

# Developing An Advocacy Strategy

## What is advocacy?

Advocacy is an organised process of mobilising support for a cause to bring about change favourable to that cause. Applied to family planning, this means forming partnerships with like-minded groups and individuals to persuade national and local leaders that family planning needs high-level attention and improvements in quality and access.

This brief is a guide on how to develop an advocacy strategy for influential leaders and policy-makers at national and local levels. While advocacy activities must communicate clear and consistent messages, the strategy must be tailored to the context of the profamily planning activities. It must be culturally sensitive and flexible, recognising that people are unlikely to respond to dogmatic or heavy-handed approaches.

## How to develop a strategy<sup>1</sup>

Although family planning advocates may be eager to see family planning services started without delay, and may have many good ideas, it is essential to plan carefully whether at the national or local level. The following planning steps are recommended based on a wide range of advocacy experiences and lessons from the field.

### Step 1. Establish an advocacy committee

It helps to have a group of committed individuals who are willing to work on advocacy activities. This group can take charge of planning, identifying partners, and coordinating the activities of the advocacy campaign. Committee members could include staff from the main implementing institution as well as family planning researchers, members of relevant professional associations or reproductive health

technical committees, and representatives of partner organisations dedicated to strengthening family planning services. Ideally, committee membership should also include members of the audiences to be reached. A committee member who is, for example, a political or religious leader, professional staff of a nongovernmental organisation (NGO), or a journalist can often offer insight on and access to other members of that audience that otherwise would be missing. Sometimes highly respected, unaffiliated individuals such as retired national leaders are willing to use their influence for a cause they support.

### Step 2. Carefully analyse the situation

The family planning situation varies among and within countries. Thus, it is essential to find out what is happening in the setting for the advocacy activities, to focus the activities on specific problems, and to build on existing strengths (see Box 1: SWOT analysis). Obtaining information on the following factors is useful in developing an advocacy strategy and designing advocacy messages because the factors provide the rationale for the need to increase attention to family planning.

#### ■ Demographic and family planning information

- Fertility and population growth rates; contraception rates; and levels of unmet need for family planning, unwanted pregnancies, and abortion (where data are available);
- The proportion of youth in the population;
- Family planning indicators by wealth quintile (lowest, middle, and highest 20% of the population, where data are available);

Box 1

## SWOT analysis

Prior to developing an advocacy strategy, one step could be to conduct a “SWOT Analysis.” SWOT stands for strengths, weaknesses, opportunities, and threats, which are further defined below:

### Strengths:

Identify *internal* attributes of the organisation that are helpful to achieving the objective.

### Weaknesses:

Identify *internal* attributes of the organisation that are harmful to achieving the objective.

### Opportunities:

Identify *external* conditions that are helpful to achieving the objective.

### Threats:

Identify *external* conditions that are harmful to achieving the objective.

An effective strategy will build on strengths, take advantage of opportunities, and address how to overcome or minimise weaknesses and threats.<sup>2</sup>

- Information about underserved groups, including who they are and where they are located, and their likely future demand for family planning;
- The percentage of people covered by family planning services in a given area, the location of the services, and the number of trained family planning providers in these areas;
- The quality of family planning services according to situation analyses and client feedback surveys.

## ■ Related health and social information

- Maternal, infant, and under-five mortality rates;
- HIV/AIDS prevalence and the incidence of mother-to-child transmission;
- The percentage of HIV/AIDS programmes (for example, preventing mother-to-child transmission of HIV, voluntary counselling and testing) and maternal and children’s health programmes integrating family planning services;
- Analyses of gender norms and other characteristics of the society that affect fertility and other reproductive health matters;
- Sociocultural issues or religious beliefs that can serve as barriers or opportunities.

## ■ The programmatic and policy environment for family planning

- Management issues, including those associated with contraceptive and commodity planning, procurement, and the supply chain; and frequency of stockouts;
- Status of human and financial resources for family planning services;
- The government’s view of fertility rates and other aspects of the policy environment, such as laws and regulations affecting contraceptive supplies and services;
- National or local leaders with power over priority setting and budget allocation, and information on their knowledge and attitudes toward family planning and reproductive health;
- Competing health priorities such as HIV, malaria, and tuberculosis;
- Whether there are ongoing family planning and reproductive health advocacy activities, who is sponsoring them, and what success or lack of success they have had and why.

### Step 3. Identify advocacy objectives and expected outcomes

Being clear about your advocacy objectives and expected outcomes is crucial for a well-organised advocacy strategy. Although the ultimate goal of the advocacy work may be to improve access to and quality of family planning services and hence to increase family planning use, *advocacy objectives* differ from programme objectives in that they reflect what can be achieved by communicating research and information to decision-makers and those that influence them. Advocacy objectives aim for changes in the policy environment that ultimately affect family planning services and use.

Examples of advocacy objectives are to increase awareness of key officials about specific problems, influence the budget allocation process, or encourage changes in the way services are organised, regulated, or directed. An advocacy objective might also aim to mobilise and better manage organisations with a family planning mandate to push for more and sustained attention to family planning over a period of time.

The expected outcomes of an advocacy campaign should be SMART—specific, measurable, achievable, realistic, and time bound. An outcome might include a change in a programme’s priority or strategy, a policy reform, or a new budget line item for family planning supplies or services. Specific examples include increase in funding for family planning services by 15% within one year; creation of a specific budget line item for the purchase of family planning commodities in the next year’s budget; formation of a community alliance for family planning (e.g., among NGOs, women’s groups, and community leaders) by a certain date that will meet regularly and work to keep family planning high on local agendas; inclusion of family planning, reproductive health, and HIV/AIDS linkages in all new training protocols developed for health staff; training of 10 journalists in family planning issues; and production of 20 evidence-based radio broadcasts and print articles on family planning by a certain date.

### Step 4. Identify key audiences

When identifying target audiences, it is helpful to segment them into primary, secondary, and “opposition” audiences. Primary audiences are those who will ultimately make the policy or programme decision. They may be high-level policy-makers such as politicians, ministers of health or finance, or decision-makers in programmes or the local government. Secondary audiences are all the individuals or groups who can influence policy-makers and policy decisions. They are the opinion leaders and include community and religious leaders, academics, researchers, heads of professional associations, women’s groups, the news media, and donors. A third potential audience is opposition forces, that is, those who may not be pleased with the advocacy objectives and activities. These may be members of either the primary or secondary audiences. These individuals or groups may require special attention and programmes in the advocacy plan.

Audience identification flows from the committee’s situation-analysis activities and the specific objectives and outcomes to be achieved. Since expanding the quality and reach of family planning services requires allocation of funds, policy-makers who control health budgets are clearly a primary audience. Reaching the primary audience may require mobilising the opinion leaders (secondary audience), who might include highly visible opinion leaders in the media or various types of community leaders who can collectively create a groundswell of support for family planning. Some advocacy activities can be designed to reach the general public, since they also are stakeholders and their perceptions about family planning will reach the leaders whom the advocacy activities aim to influence.

### Step 5. Networking, building partnerships, and mobilising champions

The advocacy committee should enlist relevant organisations and individuals to join the advocacy movement to both augment their numbers and strengthen their talent pool. By building support for family planning in other organisations and strengthening relationships with them, a network can undertake far more activities than the committee could on its own. Networking means that much larger audiences can be reached, that the movement will more likely draw the



attention of decision-makers, and that family planning advocacy will more likely be sustained over time. Involving “champions”—respected and influential people who will promote family planning—is highly desirable. These leaders can open doors to reach policy-making officials and often can directly contribute to achieving the objectives.

As beneficial as it is, forming partnerships presents special challenges. The advocacy committee should put in place participatory mechanisms to create a strategic plan, identify the roles and activities of different groups, allocate funds, and develop accountability mechanisms for tasks and expenditures. The committee must also define clearly the leadership structure for the network and the process for modifying plans. Having contact information of group members and defined communication mechanisms will help keep network members informed.

### Step 6. Develop, tailor and pretest messages

While some of the advocacy messages may be of universal importance (e.g., family planning saves lives), most messages must be crafted for each audience. What might be persuasive for a women’s group leader may not work with a finance minister, or vice versa, for example. The general rule is that messages and communication channels should be tailored to suit the concerns and educational levels of the different audiences.

A basic communication principle is that family planning advocates should know their audiences well. Conducting focus group research and interviews on family planning issues with representatives of the various audiences, and pretesting the messages and their formats with them before launching the advocacy activities is time well invested.

### Step 7. Select channels of communication, activities, and materials

Like messages, channels of communication activities should be tailored to the audience. They should be chosen so as to maximise the likelihood of reaching particular people. When developing the action plan, the advocacy committee can choose one of two broad communication channels: face-to-face interaction or the mass media. The advocacy strategies should take into account that a wide range of activities and material formats could be used with these channels. Although some of the activities may require significant levels of resources, others are of minimal cost. The success of the more expensive options will depend on the committee’s ability to secure funding. The following is a list of possible media activities:

#### ■ Communication channels and activities

##### *Face-to-face communication*

- Large conferences for policy-makers such as a group of parliamentarians;
- Smaller seminars and workshops where policy-makers and programme managers can participate in exercises to develop concrete plans to advance family planning;
- One-on-one or small meetings of champions with religious leaders;
- Briefings for ministries and secretariats;
- Direct requests to community leaders to issue public statements supportive of family planning and, if they agree, supplying them with sample statements and user-friendly fact sheets;

- Study tours for leaders to see successful family planning model programmes in other countries.

#### *Mass media communication*

- Radio and TV spots, talk shows, and call-in programmes on health;
- A question-and-answer newspaper column on family planning, reproductive health, and gender issues;
- In rural areas or wherever it is popular, folk media—song, dance, skits and puppet shows—conveying profamily-planning messages and practical information;
- Booths with placards and pamphlets at fairs, and sporting and entertainment events;
- Special events focusing on family planning issues using entertainment and sports heroes.

#### *Information materials and formats*

- Fact sheets, brochures, and other handouts;
- Press kits and press releases; ready-to-use or adaptable editorials and articles;
- Reader-friendly booklets;
- A briefing book for decision-makers with information on population, maternal and child health, and the health and development benefits of family planning;
- A film on family planning issues to be shown on TV, at cinemas, and in workshops;
- Scripts for radio broadcasts or a series featuring family planning issues in a documentary or a fictional feature;
- Sermons developed or approved by religious leaders to share with others;

- Articles on family-planning-related topics for journalists, teachers, women's groups and other audiences who can adapt them for their own use;

- Posters on birth spacing placed strategically in the community.

#### *Training workshops*

- To train broadcast and print journalists on how to increase and improve the coverage of population, reproductive health and family planning;
- To train advocates at regional and community levels;
- To bring together family planning and HIV/AIDS communities to explore avenues for integrating services.

## Step 8. Develop an action plan

- *Outline a detailed workplan.* Once objectives, audiences, messages, communication channels, and activities have been identified, specify the people and organisations responsible for each activity. List what is needed to accomplish each task (e.g., people, funds, time, materials, and venues). Identify the alternatives available if one or more activity turns out to be unfeasible or is cancelled. Finally, map out the dates when activities are to start and end, so as to coordinate the schedules of committee members and partners (see worksheet example in Appendix).
- *Be alert to opportunities.* To the extent possible, schedule many activities to reach different audiences at the same time or in a close sequence, accompanied by media efforts to reach the general public. This helps to create the visibility and synergy that can generate a critical mass of supporters. For example, the Protestant Church of Uganda organised a workshop for bishops and other religious leaders and ran an extensive AIDS education project in many dioceses simultaneously, including church sermons delivered on the same day.<sup>3</sup> Family planning advocates must also be alert to what else is going on

in the society at the time. It is wise to delay a planned activity if the attention of the audiences is diverted due to circumstances such as a natural disaster, riots, elections, or a major policy event on a different issue.

As a general rule, the advocacy action plan should not extend beyond one year, the reason being that new opportunities for advocacy arise regularly and it is difficult to plan too far in advance. It is also important to remember that human and financial resources are usually limited, so the number of activities planned should be both reasonable and doable within the allotted time.

### Step 9. Implement, monitor and evaluate

At all points during the implementation of the advocacy activities, the advocacy committee and network members should monitor the progress toward achieving the objectives and expected outcomes. If an activity is less than successful, the committee members should find out why and adjust its course as needed so that the advocacy work will become increasingly effective with time.

An evaluation plan should be an integral part of the overall workplan, and should be developed with the participation of all the network partners. The committee members should measure both the performance outcomes (were all the activities implemented, delivered, and on time?) and the impact (Did the activities bring about the desired change?). Methods for evaluating the advocacy activities include:

- Key informant interviews with opinion leaders and policy-makers to find out whether the advocacy activities had the intended effect, i.e., whether they increased their knowledge or changed their attitudes about family planning or resulted in some action;
- Focus-group discussions with key audiences to determine the influence of the advocacy activities;
- Determination of whether the anticipated outcomes were achieved, e.g., were funding levels increased for family planning or new protocols to incorporate family planning into HIV/AIDS interventions introduced?

- Inclusion of questionnaires with family planning advocacy materials such as fact sheets, brochures, or booklets to determine if the materials were useful and how they were used;
- Monitoring and evaluation of the media outputs, e.g. the number and content of press clippings and broadcasts on family planning;
- Post-workshop questionnaires or interviews to determine if the participants were using the new skills or techniques;
- Post-seminar questionnaires or interviews to find out if any audience member was involved in follow-up activities or was using information from the seminar.

A report describing the results and lessons learned will be a valuable tool for future advocacy efforts and may help secure funding for additional advocacy work.

### References

1. *Strengthening Family Planning Policies and Programs in Developing Countries: An Advocacy Toolkit* (Washington DC: The Futures Group International, 2005): 58-69; Lisa Howard-Grabman and Gail Snetro, *How to Mobilize Communities for Health and Social Change* (Baltimore: Johns Hopkins University and the Health Communication Partnership, 2003; and *Advocacy Guide* London, International Planned Parenthood Federation, 1995; (Population Reference Bureau, Policy Communication Training Materials, 2007.)
2. John M. Bryson, in *Defining Public Administration: Selections from the International Encyclopedia of Public Policy and Administration*, ed. Jay M. Shafritz (Boulder, CO: Westview, 2000) p.211. URL:[http://en.wikipedia.org/wiki/SWOT\\_analysis#References](http://en.wikipedia.org/wiki/SWOT_analysis#References)
3. Hogle JA, ed. What happened in Uganda? Declining HIV prevalence, behavior change, and the national response, Washington, DC, The Synergy Project, 2002, p 7; and Nantulya V. What happened in Uganda? Presentation at the Workshop on the ABCs and AIDS Prevention, Washington, DC, February 2003.

# Appendix: Preparing your advocacy strategy: worksheet template

This worksheet can help you prepare an advocacy strategy and, ultimately, a detailed action plan. The strategy and action plan should be developed and shared with as many committee members and partners as possible before being finalised.

## STEP 1 Assemble an advocacy committee

- Who do we know that will join the committee and who would we like to recruit?
- Who will be responsible for what task? For example, who will be chair or who will be in charge of communications, record keeping, funds management or coordination of the various activities?

**Person responsible**

**Task(s)**

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

**Others?**

## STEP 2 Carefully analyse the situation

- What do survey data and research findings tell us about contraceptive use among various subpopulations or about the availability and quality of family planning in a specific area?
- What do we know about other health challenges as they relate to the provision and use of family planning services? How do gender and cultural factors affect the use of family planning?
- Is the policy environment favourable for family planning or is much more work needed to convince policy-makers (at various levels) of the need for improvements in family planning services?

**Key challenges to be addressed in the advocacy strategy**

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

**Others?**

### STEP 3 Identify your advocacy objectives and expected outcomes

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- The communication objective should reflect the challenges identified in the situation analysis.
- The expected outcome should reflect the expected result of the advocacy activities. Expected outcomes should be stated in specific, measurable, achievable, realistic, and time-bound (SMART) terms.

*Examples:*

- **Advocacy objective:**  
To foster a more supportive environment for increased government spending on family planning services;
- **Expected outcome:**  
Government allocations to family planning services are increased over current level by at least 25% by December 2008;
  
- **Advocacy objective:**  
To build alliances among interested groups to work together to strengthen family planning services;
- **Expected outcomes:**
  - 1) a “repositioning-family-planning committee” is formed by April 2007;
  - 2) committee members give family planning presentations at the district medical officers’ annual meeting in four regions by August 2007.

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#### Advocacy objective 1:

Expected outcomes:

- 1.
- 2.
- 3.

**Others?**

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#### Advocacy objective 2:

Expected outcomes:

- 1.
- 2.
- 3.

**Others?**

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## STEP 4 Identify the key audiences

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Key audiences are those who make decisions about family planning and those who influence them, including government policy-makers and programme directors; religious, community, and NGO leaders; and professional associations, among others.

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### Primary audiences:

Those that can directly affect policy or resource allocations, such as high-level officials or policy-makers who will ultimately make the policy decision.

- 1.
- 2.
- 3.

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### Secondary audiences:

Other individuals or groups in a position to influence policy-makers and policy decisions and contribute to the family planning dialogue—the opinion leaders.

- 1.
- 2.
- 3.

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### Opposition audiences:

Individuals or groups that may be opposed to family planning or the outcomes you are advocating for.

- 1.
- 2.
- 3.

## STEP 5 Network, build partnerships, and mobilise champions

Partners may include individuals and organisations that are natural allies in the campaign for family planning, and those whose help we might like to enlist. Some of these may be partners in carrying out specific activities, while others may be enlisted as spokespersons or people with connections to key audiences.

Organisations/individuals	Role in advocacy activities
1.	
2.	
3.	
4.	
<b>Others?</b>	

## STEP 6 Develop, tailor, and pretest messages

Based on the situation analysis and objectives, what are the key messages that our audiences need to hear? Pretest messages with members of the audiences to see how they respond; adjust the message if necessary.

Audiences	Messages
1.	
2.	
3.	
4.	
<b>Others?</b>	

## STEP 7 Select the channels of communication, activities, and materials

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Channels, activities, and materials should be chosen to maximise the likelihood of reaching particular audiences, and should be feasible within the committee's budget.

### **Channels of communication:**

*Face-to-face activities: conferences, seminars, and briefings*

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

### **Others?**

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*Mass media activities: press briefings, radio spots, etc.*

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

### **Others?**

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Information materials to be developed

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

### **Others?**

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Training workshops (e.g., for journalists or community leaders)

- 1.
- 2.
- 3.

### **Others?**

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## STEP 8 Develop an action plan

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Once the channels, activities and materials have been identified, specify the people responsible, the resources needed, and the time frame for each. A separate planning grid can be created for this purpose.

## STEP 9 Implement, monitor and evaluate

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The action plan should specify how the outcomes will be monitored and evaluated.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

A report capturing the campaign's progress during implementation and after it ends is useful for making midcourse corrections and for proposing future advocacy projects.