"/> Aware, accurately informed	<input type="checkbox"/> High support <input type="checkbox"/> Low support <input type="checkbox"/> Non-mobilized <input type="checkbox"/> High opposition	1. 2.

- **Provide the following instructions:**
 - ≠ In the shaded column, list your key decision-makers from Part 3.
 - ≠ Rate the awareness and position of each decision-maker on your issue/goal using the checklists in Columns A and B.
 - ≠ Then identify two key interests of that decision-maker and list them in Column C. These are items the decision-maker cares about that can be utilized to persuade them to your position.
 - ≠ Take 20 minutes to complete this worksheet.

- **Gather everyone at the Getting Sorted signs, which you taped on the wall and laid out on the floor earlier.** Ask one participant from each small group to represent one of the decision-makers from their worksheet. Explain that they are now going to play the role of that decision-maker to explain their awareness and position on the relevant issue and goal.
- **Instruct the “decision-maker” to pick-up the sign that best indicates that decision-maker’s level of awareness on their issue. Ask the “decision-maker” to introduce him/herself and *briefly* explain his/her ranking for level of awareness on the issue.**
- **Then ask the “decision-maker” to now stand near the sign taped to the wall that best represents his/her position on the relevant goal. Ask the “decision-maker” to *briefly* explain the reasoning for his/her position and to share with the group one of his/her key interests.**
- **Turn to the other participants and ask them to think about what they might say to educate the decision-maker or persuade the decision-maker to shift his or her position based on his/her key interests. Have participants practice delivering these requests to the “decision-maker.”**
- **Instruct the decision-maker to move near a different position sign on the wall if he/she is persuaded. If a decision-maker is holding a sign that showed a low-level of awareness, have him/her put the sign down if participants are able to “educate” him/her.**
- **Repeat with other “decision-makers” as time allows.**
- **Facilitate a short debrief discussion by asking all participants and “decision-makers” the following questions:**
 - ≠ What additional information might you need to make a more accurate assessment of your decision-maker’s awareness level or position? Where can you get that information?
 - ≠ How will your tactics or arguments vary depending on your decision-maker’s key interests or level of awareness?
 - ≠ How can you build on his/her key interests to show him/her the benefits of taking action?
- **Repeat for additional decision-makers if time allows.**

(continue next page)

STEP 5.

MOVING AHEAD!



- **Congratulate participants on completing Part 4.**
- **Go to the “10 Parts” flip chart and check off Part 4.**
- **Explain that successful advocates must identify the barriers they might face in getting their decision-maker to take action on their issue.** Next we will explore the fifth part of our advocacy strategy: anticipating and managing potential opposition and obstacles to our policy advocacy efforts.

PART 5: ADVOCACY OPPOSITION AND OBSTACLES 5

Session Objective

After this session, participants will be able to:

- ≠ Identify mechanisms for addressing resistance, opposition, and obstacles to their policy advocacy goal.



12:00–13:15

1 hour,
15 minutes

Materials

- ≠ Flip chart paper, easels, markers, tape
- ≠ PowerPoint slides
- ≠ Part 5 Worksheet: Addressing Opposition
- ≠ Part 5 Worksheet: Overcoming Obstacles

GETTING PREPARED

- ✓ Draw a five-column chart on two attached sheets of flip chart paper and cover until needed.

Opponents	Reason for opposing	Level of influence	Arguments and tactics	Mitigation tactics

- ✓ Hang a set of three flip charts side-by-side in three different places in the room (total of nine flip charts). At the top of each flip chart, write out the obstacles from one of the three following obstacle courses (each of the three courses is to be unique). Tape up the bottom of the flip chart paper to cover the writing until the activity starts.

Obstacle Course 1

Upcoming election will slow down work and lead to changes in target decision-makers

Government is resistant to advocacy and/or does not engage civil society in decision-making

Lack of funds to carry out advocacy

Obstacle Course 2

Limited staff time for advocacy *Lack of country-specific evidence for the policy solution* *Policy solution is controversial*

Obstacle Course 3

Relevant policy is not scheduled to be revised for several years *Lack of coordination among key ministries or departments* *Poor economic climate*

- ✓ Load the slides.

FACILITATING THE SESSION

STEP 1. Introduce the session 5 minutes

- **Explain that it is just as important to understand the actors or organizations that may resist or oppose your desired policy action, as it is your decision-makers.** This analysis will help you design activities to lessen the influence they might have with key decision-makers.
- **State the session objective:**
 - After this session, you will be able to:
 - ≠ Identify mechanisms for addressing resistance, opposition, and obstacles to your policy advocacy goal.

STEP 2. Analyzing the opposition 15 minutes

- **Ask participants for their ideas as to why someone may oppose or resist their advocacy efforts.**
- **Explain that advocacy opponents are those individual actors or organizations that will present a challenge for you to achieve your policy advocacy goal.** Opponents can range from individuals and organizations that strongly object to your position to those with competing priorities and/or agendas. They may also be individuals or organizations that oppose you simply due to lack of information, a desire to maintain the status quo, or concerns about funding, timing, and capacity. Sometimes there may not be strong, ideological opposition; rather, individuals or organizations may simply be resistant to your idea for a host of reasons. While not all advocacy efforts will have opponents, many do.



Review the slide on analyzing your opposition, making the following **KEY POINTS**:

- ★ **Know the opposition and their motives.** Work to understand who your opponents are and, more importantly, why they are against your issue or proposed policy solution.
- ★ **Identify their tactics and arguments.** Get familiar with their main arguments and the approaches they use to promote those arguments. Then you can compile and present evidence that counters their arguments or claims.
- ★ **Assess the risks and benefits of confronting them.** Directly countering your opponents can oftentimes be counterproductive. You will likely get better results with those who can be swayed more easily than with those who are deeply dedicated in their opposition.
- ★ **Mitigate their influence.** When you anticipate and assess your opponents, you can design advocacy actions to lessen or counter their influence with your target decision-makers.
- ★ **Pick the right partnerships.** It may help to partner with organizations or individuals who come from the same sector as your opponents and are uniquely trusted by your key decision-makers. Their presence can help to allay the authority of your opponents.



Ask a participant to share one of his/her advocacy goals with the group. Encourage the large group to brainstorm a brief list of potential opponents to that goal, note their reasons for opposition, their level of influence on key decision-makers, and some of their arguments or tactics. Finally, note any ideas for potential tactics to mitigate their influence. Record their answers on the prepared flip chart:

Opponents	Reason for opposing	Level of influence	Arguments and tactics	Mitigation tactics

➤ **Make these KEY POINTS:**

- ★ If your opponents have no influence, don't worry about them.
- ★ In general, you don't want to engage opponents who strongly object to your position. You want to know their arguments in order to counter what they are saying when you communicate with decision-makers. But you don't want to counter them directly.

- **Explain that it is not just individuals and organizations that can stand in the way of your advocacy goal. Challenges and obstacles can come in many forms.**
- **Ask the full group to share ideas of common obstacles that could interfere with their advocacy goals.** Prompt with the following if needed:
 - ≠ Lack of funds to carry out advocacy activities.
 - ≠ Limited staff time and/or capacity.
 - ≠ Lack of coordination among key ministries or departments.
 - ≠ Economic climate.
 - ≠ An upcoming election slows down work or may change key decision-makers.
 - ≠ Relevant policy is not scheduled to be revised for several years.
 - ≠ Vacancies among key decision-making posts.
 - ≠ Lack of country-specific evidence.
 - ≠ Lack of long-term sustainable support for the change you want to implement.
- **Divide participants into three teams** and ask each team to stand in front of a set of flip charts on the wall.
- **Explain that these flip charts are now that team’s “obstacle course.”** Starting with Obstacle #1 on the far left, instruct teams to brainstorm three different ways to overcome that obstacle and write them on that flip chart. Then quickly brainstorm three ideas for the next obstacle and then the last obstacle. Teams must finish one obstacle before moving onto the next.
- **Encourage teams to be creative and strategic, but the ideas must be also realistic to accomplish.**
- **After all teams finish, ask each team to share one idea for overcoming each of their three obstacles. Facilitate a debrief discussion with questions such as:**
 - ≠ Did one obstacle present a greater challenge to overcome than others?
 - ≠ How confident are you that you will be able to overcome the obstacles with your ideas? Are some too big to overcome?
 - ≠ Do others have additional ideas for overcoming another team’s obstacle?
 - ≠ Hearing each other’s suggestions, would you change any of your strategies to tackle your obstacles?

Facilitator Tip!

This activity can be made into a competition to serve as an energizer for the group, if needed. To do so, when you start the obstacle course, tell the group that the first team to finish should run to the front of the room to ring a bell (or shout “finished!”). Remind them that to win, they must not only finish first, but come up with realistic solutions to overcome obstacles as well. A competitive approach may not work for all groups.

- Refer participants to **Part 5 Worksheet: Addressing Opposition.**

Part 5 Worksheet: Addressing Opposition

List two to four potential opponents to your advocacy goal, either individuals or groups, in Column A. In Column B, identify their possible reasons for opposing you. In Column C, rank their level of influence on your key decision-makers. In Column D, note any arguments or tactics the opposition uses to promote their views. Finally, in Column E, list ways you might mitigate their influence. Additional research may be needed to complete this worksheet.

A. Opponents	B. Reason for opposition	C. Influence on decision-makers	D. Known arguments and tactics of opposition	E. Ways to lessen their influence
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low, none	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low, none	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low, none	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low, none	<input type="text"/>	<input type="text"/>

- Provide the following instructions:
 - ≠ List two to four potential opponents to your advocacy goal, either individuals or groups, in Column A. In Column B identify the reasons they may have for opposing you.
 - ≠ In Column C, rank the level of influence your potential opposition might have on your key decision-makers. In Column D, note any arguments or tactics the opposition might use to promote their views. Note where you might need to do more research to learn about their approach.
 - ≠ Finally, in Column E, list ways you might lessen the influence your opponents have with key decision-makers.

- Immediately refer participants to **Part 5 Worksheet: Overcoming Obstacles**.

Part 5 Worksheet: Overcoming Obstacles

Write your policy advocacy goal in the far right bubble. Then list two to three obstacles that you will likely face in reaching that goal. In the bubbles beneath, list some ideas on how you might overcome each obstacle.

OBSTACLE #1 OBSTACLE #2 OBSTACLE #3 POLICY ADVOCACY GOAL:

STRATEGIES TO OVERCOME THESE OBSTACLES:

The worksheet features a grid of bubbles. The top row contains four bubbles: three labeled 'OBSTACLE #1', 'OBSTACLE #2', and 'OBSTACLE #3' (all in blue), and one on the far right labeled 'POLICY ADVOCACY GOAL:'. Below this row, the text 'STRATEGIES TO OVERCOME THESE OBSTACLES:' is followed by three large empty bubbles for notes, and a fourth empty bubble on the far right, aligned with the 'POLICY ADVOCACY GOAL:' bubble.

- Provide the following instructions:
 - ≠ Write your policy advocacy goal in the far right bubble. Then list two to three obstacles that you will likely face in reaching that goal.
 - ≠ In the bubbles beneath, list some ideas on how you might overcome each obstacle.
- Invite one group to briefly present its analysis of one opponent and one obstacle. Probe with additional questions such as:
 - ≠ How visible or vocal is this opponent?
 - ≠ What information do you need to understand this opponent better?
 - ≠ What would you want to do to mitigate their arguments and/or influence on your decision-makers?
 - ≠ How large is your obstacle likely to be? Can it realistically be overcome? Can you work around it or wait it out?
- Repeat with additional groups as time permits.

STEP 5.  **MOVING AHEAD!**

- **Congratulate participants on making it halfway through the workshop!**
- **Go to the “10 Parts” flip chart and review all of the parts completed so far. Check off Part 5.**
- **Explain that the last few sessions have asked them to analyze external factors.** After lunch, the next session will help them analyze their own organizations.



Session Objective

- After this session participants will be able to:
- ≠ List the types of skills, expertise and resources needed for advocacy efforts.



14:15—15:15
1 hour

Materials

- ≠ Flip chart paper, easels, markers, tape
- ≠ Part 6 Worksheet: Taking Inventory of Advocacy Assets and Gaps

(There are no PowerPoint slides used in this session.)

GETTING PREPARED

- ✓ Prepare the following chart on two attached pieces of flip chart paper and cover until needed.

Staff to work on advocacy	
Staff who can be influential spokespeople	
Staff relationships with decision-makers	
Staff relationships with media	
Expertise in communications & media relations	
Expertise in coalition-building	
Expertise in grassroots mobilization	
Expertise in web-based communications	
Expertise in policy analysis and/or policy development	
Familiarity with the policy process	
Evidence to support the policy solution	
Funding (current or likely)	

FACILITATING THE SESSION

STEP 1. Introduce the session

5 minutes

- **Explain that policy advocacy can involve a range of approaches and tactics that requires different skills, expertise, or resources to implement. These are your advocacy assets.** Part 6 of our strategy is to conduct a thorough inventory of the assets we have or any gaps that we would need to fill to effectively conduct advocacy.
- **State the session objective:**
 - After this session, you will be able to:
 - ≠ List the types of skills, expertise, and resources needed for advocacy efforts.

STEP 2. Assess organizational capacity

15 minutes



Ask a participant to suggest one general skill, type of expertise, or resource that would be needed to advocate. Flip chart the response.

- **Repeat with another participant. Continue to add to the list,** participant by participant, until there are no more ideas. Answers could include:
 - ≠ Available staff
 - ≠ Available or likely funding
 - ≠ Staff who can serve as spokespeople
 - ≠ Relationships with media
 - ≠ Social media experience
 - ≠ Expertise in policy research
 - ≠ Technical knowledge of an issue
 - ≠ Experience in policy advocacy
 - ≠ Expertise in policy analysis
 - ≠ Grassroots networks to take action
 - ≠ Evidence to support the policy solution (data, stories, materials)
 - ≠ Expertise in media relations and other communications
 - ≠ Expertise in coalition-building or partnership development
 - ≠ Expertise in drafting guidelines or legislation
 - ≠ Relationships with decision-makers and influencers
 - ≠ Organizational reputation for advocacy
- **Make the following KEY POINT:**
 - ★ Your organization may be really strong in some of these areas but weak in others. Ideally, your advocacy strategy should be a natural extension of what you already know or do well. For example, if your organization does not have expertise in working with the media or any established connections with journalists, it may not be wise to pursue a media-related advocacy strategy.



Using the prepared flip chart, ask a participant to rank the level of each resource available at their organization (high, medium, low). Ask prompting questions, such as:

- ≠ Who on your staff has that skill?
- ≠ How many team members are available?
- ≠ What specific funds could you use?

Staff to work on advocacy	
Staff who can be influential spokespeople	
Staff relationships with decision-makers	
Staff relationships with media	
Expertise in communications & media relations	
Expertise in coalition-building	
Expertise in grassroots mobilization	
Expertise in web-based communications	
Expertise in policy analysis and/or policy development	
Familiarity with the policy process	
Evidence to support the policy solution	
Funding (current or likely)	

➤ Repeat with another participant as time allows.

STEP 3. ACTIVITY: SMALL GROUP WORK

40 minutes

➤ Ask participants to locate *Part 6 Worksheet: Taking Inventory of Advocacy Assets and Gaps*.

➤ Provide the following instructions:

- ≠ Column A lists a variety of skills, expertise, and resources that are useful in policy advocacy work.
- ≠ In Column B, list the specific individuals or materials that exist within your organization (if at all). Then in Column C, rate the level or extent to which that resource is available for advocacy (high, medium, or low).
- ≠ Based on your ratings, list your three greatest assets for advocacy and your three greatest gaps where you will need support.

Part 6 Worksheet: Taking Inventory of Advocacy Assets and Gaps

Column A lists a variety of skills, expertise, and resources that are useful in policy advocacy. In Column B, list the specific individuals or materials that exist within your organization (if at all). Then in Column C, rate the level or extent to which that resource is available for advocacy (high, medium, or low). Based on your ratings, select your three greatest assets and your three greatest gaps.

A. Skills, expertise, and resources	B. Specific individuals or materials <i>(Names of people, departments, etc.)</i>	C. How much of this resource is available for advocacy?
Staff who are available to work on advocacy		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Staff who can be influential spokespeople		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Staff relationships with decision-makers		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Staff relationships with media		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Expertise in communications and media relations (e.g., policy briefs, letters to the editor)		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Expertise in coalition-building		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Expertise in community and social mobilization		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

(Worksheet Page 2)

Part 6 Worksheet: Taking Inventory of Advocacy Assets and Gaps

A. Skills, expertise, and resources	B. Specific individuals or materials <i>(Names of people, departments, etc.)</i>	C. How much of this resource is available for advocacy?
Expertise in web-based communications		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Expertise in policy analysis and/or policy development		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Familiarity with the policy process		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Evidence to support the policy solution		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Funding (current or likely)		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

Three greatest ASSETS:

Three greatest GAPS:



When they are finished with their worksheets, ask each team to write their group name on a flip chart and then record their three greatest assets and gaps. Once each group or organization has recorded their assets and gaps on a flip chart, have everyone walk around and look at the assets and gaps of each group. Explain that they should be “window shopping” to identify other organizations or groups that might be able to fill one of their gaps with an asset.

- **Review the final list to determine which assets and gaps are most common among the large group.** Ask participants if they found any “matches” within the group of teams who have assets that might benefit teams who have gaps. This might be a potential partnership for your advocacy efforts.

Facilitator Tip!

Offer to type up the list of assets and gaps for the group and share with participants. This can be a great tool for identifying future partnerships.

STEP 4.

MOVING AHEAD!

- **Congratulate participants on completing Part 6.**
- **Go to the “10 Parts” flip chart and check off Part 6.**
- **Mention that Part 7 will discuss the value of partnerships and how they can help address some of the participants’ advocacy gaps.**



BREAK 15:15–15:30 (15 minutes)

Session Objectives

After this session, participants will be able to:

- ≠ Assess qualities of a strategic partnership.
- ≠ Identify different types of collaboration.



15:30–17:15

1 hour,
45 minutes

Materials

- ≠ Flip chart paper, easels, markers, tape
- ≠ PowerPoint slides
- ≠ Case Study
- ≠ Partner Mingle cards
- ≠ Qualities of Effective Partnerships flash cards (three sets)
- ≠ Types of Collaboration flash cards
- ≠ Part 7 Worksheet: Selecting Advocacy Partners

GETTING PREPARED

- ✓ **Make sure you have all of the Part 7 card sets and an open space in the room for the Partner Mingle activity.**
- ✓ **Load the slides.**

FACILITATING THE SESSION

STEP 1. Introduce the session

5 minutes

- **Explain that advocacy through partnership is almost always more successful than solo efforts.** However, too many partners could also undermine your advocacy strategy. You want to be strategic and thoughtful about your partnerships.
- **State the session objectives:**
 - After this session, you will be able to:
 - ≠ Assess qualities of a strategic partnership.
 - ≠ Identify different types of collaboration.

STEP 2. ACTIVITY: PARTNER MINGLE

30 minutes



In preparation for the group activity, review the slide on strategic reasons for partnering.

- ≠ Adds to the number of organizations actively working on the issue.
- ≠ Brings together new constituents demonstrating wide-scale and diverse support for the issue.
- ≠ Demonstrates benefit to multiple sectors of importance.
- ≠ Improves ability to reach and persuade a wider set of decision-makers and influencers.
- ≠ Helps to mitigate the influence of the opposition.
- ≠ Yields additional expertise, skills, and resources.
- ≠ Helps fill an organization's advocacy gaps.



Ask participants if there are any other compelling reasons to partner that may be missing from the list. Flip chart their answers.

- **Distribute one "Partner Mingle" card to each participant and explain that they will assume the role of a representative of the organization on their card.** Tell them not to show their cards to each other.
- **Refer participants to the case study you used on Day 1.** Explain that the case study will provide the context for this exercise. Each organization has a potential interest in advocating for the issue and the goal in the case study and is a prospective member of the coalition.

Facilitator Tip!

If the group is small, you may wish to pre-select particular cards that will increase the chance of yielding creative, interesting partnerships.

- **Instruct participants to re-read the case study and their card and become familiar with their assigned organization.**
 - **Gather participants in the empty space of the room and explain these guidelines:**
 - ≠ The goal of this exercise is to form multiple networks of four partners each.
 - ≠ Speak to each other about your organizations and discuss if there might be strategic reasons to partner together.
 - ≠ As soon as you find one partner, move together to find a third partner and so on. For the purpose of the exercise, an organization cannot belong to more than one group (in reality, organizations often belong to more than one network or coalition).
 - ≠ Keep conversations brief (about three minutes) and talk with as many people as possible in 15 minutes.
 - ≠ It is okay if a discussion does not yield a viable partnership. Just continue to mingle and find someone who wants to partner with you!
 - ≠ There are no pre-determined partnerships in this exercise. Everyone represents a potential member of a network. Groups simply need to make a case for why they want to work together. Be creative and determine what makes the most strategic sense for your organization.
- Facilitator Tip!**
 If the group is small, reduce the networks to three members and/or have the facilitator(s) also assume a role(s).
- **Begin the exercise and observe for about ten minutes.** Then give a five-minute time warning and end the mingle session after five minutes.
 - **While standing in a group, ask each network to describe how it came together.** Facilitate discussion with the full group about the exercise with questions such as:
 - ≠ With whom did you decide to partner and why?
 - ≠ How were you convinced to partner?
 - ≠ What kind of partner did you want but could not find?
 - ≠ Did you want to partner with someone that did not want to partner with you?
 - ≠ What insights did you have about partnerships for advocacy?
 - **Thank participants and ask them to remain in their newly formed “coalitions” for the remainder of the module when they return to their seats.**

STEP 3. What are effective advocacy partnerships? *10 minutes*

- **Explain how this exercise demonstrated the importance of thinking critically, creatively, and strategically about potential partners.**
- **Make the following KEY POINT:**

- ★ While advocacy is almost always more successful when done in collaboration with others, you should not partner with anyone and everyone. In addition to benefits, partnerships can come with risks or downsides. Be selective about your partners. Any potential partner should have something helpful to add to the effort and should not weaken your impact.



Review the slide on effective partnerships, making the following KEY POINTS:

- ★ The best partners usually bring resources to the advocacy effort, especially ones that fill gaps that may exist for your organization. They are also generally easy to work with.
- ★ Your ideal partner should also be in alignment with your advocacy goal. However, if you require them to agree on all aspects of your strategy, you may greatly reduce the number and quality of partners. Sometimes you need to “agree to disagree” on certain aspects of an advocacy strategy.
- ★ Strong partners usually bring few risks. Risks may impact your broader reputation or your potential to go off message.



Ask participants to brainstorm risks that an organization might bring to a partnership. Flip chart their responses, which might include:

- | | | |
|--|--|--|
| ≠ Controversial stance on a different issue. | ≠ Broad organizational advocacy agenda. | ≠ Poor relationships with decision-makers. |
| ≠ Negative media coverage. | ≠ Poor financial management. | ≠ History of avoiding responsibilities in a coalition. |
| ≠ Staff turnover. | ≠ Inflammatory and negative public statements. | |

➤ **Facilitate a short discussion about a partner’s potential risk by asking one or more of the following questions:**

- ≠ Would any of these risks cause you to disqualify an organization as a partner?
- ≠ Could you mitigate any of these risks? How?

➤ **Make the following KEY POINT:**

- ★ Risks should not immediately disqualify a partner, but be aware of them. Weigh their strengths against their weaknesses to determine whether the partnership is worth the risk.

STEP 4.  **ACTIVITY: THE PERFECT PARTNER⁵** *10 minutes*

- **Distribute one set of Qualities of Effective Partnerships flash cards to each of the “coalitions”.**
- **Explain that each card represents a characteristic of an effective partnership.**



In preparation for the activity, review the slide with the list of the qualities of an effective partner:

- ≠ Swift attention to problems
 - ≠ Shared power
 - ≠ Clear expectations
 - ≠ Mutual responsibility
 - ≠ Ample recognition, thanks, and praise
 - ≠ Inspiration and celebration
 - ≠ Strategic thinking
 - ≠ Persistence
 - ≠ Personal and regular contact
 - ≠ Regular flow of information
 - ≠ Focused goal-setting
- **Instruct participants to read through the cards and select five characteristics that they think are most important.** When finished, they should write their final list on a flip chart and post.
 - **Have each group share their chosen characteristics. Facilitate a debrief discussion with questions such as:**
 - ≠ What characteristics did you choose and why?
 - ≠ Is there a common theme among your choices?
 - ≠ Of the characteristics you discarded, did you find them to be important or unnecessary?
 - ≠ Are any important characteristics missing?

STEP 5.  **ACTIVITY: TYPES OF COLLABORATION⁶** *10 minutes*

- **Explain that there are different models of partnerships.** In other words, there are different levels or types of collaboration that range from loose and informal to very structured and formal.



Display the slide on types of collaboration during the exercise.

- ≠ Information and data sharing
- ≠ Developing common messages
- ≠ Mutual consultation
- ≠ Joint planning and strategizing

⁵ Adapted from “Expanding Access through Policy Advocacy,” *Women Thrive Worldwide*.

⁶ Adapted from “Expanding Access through Policy Advocacy,” *Women Thrive Worldwide*.

- ≠ Coalitions and alliances
- **Distribute the Types of Collaboration flash cards among the “coalitions” (one card/group).**
- **Ask the “coalition” with the “information and data sharing” card to read the description aloud to the larger group.** Ask if they have any examples of this type of partnership from their real-world experiences. Be prepared to provide an example if they cannot.
- **Continue in this manner until you have circulated through all types of collaboration below:**
 - ≠ **Information and data sharing.** Individuals and organizations agree to freely share information and data based on their contacts and what they learn in their work. There is no joint decision-making or requirement to use the information in a certain way.
 - ≠ **Developing common messages.** Partners agree to share information and then analyze it together to identify trends and develop shared messages. Each organization will use these messages as they see fit within their own advocacy and not necessarily in coordination with each other.
 - ≠ **Mutual consultation.** Partners use one another as a resource to develop their own individual plans to achieve policy advocacy goals. They get ideas from each other but still do separate work.
 - ≠ **Joint planning and strategizing.** Partners identify similar challenges and develop mutually reinforcing plans and strategies to address them. Each partner does its own work but holds the other accountable for agreed-upon actions.
 - ≠ **Coalitions and alliances.** The most formal type of collaboration where individuals and organizations work together on a shared plan of action. They are committed to support the plan and each other. Some coalitions are temporary and the partners disband after they reach their common goal. Other coalitions are like a long-term alliance, with a permanent structure and organization.
- **Explain that many organizations default to coalitions as their preferred model of partnership, but there are many issues to consider before forming a coalition.**
- **Make the following KEY POINTS:**
 - ★ Coalitions have many advantages, including the fact that they can enlarge the base of support for an issue as well as give the issue more legitimacy with a mass of interest. Coalitions can often maximize resources by pooling them together and delegating work across the coalition.
 - ★ There are also disadvantages to working in coalitions to consider. It can often be hard to reach consensus in a coalition due to differing priorities and viewpoints. Sometimes you may not get credit for your hard work, while others get credit for no work. Power is not always equally distributed in coalitions. Many times, larger or wealthier organizations may have more say in decisions.

- ★ Working in a coalition is not the only way to collaborate with other organizations. Carefully consider the advantages and disadvantages of working in a coalition before deciding to join or start one.

- **Instruct “coalitions” to discuss among themselves which type of collaboration they think would be most effective for the group to utilize and why.** They may decide to remain a coalition or prefer a different type of collaboration. Tell participants to use the case study from the partner mingle to help guide their selection, although they may deviate from its events. There is no right answer; they just need to make a case for why they might choose a particular model.
- **Facilitate a short debrief discussion asking groups questions such as:**
 - Did any type of collaboration emerge as your preferred model of partnership? Why?
 - What led you to select this type of collaboration over the others?
 - What would be the advantages to this type of collaboration? Disadvantages?

STEP 6.  **ACTIVITY: SMALL GROUP WORK** *30 minutes*

- **Ask participants to locate *Part 7 Worksheet: Selecting Advocacy Partners*.**

Part 7 Worksheet: Selecting Advocacy Partners

List three to five potential advocacy partners across the first row. These may be organizations, individuals, alliances, and coalitions. Starting with the first partner and working downward, provide two to three strategic reasons for selecting that partner, along with any potential risks they may bring. Finally, note how you would like to collaborate with each partner.

	Potential partner:				
Strategic reasons to partner					
Potential risks					
Anticipated collaboration					

- **Provide the following instructions:**
 - ≠ In your original groups, list three to five potential advocacy partners across the first row. These are organizations, individuals, alliances, and coalitions that have needed expertise, resources, or influence on decision-makers.
 - ≠ Starting with the first partner and working downwards, provide two to three strategic reasons for selecting that partner and any potential risks of that partner.
 - ≠ Finally, note how you would like to collaborate with each partner.
 - ≠ Repeat this analysis with all potential partners in the top row.

- **Ask teams to briefly present some of their potential partners and the strategic reasons for selecting them, as well as their ideal types of collaboration.** Reiterate key points from before as groups share (e.g., diversity of partners, selecting partners to fill gaps).

STEP 7.  **MOVING AHEAD!**

- **Congratulate participants on completing Part 7.**
- **Go to the “10 Parts” flip chart and check off Part 7.**
- **Mention that participants now have all of the information they need to create their actual advocacy work plans, which is Part 8. We will start with Part 8 first thing tomorrow morning.**

DAILY SUMMARY AND CLOSING

Session Objectives

After this session, participants will be able to:

- ≠ Summarize the day's topics and achievements.
- ≠ Provide feedback about the workshop so far.



17:15–17:30
15 minutes

Materials

- ≠ Index cards

FACILITATING THE SESSION

STEP 1. Summarize the day

5 minutes

- **Congratulate and thank participants for their enthusiasm and hard work.**
- **Quickly review the main topics and group accomplishments from the day.**
- **Ask participants for any final questions or comments about the day.**

STEP 2. ACTIVITY: FEEDBACK

10 minutes

- **Distribute index cards for participant feedback about the day.** Ask them to draw a “+” on one side and write one thing they learned/liked today. On the other side, draw a “–” and write one thing they would like to see changed.
- **Attend to any remaining logistics and close the day.**

AFTER THE DAY:

1. Review participant feedback. Prepare a summary for the following morning.
2. Review today's progress and tomorrow's agenda. Adjust the content and timing as needed based on participant feedback.
3. Rearrange flip charts that are no longer needed and prepare flip charts for the next day.

DAY 3 FACILITATION INSTRUCTIONS

Parts 8 through 10
Closing Session

Today's Schedule

Opening Session	9:00–9:15
Part 8: Advocacy Tactics	9:15–10:15
Break	10:15–10:30
Part 8: Advocacy Tactics	10:30–12:30
Lunch	12:30–13:30
Part 9: Advocacy Messages	13:30–15:00
Break	15:00–15:15
Part 9: Advocacy Messages	15:15–16:00
Part 10: Plan to Measure Success	16:00–17:00
Closing Session	17:00–17:30

Today's Materials

- ≠ Laptop, LCD projector
- ≠ Screen, power cords
- ≠ PowerPoint slide set
- ≠ Flip charts, easels, tape
- ≠ Colored markers, scissors
- ≠ Attendance log
- ≠ Agenda
- ≠ Small ball
- ≠ Qualities of a Compelling Message flash cards
- ≠ Part 8 Worksheet: Developing Objectives
- ≠ Part 8 Worksheet: Developing a Work Plan
- ≠ Part 9 Worksheet: Crafting Advocacy Messages
- ≠ Part 9 Worksheet: Identifying Advocacy Messengers
- ≠ Part 10 Worksheet: Planning to Measure Success
- ≠ Final evaluations
- ≠ Certificates of completion

OPENING SESSION

Session Objectives

- After this session, participants will be able to:
- ≠ Recollect the key points from the previous day.
 - ≠ Outline objectives for the day.



9:00–9:15
15 minutes

Materials

- ≠ Flip chart paper, easels, markers, tape
- ≠ Attendance log
- ≠ Small ball
- ≠ Agenda

GETTING PREPARED

- ✓ Set out attendance log for participants to sign when they arrive.
- ✓ Load the slides.

FACILITATING THE SESSION

STEP 1. Welcome and Day 2 feedback

5 minutes



Welcome participants to Day 3.

- **Briefly summarize the participant feedback from yesterday and describe any adjustments planned for today.**

STEP 2. ACTIVITY: BALL TOSS

5 minutes

- **Ask participants to stand and form a circle.**
- **Ask them to think about the discussions and activities from yesterday.**
- **Explain that you will toss the ball to someone. That person should catch the ball and quickly shout out a word, phrase, or concept he/she learned yesterday.**
- **That person then tosses the ball to someone else who repeats the exercise.**
- **Continue the activity until each participant has the opportunity to share twice.**

STEP 3. Review today's agenda

5 minutes

- **Refer everyone to the agenda.**
- **Review the main topics and activities planned for the day.** Highlight how today builds upon the topics and outcomes from yesterday.
- **Ask for questions.**

Session Objectives

- After this session, participants will be able to:
- Design objectives to reach an advocacy goal.
 - Determine advocacy activities and tactics.
 - Develop an advocacy work plan.



9:15–12:30
3 hours
(plus 15-minute break)

Materials

- Flip chart paper, easels, markers, tape
- PowerPoint slides
- Sample objective from selected case study (Annex 2: Activity Materials)
- Part 8 Worksheet: Developing Objectives
- Part 8 Worksheet: Developing a Work Plan

GETTING PREPARED

- ✓ **Label five different flip charts with the following headings (one heading per flip chart). Hang them on easels or the wall until needed for the Carousel activity.**
 - Traditional and new media
 - Events and meetings
 - Monitoring commitments/ promoting accountability
 - Materials and publications
 - Gathering evidence for advocacy
- ✓ **Flip to Annex 2: Activity Materials in your facilitator’s guide, and select the related non-SMART objective from the case study you have used throughout the workshop. Write this objective on a flip chart and cover until needed.**

- ✓ **Draw the table below on two attached sheets of flip chart paper and cover until needed.**

Activity	Staff	Partner(s)	Cost	Timeline

- ✓ **Load the slides.**

FACILITATING THE SESSION

STEP 1. Introduce the session

5 minutes

- **Explain that in Part 8, you will take all of the information from Parts 1 through 7 to develop a concrete work plan to achieve your advocacy goal.** Many of you already have experience developing work plans. Creating a work plan for your policy advocacy strategy won't be very different.

- **State the session objectives:**

After this session, you will be able to:

- ≠ Design objectives to reach an advocacy goal.
- ≠ Determine advocacy activities and tactics.
- ≠ Develop an advocacy work plan.

STEP 2. Creating advocacy objectives

25 minutes



Ask participants to identify the type of information generally included in a work plan. Flip chart their responses, which could include:

- ≠ Project goals and objectives
- ≠ Activities
- ≠ Timeline
- ≠ Budget
- ≠ Responsible parties

- **Explain that many of the same components will be a part of an advocacy work plan beginning with goals and objectives.** Remind participants that they've already developed their advocacy goal.



Read the definition of an objective from the slide.

Objective: Desired accomplishment or outcome that will contribute to the overall goal. A step toward your advocacy goal.

- **Make the following KEY POINTS:**

- ★ Objectives are the short- to medium-term steps toward your overall goal. They should not be harder to accomplish than the goal!
- ★ Think of objectives as actions your decision-makers, influencers, or key stakeholders might take to demonstrate their commitment to change. For example, your advocacy goal might be to pass a new piece of legislation in Parliament. Objectives toward that goal could include: a key Member of Parliament agrees to introduce the legislation; Parliament committee sponsors a hearing on the legislation.

- ★ Objectives are the actions you want someone else to take. The actions YOU will take will be your advocacy activities.

 **Review the slide on the three specific elements of an advocacy objective.** Similar to your advocacy goal, your objectives should outline WHO, WHAT, and WHEN.

- ≠ WHO: which specific decision-maker or key stakeholder you want to take action.
- ≠ WHAT: what action the decision-maker should take.
- ≠ WHEN: a time frame for the action to occur (often six months to three to five years depending on the particular advocacy effort).

 **Review the slide on SMART objectives.** Generally, if your advocacy objective includes the WHO, WHAT, and WHEN they will already be SMART.

- ≠ Specific
- ≠ Measurable
- ≠ Achievable
- ≠ Relevant
- ≠ Time-based



Reveal the flip chart with the sample non-SMART objective from your selected case study.

- **Refer participants to the case study used in Part 1.**
- **Ask participants if this objective contains all the necessary elements of a good advocacy objective. Work with them to revise it to include WHO, WHAT, and WHEN. Flip chart their revisions.** Prompt with questions such as:
 - ≠ What is the policy action?
 - ≠ Who should take that action?
 - ≠ When should the action take place?
- **Once they come up with a revised objective, prompt them to critique their objective with questions such as:**
 - ≠ How will you know if you accomplish this objective?
 - ≠ Can you identify the decision-maker or key stakeholder?
 - ≠ Is it time-bound?
 - ≠ Will it actually help to bring you closer to the goal? Is it relevant?
 - ≠ Is it easier to achieve than the goal?



Ask a participant to share their advocacy goal and work with them to develop a good advocacy objective. Flip chart their answer.

- **Repeat with additional participants until the group is comfortable with the concept.**

- Ask participants to turn to **Part 8 Worksheet: Developing Objectives**.

Part 8 Worksheet: Developing Advocacy Objectives

Insert your advocacy goal from Part 2 into the box on the left. Develop at least three advocacy objectives for that goal. Remember, a good advocacy objective includes: who, what, and when. Objectives should also be SMART: specific, measurable, achievable, relevant, and time-bound.

Your advocacy goal
(Part 2)

Your advocacy objectives

1

2

3

- Instruct teams to transfer their advocacy goal from Part 2 into the first box. Then develop at least three objectives for that goal that meet the requirements of a good advocacy objective.
- Then ask each group to *briefly* share its goal and one objective. If objectives don't include the three components and are not SMART, have the large group suggest improvements.
- Mention that after the break it will be time to identify the specific activities needed to achieve these objectives and move toward your overall goal.



BREAK 10:15–10:30 (15 minutes)

* During the break, position the five prepared flip charts in an open space of the room.

➤ **Have participants count off into five groups.** Assign each group to a flip chart easel.

➤ **Explain that each flip chart represents a different category of advocacy activities:**

1. Traditional and new media
2. Events and meetings
3. Materials and publications
4. Gathering evidence for advocacy
5. Monitoring commitments and promoting accountability

Facilitator Tip!

You may need to clarify that traditional and new media refer to the use of outlets such as newspapers (traditional) and Twitter (new). Materials and publications refer to policy briefs, fact sheets, or other communications materials.

➤ **Instruct each team to write down as many different general types of advocacy activities in their category as they can in 30 seconds.** The examples are not specific to their own advocacy goals, but for any advocacy goal.

➤ **Start the timer and ask them to start writing.**

➤ **After thirty seconds, signal for groups to rotate *clockwise* to the next flip chart and add what they can to the existing list, without repeating what is already written.** Again, allow 30 seconds.

Continue in this way until all groups have had a chance to contribute to each flip chart. You may choose to rotate teams through each chart again if the lists are minimal.

➤ **Gather participants in front of one flip chart and discuss the list.** Prompt teams to elaborate on their ideas with questions such as:

- ≠ How would you use this activity for advocacy?
- ≠ What are the pros and cons of using this activity?
- ≠ What would you need to consider when planning this activity?
- ≠ How would a decision-maker respond to this type of activity?
- ≠ If there are a lot of traditional advocacy activities, what new and creative activities could get the interest of decision-makers?

Facilitator Tip!

You may want to use a loud bell or a timer to signal that it is time to move to the next flip chart. It is also a good idea to give teams a 5-second countdown or warning. This activity can be made into a competition, if the group needs more of an energizer. To do so, give each group a different colored marker or pen for the carousel and instruct them to carry it with them as they move to the different flip charts. Tally the number of new ideas each team comes up with as you debrief. The team with the most ideas wins.

➤ **Repeat this discussion at each flip chart.** If any major ideas are missing, refer to the box below to provide ideas in each category.

Materials and Publications		
Report Fact sheet Policy brief Brochure	Poster Infographic White paper Talking points	Peer-reviewed journal article PowerPoint slides Newsletter Photo book
Traditional and New Media		
Op-ed Press release Press briefing Twitter Facebook Webcast	Interview Media advisory Website YouTube channel Radio program Flickr Film	Press conference Desk side briefing Installation art Google Hangout Letter to the editor Talk show Blog
Meetings and Events		
Photo exhibit Policy dialogue Private dinner Film festival Exhibit Award ceremony March	Report launch Expert panel Symposium Field visit Gala Summit Commemoration	Task force/Coalition meeting Cocktail reception Parliamentary briefings Breakfast/luncheon meeting Meeting with decision-makers Stakeholder briefing Demonstration
Gathering Evidence for Advocacy		
Disease-transmission modeling Budget-impact modeling Key informant interviews Facility assessments	Data forecasting Case study Focus groups Collecting stories	Demonstration/pilot project Cost-effectiveness modeling Study tour/field visit Literature review Policy and budget analysis
Monitoring Commitments and Promoting Accountability		
Participatory budgeting Public expenditure tracking	Community scorecards Citizen report cards Social audits	Citizen charters Health committees Health pacts

➤ **Make the following KEY POINT:**

- ★ These are not the only ideas for advocacy activities. They simply offer a “menu” of options to choose from or inspire new creative ideas when developing your work plans and choosing the best activities to meet advocacy objectives.

Facilitator Tip!

Offer to type up the list of ideas for advocacy activities and share with participants as a resource for the group.

STEP 5. Prioritizing advocacy activities

15 minutes

- **Explain that it is good to limit the number of strategic activities.** You cannot and should not try to do all of these activities. The best activities are the ones most likely to have an immediate and direct impact on your target decision-makers or key influencers.



Review the slide on selecting activities for an advocacy work plan.

When determining your advocacy activities, use these questions to help ensure you are strategic and targeted with your efforts.

- ≠ Will the activity address our decision-makers' key interests?
- ≠ Will the activities catch the interest of our influencers and/or decision-makers?
- ≠ Will the activity lessen the influence of any opposing groups or counter their messages?
- ≠ Do we have the expertise and resources to carry out the activity?
- ≠ What upcoming events, significant dates, or government decisions could be opportunities for mobilization and advocacy?
- ≠ Does the activity pose any risk to our organization?



Invite a participant to share their advocacy goal and one objective. Facilitate the large group to brainstorm several activities that might contribute to those objectives. Flip chart responses.

- **Ask some of the questions from the slide to ensure activities are specific and would contribute to accomplishing the objective and the overarching goal.**
- **Repeat with another participant as time allows.**

STEP 6. Resource planning

15 minutes

- **Make the following KEY POINT:**
 - ★ Now that we have identified activities, we must identify specific resources we need to carry out activities. This is different from Part 6 where we took inventory of assets and gaps. This is about plotting out the individual costs, staff roles, and timeline to complete each specific activity.



Review the slide on advocacy resources and briefly describe each category as below:

- ≠ Staff: What type and how much staff time and expertise will be needed to carry out your desired activities?
- ≠ Partners: Will you need the expertise or resources of partners to successfully implement an activity?
- ≠ Costs: What are the costs associated with these activities?

- ≠ **Timeline:** When should the activities be conducted? How long will they take? Is there a particular time that they should take place (e.g., to coincide with a day of observance or political process)?



Ask a participant to share one objective and two corresponding activities. Facilitate the large group to complete the flip chart work plan with the resources needed for each activity.

Activity	Staff	Partner(s)	Cost	Timeline

- If time allows, repeat with another participant.

STEP 7.  **ACTIVITY: SMALL GROUP WORK**

60 minutes

Part 8 Worksheet: Developing an Advocacy Work Plan

In the top row of each table, list one of your objectives from the previous worksheet. For each objective, write in Column A two to four activities you will conduct to achieve that objective. In Columns B and C, indicate the specific staff and partners who will carry out each activity. In Columns D and E, estimate the approximate cost and timeline for each activity.

OBJECTIVE #1				
A. Activity	B. Responsible staff	C. Partner(s)	D. Cost	E. Timeline

- Refer groups to **Part 8 Worksheet: Developing a Work Plan.**
- Provide the following instructions:
 - ≠ In the top row of each table, list one of your objectives from the previous worksheet.
 - ≠ In Column A of each table, list two to four activities you will conduct to help achieve the corresponding objective.

- ≠ In Columns B and C, indicate the specific staff and partner(s) who will carry out each activity.
 - ≠ In Columns D and E, list the approximate cost and timeline for each activity.
- **After 40 minutes, ask several groups to share their work plans for one objective.** Ask probing questions such as:
- ≠ How will this activity help you reach your target audience?
 - ≠ Are there any risks associated with that activity?
 - ≠ How will this activity help you reach your objectives and overall goal?
 - ≠ Did anyone reconsider an activity given resource challenges?

STEP 8.



- **Congratulate participants on completing their advocacy work plans.**
- **Go to the “10 Parts” flip chart and check off Part 8.**
- **Explain that their advocacy strategies are almost finished. Now the focus will shift from advocacy activities to advocacy messages.**



Session Objectives

After this session, participants will be able to:

- ≠ Craft targeted and effective advocacy messages to influence decision-makers.
- ≠ Evaluate potential messengers for advocacy communications.



13:30–16:00
2 hours,
15 minutes
(plus 15-minute
break)

Materials

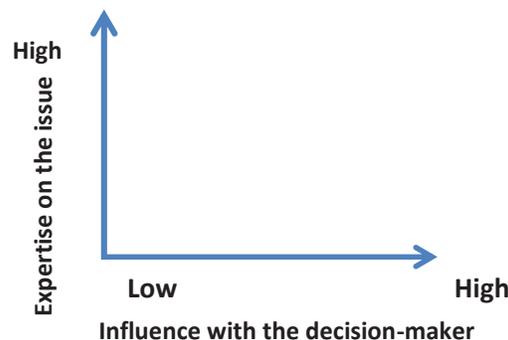
- ≠ Flip chart paper, easels, markers, tape
- ≠ PowerPoint slides
- ≠ Qualities of a Compelling Message flash cards
- ≠ Part 9 Worksheet: Crafting Advocacy Messages
- ≠ Part 9 Worksheet: Identifying Advocacy Messengers

GETTING PREPARED

- ✓ Draw the following table on a flip chart and cover until needed:

Decision-maker:	Key interest:
What is the issue?	Why should the decision-maker care?
What is the solution and its impact on the problem?	What should the decision-maker specifically do?

- ✓ Draw the following graph on a flip chart and cover until needed:



- ✓ Load the slides.

FACILITATING THE SESSION

STEP 1. Introduce the session

5 minutes

- Explain that in Part 9, you will develop a concise and compelling message about your advocacy goal and identify people who can deliver that message effectively to your target decision-makers or key influencers.
- State the session objectives:
 - After this session, you will be able to:
 - ≠ Craft targeted and effective advocacy messages to influence decision-makers.
 - ≠ Evaluate potential messengers for advocacy communications.



STEP 2. ACTIVITY: THE PERFECT MESSAGE

15 minutes

- Explain that an advocacy message translates your advocacy goal into a concise and compelling case for action to a decision-maker.



Display the slide on qualities of a compelling message during the exercise.

- ≠ Brief
 - ≠ Focused
 - ≠ Solution-oriented
 - ≠ Supported by evidence
 - ≠ Targets key interests of the decision-maker
 - ≠ Uses non-technical language
 - ≠ Optimistic and hopeful
 - ≠ Has a clear request
- Divide the group into three teams and distribute one set of “Qualities of a Compelling Advocacy Message” flash cards to each team.
 - Explain that each card represents a characteristic of a compelling advocacy message.
 - Instruct participants to read through the cards and select the three characteristics that they think are most important for the messages they use for advocacy. When finished, they should write their final list on a flip chart and post.
 - Have each group share its three chosen qualities. Facilitate a debrief discussion with questions such as:

- ≠ What characteristics did you choose and why?
- ≠ Is there a common theme among your choices?
- ≠ Were the characteristics you didn't select still important or unnecessary?

STEP 3. Developing advocacy messages

20 minutes



Review the slide on the four parts of an advocacy message:

- ≠ What is the issue?
- ≠ Why should the decision-maker care about the issue?
- ≠ What is the proposed solution and how will it impact the problem?
- ≠ What do you want the decision-maker to specifically do following your interaction?

➤ **Make the following KEY POINTS:**

- ★ These four parts of your advocacy message should be no more than five to eight sentences and take less than three minutes to deliver.
- ★ Save any facts, figures, quotes, stories, and analysis that support your message for a follow-up discussion. Capture the interest of your decision-maker first.
- ★ Target the “why you should care” part of the message to reflect the key interests of the particular decision-maker in front of you.
- ★ Always conclude your advocacy message with a request for the decision-maker to take a very clear, specific action that will help advance your advocacy goal. Most policymakers won't be likely to achieve your entire goal as a result of one meeting. So request an achievable intermediate step. Don't forget to thank your decision-maker for their time. Always be respectful.



Reveal the prepared flip chart.

Decision-maker:	Key interest:
What is the issue?	Why should the decision-maker care?
What is the solution and its impact on the problem?	What should the decision-maker specifically do?

- **Ask a participant to share a decision-maker for whom they would like to develop a message and their key interest.** Write the name of the decision-maker and their key interests at the top of the box.
- **Lead the participant through the four questions,** writing the responses in the appropriate boxes. Be sure the answers are specific and relevant to the decision-maker.

- **Encourage the participant to verbally combine the four parts into a single message to a decision-maker.**
- **Next, time them to see if they can completely deliver their message in less than three minutes.**
- **Make the following KEY POINT:**
 - ★ Most times you will not be able to deliver your message without interruption. Knowing the four parts will help you to remain on message, not become distracted, and be both concise and compelling.
- **Ask the participant how they might alter the message for one of their other decision-makers who may have a different key interest.**
- **Facilitate the group to give feedback on the message.** Ask prompting questions such as:
 - ≠ Does it meet all of the compelling advocacy message qualities (e.g., brief, focused, solution-oriented, evidence-based, targeted to the decision-maker's key interest, non-technical, has a clear request, optimistic)?
 - ≠ How would you refine the message to align more with the qualities of a compelling message?
- **Repeat the exercise with another example as time permits.**

(continue on next page)

STEP 4.  ACTIVITY: SMALL GROUP WORK

30 minutes

- Refer participants to **Part 9 Worksheet: Crafting Advocacy Messages**.

Part 9 Worksheet: Crafting Advocacy Messages

In the top boxes, list the name of one of your key decision-makers and one of their key interests. Answer the four questions in the bubbles as they relate to the selected decision-maker. Then combine the answers into a compelling and concise message in the bottom box. You may need multiple copies of this worksheet in order to complete a table for each decision-maker. If each decision-maker has a similar key interest, you do not need to complete multiple tables.

Decision-maker:	Key interest:
<div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 5px;">1. What is the issue?</div>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 5px;">2. Why should the decision-maker care about this issue?</div>
<div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 5px;">3. What is the proposed solution and its likely impact on the problem?</div>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 5px;">4. What do you want the decision-maker specifically to do?</div>
<div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 5px;">5. Combine the four parts into a compelling and concise advocacy message:</div>	

- Provide the following instructions:

- ≠ In the top boxes, list the name of one of your key decision-makers and one of their key interests. Answer the four questions in each bubble as they relate to the selected decision-maker.
- ≠ Then combine the answers into a compelling and concise message in the bottom box.
- ≠ You may need multiple copies of this worksheet in order to complete a table for each decision-maker. If each decision-maker has a similar key interest, you do not need to complete multiple tables.

Facilitator Tip!

As participants complete this worksheet, you will need to find three volunteers for the following role-playing activity. Ask individuals if they'd be willing to practice delivering their advocacy message to their decision-maker in front of the group. In this exercise, it's important not to put people on the spot.

STEP 5.  ACTIVITY: ROLE PLAY

20 minutes

- Explain that participants will now practice delivering their messages.
- Arrange two chairs facing each other in the front, center of the room.

- **Sit in one of the chairs and assume the role of the decision-maker.** Invite a participant to sit in the other chair and deliver one of his/her messages to you. Ask questions and interact with the participant as if you are the decision-maker. Have another participant or co-facilitator time the interaction to three minutes. The timekeeper can also provide interruptions (e.g., an urgent phone call for the decision-maker to take, a letter for the decision-maker to sign) during the three minutes. These interruptions will help demonstrate the importance of adaptability when delivering your message; you may not have a decision-maker's full attention for three minutes, so it's critical that you can quickly adjust your message as needed.
- **After three minutes, ask participants if they were able to identify the four different parts of the message. Then congratulate the participant who played along and ask them to stay at the front of the room.**
- **Repeat this exercise with the current participant now playing the role of decision-maker and a new participant delivering an advocacy message.**
- **Cycle through in this way, giving at least three people the opportunity to deliver their messages.**
- **Debrief with questions such as:**
 - ≠ What was the most challenging aspect for you?
 - ≠ How did having a prepared message help or hinder you?
 - ≠ What didn't you have a chance to say that you wanted to?
 - ≠ Did you change your message at all after you heard other participants deliver their messages?
 - ≠ Are there a couple of messages that particularly struck you, and why?



BREAK 15:00–15:15 (15 minutes)



Write “ADVOCACY MESSENGERS” on the top of the flip chart. Ask participants to brainstorm the types of individuals or organizations they might ask to serve as messengers for their issue. Flip chart their answers, making sure they include:

- | | |
|--|--|
| ≠ CEOs | ≠ Patients |
| ≠ Celebrities | ≠ Journalists |
| ≠ Health professionals | ≠ Donors |
| ≠ Representatives of professional associations | ≠ Voters/constituents |
| ≠ Technical experts from your organization | ≠ Business leaders |
| ≠ Board members | ≠ Government employees |
| ≠ Advocates | ≠ Politicians |
| ≠ Scientists/researchers/academics | ≠ Parents or spouses of people who have suffered from a particular disease |
| ≠ Head of a large coalition | ≠ You!!! |
| ≠ Program beneficiaries | |

➤ **Make the following KEY POINTS:**

- ★ Who delivers your message is just as important as what you choose to say. The right message delivered by the wrong messenger won’t be compelling.
- ★ Messengers can be individuals, groups, or organizations. As with your message, your messenger may change depending on the decision-maker you are targeting and their key interests.

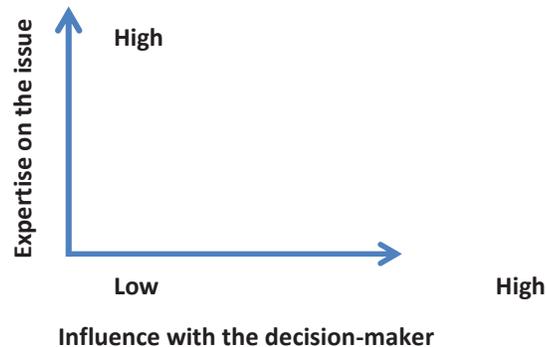


Review the slide on ideal messengers.

- ≠ Messengers should be diverse. Have a number of messengers that represent a range of professional and personal backgrounds.
- ≠ Messengers can represent a range of seniority. Recruit messengers that represent a level of seniority that matches somewhat with the level of decision-maker you are targeting. You won’t always need the president of your organization to carry your message; it’s a good idea to identify multiple messengers at varying levels of seniority.
- ≠ Messengers should be effective public speakers. Your messengers should be able to speak in a way that is confident, simple, and easy for decision-makers to understand.
- ≠ Messengers should support your advocacy goal. Your messengers should be people who already agree with you and won’t need convincing to deliver your message.



Uncover the flip chart with the following graph:



- **Explain that the best messengers have two key qualities:**
 - ≠ **Influence with your decision-maker:** Your messenger has access to and credibility with your decision-maker. He/she is someone to whom your decision-maker will likely listen.
 - ≠ **Expertise on the issue:** Your messenger is informed on the issue and can speak about it easily. This may not mean they are a technical expert, but can speak credibly on the issue from their experience. For example, a patient would be considered an expert on their experience with a disease.
- **Explain that you can use a grid to plot the level of influence and expertise of different messengers to help you decide among them.** You want to select messengers that fall in the upper-right corner (high influence and high expertise).
- **Ask a participant to name three different messengers that they think would be effective with their target decision-maker.** Name specific individuals if possible. Write these names in the margin of the flip chart.
- **Work with the participant to plot each decision-maker on the chart.**
- **Remind participants that their ideal messenger(s) should fall in the upper-right-hand corner.** Debrief with the participant with questions such as:
 - ≠ Has plotting the messengers on the graph changed your opinion of whom you might deploy?
- **Repeat with additional participants as time allows.**

- Refer participants to **Part 9 Worksheet: Identifying Advocacy Messengers**.

Part 9 Worksheet: Identifying Advocacy Messengers

Write the name of one of your key decision-makers in the circle on the left. List three potential messengers for that decision-maker. Be as specific as possible. Next, plot potential messengers on the grid based on their expertise and influence, and then select your priority messenger. Ideal messengers fall in the upper-right corner. As with your message, your messenger will likely vary depending on the decision-maker you are targeting and their key interests. You may need multiple copies of this worksheet to complete a chart and grid for each of your decision-makers.



POTENTIAL MESSENGERS:

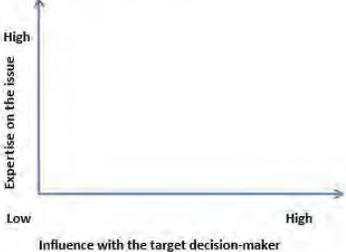
1.

2.

3.



PRIORITY MESSENGER:



- **Provide the following instructions:**
 - ≠ Write the name of one of your key decision-makers in the circle on the left.
 - ≠ List three potential messengers for that decision-maker. Be specific.
 - ≠ Plot potential messengers on the grid based on their expertise and influence. Use the results to then select one priority messenger.
 - ≠ If none of your messengers falls in the upper-right-hand corner, select new messengers. You may need multiple copies of this worksheet in order to complete a chart and grid for each of your decision-makers.
- **Facilitate a brief discussion with prompting questions such as:**
 - ≠ Who did you select as your main messenger and why?
 - ≠ Do they support your advocacy goal?
 - ≠ Are they strong speakers?
 - ≠ Did you remove any messengers after plotting them on the grid?

STEP 9.

MOVING AHEAD!



- **Congratulate participants for completing Part 9.**
- **Go to the “10 Parts” flip chart and check off Part 9.**
- **Explain that the last part to complete is a plan for how to measure the progress and evaluate the effectiveness of strategies.**

Session Objectives

After this session, participants will be able to:

- ≠ Distinguish between output and outcome indicators.
- ≠ Develop indicators to help measure progress toward achieving an advocacy goal.



16:00–17:00

1 hour

Materials

- ≠ Flip chart paper, easels, markers, tape
- ≠ PowerPoint slides
- ≠ Part 10 Worksheet: Planning to Measure Success

GETTING PREPARED

- ✓ **Load the slides.**

FACILITATING THE SESSION**STEP 1. Introduce the session**

5 minutes

- **Explain that advocates often focus on just one main success of their efforts: achieving their desired policy solution (their advocacy goal).** However, changes in policy and policy implementation can take a long time. The final part of a strategy is a plan to measure progress along the way to your final goal.
- **State the session objectives:**
 - After this session, you will be able to:
 - ≠ Distinguish between output and outcome indicators.
 - ≠ Develop indicators to help measure progress toward achieving your advocacy goal.

STEP 2. Role of measurement

10 minutes

- **Ask participants to gather in their small groups and take five minutes to brainstorm the main reasons for measuring advocacy work.**



Record one response per team on a flip chart until all ideas have been shared. Emphasize these reasons in discussion:

- ≠ Help adjust advocacy strategies during implementation.
- ≠ Respond to changes in the wider environment.
- ≠ Demonstrate the value that advocacy work can add to an issue or cause.
- ≠ Inform the planning of future advocacy work.
- ≠ Mobilize additional resources.
- ≠ Account for funding and demonstrate results.
- ≠ Motivate you to sustain your efforts.

STEP 3. Outputs and outcomes

15 minutes

- **Explain that in order to demonstrate success and progress toward your advocacy goal, it is helpful to define and track “outputs” and “outcomes.”**



Review the slide on outputs.

Outputs:

- ≠ Evidence that the activities you planned actually happened.
- ≠ Generally quantitative. (Larger numbers are not always better. For example, one meeting might be enough to reach the key decision-maker.)
- ≠ Measure of productivity. For example:
 - ≠ Meetings with decision-makers.
 - ≠ Press releases issued.
 - ≠ Partners attending coalition meetings.



Ask a participant to list possible outputs for their advocacy strategy and flip chart their responses. Remind participants that their outputs should capture their planned advocacy activities. Your outputs should measure what you said you were going to do. Possible answers could include:

- ≠ # of meetings held.
- ≠ # of publications developed.
- ≠ # of press releases issued.



Review the slides on outcomes.

Outcomes:

- ≠ Effects or changes seen as a result of the activity.
- ≠ Actions taken by decision-makers or others.
- ≠ Quantitative or qualitative.
- ≠ Measure of effectiveness.



Ask a participant to list possible outcomes for their advocacy strategy and flip chart their

responses. Possible answers could include:

- ≠ Increased government funding allocations.
- ≠ Changes to laws, regulations, policies, and plans.
- ≠ Public statements of support from decision-makers.
- ≠ Mentions of the issue in media outlets.

➤ If needed, prompt with questions such as:

- ≠ What changes or effects could you observe as a result of your activities?
- ≠ How could a decision-maker show commitment to your advocacy goal?

➤ **Make the following KEY POINTS:**

- ★ Outputs and outcomes are answers to two different questions:
 - ≠ Did we conduct the activity? (outputs)
 - ≠ What effects did those activities have? (outcomes)
- ★ Advocacy outcomes are often hard to measure. The advocacy process is complex, involves many players, and is quite dynamic. It can be particularly challenging to determine the role that your organization or your advocacy efforts had in influencing change, as it is hard to directly control policy change and policy implementation.
- ★ For this reason, it is important to have a clear understanding of what you are hoping to achieve and some idea of how you will know you are making progress.
- ★ It can be challenging to link outcomes to your specific advocacy activities since it often takes collective action and efforts to compel a decision-maker to take action. You won't always know directly how your specific activity contributed to their action. It's important to think in terms of contribution more so than attribution.

(continue next page)

➤ Refer participants to *Part 10 Worksheet: Planning to Measure Success*.

Part 10 Worksheet: Planning to Measure Success

Write your objectives in the top row of each chart below. Then list three to five expected outputs and three to five expected outcomes in the areas beneath.

OBJECTIVE #1:

OUTPUTS

OUTCOMES

- 1.
- 2.
- 3.
- 4.
- 5.

- 1.
- 2.
- 3.
- 4.
- 5.

OBJECTIVE #2:

OUTPUTS

OUTCOMES

- 1.
- 2.
- 3.
- 4.
- 5.

- 1.
- 2.
- 3.
- 4.
- 5.

Part 10 Worksheet: Planning to Measure Success

OBJECTIVE #3:

OUTPUTS

OUTCOMES

- 1.
- 2.
- 3.
- 4.
- 5.

- 1.
- 2.
- 3.
- 4.
- 5.

- **Provide the following instructions:**
 - ≠ Write your objectives from your work plan in the top row of each of the charts below.
 - ≠ Then list three to five outputs and three to five outcomes in the areas beneath.
- **After 20 minutes, ask each group to write their outputs and outcomes for their strategy on a flip chart and share with the full group.** Briefly discuss your observations about the lists.

STEP 5.  **MOVING AHEAD!**

- **Go to the “10 Parts” flip chart and check off Part 10.**
- **Congratulate everyone for completing all 10 parts of their policy advocacy strategies and for their active participation in the workshop.**

CLOSING SESSION

Session Objectives

After this session, participants will be able to:

- ≠ Determine the next steps they will take to implement their advocacy strategies.
- ≠ Evaluate the workshop.



17:00–17:30

30 minutes

Materials

- ≠ Flip chart paper, easels, markers, tape
- ≠ Final evaluations
- ≠ Certificates of completion

GETTING PREPARED

- ✓ Sign the certificates of completion.

FACILITATING THE SESSION

STEP 1. Final evaluation and closing

30 minutes

- **Distribute copies of the Final Evaluation.** Allow time for participants to complete it.
- **Present certificates of completion** to each workshop participant.
- **Invite closing remarks from participants, facilitators, or others** and conclude the workshop.
- **Thank the participants for their attendance** and active participation, and wish them well in their advocacy efforts.

END OF WORKSHOP

ANNEX 1: WORKSHEETS

- ≠ Part 1 Worksheet: Identifying Potential Advocacy Issues
- ≠ Part 1 Worksheet: Identifying Potential Advocacy Issues (duplicate)
- ≠ Part 1 Worksheet: Choosing an Advocacy Issue
- ≠ Part 2 Worksheet: Identifying Potential Advocacy Goals
- ≠ Part 2 Worksheet: Identifying Potential Advocacy Goals (duplicate, optional)
- ≠ Part 2 Worksheet: Prioritizing Advocacy Goals (optional)
- ≠ Part 2 Worksheet: Developing an Evidence Dossier (optional)
- ≠ Part 2 Worksheet: Developing an Evidence Dossier (duplicate, optional)
- ≠ Part 3 Worksheet: Identifying Decision-makers
- ≠ Part 3 Worksheet: Identifying Influencers
- ≠ Part 4 Worksheet: Identifying Decision-makers' Key Interests
- ≠ Part 5 Worksheet: Addressing Opposition
- ≠ Part 5 Worksheet: Overcoming Obstacles
- ≠ Part 6 Worksheet: Taking Inventory of Assets and Gaps
- ≠ Part 7 Worksheet: Selecting Advocacy Partners
- ≠ Part 8 Worksheet: Developing Advocacy Objectives
- ≠ Part 8 Worksheet: Developing a Work Plan
- ≠ Part 8 Worksheet: Developing a Work Plan (duplicate)
- ≠ Part 8 Worksheet: Developing a Work Plan (duplicate)
- ≠ Part 9 Worksheet: Crafting Advocacy Messages
- ≠ Part 9 Worksheet: Crafting Advocacy Messages (duplicate)
- ≠ Part 9 Worksheet: Crafting Advocacy Messages (duplicate)
- ≠ Part 9 Worksheet: Identifying Advocacy Messengers
- ≠ Part 9 Worksheet: Identifying Advocacy Messengers (duplicate)
- ≠ Part 9 Worksheet: Identifying Advocacy Messengers (duplicate)
- ≠ Part 10 Worksheet: Planning to Measure Success
- ≠ Advocacy Strategy Template (optional)

Part 1 Worksheet: Identifying Potential Advocacy Issues

Write the main problem you want to address in the top box and three root causes of that problem in the boxes underneath. Then answer the four questions for each root cause. If you checked “yes” to all four questions, write the root cause in the box below labeled “Potential Issue for Advocacy.” At this point, you may have several root causes that could be a good issue for advocacy; you’ll be able to compare and choose between root causes utilizing a different worksheet. If you do not yet have at least two root causes that would be suitable for advocacy, flip to the other side of the worksheet and repeat this exercise with a different main problem.

MAIN PROBLEM



ROOT CAUSES*



**Root causes are potential issues for advocacy.*

	YES	NO	YES	NO	YES	NO
Can a change in policy or implementing an existing policy help improve the root cause?	<input type="checkbox"/>					
Does your organization have programmatic experience with this root cause?	<input type="checkbox"/>					
Do you have any evidence that this root cause is in fact an issue?	<input type="checkbox"/>					
Can the root cause be reasonably (if not completely) addressed in three to five years?	<input type="checkbox"/>					

POTENTIAL ISSUE FOR ADVOCACY?

POTENTIAL ISSUE FOR ADVOCACY?

POTENTIAL ISSUE FOR ADVOCACY?

Part 1 Worksheet: Identifying Potential Advocacy Issues (Duplicate)

MAIN PROBLEM 

ROOT CAUSES* 

**Root causes are potential issues for advocacy.*

	YES	NO	YES	NO	YES	NO
Can a change in policy or implementing an existing policy help improve the root cause?	<input type="checkbox"/>					
Does your organization have programmatic experience with this root cause?	<input type="checkbox"/>					
Do you have any evidence that this root cause is in fact an issue?	<input type="checkbox"/>					
Can the root cause be reasonably (if not completely) addressed in three to five years?	<input type="checkbox"/>					

POTENTIAL ISSUE FOR ADVOCACY?

POTENTIAL ISSUE FOR ADVOCACY?

POTENTIAL ISSUE FOR ADVOCACY?

Part 1 Worksheet: Choosing an Advocacy Issue

Write your potential issues for advocacy from the previous worksheet(s) in the top row. Rate each of the issues as high, medium, or low using the criteria in the left column. Then total the number of highs, mediums, and lows for each issue. While there are no absolutes, the issue with the most highs and mediums usually has the greatest chance of impact and success. If your potential issues rank similarly, choose your favorite issue as the focus of your advocacy strategy. Whichever issue you select will become the focus for the advocacy strategy you develop moving forward.

Criteria	Issue 1:	Issue 2:	Issue 3:
The selected issue is specific and clear.	<input type="checkbox"/> High (very specific/clear) <input type="checkbox"/> Medium (fairly specific/clear) <input type="checkbox"/> Low (unspecific/unclear)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Qualitative or quantitative data exist to prove it is an issue.	<input type="checkbox"/> High (strong evidence) <input type="checkbox"/> Medium (some evidence) <input type="checkbox"/> Low (none/weak evidence)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Partnership potential exists among influential organizations, leaders, and stakeholders.	<input type="checkbox"/> High (many partners) <input type="checkbox"/> Medium (some partners) <input type="checkbox"/> Low (no partners)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Political will exists to address the issue.	<input type="checkbox"/> High (supportive) <input type="checkbox"/> Medium (neutral) <input type="checkbox"/> Low (opposed)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Your organization has unique experience or expertise to contribute.	<input type="checkbox"/> High (unique role) <input type="checkbox"/> Medium (fairly unique role) <input type="checkbox"/> Low (many others have this)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Your organization has advocacy resources to address the issue.	<input type="checkbox"/> High (many resources) <input type="checkbox"/> Medium (some resources) <input type="checkbox"/> Low (no resources)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
The goal carries no or little risk for your organization.	<input type="checkbox"/> High (no risk) <input type="checkbox"/> Medium (minimal risk) <input type="checkbox"/> Low (significant risk)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

Policy change or other action is likely to have significant impact on the issue.	<input type="checkbox"/> High (significant impact) <input type="checkbox"/> Medium (some impact) <input type="checkbox"/> Low (no impact)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Success is feasible in three to five years.	<input type="checkbox"/> High (very likely) <input type="checkbox"/> Medium (possible/maybe) <input type="checkbox"/> Low (unlikely)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Totals	# of Highs ____ # of Mediums ____ # of Lows ____	# of Highs ____ # of Mediums ____ # of Lows ____	# of Highs ____ # of Mediums ____ # of Lows ____
Final advocacy issue:			

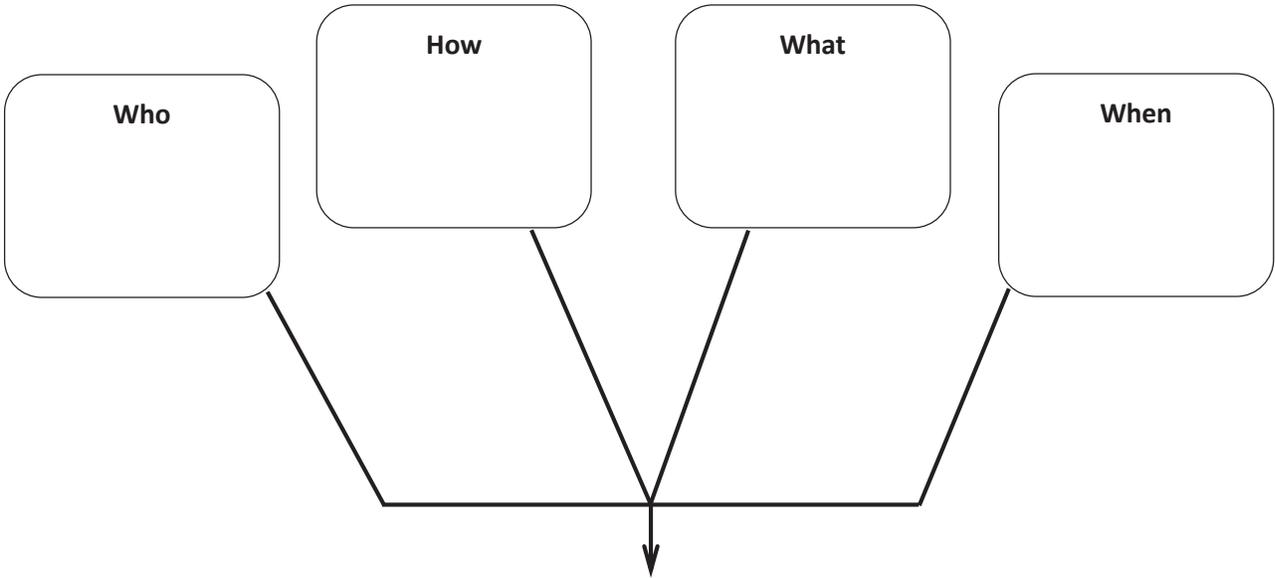
Part 2 Worksheet: Identifying Potential Advocacy Goals

Building on the advocacy issue you identified in Part 1, fill in the boxes below to develop a potential advocacy goal. In the “what” box, briefly describe the change you want to achieve. In the “how” box, describe the specific action a decision-making institution can take to make your desired change a reality. To help you identify your “how,” you may want to think back to the different types of policy change and policy implementation described in the section, “What is Policy Advocacy.” Is there a specific type of policy-related action that applies to your situation? Next fill in the “who” box, or the name of the decision-making institution with the authority to make your desired change. In the “when” box, write the deadline by which you want to see their action take place. Then, fill in the blanks below with the corresponding information from the boxes. This will give you a concise advocacy goal statement.

The diagram consists of four rounded rectangular boxes arranged horizontally, labeled 'Who', 'How', 'What', and 'When' from left to right. Arrows from the bottom of each box converge at a central point, with a single arrow pointing downwards to a large rectangular box. This box is divided into two sections. The top section is a blue header with the text 'Policy advocacy goal³'. The bottom section is white and contains a template for a goal statement: a line with '(WHO)' below it, followed by the word 'will', a line with '(HOW)' below it, followed by the words 'to ensure', a line with '(WHAT)' below it, followed by the word 'by', and a final line with '(WHEN)' below it and a period at the end.

³ This is simply a suggested order for combining the four parts into an advocacy goal statement. You may prefer to combine the four parts together in a different order.

Part 2 Worksheet: Identifying Potential Advocacy Goals (Optional)



Policy advocacy goal ⁴	
_____ will _____ to ensure	
(WHO)	(HOW)
_____ by _____ .	
(WHAT)	(WHEN)

⁴ This is simply a suggested order for combining the four parts into an advocacy goal statement. You may prefer to combine the four parts together in a different order.

Part 2 Worksheet: Prioritizing Advocacy Goals (Optional)

If you have two possible advocacy goals, write each goal in the top row. Next score each goal as high, medium, or low according to the criteria in the left column. Total the number of highs, mediums, and lows to determine which goal might have the greater chance of success at this time (mostly highs and mediums). Select your preferred goal and write that as your final goal at the bottom of the worksheet.

Criteria	Goal 1:	Goal 2:
The goal is specific and clear.	<input type="checkbox"/> High (very specific/clear) <input type="checkbox"/> Medium (fairly specific/clear) <input type="checkbox"/> Low (unspecific/unclear)	<input type="checkbox"/> High (very specific/clear) <input type="checkbox"/> Medium (fairly specific/clear) <input type="checkbox"/> Low (unspecific/unclear)
Qualitative or quantitative data exist to prove the goal will help address the issue.	<input type="checkbox"/> High (strong evidence) <input type="checkbox"/> Medium (some evidence) <input type="checkbox"/> Low (no/weak evidence)	<input type="checkbox"/> High (strong evidence) <input type="checkbox"/> Medium (some evidence) <input type="checkbox"/> Low (no/weak evidence)
Partnership potential exists among influential organizations, leaders, and stakeholders.	<input type="checkbox"/> High (many partners) <input type="checkbox"/> Medium (some partners) <input type="checkbox"/> Low (no partners)	<input type="checkbox"/> High (many partners) <input type="checkbox"/> Medium (some partners) <input type="checkbox"/> Low (no partners)
Political will exists to address the issue through this goal.	<input type="checkbox"/> High (supportive) <input type="checkbox"/> Medium (neutral) <input type="checkbox"/> Low (opposed)	<input type="checkbox"/> High (supportive) <input type="checkbox"/> Medium (neutral) <input type="checkbox"/> Low (opposed)
Your organization has unique experience or expertise to contribute.	<input type="checkbox"/> High (unique role) <input type="checkbox"/> Medium (somewhat unique) <input type="checkbox"/> Low (many others have this)	<input type="checkbox"/> High (unique role) <input type="checkbox"/> Medium (somewhat unique) <input type="checkbox"/> Low (many others have this)
The goal carries no or little risk for your organization.	<input type="checkbox"/> High (no risk) <input type="checkbox"/> Medium (minimal risk) <input type="checkbox"/> Low (significant risk)	<input type="checkbox"/> High (no risk) <input type="checkbox"/> Medium (minimal risk) <input type="checkbox"/> Low (significant risk)
The policy goal is likely to have significant impact on the issue.	<input type="checkbox"/> High (significant impact) <input type="checkbox"/> Medium (some impact) <input type="checkbox"/> Low (no impact)	<input type="checkbox"/> High (significant impact) <input type="checkbox"/> Medium (some impact) <input type="checkbox"/> Low (no impact)

Criteria	Goal 1:	Goal 2:
Success is feasible in three to five years.	<input type="checkbox"/> High (very likely) <input type="checkbox"/> Medium (possible/maybe) <input type="checkbox"/> Low (unlikely)	<input type="checkbox"/> High (very likely) <input type="checkbox"/> Medium (possible/maybe) <input type="checkbox"/> Low (unlikely)
Totals	# of Highs ____ # of Mediums ____ # of Lows ____	# of Highs ____ # of Mediums ____ # of Lows ____

Target policy advocacy goal:

Part 2 Worksheet: Developing an Evidence Dossier (Optional)

Use the table below to create a dossier of the evidence you have to support the issue that you want to address and the proposed solution. Write the title or full citation for the source(s) of your evidence in Column A. Next categorize the type of evidence (qualitative or quantitative; primary or secondary) in Column B. In Column C, summarize major findings from the source that support your advocacy goal. In Column D, note the ways in which this information might be used in your advocacy efforts (e.g., include it in fact sheets, share it in meetings with decision-makers).

A. Title and/or citation	B. Type of Evidence	C. Major findings that support your advocacy goal	D. Ways to use this evidence in your advocacy efforts
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		

Part 2 Worksheet: Developing an Evidence Dossier (Optional)

A. Title and/or citation	B. Type of evidence	C. Major findings that support your advocacy goal	D. Ways to use this evidence in your advocacy efforts
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		

Part 3 Worksheet: Identifying Decision-makers

Starting in Column A, list the different categories of decision-makers that are relevant for your advocacy strategy. Depending on your focus, you may have multiple categories or only one category. Then, in Column B, write the specific names or titles of the most relevant individual decision-makers for that category.

A. Category of decision-makers	B. Specific decision-makers
	1.
	2.
	3.
	1.
	2.
	3.
	1.
	2.
	3.

Part 3 Worksheet: Identifying Influencers

Select three priority decision-makers from the previous worksheet and list them in the shaded column. Next, in Column A, identify potential categories of influencers for each individual decision-maker. Then, in Column B, list up to three powerful and specific influencers within each category.

Decision-makers (from previous worksheet)	A. Category of influencers	B. Specific influencers
1.		1.
		2.
		3.
		1.
		2.
		3.
2.		1.
		2.
		3.
		1.
		2.
		3.
3.		1.
		2.
		3.
		1.
		2.
		3.

Part 4 Worksheet: Identifying Decision-makers' Key Interests

In the shaded column, list up to five decision-makers from the Part 3 Worksheet: Identifying Decision-makers. Rate the awareness and position of each decision-maker on your issue/goal, using the checklists in Columns A and B. Then identify two key interests of each decision-maker and list them in Column C.

Key decision-makers (from Part 3)	A. Awareness of issue	B. Current position on issue	C. Decision-makers' key interests
	<input type="checkbox"/> Unaware <input type="checkbox"/> Aware, uninformed <input type="checkbox"/> Aware, inaccurately informed <input type="checkbox"/> Aware, accurately informed	<input type="checkbox"/> High support <input type="checkbox"/> Low support <input type="checkbox"/> Non-mobilized <input type="checkbox"/> High opposition	1. 2.
	<input type="checkbox"/> Unaware <input type="checkbox"/> Aware, uninformed <input type="checkbox"/> Aware, inaccurately informed <input type="checkbox"/> Aware, accurately informed	<input type="checkbox"/> High support <input type="checkbox"/> Low support <input type="checkbox"/> Non-mobilized <input type="checkbox"/> High opposition	1. 2.
	<input type="checkbox"/> Unaware <input type="checkbox"/> Aware, uninformed <input type="checkbox"/> Aware, inaccurately informed <input type="checkbox"/> Aware, accurately informed	<input type="checkbox"/> High support <input type="checkbox"/> Low support <input type="checkbox"/> Non-mobilized <input type="checkbox"/> High opposition	1. 2.
	<input type="checkbox"/> Unaware <input type="checkbox"/> Aware, uninformed <input type="checkbox"/> Aware, inaccurately informed <input type="checkbox"/> Aware, accurately informed	<input type="checkbox"/> High support <input type="checkbox"/> Low support <input type="checkbox"/> Non-mobilized <input type="checkbox"/> High opposition	1. 2.

Part 5 Worksheet: Addressing Opposition

List two to four potential opponents to your advocacy goal, either individuals or groups, in Column A. In Column B, identify their possible reasons for opposing you. In Column C, rank their level of influence on your key decision-makers. In Column D, note any arguments or tactics the opposition uses to promote their views. Finally, in Column E, list ways you might mitigate their influence. Additional research may be needed to complete this worksheet.

A. Opponents	B. Reason for opposition	C. Influence on decision-makers	D. Known arguments and tactics of opposition	E. Ways to lessen their influence
		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low, none		
		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low, none		
		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low, none		
		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low, none		

Part 5 Worksheet: Overcoming Obstacles

Write your policy advocacy goal in the far right bubble. Then list two to three obstacles that you will likely face in reaching that goal. In the bubbles beneath, list some ideas on how you might overcome each obstacle.

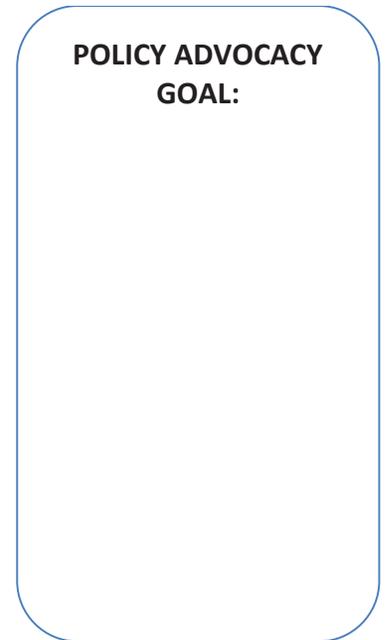
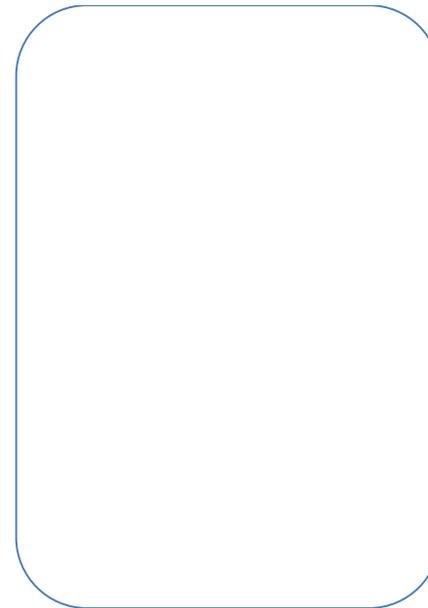
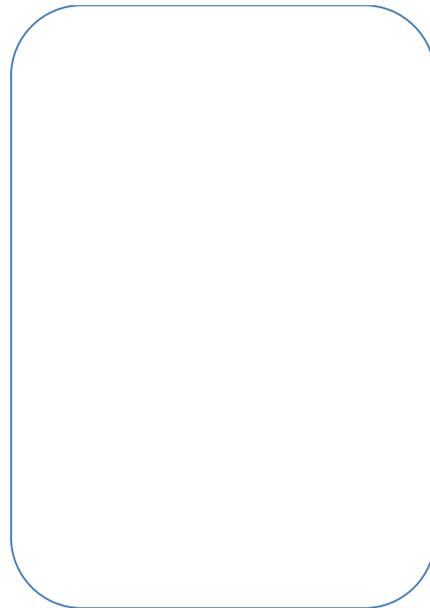
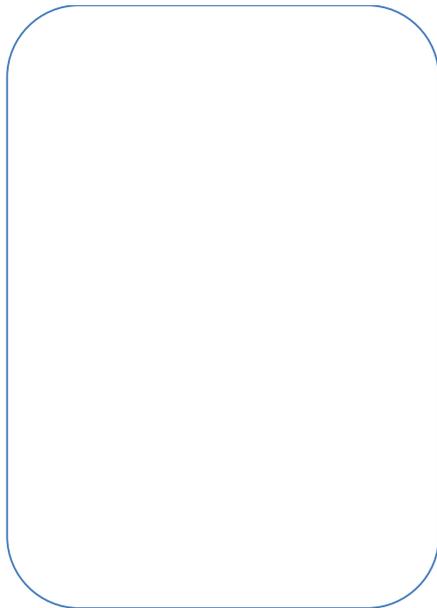
OBSTACLE #1

OBSTACLE #2

OBSTACLE #3

**POLICY ADVOCACY
GOAL:**

STRATEGIES TO OVERCOME THESE OBSTACLES:



Part 6 Worksheet: Taking Inventory of Advocacy Assets and Gaps

Column A lists a variety of skills, expertise, and resources that are useful in policy advocacy. In Column B, list the specific individuals or materials that exist within your organization (if at all). Then in Column C, rate the level or extent to which that resource is available for advocacy (high, medium, or low). Based on your ratings, select your three greatest assets and your three greatest gaps.

A. Skills, expertise, and resources	B. Specific individuals or materials <i>(Names of people, departments, etc.)</i>	C. How much of this resource is available for advocacy?
Staff who are available to work on advocacy		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Staff who can be influential spokespeople		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Staff relationships with decision-makers		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Staff relationships with media		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Expertise in communications and media relations (e.g., policy briefs, letters to the editor)		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Expertise in coalition-building		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Expertise in community and social mobilization		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

Part 6 Worksheet: Taking Inventory of Advocacy Assets and Gaps

A. Skills, expertise, and resources	B. Specific individuals or materials <i>(Names of people, departments, etc.)</i>	C. How much of this resource is available for advocacy?
Expertise in web-based communications		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Expertise in policy analysis and/or policy development		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Familiarity with the policy process		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Evidence to support the policy solution		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Funding (current or likely)		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

Three greatest ASSETS:

Three greatest GAPS:

Part 7 Worksheet: Selecting Advocacy Partners

List three to five potential advocacy partners across the first row. These may be organizations, individuals, alliances, and coalitions. Starting with the first partner and working downward, provide two to three strategic reasons for selecting that partner, along with any potential risks they may bring. Finally, note how you would like to collaborate with each partner.

	Potential partner:				
Strategic reasons to partner					
Potential risks					
Anticipated collaboration					

Part 8 Worksheet: Developing Advocacy Objectives

Insert your advocacy goal from Part 2 into the box on the left. Develop at least three advocacy objectives for that goal. Remember, a good advocacy objective includes: who, what, and when. Objectives should also be SMART: **s**pecific, **m**easurable, **a**chievable, **r**elevant, and **t**ime-bound.

Your advocacy objectives	
Your advocacy goal (Part 2)	1
	2
	3

Part 8 Worksheet: Developing an Advocacy Work Plan

In the top row of each table, list one of your objectives from the previous worksheet. For each objective, write in Column A two to four activities you will conduct to achieve that objective. In Columns B and C, indicate the specific staff and partners who will carry out each activity. In Columns D and E, estimate the approximate cost and timeline for each activity.

OBJECTIVE #1				
A. Activity	B. Responsible staff	C. Partner(s)	D. Cost	E. Timeline

Part 8 Worksheet: Developing a Work Plan

OBJECTIVE #2				
A. Activity	B. Responsible staff	C. Partner(s)	D. Cost	E. Timeline

Part 8 Worksheet: Developing a Work Plan

OBJECTIVE #3				
A. Activity	B. Responsible staff	C. Partner(s)	D. Cost	E. Timeline

Part 9 Worksheet: Crafting Advocacy Messages

In the top boxes, list the name of one of your key decision-makers and one of their key interests. Answer the four questions in the bubbles as they relate to the selected decision-maker. Then combine the answers into a compelling and concise message in the bottom box. You may need multiple copies of this worksheet in order to complete a table for each decision-maker. If each decision-maker has a similar key interest, you do not need to complete multiple tables.

Decision-maker:	Key interest:
<p>1. What is the issue?</p>	<p>2. Why should the decision-maker care about this issue?</p>
<p>3. What is the proposed solution and its likely impact on the problem?</p>	<p>4. What do you want the decision-maker specifically to do?</p>
<p>5. Combine the four parts into a compelling and concise advocacy message:</p>	



Part 9 Worksheet: Crafting Advocacy Messages

Decision-maker:

Key interest:

1. What is the issue?

2. Why should the decision-maker care about this issue?

3. What is the proposed solution and its likely impact on the problem?

4. What do you want the decision-maker specifically to do?



5. Combine the four parts into a compelling and concise advocacy message:

Part 9 Worksheet: Crafting Advocacy Messages

Decision-maker:	Key interest:
------------------------	----------------------

1. What is the issue?

2. Why should the decision-maker care about this issue?

3. What is the proposed solution and its likely impact on the problem?

4. What do you want the decision-maker specifically to do?

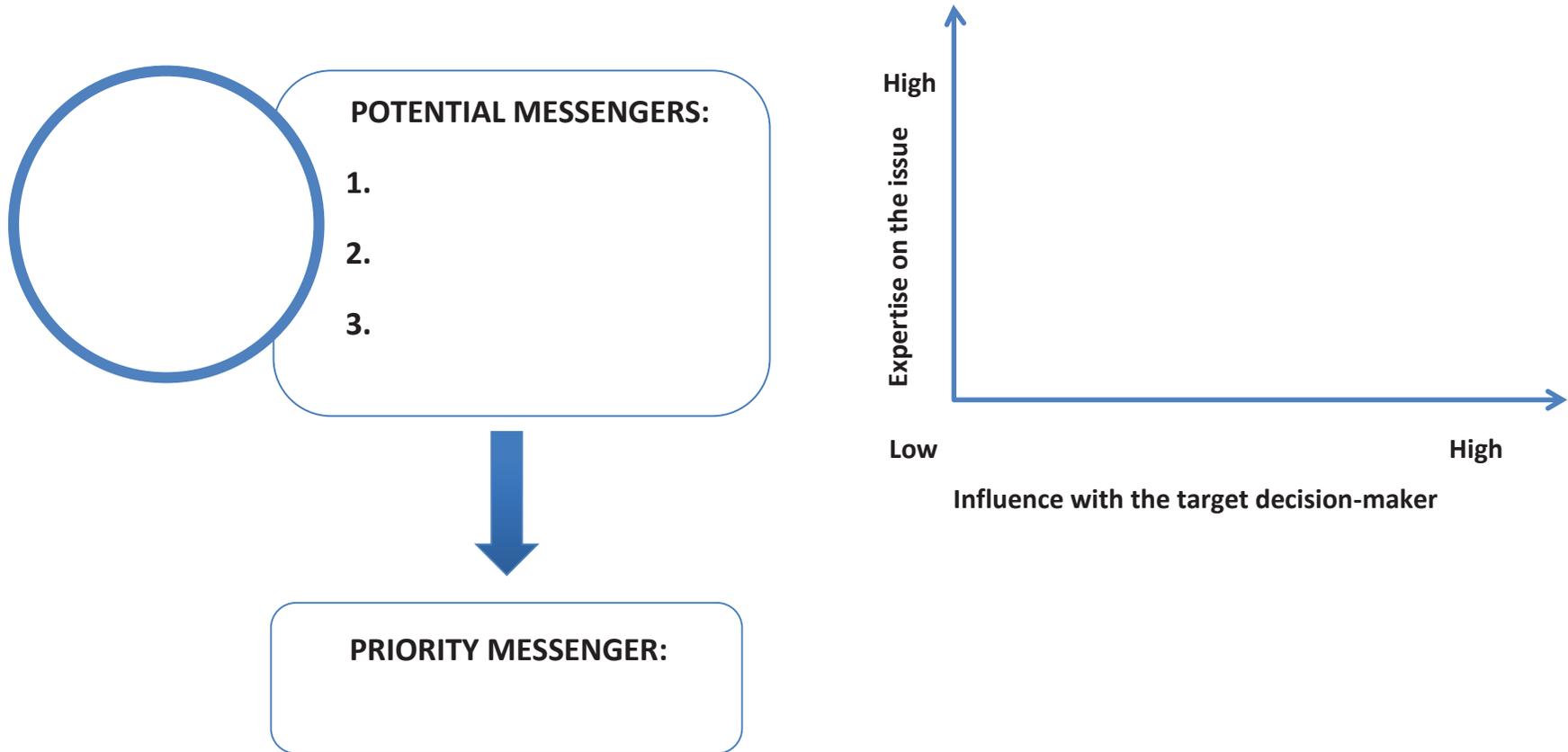


5. Combine the four parts into a compelling and concise advocacy message:

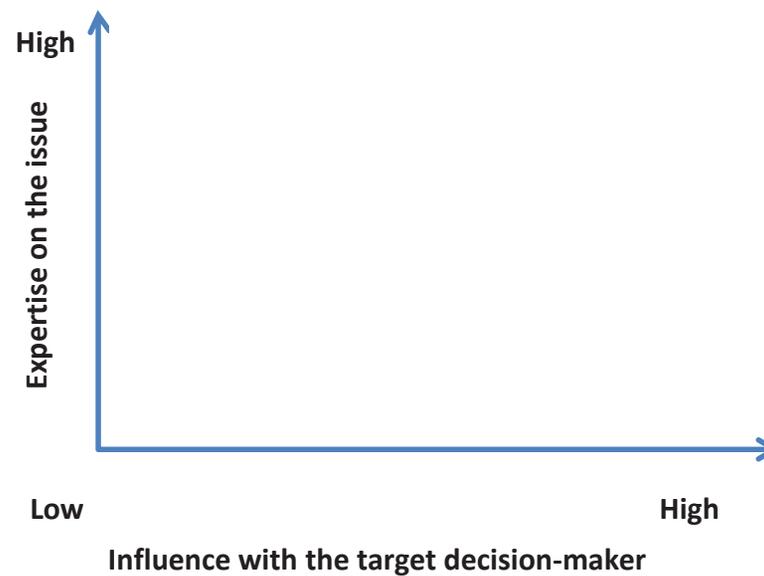
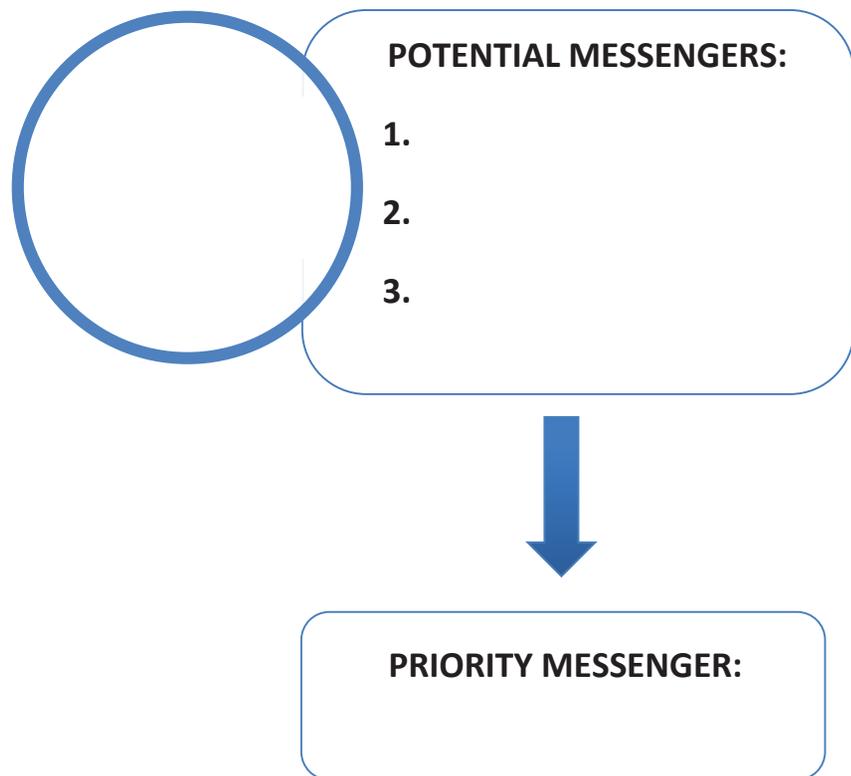


Part 9 Worksheet: Identifying Advocacy Messengers

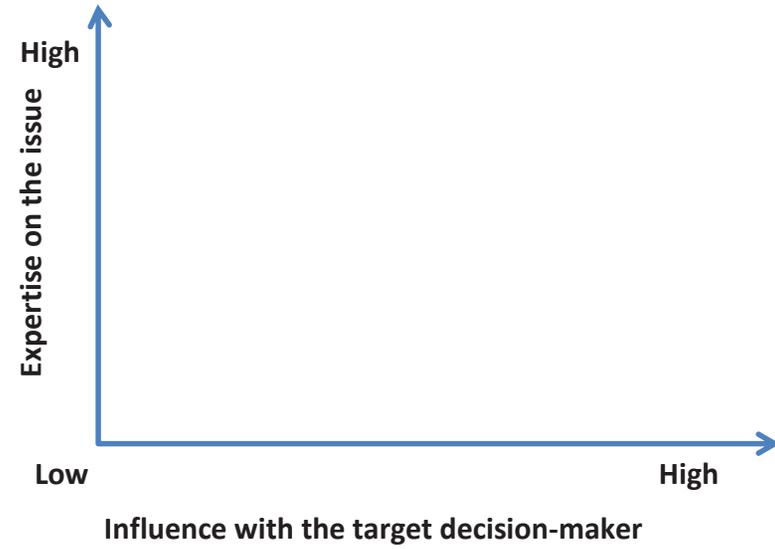
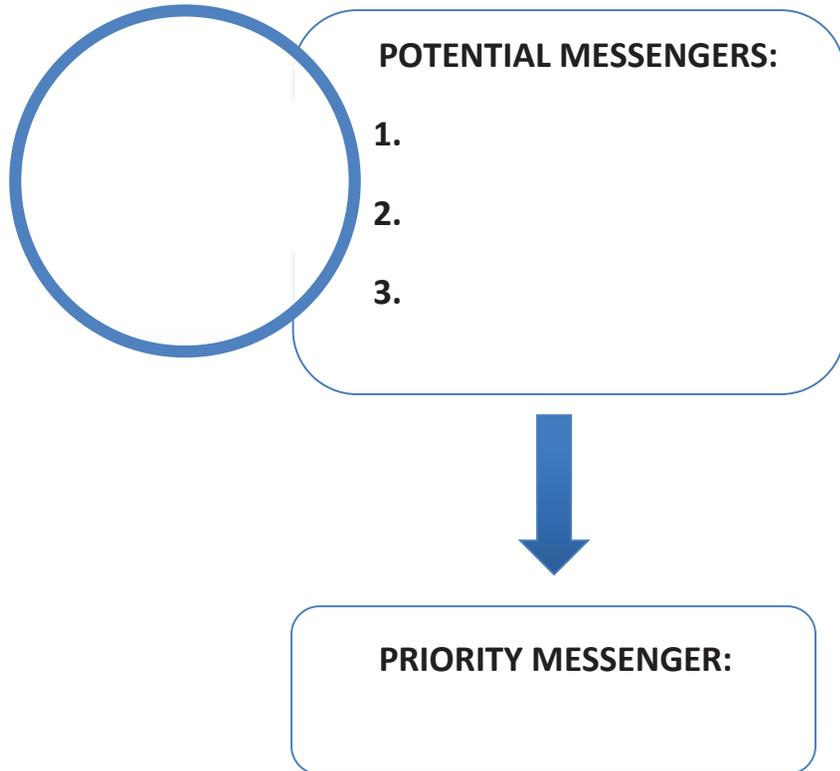
Write the name of one of your key decision-makers in the circle on the left. List three potential messengers for that decision-maker. Be as specific as possible. Next, plot potential messengers on the grid based on their expertise and influence, and then select your priority messenger. Ideal messengers fall in the upper-right corner. As with your message, your messenger will likely vary depending on the decision-maker you are targeting and their key interests. You may need multiple copies of this worksheet to complete a chart and grid for each of your decision-makers.



Part 9 Worksheet: Identifying Advocacy Messengers

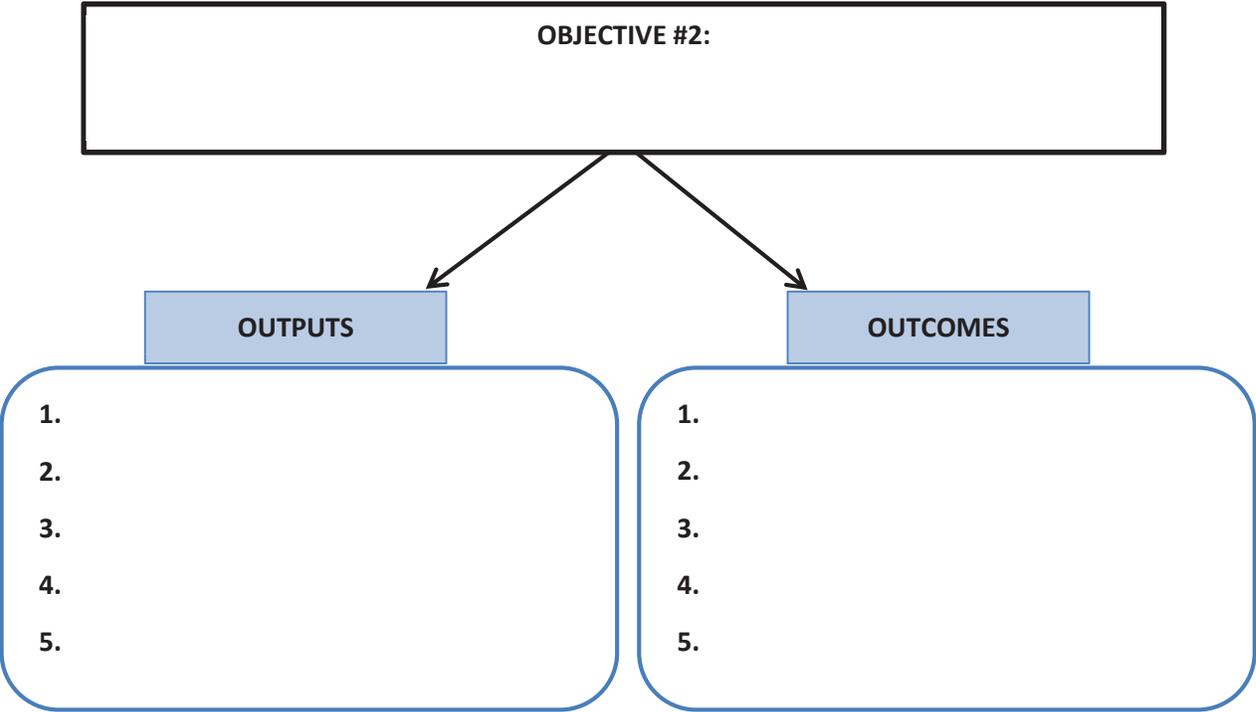
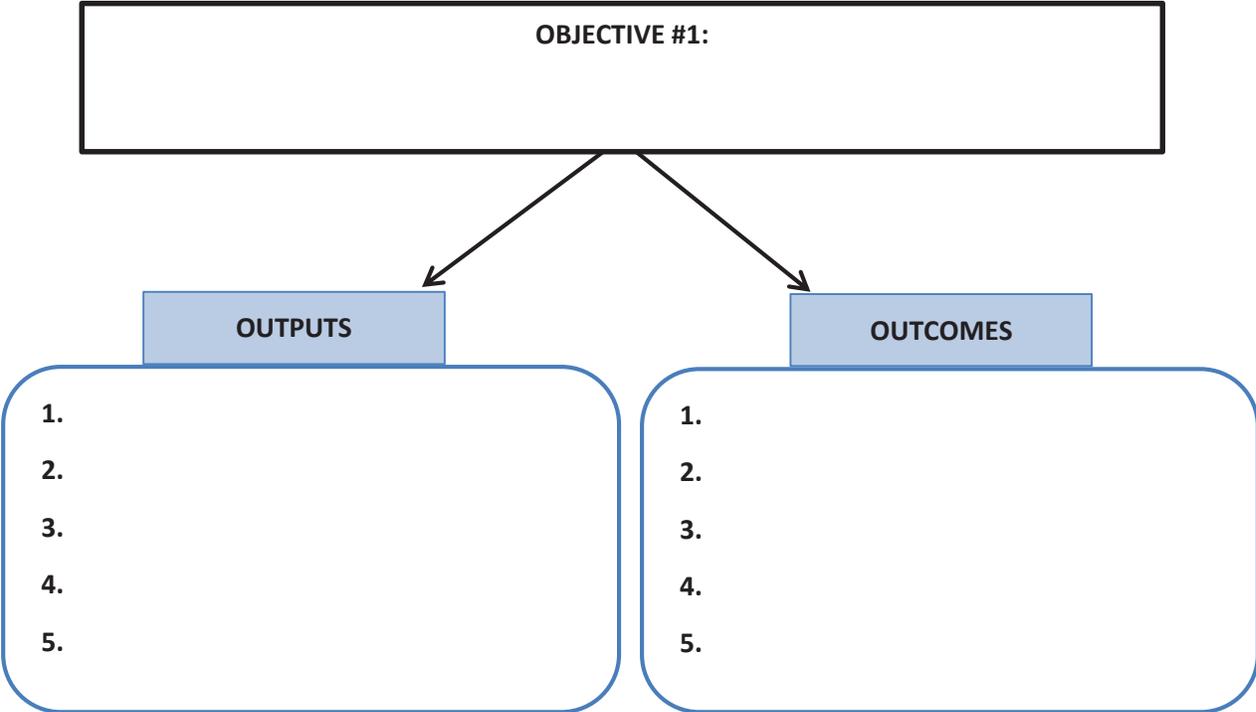


Part 9 Worksheet: Identifying Advocacy Messengers

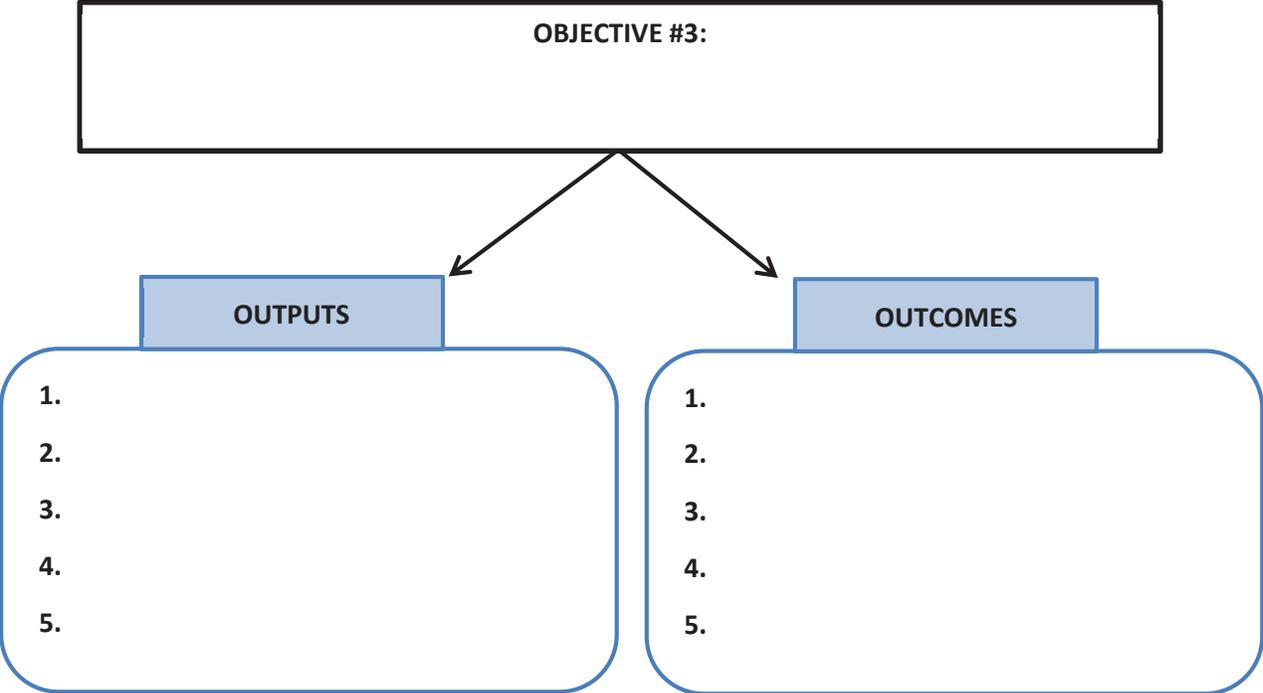


Part 10 Worksheet: Planning to Measure Success

Write your objectives in the top row of each chart below. Then list three to five expected outputs and three to five expected outcomes in the areas beneath.



Part 10 Worksheet: Planning to Measure Success



Congratulations on completing your advocacy strategy!

Advocacy strategy template

**This template is an optional resource that can be used to consolidate the work from each of the worksheets in to an easy-to-use summary strategy document.*

GOAL AND OBJECTIVES
<p>The advocacy goal is the focus of the advocacy strategy and describes the overarching policy change or policy-related outcome the project seeks to achieve.</p> <p>Advocacy objectives are intermediate steps necessary to reach the overarching goal and focus on what the advocacy outputs will seek to achieve.</p>
Advocacy Goal
Related Objectives

DECISION-MAKERS AND INFLUENCERS	
<p>Decision-makers are the persons who have the power to give you what you want—the people who can say yes or no to the advocacy goal. Influencers are persons or groups who can have a compelling force on the actions, opinions, or behavior of decision-makers. These groups combined are the primary targets of the advocacy strategy.</p>	
Decision-makers	Key Influencers
1)	1)
2)	2)
3)	3)
4)	4)
5)	5)

OPPOSITION AND OBSTACLES
<p>There may be pockets of resistance to your policy advocacy goal that the project seeks to achieve, for reasons extending from competing priorities and/or agendas to concerns about funding, timing, and capacity. It is critical to identify potential resisters (persons or groups) that may have a real impact on the outcome and any strategies to mitigate their influence.</p>

Potential Resistors
1) 2) 3) 4)
Mitigation Strategies
▪ ▪ ▪ ▪

PARTNERS
Partners are critical interest groups, NGOs, private-sector entities, multilateral organizations, or coalitions that are currently working on the issue in which coordination and collaboration will further anticipated outcomes.
Potential Partners
1) 2) 3) 4)
Anticipated Roles of Partners
1) 2) 3) 4)

TACTICS
Tactics are the specific activities and strategies that will help influence key advocacy targets in support of the advocacy objectives and ultimately the advocacy goal.
Objective 1:
▪ ▪ ▪ ▪ ▪
Objective 2:
▪ ▪ ▪ ▪ ▪

Objective 3:

-
-
-
-
-

Objective 4:

-
-
-
-
-

INDICATORS

In order to demonstrate success and progress toward the advocacy goal, track outputs—measures of productivity/activity—and outcomes—effects or changes seen as a result of tactics.

Illustrative output indicators

- 1)
- 2)
- 3)
- 4)
- 5)

Illustrative outcome indicators

- 1)
- 2)
- 3)
- 4)
- 5)

ANNEX 2: ACTIVITY MATERIALS

- ≠ Case Studies with Answer Keys (Introduction to the 10 Parts)
 1. Action for Adolescent Reproductive Health
 2. Action for Nevirapine Access Coalition
 3. AMTSL Expansion Coalition
 4. Coalition to Control Diarrheal Disease
 5. Diabetes Screening for Women Coalition
 6. Expanding Access to Chlorhexidine
 7. Expanding Access to Family Planning
 8. Expanding Access to Misoprostol for Postpartum Hemorrhage
 9. Scientists Supporting Malaria Vaccines
 10. Total Market Approach to Family Planning
- ≠ Getting Sorted Signs (Part 4)
- ≠ Partner Mingle Cards (Part 7)
- ≠ Qualities of an Effective Partnership Flash Cards (Part 7)
- ≠ Types of Collaboration Flash Cards (Part 7)
- ≠ Case Study Sample Objectives (Part 8)
- ≠ Qualities of a Compelling Message Flash Cards (Part 9)

Action for Adolescent Reproductive Health Case Study*

Youth in Country X have few resources for learning about sexual and reproductive health. The Ministry of Education (MOE) funds general health education in schools, but none of the funding was allocated to adolescent reproductive health. To address this issue, a group of local health advocates formed the Action for Adolescent Reproductive Health (AARH) network to influence the government of Country X to include sexual and reproductive health education in its national health curriculum.

Teachers supported sexual and reproductive health instruction for adolescents, yet the MOE—who would need to take action—had not prioritized those topics as part of the national health education curriculum. To learn why, AARH facilitated meetings with government officials at provincial, district, and division levels. Through these meetings, it became clear that MOE leaders lacked awareness of the need for such programs and, in addition, their main interest was ensuring their actions were supportive of the needs of students. Additionally, Country X's three ministries with stakes in such a program—the Ministry of Education; the Ministry of Health (MOH); and the Ministry of Gender, Culture, and Social Services—did not have a method of systematically addressing cross-ministerial issues.

As a step toward the ultimate goal, AARH partnered with the three ministries to establish a ministry network and create cross-ministerial dialogue. AARH also facilitated and served as secretariat to new national, provincial, and district inter-ministerial committees where MOE staff could share challenges and successes. Throughout all of these actions, AARH ensured that the theme of the message to the ministries was consistent: reaching youth with accurate messages about sexual and reproductive health helps them make more informed decisions.

While individual members of AARH had connections with ministry officials and the ability to facilitate structured meetings with government officials, they didn't have experience developing instructional curriculum for students that would be critical to increase awareness and change decision-makers' attitudes toward reproductive health education. Therefore, AARH also partnered with local health education teachers, training experts, and technical staff within the ministries to develop a training curriculum about sexual and reproductive health.

In the end, these tactics were successful and encouraged an increase in government commitment and funding for programs to promote sexual and reproductive health among youth in Country X. As a first step toward lasting change, the MOE publicly announced the creation of a permanent cross-ministerial committee to systematically address cross-ministerial issues. The MOE also allocated money for sexual and reproductive health education and incorporated the training curriculum about sexual and reproductive health into its national health education strategy—an action the AARH viewed as the ultimate marker of success.

****This case study is based on actual events. It has been adapted to illustrate how the 10-part process can be applied to develop advocacy strategies to improve health.***

Action for Adolescent Reproductive Health Case Study

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	
Part 2 Advocacy goal	
Part 3 Decision-makers and influencers	
Part 4 Decision-makers' key interests	
Part 5 Advocacy opposition and obstacles	
Part 6 Advocacy assets and gaps	
Part 7 Advocacy partners	
Part 8 Advocacy tactics	
Part 9 Advocacy messages	
Part 10 Plan to measure success	

Action for Adolescent Reproductive Health Case Study Answer Key

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	Youth have few resources for learning about sexual and reproductive health and there is no MOE funding allocated for adolescent reproductive health education.
Part 2 Advocacy goal	Influence the government to include sexual and reproductive health education in its national health education curriculum.
Part 3 Decision-makers and influencers	Key decision-maker is the Ministry of Education. Influencers are the MOH and the Ministry of Gender, Culture, and Social Service.
Part 4 Decision-makers' key interests	Their main interest was ensuring their actions were supportive of the needs of students.
Part 5 Advocacy opposition and obstacles	Obstacle: No method of systematically addressing cross-ministerial issues between the MOE; the MOH; and the Ministry of Gender, Culture, and Social Services.
Part 6 Advocacy assets and gaps	Assets: connections with ministry officials and the ability to facilitate structured meetings with government officials. Gap: lack of experience developing instructional curriculum for students.
Part 7 Advocacy partners	Officials at the three ministries, local health education teachers, training experts, and technical staff.
Part 8 Advocacy tactics	Establish a ministry network to foster cross-ministerial dialogue. Facilitate and serve as secretariat to new national, provincial, and district inter-ministerial committees. Develop a training curriculum about sexual and reproductive health to increase awareness and change attitudes of government officials.
Part 9 Advocacy messages	Reaching youth with accurate messages about sexual and reproductive health helps them make more informed decisions.
Part 10 Plan to measure success	Increased government commitment and funding for programs to promote sexual and reproductive health among youth. MOE allocated money for sexual and reproductive health education and incorporated the training curriculum into its national health education strategy. MOE also publicly announced the creation of a permanent cross-ministerial committee to systematically address cross-ministerial issues.

Action for Nevirapine Access Coalition Case Study*

Nevirapine is the leading drug to prevent the transmission of HIV from mother to child. It is given to the mother during labor and to the infant after birth. Although nevirapine was cleared for use in Country X by the Medicines Control Council (MCC) in 2001, it was not consistently available or used in public health clinics. Soon after the MCC approved the use of nevirapine, the Action for Nevirapine Access Coalition (ANAC) began to develop an advocacy strategy to influence the government of Country X to introduce a national policy to roll-out and standardize the use of nevirapine in the public health sector.

ANAC knew that to get a national policy in place, the Minister of Health of Country X would need to take action. ANAC was aware that the Minister of Health herself was supportive of a policy for national provision of nevirapine but had concerns about the costs of the program. However, ANAC also knew that many other prominent government officials strongly argued that costs to implement such a program were beyond the government's reach and they would not support such an effort.

ANAC also identified key media outlets as a persuasive mechanism to help apply additional pressure on the Minister of Health to take action. Engaging with targeted media outlets such as the national daily newspaper and popular daily news programs was a major component of ANAC's efforts to reach the Ministry of Health (MOH). Getting well-known newspaper reporters to cover the issue was a major step toward the ultimate goal of policy change. ANAC provided stories of real people's struggles for life and planned events to capture and maximize media coverage of mother-to-child transmission of HIV and the lack of effective drugs in local clinics. Where necessary, ANAC recruited high-profile people to carry the message forward. Through these activities, they were able to build a core of 'friends' in the media to help spread their message and request for action. Throughout all these actions, the theme of the messages they used was consistent: *paying for nevirapine now saves money later*.

ANAC knew that one of its real strengths was its ability to network on both a grassroots and international level with HIV activists and even donor governments. But it didn't have experience with complicated national health budgets and health cost analysis. ANAC partnered with expert health economists and medical professionals to gather publicly available budget information from the 2001 Country X Government Fiscal Review. By developing a pool of evidence, the ANAC was able to counter the government of Country X's argument on affordability.

Today, the government of Country X currently has one of the most comprehensive nevirapine access plans in the region and distributes life-saving HIV treatment drugs to over a million people, a true indicator of the success of ANAC's advocacy efforts. ANAC's advocacy strategy is regarded globally as a major success, and the Minister of Health has credited ANAC in several public statements as a model for civil society involvement in public health. ANAC's advocacy strategy had a significant impact on changing the policies of the government of Country X.

****This case study is based on actual events. It has been adapted to illustrate how the 10-part process can be applied to develop advocacy strategies to improve health.***

Action for Nevirapine Access Coalition Case Study*

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	
Part 2 Advocacy goal	
Part 3 Decision-makers and influencers	
Part 4 Decision-makers' key interests	
Part 5 Opposition and obstacles	
Part 6 Advocacy assets and gaps	
Part 7 Advocacy partners	
Part 8 Advocacy tactics	
Part 9 Advocacy messages	
Part 10 Plan to measure success	

Action for Nevirapine Access Coalition Case Study Answer Key

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	Nevirapine was cleared for use but is not consistently available or used in public health clinics.
Part 2 Advocacy goal	Influence the government of Country X to introduce a national policy to roll out and standardize the use of nevirapine in the public health sector.
Part 3 Decision-makers and influencers	Decision-maker: Minister of Health (MOH) of Country X Influencers: Other government officials, national newspaper, daily news programs.
Part 4 Decision-makers' key interests	Cost
Part 5 Opposition and obstacles	Other government officials who are concerned about costs.
Part 6 Advocacy assets and gaps	Assets: Ability to network on both a grassroots and international level with HIV activists and donor governments. Gaps: Lack of experience with national health budgets and health cost analysis.
Part 7 Advocacy partners	Expert health economists and medical professionals.
Part 8 Advocacy tactics	Gather budget evidence from the 2001 Government Fiscal Review. Engage media outlets with planned events and stories of real people's struggles for life.
Part 9 Advocacy messages	Paying for nevirapine now saves money later.
Part 10 Plan to measure success	The government of Country X currently has one of the most comprehensive nevirapine access plans in the region and distributes HIV treatment drugs to more than a million people. The Minister of Health has credited the ANAC in several public statements as a model for civil society involvement in public health.

AMTSL Expansion Coalition Case Study*

In Country X, as in many developing countries, a large number of women die from postpartum hemorrhage (PPH), or excessive bleeding after childbirth. Active management of the third stage of labor (AMTSL)—which includes administering the drug oxytocin—is a feasible, low-cost, and evidence-based intervention that can prevent PPH and greatly improve survival of women and their infants. In 2007, the National Department of Health (NDOH) prioritized nationwide training in AMTSL for all skilled birth attendants. However, midwifery assistants (who conduct a majority of normal vaginal births in facilities in Country X) were restricted from practicing AMTSL or administering oxytocin because they are not considered to be skilled birth attendants. To address this restriction, the AMTSL Expansion Coalition (AMTSL.EC), a coalition of maternal health nonprofit organizations, developed an advocacy strategy to influence the government of Country X to revise the national policy governing the use of AMTSL to include midwifery assistants and to incorporate them in the nationwide training plan.

AMTSL.EC knew that to get the national policy revised, the Minister of Health of Country X would need to take action. AMTSL.EC knew that the Minister of Health himself supported AMTSL training for all skilled birth attendants but was concerned that the government lacked evidence that midwifery assistants could properly use AMTSL. Technical staff working for the NDOH were opposed because of concerns that midwifery assistants might use oxytocin for other purposes. They also worried that funders would shift their support to training lower-level health workers before all skilled birth attendants were trained.

To build a local evidence base on the safety and feasibility of midwifery assistants applying AMTSL and administering oxytocin, the AMTSL.EC partnered with community-based organizations and the NDOH to train midwifery assistants in a demonstration pilot project. Getting approval from the NDOH to conduct this pilot project was a first step in the process to policy change. AMTSL.EC knew that it had a good rapport with the Minister of Health and would be able to effectively communicate evidence to him. But, it didn't have experience with carrying out demonstration projects to gather that evidence. So they solicited an international development agency that provided technical assistance and credibility to the study.

The demonstration study showed that midwifery assistants could apply AMTSL with as much competence as skilled birth attendants without any increase in related birth complications. By conducting this national pilot project, the AMTSL.EC built an evidence base to counter the technical staff's arguments against expanding the national policy governing the use of AMTSL to include midwifery assistants. To garner support and convince the Minister of Health to revise the NDOH policy, the AMTSL.EC authored a policy report that detailed the positive outcomes of the pilot project and called on the government to take action as a result. AMTSL.EC launched the policy report at a briefing attended by the government's technical staff. Key media outlets covered the briefing that put additional pressure on the Minister of Health to take action. Throughout all of these actions, the main theme of the message was consistent: *Midwifery assistants can safely administer oxytocin and properly perform AMTSL to effectively reduce maternal mortality from PPH.*

As a result of these efforts, the NDOH revised its policy to include midwifery assistants in the training and delivery of AMTSL. The Minister of Health publicly acknowledged the role that the AMTSL.EC played in expanding the practice of AMTSL to more than 95% of Country X's project sites, which advocates viewed as a marker of success. Ultimately, incidence of PPH significantly decreased nationwide.

AMTSL.EC's advocacy strategy is regarded globally as a major success and is being replicated in other countries.

**This case study is based on actual events. It has been adapted to illustrate how the 10-part process can be applied to develop advocacy strategies to improve health.*

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	
Part 2 Advocacy goal	
Part 3 Decision-makers and influencers	
Part 4 Decision-makers' key interests	
Part 5 Advocacy opposition and obstacles	
Part 6 Advocacy assets and gaps	
Part 7 Advocacy partners	
Part 8 Advocacy tactics	
Part 9 Advocacy messages	
Part 10 Plan to measure success	

AMTSL Expansion Coalition Case Study Answer Key

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	Midwifery assistants restricted from practicing AMTSL or administering oxytocin.
Part 2 Advocacy goal	Influence the government to revise the national AMTSL policy to include midwifery assistants and to incorporate them in the nationwide training plan.
Part 3 Decision-makers and influencers	Decision-maker: Minister of Health. Influencers: Technical staff working for the NDOH, key media outlets.
Part 4 Decision-makers' key interests	Government lacked evidence that midwifery assistants could properly use AMTSL.
Part 5 Advocacy opposition and obstacles	Opposition: Technical staff working for the NDOH who were concerned that midwifery assistants might use oxytocin for other purposes and that funders would shift their support to training lower-level health workers before all skilled birth attendants were trained.
Part 6 Advocacy assets and gaps	Assets: Good rapport with the Minister of Health and ability to effectively communicate evidence to him. Gaps: Lack of experience conducting demonstration projects to gather that evidence.
Part 7 Advocacy partners	Community-based organizations, NDOH, international development agency.
Part 8 Advocacy tactics	Demonstration pilot project. Policy report on the positive outcomes of the pilot project launched at a briefing attended by the government's technical staff and covered by key media outlets.
Part 9 Advocacy messages	Midwifery assistants can safely administer oxytocin and properly perform AMTSL to effectively reduce maternal mortality from PPH.
Part 10 Plan to measure success	NDOH revised its policy to include midwifery assistants in the training and delivery of AMTSL. The Minister of Health publicly acknowledged the role that the AMTSL.EC played in expanding the practice of AMTSL to more than 95% of Country X's project sites. Ultimately, incidence of PPH significantly decreased nationwide.

Coalition to Control Diarrheal Disease Case Study*

In Country X, thousands of children die every year from diarrheal disease. A new rotavirus vaccine—which protects young children from severe diarrheal disease—had just been released but not yet introduced in any country. The government of Country X had always funded traditional strategies such as oral rehydration therapy and zinc supplements in its national diarrheal disease prevention plan. Yet it remained skeptical of integrating rotavirus vaccine into the plan. To address this gap, the Coalition to Control Diarrheal Disease (CCDD) developed an advocacy strategy to influence the government of Country X to introduce the rotavirus vaccine and include it in its national diarrheal disease prevention plan.

To achieve this, CCDD knew that it would need to convince the Minister of Health. The Minister of Health was very interested in having locally generated data to support any new policies or strategies. In addition, no technical staff at the Ministry of Health (MOH) had enough knowledge about the scientific evidence on rotavirus vaccine to rigorously support including it in the diarrheal disease prevention plan. They were also generally conservative about adopting new health technologies.

CCDD knew that its strengths were its expertise in diarrheal disease management, partnerships with influential national and international stakeholders, and strong ties with MOH staff. However, the CCDD lacked the funding and community connections needed to successfully introduce the vaccine. Therefore, the CCDD partnered with an international vaccine funder and a national network of nongovernmental organizations (NGOs) to ensure all components of its advocacy strategy could be implemented.

The CCDD first authored a fact sheet that clearly explained the newest scientific evidence on the rotavirus vaccine and integrated approaches to controlling diarrheal disease. The CCDD and its partners used the fact sheet during desk-side briefings with key stakeholders at the MOH. The CCDD and its partners also garnered media attention on the issue to help apply additional pressure to the MOH to take action. They authored editorials in newspapers and conducted interviews with key news outlets, recruiting high-profile individuals when needed to carry the message forward. Throughout all of these actions, the theme of the messages they used was consistent: *integrated diarrheal disease programs that include the rotavirus vaccine save children's lives.*

This work ultimately led the MOH to create an expert committee to advise the government on the policies, training for health providers, and public education needed to introduce rotavirus vaccine. Establishing this committee was a first step toward the ultimate goal of policy change to introduce the vaccine. They also requested the committee to conduct a cost-benefit analysis of rotavirus vaccine introduction and to estimate the local impact of the vaccine on incidence of diarrheal disease. The international vaccine funder and the MOH both agreed to allocate funding to this effort.

As a result, Country X included the rotavirus vaccine in its national diarrheal disease prevention plan and introduced the vaccine in 2006. This event marked a landmark moment in history—the first time a vaccine had reached the public sector in one of the world's poorest countries in the same year that it reached the industrialized world. Today, more than 80% of newborns in Country X receive the rotavirus vaccine, and the country has paved the way for other developing countries to introduce the vaccine—the CCDD's marker of success.

**** This case study is based on actual events. It has been adapted to illustrate how the 10-part process can be applied to develop advocacy strategies to improve health.***

Examples of the 10 Parts in the Case Study:

Part 1 Advocacy issue	
Part 2 Advocacy goal	
Part 3 Decision-makers and influencers	
Part 4 Decision-makers' key interests	
Part 5 Opposition and obstacles	
Part 6 Advocacy assets and gaps	
Part 7 Advocacy partners	
Part 8 Advocacy tactics	
Part 9 Advocacy messages	
Part 10 Plan to measure success	

Coalition to Control Diarrheal Disease Case Study Answer Key

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	The government of Country X had funded oral rehydration therapy and zinc supplements in its national diarrheal disease prevention plan but not the introduction of the rotavirus vaccine, a move that would ensure an integrated approach to diarrheal disease control in Country X.
Part 2 Advocacy goal	Influence the government to introduce the rotavirus vaccine and include it in its national diarrheal disease prevention plan.
Part 3 Decision-makers and influencers	Decision-maker: Minister of Health. Influencers: Technical staff working at the Ministry of Health (MOH), media.
Part 4 Decision-makers' key interests	The Minister of Health was very interested in having locally generated data to support any new policies or strategies.
Part 5 Advocacy opposition and obstacles	Obstacles: No technical staff at the MOH had enough knowledge about the vaccine to rigorously support including it in the diarrheal disease prevention plan. They were also generally conservative about adopting new health technologies.
Part 6 Advocacy assets and gaps	Assets: Expertise in diarrheal disease management, partnerships with influential national and international stakeholders, and strong ties with MOH staff. Gaps: Lack of funding and community connections to successfully introduce the vaccine.
Part 7 Advocacy partners	International vaccine funder, national network of NGOs.
Part 8 Advocacy tactics	Fact sheet on the scientific evidence on the rotavirus vaccine and integrated approaches to controlling diarrheal disease, desk-side briefings with key MOH stakeholders, newspaper editorials, interviews with key news outlets, recruitment of high-profile individuals as messengers.
Part 9 Advocacy messages	Integrated diarrheal disease programs that include the rotavirus vaccine save children's lives.
Part 10 Plan to measure success	MOH created an expert committee to conduct a cost-benefit and impact analysis and to advise on the policies, training for health providers, and public education needed to introduce rotavirus vaccine. MOH included the rotavirus vaccine in its national diarrheal disease prevention plan and introduced the vaccine in 2006.

Diabetes Screening for Women Coalition Case Study*

The burden of Non-Communicable Diseases (NCDs) has been increasing at an alarming rate in Country X. Diabetes, for example, was a relatively rare disease in the country just 20 years ago, but is now a threat to both the health and economic stability of the country. The prevalence is rising dramatically. More women of reproductive age have diabetes and more pregnancies are complicated by diabetes. Diabetes uniquely affects women through its impact during pregnancy and the threat it poses, if unrecognized and untreated, to the health of both mother and child. Gestational Diabetes Mellitus (GDM) is an overlooked cause of maternal and infant death and serious complications during labor—perinatal complications. Women with GDM have a 30% to 60% chance of developing diabetes in the next 10 to 12 years, and their offspring have an increased risk of obesity and diabetes later in life. Because of this issue, packaging diabetes screenings with maternal health services is an effective way to ensure that diabetes in women is caught early. In Country X, maternal and reproductive health services are potential points of contact for secondary prevention and treatment of diabetes.

To advocate for the integration of screening programs, organizations including the National Diabetes Association and leading maternal health groups came together and formed the Diabetes Screening for Women Coalition (DSFWC). The DSFWC developed an advocacy strategy to influence the government of Country X to revise the Reproductive Health Service Guidelines, the national policy governing the package of services offered at maternal health facilities, to include screening for diabetes.

The DSFWC knew that to get the guidelines revised, the Minister of Health of Country X would need to take action. The Minister of Health wanted to see evidence about the effectiveness and feasibility of including diabetes screening in maternal health facilities, as many technical staff working for the National Department of Health (NDOH) were resistant to integrated programming because they worried that a focus on diabetes screening would cause other maternal health complications to be overlooked. Technical staff were also concerned that the limited national funding for maternal health services would be shifted toward diabetes and that women would be reluctant to come for antenatal care (ANC) visits if yet another test was to be performed. The technical staff at NDOH were very influential with the Minister of Health.

To build a local evidence base on the feasibility and effectiveness of integrated screening programs, the DSFWC partnered with a community-based organization that was training health care workers in maternal health facilities to conduct a demonstration project, integrating diabetes screening at a dozen maternal health service facilities. The coalition gathered data from this pilot project and created a dossier of evidence from other studies, which built the evidence base for integration of diabetes screening in to maternal health services. In addition to the evidence dossier, DSFWC developed a policy report that detailed the outcomes of the demonstration project and other evidence, calling on the government to take action. As a first step toward policy change, the NDOH called a meeting to review the evidence collected by DSFWC.

DSFWC knew that it had a good rapport with the Minister of Health and would be able to effectively communicate the evidence for the change to him. The coalition recruited members that specifically had experience with carrying out demonstration projects to provide technical assistance and lend credibility to the study. The coalition was hoping to get their message written in a newspaper story, which they knew would catch the attention of the Minister. However, none of the coalition members had experience working with the media.

DSFWC launched the policy report at a briefing attended by the government’s technical staff. Throughout all of these actions, the message was consistent: *Integration of screening for diabetes into maternal health services is a feasible, low-cost, and evidence-based intervention that can increase early detection and prevention in women and children.*

As a result of these efforts, the NDOH revised the guidelines to include diabetes screening in the package of services offered at maternal health facilities. The Minister of Health publicly acknowledged the role that the DSFWC played in expanding diabetes screenings to more than 95% of Country X’s maternal health service delivery sites, which advocates viewed as a marker of success. DSFWC’s advocacy strategy is regarded globally as a major success and is being replicated in other countries.

****This case study is based on actual events. It has been adapted to illustrate how the 10-part process can be applied to develop advocacy strategies to improve health.***

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	
Part 2 Advocacy goal	
Part 3 Decision-makers and influencers	
Part 4 Decision-makers’ key interests	
Part 5 Advocacy opposition and obstacles	
Part 6 Advocacy assets and gaps	
Part 7 Advocacy partners	
Part 8 Advocacy tactics	
Part 9 Advocacy messages	
Part 10 Plan to measure success	

Diabetes Screening for Women Coalition Case Study Answer Key

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	More women of reproductive age have diabetes and more pregnancies are complicated by diabetes.
Part 2 Advocacy goal	Influence the government to revise the Reproductive Health Service Guidelines to include diabetes screenings in the package of services offered at maternal health facilities.
Part 3 Decision-makers and influencers	Decision-maker: Minister of Health. Influencers: Technical staff working for the NDOH.
Part 4 Decision-makers' key interests	Government lacked evidence that integrating diabetes screening at maternal health facilities was effective.
Part 5 Advocacy opposition and obstacles	Opposition: Technical staff working for the NDOH worried that a focus on diabetes screening would cause oversight of other maternal health complications and divert funding exclusively to diabetes screening.
Part 6 Advocacy assets and gaps	Assets: Good rapport with the Minister of Health and ability to effectively communicate evidence to him. Gaps: Lack of experience working with the media.
Part 7 Advocacy partners	Community-based organizations, NDOH.
Part 8 Advocacy tactics	Packaging results of a demonstration project and compiling an evidence dossier. Policy report on the positive outcomes of the pilot project launched at a briefing attended by the government's technical staff and covered by key media outlets.
Part 9 Advocacy messages	Integration of screening for diabetes into maternal health services is a feasible, low-cost, and evidence-based intervention that can increase early detection and prevention in women and children.
Part 10 Plan to measure success	NDOH revised its policy to integrate diabetes screening into the package of services offered at maternal health facilities. The Minister of Health publicly acknowledged the role that the DSFWC played in expanding the screening to more than 95% of Country X's maternal health service delivery sites.

Expanding Access to Chlorhexidine Case Study*

Chlorhexidine is a widely used, low-cost method for clean umbilical cord care for newborns. When applied in the proper 7.1% gel or liquid formulation, chlorhexidine prevents infection in newborns and can reduce neonatal mortality by as much as 23%. A major issue in Country X, however, was that health care guidelines were not reflective of the latest global evidence and still recommended dry cord care for newborns.

The Chlorhexidine for Newborn Care Coalition (CNCC) recognized the importance of chlorhexidine in decreasing neonatal mortality rates. To address the outdated recommendation for dry cord care, the CNCC coordinated an advocacy effort with the goal of urging the Ministry of Health (MOH) of Country X to amend the Maternal and Newborn Health Standard Treatment Guidelines to include the use of 7.1% chlorhexidine digluconate for umbilical cord care.

To achieve this goal, the CNCC needed to convince the Minister of Health to take action. The Minister of Health was interested in ensuring that his country adhered to current global guidelines, and he wanted more information on global standards before making any policy changes. Additionally, the CNCC knew that the Health Professionals Association—a very influential organization to the MOH—was hesitant to promote chlorhexidine because members had long practiced dry cord care and were resistant to changing this commonly held best practice.

Despite some misperceptions in Country X that the World Health Organization (WHO) recommended dry cord care, the CNCC was aware that the WHO recently added 7.1% chlorhexidine digluconate for umbilical cord care to its 2013 Model List of Essential Medicines for Children. The WHO also included chlorhexidine for umbilical cord care in its Recommendations on Newborn Health, and the UN Commission on Life-Saving Commodities for Women and Children listed 7.1% chlorhexidine digluconate as one of 13 priority health commodities that can prevent and treat many of the leading causes of death in women, children, and newborns.

The CNCC had a strong, long-standing relationship with the Minister of Health. They knew that he would be supportive of policy change if he was aware of new global guidelines, so they decided to plan a high-level briefing to present this information. The CNCC did not have event-planning experience, so they partnered with a local advocacy group that frequently hosted high-level events for decision-makers. Together, they invited the Minister of Health, government officials, and leading representatives from the Health Professionals Association. At the event, WHO officials and technical experts led a panel discussion on new WHO recommendations and the importance of 7.1% chlorhexidine digluconate in preventing neonatal infections. Following the panel, attendees participated in a discussion of potential next steps.

As a result of this event, the Health Professionals Association was prompted to issue an official statement to their membership on the use of chlorhexidine for cord care. The CNCC also worked with the Health Professionals Association to write a letter declaring its support for chlorhexidine in light of these new global guidelines. This letter was then distributed to the MOH and was a big step toward the ultimate goal of changing the policy. Throughout all of these actions, the CNCC ensured that the theme of its messaging was consistent: *Country X can rapidly decrease neonatal mortality when 7.1% chlorhexidine digluconate is used for umbilical cord care.*

These efforts convinced the Minister of Health to update the Maternal and Newborn Health Standard Treatment Guidelines to recommend the use of 7.1% chlorhexidine digluconate for cord care, which the

CNCC viewed as the ultimate marker of success of their advocacy efforts. The Minister of Health publicly recognized the work of the CNCC in bringing new global newborn care recommendations to his attention.

**This case study is based on actual events. It has been adapted to illustrate how the 10-part process can be applied to develop advocacy strategies to improve health.*

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	
Part 2 Advocacy goal	
Part 3 Decision-makers and influencers	
Part 4 Decision-makers' key interests	
Part 5 Advocacy opposition and obstacles	
Part 6 Advocacy assets and gaps	
Part 7 Advocacy partners	
Part 8 Advocacy tactics	
Part 9 Advocacy messages	
Part 10 Plan to measure success	

Expanding Access to Chlorhexidine Case Study Answer Key

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	Country X's health care guidelines were not reflective of the latest global evidence and still recommended dry cord care for newborns.
Part 2 Advocacy goal	Influence the MOH to amend the Maternal and Newborn Health Standard Treatment Guidelines to include the use of 7.1% chlorhexidine digluconate for umbilical cord care.
Part 3 Decision-makers and influencers	Decision-maker: Minister of Health Influencers: Health Professionals Association
Part 4 Decision-makers' key interests	The Minister of Health was interested in ensuring that his country adhered to global guidelines; he wanted more information on global standards.
Part 5 Opposition and obstacles	Opposition: The Health Professionals Association was hesitant to promote chlorhexidine because members had long practiced dry cord care.
Part 6 Advocacy assets and gaps	Assets: Strong, long-standing relationship with the Minister of Health and knowledge of global evidence. Gaps: Not experienced in event planning.
Part 7 Advocacy partners	Local advocacy group.
Part 8 Advocacy tactics	Hosted a high-level briefing to present new global evidence and WHO recommendations. Worked with the Health Professionals Association to write a letter of support, which was given to the MOH.
Part 9 Advocacy messages	Country X can rapidly decrease neonatal mortality when 7.1% chlorhexidine digluconate is used for umbilical cord care.
Part 10 Plan to measure success	The MOH updated the Maternal and Newborn Health Standard Treatment Guidelines and publicly recognized the work of CNCC.

Increasing Access to Misoprostol for PPH Case Study*

In Country X, as in many developing countries, many women die from postpartum hemorrhage (PPH), or excessive bleeding after childbirth. Most cases of PPH can be prevented or treated with oxytocin or misoprostol, two safe and effective medicines that reduce bleeding. The World Health Organization (WHO) designates oxytocin as first-line treatment for prevention of PPH, but recommends misoprostol where oxytocin is not available or cannot be safely administered.

Misoprostol is safe, cost-effective, and easy to use; because of misoprostol's temperature stability and easy administration, the medicine offers an opportunity for Country X to increase options for women who are unable to give birth at a health care facility, thereby reducing maternal deaths. A major problem, however, was that misoprostol was not approved for the prevention and treatment of PPH in Country X and was not available for women who give birth at lower-level health care facilities or in the community.

Action for Safe Birth (ASB), a maternal health nongovernmental organization (NGO), recognized that greater access to misoprostol for PPH could lead to decreased maternal mortality rates, especially in women giving birth at lower-level health care facilities and in communities. ASB wanted to pursue a policy change that would safeguard the lives of these women against PPH, so they developed an advocacy strategy with a goal to influence the Ministry of Health (MOH) to revise the country's Essential Medicines List (EML) to include misoprostol for the prevention and treatment of PPH. They knew that the inclusion of misoprostol for this indication would contribute to expanded access to lifesaving uterotonics for women who are not easily able to give birth in well-equipped health care facilities.

ASB knew that to get the EML updated for this indication, the Minister of Health of Country X would need to take action. ASB was aware that the Minister of Health was interested in seeing data supporting misoprostol's safe use in PPH prevention; she had a background in research and wanted evidence to inform her decision. ASB had experience in convening stakeholders and advocating to the MOH, but they lacked the technical expertise they knew would be required to persuade the Minister of Health. They partnered with an implementing NGO, and together, collected existing evidence on the safe use of misoprostol for PPH in neighboring countries that had included misoprostol for PPH in their EMLs. ASB compiled this information into an evidence dossier. The Maternal and Child Health Technical Working Group, a very influential group within the MOH, included a presentation of the evidence dossier on the agenda of one of their meetings, which was a major step toward the desired policy change.

Many community groups opposed this proposal because they associated misoprostol only with its use as an abortifacient and feared that misoprostol would become too easily available for this purpose. In order to mitigate these concerns, ASB hosted a series of outreach meetings with a variety of stakeholders, including maternal health advocates, supportive religious leaders, high-level decision-makers, and other community organizations. During these meetings, ASB emphasized that updating the EML to include misoprostol for PPH could drastically decrease the maternal mortality rate in Country X and save thousands of mothers' lives. ASB documented the high turn-out and supportive participation and shared with the Minister of Health to demonstrate broad-based support for misoprostol's use in treating and preventing PPH.

These meetings proved critical in garnering support from the Minister of Health and community groups. Throughout these actions, ASB's high-level communications revolved around the following theme: *all*

women, regardless of where they give birth, need access to lifesaving medicines to treat and prevent PPH.

As a result of these efforts, the Minister of Health revised the EML to include misoprostol for the treatment and prevention of PPH. The Minister of Health publicly acknowledged the role that ASB and partners played in increasing mothers’ access to this lifesaving medicine, which advocates viewed as a marker of success in implementing their advocacy strategy.

****This case study is based on actual events. It has been adapted to illustrate how the 10-part process can be applied to develop advocacy strategies to improve health.***

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	
Part 2 Advocacy goal	
Part 3 Decision-makers and influencers	
Part 4 Decision-makers’ key interests	
Part 5 Advocacy opposition and obstacles	
Part 6 Advocacy assets and gaps	
Part 7 Advocacy partners	
Part 8 Advocacy tactics	
Part 9 Advocacy messages	
Part 10 Plan to measure success	

Increasing Access to Misoprostol for PPH Case Study Answer Key

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	Misoprostol is not approved for the prevention and treatment of PPH in Country X and is not available for women who give birth at lower-level health care facilities or in the community.
Part 2 Advocacy goal	Influence the MOH to revise the country's EML to include misoprostol for the prevention and treatment of PPH.
Part 3 Decision-makers and influencers	Decision-maker: Minister of Health Influencer: Maternal and Child Health Technical Working Group
Part 4 Decision-makers' key interests	The Minister of Health was interested in seeing data supporting misoprostol's safe use in PPH prevention; she had a background in research and wanted evidence to inform her decision.
Part 5 Opposition and obstacles	Opposition: Community groups who associated misoprostol only with its use as an abortifacient; they feared that misoprostol would become too easily available for this purpose.
Part 6 Advocacy assets and gaps	Assets: Experience in convening stakeholders and advocating to the MOH. Gaps: Technical expertise required to persuade the Minister of Health.
Part 7 Advocacy partners	Implementing NGO
Part 8 Advocacy tactics	Compiled and presented evidence dossier on the safe use of misoprostol for PPH in countries that had included misoprostol on the EMLs. Hosted a series of outreach meetings with stakeholders, demonstrating broad-based support for misoprostol's use in treating and preventing PPH.
Part 9 Advocacy messages	All women, regardless of where they give birth, need access to lifesaving medicines to treat PPH.
Part 10 Plan to measure success	The Minister of Health revised the EML to include misoprostol for the treatment and prevention of PPH and publicly acknowledged the role that ASB and partners played.

Expanding Access to Family Planning Case Study*

Although there is a significant shortage of community health workers in Country X, especially at the community level and in rural areas, community health workers play a critical role in providing basic health services, including family planning. A demographic study in Country X last year showed that injectable contraception is the most commonly used and most widely known family planning method in Country X. However, under the current Sexual and Reproductive Health National Policy Guidelines, only nurses and physicians can provide injectable contraceptives. Since the number of nurses and physicians is severely low and they typically do not work in rural communities, task-sharing is essential to expanding access to family planning services and reducing high unmet need for contraception. To address this issue, a group called the Expanding Access to Family Planning Coalition (EAFPC) coordinated an advocacy effort to urge the Ministry of Health (MOH) of Country X to amend the National Policy Guidelines to allow community health workers to provide injectable contraceptives.

To achieve this, EAFPC knew that it would need to convince the Minister of Health. However, the MOH was most interested in having local evidence to support the case for community health workers to provide injectable contraceptives before making any policy changes. Additionally, technical staff working for the MOH were hesitant to add an additional task, which would need additional training and resources, to the community health care workers' responsibilities.

EAFPC knew it had a good rapport with the MOH and would be able to effectively communicate the policy ask to him. However they did not have experience conducting local pilot studies to generate the evidence needed. Therefore, the EAFPC partnered with a local NGO and local government officials that were conducting a pilot study on this very issue in a rural community in Country X. EAFPC met with the local nongovernmental organization (NGO) and local government officials to learn about the successful results of the study. Together they created a two-page brief document which highlighted the local evidence and provided the basis for requesting the amendment of the National Policy Guidelines. The EAFPC then funded a one-day field visit to the rural community, which enabled the MOH and his technical staff to assess the capacity of community health workers to provide injectable contraceptives and to witness the critical demand for this service. After this visit, the MOH called a meeting to review the evidence and discuss the needed policy changes, as a first step toward revising the guidelines. Throughout all of these actions, EAFPC ensured that its messages had a consistent theme: *Expanding access to preferred family planning methods reduces unmet need for contraception.*

These efforts convinced the MOH and his technical staff that task-sharing to allow community health workers to provide injectable contraceptives was critical to addressing the unmet need for contraception in Country X. The MOH amended the Sexual and Reproductive Health National Policy Guidelines and publicly recognized the work of the EAFPC. The MOH also allocated funds to be used by district governments to train community health care workers to provide injectable contraceptives, which the EAFPC viewed as the ultimate marker of success of their advocacy efforts.

****This case study is based on actual events. It has been adapted to illustrate how the 10-part process can be applied to develop advocacy strategies to improve health.***

Examples of the 10 Parts in the Case Study:

Part 1 Advocacy issue	
Part 2 Advocacy goal	
Part 3 Decision-makers and influencers	
Part 4 Decision-makers' key interests	
Part 5 Advocacy opposition and obstacles	
Part 6 Advocacy assets and gaps	
Part 7 Advocacy partners	
Part 8 Advocacy tactics	
Part 9 Advocacy messages	
Part 10 Plan to measure success	

Expanding Access to Family Planning Case Study Answer Key

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	Under the current Sexual and Reproductive Health National Policy Guidelines, only nurses and physicians can provide injectable contraceptives. Since the number of nurses and physicians is severely low and they typically do not work in rural communities, task-sharing with community health workers is essential to expanding access to family planning services and reducing high unmet need for contraception.
Part 2 Advocacy goal	Influence MOH to amend the National Policy Guidelines to allow community health workers to provide injectable contraceptives.
Part 3 Decision-makers and influencers	Decision-maker: MOH of Country X. Influencers: Technical staff working for the MOH.
Part 4 Decision-maker's key interests	The MOH was most interested in having local evidence to support the case for community health workers to provide injectable contraceptives before making any policy changes.
Part 5 Advocacy opposition and obstacles	Opposition: Technical staff working for the MOH were hesitant to add an additional task, which would need additional training and resources, to the community health care workers' responsibilities.
Part 6 Advocacy assets and gaps	Assets: Good rapport with the MOH and would be able to effectively communicate the policy ask to him. Gaps: Lack of experience conducting local pilot studies to generate the evidence needed.
Part 7 Advocacy partners	Local NGO and local government officials in a rural community.
Part 8 Advocacy tactics	Based on a successful pilot study, a two-page brief document which highlighted the local evidence was created. One-day field visit to the rural community, which enabled the MOH and his technical staff to assess the capacity of community health workers to provide injectable contraceptives and to witness the critical demand for this service.
Part 9 Advocacy messages	Expanding access to preferred family planning methods reduces unmet need for contraception.
Part 10 Plan to measure success	Amendment of the Sexual and Reproductive Health National Policy Guidelines. Public recognition from the MOH. Allocation of funds to be used by district governments to train community health care workers to provide injectable contraceptives.

Scientists Supporting Malaria Vaccines Case Study*

In Country X, thousands of children and pregnant women die every year from malaria. The government of Country X had allocated funds for malaria control and elimination activities such as bednets and malaria testing and treatment. However, despite recent scientific advances and the development of a malaria vaccine, the government had not included the malaria vaccine in its Expanded Programmes on Immunization (EPI), the country's vaccination program policy. Including the malaria vaccine in the EPI would allow for the timely and coordinated introduction of the malaria vaccine once it has been clinically tested and approved, allowing Country X to reduce the incidence of malaria more quickly. To address this issue, Scientists Supporting Malaria Vaccines (SSMV)—a group of research and development scientists working on the malaria vaccine—developed an advocacy strategy to influence the government of Country X to include the malaria vaccine in its EPI.

SSMV knew that to include the malaria vaccine in the country's EPI, the Minister of Health of Country X would need to take action. The Minister herself was supportive of the current programs to control malaria nationwide. However, she was concerned that the cost of introducing a new vaccine would divert funding from other critical vaccines. Additionally, technical staff working at the Ministry of Health (MOH) argued that it was a waste of government funds to prepare for the rollout of a vaccine that was not yet approved. It was clear that the MOH did not fully understand the current research and development on the malaria vaccine and the implications of waiting to incorporate it into the EPI.

SSMV surveyed its member scientists to assess their interest, skills, and influential contacts for advocacy on the malaria vaccine. This survey revealed that the scientists had a significant interest in advancing the issue through their contacts with key individuals, such as immunization program managers, who could effect policy change. However, while they were very familiar with presenting research data to their peers, they were less experienced in delivering messages to policymakers. To address this critical gap, SSMV partnered with advocacy and communications organizations to host a three-day skills-development workshop for the scientists, funded by a private-sector company. The scientists learned tactics for engaging with policymakers and translating their research findings into simplified messages.

Following the workshop, the scientists authored editorials in newspapers, conducted interviews with news outlets, and met with the Minister and her technical staff. These activities ultimately led to the creation of a technical advisory group by the MOH that pursued the inclusion of a malaria vaccine in the country's EPI. Establishing this technical advisory group was a major step toward the ultimate advocacy goal. Throughout all of these actions, the scientists ensured that the theme of their message was consistent: *preparing to introduce a malaria vaccine now will save more lives later.*

As a result of these efforts, the MOH was persuaded to include the malaria vaccine in Country X's EPI. The MOH publicly recognized the work of the SSMV and announced the change in the government's EPI, which the scientists view as the ultimate marker of success. The SSMV's advocacy strategy is also regarded globally as a major success and is being replicated in other countries.

****This case study is based on actual events. It has been adapted to illustrate how the 10-part process can be applied to develop advocacy strategies to improve health.***

Scientists Supporting Malaria Vaccines Case Study

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	
Part 2 Advocacy goal	
Part 3 Decision-makers and influencers	
Part 4 Decision-makers' key interests	
Part 5 Opposition and obstacles	
Part 6 Advocacy assets and gaps	
Part 7 Advocacy partners	
Part 8 Advocacy tactics	
Part 9 Advocacy messages	
Part 10 Plan to measure success	

Scientists Supporting Malaria Vaccines Case Study Answer Key

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	Despite recent scientific advances toward a malaria vaccine, the government had not included the malaria vaccine in its Expanded Programmes on Immunization. This would delay a coordinated introduction of the malaria vaccine once it has been clinically tested and approved.
Part 2 Advocacy goal	Influence the government to include the malaria vaccine in its EPI.
Part 3 Decision-makers and influencers	Decision-maker: Minister of Health. Influencers: Technical staff working for the MOH.
Part 4 Decision-makers' key interests	Cost of introducing a new vaccine could divert funding from other critical vaccines.
Part 5 Advocacy opposition and obstacles	Opposition: Technical staff working for the MOH who argued it was a waste of government funds to prepare for the rollout of a vaccine that was not yet approved. Obstacles: MOH did not fully understand the current research and development on the malaria vaccine and implications of delayed inclusion into the EPI.
Part 6 Advocacy assets and gaps	Assets: Scientists had a significant interest in advancing the issue, contacts with key individuals who could effect policy change, and experience presenting research data to their peers. Gaps: Lack of experience in delivering messages to policymakers.
Part 7 Advocacy partners	Advocacy and communications organizations, private-sector company.
Part 8 Advocacy tactics	Three-day skills-development workshop for the scientists, newspaper editorials, interviews with news outlets, meetings with the Minister and her technical staff.
Part 9 Advocacy messages	Preparing to introduce a malaria vaccine now will save more lives later.
Part 10 Plan to measure success	Creation of a technical advisory group by the MOH that pursued the inclusion of a malaria vaccine in the country's EPI. MOH was ultimately persuaded to include the malaria vaccine in Country X's EPI and publicly recognized the work of the SSMV.

Total Market Approach to Family Planning Case Study*

As Country X transitioned to middle-income country status, donor funding and procurement of contraceptives dwindled. A major challenge was meeting the continued family planning needs of the country's population—in particular, ensuring access to contraceptives and contraceptive services for vulnerable populations, such as those living in rural areas and minority groups, with existing domestic resources.

A group of organizations interested in how a Total Market Approach (TMA) could be applied in Country X to expand contraceptive access came together to form the Securing Access to Family Planning Coalition (SAFPC). Led by the National Family Planning Association, the SAFPC was united in their goal to influence the government of Country X to amend the National Reproductive Health Strategy to include the prioritization of free-of-charge contraceptive distribution for those most in need.

SAFPC knew that to get the National Reproductive Health Strategy amended, the Minister of Health of Country X would ultimately need to sign off on the policy. The Minister had a significant interest in utilizing evidence to support decision-making on maximizing the limited government resources available for health programming. The Minister was also highly influenced by the Ministry's technical staff and their recommendations, including the Head of the Sexual and Reproductive Health (SRH) Division, who had recently introduced the TMA concept to the Minister. At the same time, staff working for the Ministry of Finance, who were also influential with the Minister of Health, were resistant to the idea of providing funding for free contraceptives, given the limited financial resources available in the country.

To make the case for prioritizing the distribution of free contraceptives for those most in need, the SAFPC knew they would have to gather and package evidence to share with the Minister of Health and Ministry of Finance staff. The Coalition had a variety of members with experience taking data and evidence and packaging it to inform decision-makers. However, the coalition was largely made up of civil society organizations and nongovernmental organizations (NGOs) and was lacking representation from a critical viewpoint, the private sector. To fill this gap, SAFPC invited several private-sector representatives to join as partners in the planning and coordination of their activities.

The SAFPC worked closely with the Head of the SRH Division to develop and conduct a family planning survey, which provided data on the unmet need for contraceptives for some of Country X's most vulnerable groups. The survey indicated cost was a major barrier to access for these groups in particular. SAFPC also commissioned an economic think tank to conduct a costing of what the program would require as well as an analysis of the economic and development benefits of investment in family planning to address the concerns of the Ministry of Finance staff. SAFPC took the findings of the survey and economic analysis to develop a presentation and accompanying policy brief that they presented at a high-level policy dialogue attended by the Minister of Health and Minister of Finance. As a result of this dialogue, the Ministry of Health (MOH) called for a task force to meet to discuss the amendments needed to the National Reproductive Health Strategy as an initial step to the ultimate change. Throughout these activities the theme of SAFPC's message was consistent: *In times of constrained government resources, using evidence about the needs for family planning to prioritize contraceptive access will ensure the greatest health and development impact.*

As a result of these efforts, the MOH amended the National Reproductive Health Strategy to include the prioritization of free-of-charge contraceptive distribution for those most in need. The Minister of Health publicly acknowledged the role that the SAFPC and its partners played in securing access to these important commodities for those most in need, which advocates viewed as a marker of success.

**This case study is based on actual events. It has been adapted to illustrate how the 10-part process can be applied to develop advocacy strategies to improve health.*

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	
Part 2 Advocacy goal	
Part 3 Decision-makers and influencers	
Part 4 Decision-makers' key interests	
Part 5 Advocacy opposition and obstacles	
Part 6 Advocacy assets and gaps	
Part 7 Advocacy partners	
Part 8 Advocacy tactics	
Part 9 Advocacy messages	
Part 10 Plan to measure success	

Total Market Approach to Family Planning Case Study Answer Key

Examples of the 10 Parts in the Case Study:	
Part 1 Advocacy issue	Meeting the continued family planning needs of the country's population, in particular ensuring access to contraceptives and contraceptive services for vulnerable populations, such as those living in rural areas and minority groups, with existing domestic resources.
Part 2 Advocacy goal	The government to amend the National Reproductive Health Strategy to include the prioritization of free-of-charge contraceptive distribution for those most in need.
Part 3 Decision-makers and influencers	Decision-Maker: Minister of Health of Country X. Influencer: Head of the Sexual and Reproductive Health Division at the MOH, Staff working for the Ministry of Finance.
Part 4 Decision-makers' key interests	Utilizing evidence to support decision-making on maximizing the limited government resources available for health programming.
Part 5 Advocacy opposition and obstacles	Ministry of Finance staff resistant about providing funding for free contraceptives, given the limited financial resources available in the country.
Part 6 Advocacy assets and gaps	Asset: Experience taking data and evidence and packaging it to inform decision-makers. Gap: Lacking representation from the private sector.
Part 7 Advocacy partners	Private sector, economic think tank.
Part 8 Advocacy tactics	Conduct a family planning survey, costing and analysis of the economic and development benefits, policy brief, and presentation at a high-level policy dialogue.
Part 9 Advocacy messages	In times of constrained government resources, using evidence about the needs for family planning to prioritize contraceptive access will ensure the greatest health and development impact.
Part 10 Plan to measure success	The Minister of Health publicly acknowledged the role that the SAFPC and its partners played in securing access to these important commodities for those most in need.

Unaware

**Aware,
inaccurately
informed**

**Aware,
uninformed**

**Aware,
accurately
informed**

Opposed

Non-mobilized

Low support

High support

Partner Mingle Cards (Part 7)

You represent a **large health NGO** that equips community health care facilities. Your key audience is the Ministry of Health and local health care facilities. Your NGO has a strong reputation for delivering high-quality programs.

You represent a **local factory** that manufactures tires. Your key audience is your employees and the business community. Your factory is seen as a strong, respected community contributor and large employer of community members.

You are with the **National Nurses Association** that develops professional guidelines and standards. Your key audience is the Ministry of Health, nurses, and other health workers. You have a national network of nurses and a strong representation of the profession.

You represent a **United Nations agency** that provides technical assistance to the Ministry of Health. Your key audience is Ministry officials and employees. You have a global reputation, global experience, and available funding.

You are with a **coalition of local civil society groups**. You work to ensure health services are available to the community. Your key audience is community members and leaders. You are known for your strong networks and connections with the community.

You represent a **national university** that conducts research on health access and health economics. Your key audience is academics and researchers. You are well known for high-quality research and data.

You work at a **research institution** that studies barriers to utilization of health services. Your key audience is academics and researchers. Your institution is known as an impartial thought leader.

You are with a **microfinance institution** that links HIV-positive women with financial services. Your audience is local women and community leaders. You are known for your community development perspective, strong community network, and links to larger financial institutions and global financial advisory groups.

Partner Mingle Cards (Part 7)

You represent the **Community Health Board (CHB)** that manages community health funds and oversees health care facilities. Your key audience is community leaders and members. The CHB has strong community linkages and the ability to mobilize.

You work with a **public interest media center** that helps nonprofits use media and new technologies for public education and policy change. Your key audience is media, policymakers, and the general public. The center is known for its technical skills and experience in communications and innovative media.

You work with a **local chapter of an international community service network**. Its mission is to advance world goodwill, service, and peace through its fellowship of business, professional, and community leaders. You are well-respected in the communities you serve.

You represent the **National Health Foundation**, a foundation at the forefront of health policy advocacy and research in the country. It has funding and expertise in health policy analysis and strategic policy development. Your key audience is policymakers and government institutions.

You represent a **youth advocacy organization** that champions efforts to help young people make informed and responsible decisions about their health. Your key audience is youth and community members.

You represent a **regional policy organization** that does policy research and evidence-based advocacy on good governance. The organization has multi-disciplinary expertise with strong policy analysis and research skills. Your key audience is regional organizations and policymakers.

You represent a **women's rights NGO** that works for social justice rights of women, youth, and children. It has a long history of collaboration and activism, frequently with well-known personalities. Your key audience is the national government and local businesses.

You are with the **National League of Community Health Workers**. It delivers frontline services and education and interfaces with professional health worker associations and the Ministry of Health. It is highly visible and strongly influential at the community level.

Partner Mingle Cards (Part 7)

<p>You represent a faith-based coalition of health groups that promotes holistic health from a religious perspective through dialogue, information sharing, networking, and advocacy among religious organizations and individuals working in health. Your key audience is religious leaders and communities.</p>	<p>You are part of a civil society organization (CSO) delegation to Multilateral Boards (UNAIDS, WHO, Global Fund). You engage visibly with multilateral donors at the highest level of strategic decision-making. Your key audience is CSO constituencies, donors, countries, and multilaterals.</p>
<p>You are with a regional network of development and health NGOs. You coordinate responses to key health issues, engage with donors, and hold governments accountable for their commitments. Your key audience is ministries, donors, and civil society organizations. You have high media visibility.</p>	<p>You are part of a local business roundtable formed by business owners to advocate for the business community and further its interests. Your audience is business leaders, policymakers, and employees. Your strengths include diverse business representation and influential and well-connected members.</p>
<p>You are with a human rights activist group that conducts research about human rights abuses in multiple countries in the region. Your key audience is parliaments and other government entities. You are highly visible and have a strong media presence.</p>	<p>You represent the Regional Parliamentarian's Network on Health. You promote dialogue and sharing of best practices among regional members of Parliament, who are also your key audience. Your organization has a high-level, influential membership.</p>
<p>You work with a social service group that provides mental health and social welfare services to marginalized populations. You also work on initiatives to improve mental health policy. Your key audience is community leaders and community members, as well as policymakers.</p>	<p>You are part of a health organization that raises awareness on women's health issues with IEC/BCC among community members. Your key audience is community members and leaders. The organization is well-connected with Ministry officials, local health boards, and communities.</p>

Partner Mingle Cards (Part 7)

You represent the **National Government Sexual and Reproductive Health (SRH) program**.

You are responsible for the management and operations of public SRH services, and policy development. Your key audience is the Ministry of Health and Ministry of Finance.

You represent the **National Pharmacist Society**. Your main objectives are to advance the practice and to create and maintain a standard for professional conduct and code ethics. You have a strong network of pharmacists.

You represent a **large international pharmaceutical company**. You develop and deliver innovative medicines to address unmet needs of people around the world. You are a large employer in the country. Your key audience is local business, health providers, and government ministries.

You represent a **social marketing organization**. You partner with private-sector partners to sell contraceptives to customers who can afford to pay for the products. You have strong relationships with bilateral and multilateral donors and the private sector.

You represent the **National Family Planning Association**. You run non-governmental family planning clinics in many districts of the country, and train health personnel. You have significant influence with the community and have a close relationship with bilateral and private donors.

You represent the **country mission of a major, bi-lateral health and development donor**. You fund large-scale health projects and provide technical assistance to the local ministries. You have critical connections and influence at the highest levels of government.

Qualities of Effective Partnerships Flash Cards (Part 7)

**Adapted from "Characteristics of Effective Coalitions," Women Thrive Worldwide*

<p>Swift attention to problems</p> <p>Partners deal with any issues promptly. Differences are resolved to the benefit of all partners.</p>	<p>Shared power</p> <p>Partners share power as equally as possible and all are involved in decision-making.</p>
<p>Clear expectations</p> <p>Partners know what to expect from each other in order to avoid misunderstandings.</p>	<p>Mutual responsibility</p> <p>Partners share responsibility to participate in and contribute to activities and to stay accountable to one another.</p>
<p>Ample recognition, thanks, and praise</p> <p>Partners encourage and motivate each other through praise, affirmation, and gratitude for each other's contributions.</p>	<p>Inspiration and celebration</p> <p>Partners celebrate victories, large and small, to stay energized when advocacy work is demanding and change is slow.</p>

Qualities of Effective Partnerships Flash Cards (Part 7)

**Adapted from "Characteristics of Effective Coalitions," Women Thrive Worldwide*

<p>Strategic thinking</p> <p>Strategic thinking is an important part of building partnerships and charting activities. Thinking and working together strategically saves resources, energy, and time.</p>	<p>Clear decision-making process</p> <p>The decision-making process is transparent and mutually understood, which minimizes confusion or conflicts.</p>
<p>Persistence</p> <p>Advocacy work can be slow and requires sustained effort. Partners see the value of working hard to achieve their goals.</p>	<p>Personal and regular contact</p> <p>Relationships between partners are strengthened through regular contact via phone calls, e-mails, or group meetings.</p>
<p>Regular flow of information</p> <p>Partners easily share and receive information. Partners feel involved and invested when they are updated regularly on activities and progress.</p>	<p>Focused goal-setting</p> <p>Strong partnerships center on clear and achievable goals and stick to them!</p>

Types of Collaboration Flash Cards (Part 7)

**Adapted from "Characteristics of Effective Coalitions," Women Thrive Worldwide*

<p>Information- and data-sharing</p> <p>Individuals and organizations agree to freely share information and data based on their contacts and what they learn in their work. There is no joint decision-making or requirement to use the information in a certain way.</p>	<p>Developing common messages</p> <p>Partners agree to share information and then analyze it together to identify trends and develop a shared message. Each organization uses the messages as it sees fit within their own advocacy and not necessarily in coordination with each other.</p>
<p>Mutual consultation</p> <p>Partners use one another as a resource to develop their own individual plans to achieve policy advocacy goals. They get ideas from each other but still do separate work.</p>	<p>Joint planning and strategizing</p> <p>Partners identify similar challenges and develop mutually reinforcing plans and strategies to address them. Each partner does its own work but holds others accountable for agreed-upon actions.</p>
<p>Coalitions/alliances</p> <p>The most formal level of collaboration. Partners collaborate on a shared action plan and are committed to supporting each other. Coalitions can be temporary (partners disband after they reach their common goal) or long-term (permanent alliance structure and organization).</p>	

Sample Objectives (Part 8)

In Part 8, participants will learn how to develop SMART advocacy objectives. For the group exercise in this session, refer to the samples below, which correspond to the advocacy goals in the case studies you selected from for the “Introduction to the 10 Parts” session.

For each case study you will find: a sample non-SMART objective and an example of how the objective might be improved to be SMART. Note that the SMART objectives are meant to serve as illustrative examples; participants may come up with other ways to make the objective SMART.

Action for Adolescent Reproductive Health

Non-SMART Objective: Establish a cross-ministerial committee.

Example SMART Objective: By the end of 2016, the Ministry of Education will establish a permanent cross-ministerial committee, with representatives from the Ministry of Health (MOH) and Ministry of Gender, Culture and Social services, tasked with systematically addressing cross-ministerial issues.

Action for Nevirapine Access Coalition

Non-SMART Objective: Get media coverage highlighting nevirapine for preventing mother-to-child transmission.

Example SMART Objective: A major national newspaper runs a series of articles about the importance of access to nevirapine for preventing HIV transmission from mothers to children by November 2015.

AMTSL Expansion Coalition

Non-SMART Objective: Conduct a pilot project on community distribution of oxytocin.

Example SMART Objective: The National Department of Health (NDOH) approves a pilot project that will train midwifery assistants to apply AMTSL and administer oxytocin by January 15, 2016.

Coalition to Control Diarrheal Disease

Non-SMART Objective: Convene a committee on rotavirus vaccine introduction.

Example SMART Objective: The MOH establishes an expert committee on rotavirus vaccine introduction by June 2016.

Diabetes Screening for Women Coalition

Non-SMART Objective: Review the evidence on diabetes screening for women.

Example SMART Objective: The NDOH will host a meeting to review the evidence on diabetes screening collected by the Diabetes Screening for Women Coalition (DSFWC) by the end of Q3 2015.

Expanding Access to Chlorhexidine

Non-SMART Objective: The Health Professionals Association will support chlorhexidine for cord care.

Example SMART Objective: By December 2015, the Health Professionals Association will write a letter to the MOH declaring its support for chlorhexidine for cord care.

Expanding Access to Misoprostol for PPH

Non-SMART Objective: Present highlights from the evidence dossier.

Example SMART Objective: The Maternal and Child Health Technical Working Group will include a presentation of the evidence dossier on the agenda of their October 2015 monthly meeting.

Expanding Access to Family Planning

Non-SMART Objective: Review evidence from site visit and evidence dossier.

Example SMART Objective: The MOH calls a meeting to review evidence from the site visit and evidence dossier to inform policy revisions by February 2016.

Scientists Supporting Malaria Vaccines

Non-SMART Objective: Establish a technical advisory group about malaria vaccines.

Example SMART Objective: By March 15, 2015, the MOH creates a technical advisory group responsible for pursuing the inclusion of a malaria vaccine in the country's EPI.

Total Market Approach to Family Planning

Non-SMART Objective: Create a national task force on total market approaches for family planning.

Example SMART Objective: By July 2015, MOH will establish a task force to meet to discuss the amendments needed to the National Reproductive Health Strategy relative to introduction of total market approaches for family planning.

Qualities of a Compelling Message Flash Cards (Part 9)

<p style="text-align: center;">Brief</p> <p>Decision-makers are very busy and are pulled in many directions. Be ready to deliver your complete message in 3–5 minutes.</p>	<p style="text-align: center;">Focused</p> <p>Do not overwhelm the decision-maker with too much information. Present only one issue at a time. If you have too many “asks”, your decision-maker won’t be able to tell what is most important to you.</p>
<p style="text-align: center;">Solution-oriented</p> <p>Introduce the problem but move quickly to the solution so you don’t fatigue the decision-maker’s compassion.</p>	<p style="text-align: center;">Supported by evidence</p> <p>It is important to have data and research to back up your points. However, data and research may not always be enough to convince your decision-maker.</p>
<p style="text-align: center;">Targets key interests of the decision-maker</p> <p>This helps the decision-maker connect personally to the issue and care more about it. Therefore, different decision-makers may need different messages.</p>	<p style="text-align: center;">Uses non-technical language</p> <p>Keep it simple or your decision-maker may not fully understand your argument and become disinterested.</p>

Qualities of a Compelling Message Flash Cards (Part 9)

Optimistic and hopeful

This is more likely to empower and motivate your audience to action.

Has a clear request

Your policymaker should know precisely what you want him/her to do following your interaction.

ANNEX 3: PLANNING AND EVALUATION MATERIALS

- ≠ Standard Facilitator Agenda
- ≠ Standard Participant Agenda
- ≠ Pre-workshop Participant Survey
- ≠ Pre-workshop Assignment
- ≠ Final Evaluation

Facilitator Agenda

Policy Advocacy Strategy Development Workshop

After this workshop, participants will be able to:

- ≠ Differentiate policy advocacy from other types of advocacy.
- ≠ Identify the critical components of a policy advocacy strategy.
- ≠ Identify policy advocacy solutions to address global health challenges.
- ≠ Design tactics for influencing decision-makers.
- ≠ Develop a 10-part advocacy strategy.

DAY 1: Introduction to Advocacy, Parts 1–2

Time	Session	Facilitator
8:30–9:00	Registration	
9:00–10:00	Welcome and Introductions	
10:00–11:15	What is Policy Advocacy?	
11:15–11:30	Break	
11:30–12:00	Introduction to the 10 Parts	
12:00–13:00	Part 1: Advocacy Issue	
13:00–14:00	Lunch	
14:00–14:45	Part 1: Advocacy Issue (continued)	
14:45–15:30	Part 2: Advocacy Goal	
15:30–15:45	Break	
15:45–17:15	Part 2: Advocacy Goal (continued)	
17:15–17:30	Daily Summary and Closing	

DAY 2: Parts 3–7

Time	Session	Facilitator
9:00–9:15	Opening Session	
9:15–10:30	Part 3: Decision-makers and Influencers	
10:30–10:45	Break	
10:45–12:00	Part 4: Decision-makers' Key Interests	
12:00–13:15	Part 5: Advocacy Opposition and Obstacles	
13:15–14:15	Lunch	

14:15–15:15	Part 6: Advocacy Assets and Gaps	
15:15–15:30	Break	
15:30–17:15	Part 7: Advocacy Partners	
17:15–17:30	Daily Summary and Closing	

DAY 3: Parts 8–10		
Time	Session	Facilitator
9:00–9:15	Opening Session	
9:15–10:15	Part 8: Advocacy Tactics	
10:15–10:30	Break	
10:30–12:30	Part 8: Advocacy Tactics	
12:30–13:30	Lunch	
13:30–15:00	Part 9: Advocacy Messages	
15:00–15:15	Break	
15:15–16:00	Part 9: Advocacy Messages	
16:00–17:00	Part 10: Plan to Measure Success	
17:00–17:30	Closing Session	

Participant Agenda

Policy Advocacy Strategy Development Workshop

The purpose of this workshop is to increase understanding and skills to strategically plan and implement advocacy activities to bring about policy change and policy implementation.

Day1: Introduction to Advocacy, Parts 1–2

Session Title	Description
Opening Session	Welcome, introductions, workshop objectives, agenda, materials, and logistics.
What is Policy Advocacy?	Definition of policy advocacy and how it differs from other similar concepts.
Break	
Introduction to the 10 Parts	Overview of the 10-part framework to develop an advocacy strategy.
Lunch	
Part 1: Advocacy Issue	Selecting the right issue as a focus of advocacy efforts.
Break	
Part 2: Advocacy Goal	Choosing the right policy solution to address the advocacy issue.
Summary and Closing	Summary of key points from the day.

Day2: Parts 3–7

Session Title	Description
Opening Session	Review key points from Day 1 and agenda for Day 2.
Part 3: Decision-makers and Influencers	Identifying the key people or entities who have authority or influence over the issue.
Break	
Part 4: Decision-makers' Key Interests	Analyzing the awareness and stance decision-makers have about your issue.
Lunch	
Part 5: Advocacy Opposition and Obstacles	Identifying the opponents of your advocacy issue and analyzing their level of influence.
Part 6: Advocacy Assets and Gaps	Taking inventory of your organization's strengths and limitations for advocacy work.
Coffee Break	
Part 7: Advocacy Partners	Choosing creative and strategic partners to join your advocacy efforts.

Session Title	Description
Summary and Closing	Summary of key points from the day.

Participant Agenda

Day 3: Parts 8–10

Session Title	Description
Opening Session	Review key points from Day 2 and agenda for Day 3.
Part 8: Advocacy Tactics	Developing specific objectives and activities to achieve policy change.
Coffee Break	
Part 8: Advocacy Tactics	
Lunch	
Part 9: Advocacy Messages	Creating concise and compelling “calls to action.”
Coffee Break	
Part 9: Advocacy Messages	
Part 10: Plan to Measure Success	Planning how to measure short- and medium-term outcomes.
Workshop Wrap-up	Final evaluation and closing.

Pre-Workshop Participant Survey

1. Participant information:

(Name)

(Organization)

(Title/Position)

(E-mail Address)

2. Describe your position:

3. In your own words, how do you define advocacy?

4. Have you participated in previous advocacy workshops or trainings? Yes No

5. If yes, please list the name(s) and date(s) of previous workshops/trainings:

6. Have you previously or are you currently engaged in advocacy activities? Yes No

7. Please list three things that you hope to learn from the advocacy workshop:

a. _____

b. _____

c. _____

8. Please describe how you expect to apply what you learn in this workshop to your current work:

Pre-Workshop Assignment

[Enter Date]

Dear Participant:

Thank you for registering for the upcoming *Advocacy Impact for Health* workshop. Our three days together will be action-packed and we are glad you will take part!

During the workshop, you will develop a policy advocacy strategy for a specific policy issue of your choice. To use our time efficiently, we ask that you **select an issue area relevant to your program or project work before you come to the workshop** and take some time to **survey the current policy “landscape” around this issue.** The work you do prior to the workshop will help you develop a more relevant and well-informed strategy.

You should be able to answer most of the following questions through desk research and/or discussions with your colleagues. Informal interviews with key stakeholders and partners may also help fill in any gaps.

PLEASE REMEMBER TO BRING THIS COMPLETED HANDOUT TO THE WORKSHOP!

Thanks, and we look forward to seeing you soon!

Best regards,

[Enter names of facilitators]

Pre-Workshop Assignment

DEFINE YOUR ISSUE

ISSUE AREA
Think about the program or project you work on. Describe one health problem that your program is trying to address and some of the causes of that problem that might be alleviated through policy advocacy.

DESCRIBE AND ASSESS THE POLICY LANDSCAPE

A. POLICIES	
List the top three relevant policies that impact the problem/issue you identified above. Describe how these policies are relevant to the problem/issue in two to three sentences. If possible, bring a weblink or hard copy of the document or source to the workshop.	
<i>Note: Policies can include laws, standard treatment protocols, health care provider guidance, government strategies, etc. They can be at global, national, and sub-national levels or relate to an institution, facility, or entity depending on the problem you are trying to address.</i>	
Name of policy	Relevance to your problem/issue

Pre-Workshop Assignment

In your own words, describe the policy/budget development process and accountability mechanisms for policy implementation within your country and how you or your organization can provide input into or influence these processes and mechanisms.

Note: Focus on the processes and mechanisms that are associated with the relevant policies you listed above. For example, if it is a law, focus on the parliamentary policy development process. If the policy is developed by a ministry, note the process the ministry uses to adopt new policies.

B. DECISION-MAKING ENTITIES AND PEOPLE

Who are the leading decision-makers with the authority or jurisdiction over policies that impact your selected issue area and their implementation? Indicate their anticipated level of support for your issue area.

Note: Where possible, list their name, title, and office or division.

Decision-makers	Level of support for your issue area
	<input type="checkbox"/> Supportive <input type="checkbox"/> Neutral <input type="checkbox"/> Opposed
	<input type="checkbox"/> Supportive <input type="checkbox"/> Neutral <input type="checkbox"/> Opposed
	<input type="checkbox"/> Supportive <input type="checkbox"/> Neutral <input type="checkbox"/> Opposed

Pre-Workshop Assignment

	<input type="checkbox"/> Supportive <input type="checkbox"/> Neutral <input type="checkbox"/> Opposed
	<input type="checkbox"/> Supportive <input type="checkbox"/> Neutral <input type="checkbox"/> Opposed

C. KEY PLAYERS

List the top three major players or leading voices on this issue area. Think about organizations, interest groups, NGOs, private-sector entities, individuals, or coalitions that are currently working on the issue in your country.

Note: Be as specific as possible. Where possible, list their name, title, and organization or group.

D. EVIDENCE-BASE/HELPFUL RESOURCES

List critical programmatic or technical documents or research that could support your position on your issue.

Note: This could include documents your organization has developed or a broad literature search on your issue.

Type of document or evidence	Source

Pre-Workshop Assignment

E. OTHER

Include any other information that you feel is relevant to your issue and the development of your advocacy strategy that was not captured above.

Advocacy Impact for Health: a workshop on policy advocacy strategy development

Date: _____

1. Please rate the quality of the following:

	Poor	Fair	Good	Very Good	Excellent
Overall content of the course					
Visual aids					
Worksheets					
Large group discussions and learning exercises					

Comments:

2. Please list one thing the facilitator did well and one thing the facilitator could improve.

3. Please list three ideas or lessons you learned in this workshop that you will take back to your work.

- a.
- b.
- c.

4. What part of this workshop was the most useful for your work?

5. What part of this workshop was the least useful for your work?

6. Please indicate how strongly you agree or disagree with the following statements:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
From what I learned at the workshop, I feel more able to plan my advocacy activities.					
I will use the 10-part framework to help think strategically about advocacy in my organization.					
I have the skills to implement the policy advocacy strategy I prepared.					

7. Do you think you will have the opportunity to use the skills you've learned during this workshop within the next three months?

Yes

No

If yes, please briefly describe when and how you might apply these skills. If no, please explain why you will not be able to use these skills within the next three months.

8. What type of support would you need to implement the strategy you developed in this workshop?

9. How could we improve this workshop?

10. Other comments:

Thank you for your feedback!



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