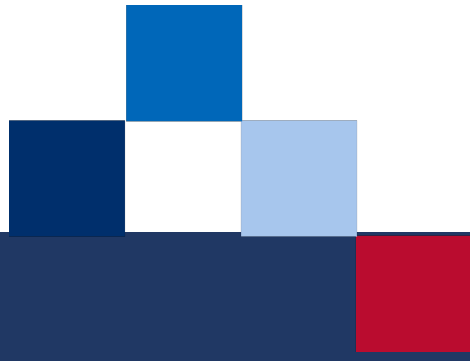# Advocating Effectively to Improve Health Outcomes – Reference and Guide for Civil Society Organizations
## Local Health System Sustainability Project

March 2024

**Local Health System Sustainability Project**

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Global LLC, the five-year project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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# Abbreviations

| | |
|---|---|
| AIDS | Acquired immunodeficiency syndrome |
| CHC | Community health center |
| CHW | Community health worker |
| CSO | Civil society organization |
| EC | European Commission |
| FP | Family planning |
| HIV | Human immunodeficiency virus |
| LGBTQI | Lesbian, gay, bisexual, transgender, queer, and intersex |
| MNCH | Maternal, neonatal, and child health |
| MOH | Ministry of Health |
| MP | Member of Parliament |
| NCD | Non-communicable disease |
| NGO | Non-governmental organization |
| NHSDP | National Health Sector Development Program |
| NHSSP | National Health Sector Strategic Plan |
| REBAS-TL | Rede ba Saúde Timor-Leste |
| SC | Save the Children |
| SMART | Specific, measurable, achievable, realistic and resourced, and time-bound |
| TB | Tuberculosis |
| UK | United Kingdom |
| UN | United Nations |
| UNCRC | UN Convention on the Rights of the Child |
| UNICEF | United Nation Children Fund |
| WASH | Water, sanitation, and hygiene |
| WFP | World Food Program |
| WHO | World Health Organization |

# PARTICIPANTS MANUAL

# 1. INTRODUCTION

## Background

Timor-Leste, like many other developing countries, faces several health care and policy-related challenges. These include limited infrastructure and access to health care, lack of human resources for health, and related skill gaps, lack of funds, considerable burden of both communicable and non-communicable diseases, nutritional deficiencies, and system-related challenges such as lack of functional health information systems. These factors lead to poor health outcomes, particularly for people facing and experiencing vulnerability, and marginalized social groups such as mothers, newborns, children, rural and urban poor, people living with disabilities, people who are LGBTQI, and people living in rural areas (especially those in remote and difficult-to-access areas). Addressing these challenges requires a multi-faceted approach, including increased investment in health care infrastructure, workforce development, health financing, and public health initiatives. Collaboration with international partners, NGOs, and the private sector can play a vital role in supporting Timor-Leste's health care system and improving health outcomes for its population. This requires considerable policy change through advocacy actions aimed at communities, policymakers, and other relevant stakeholders.

## Purpose and target audience

The reference guide was developed for use by civil society organizations (CSOs) and their staff as a guide and resource for effectively advocating on health-related issues This reference guide is part of a set of three complementary documents: facilitator's manual, participant's manual, and a toolkit.

The key target audiences for this manual include:

- CSOs' national-level staff members who undertake advocacy
- CSOs' national-level staff members who provide advocacy training to colleagues and partners as part of their work
- CSOs' national-level staff members who have sufficient familiarity with advocacy to mentor others
- CSOs' national-level staff who work in critical functional areas such as advocacy, communications, fundraising, and research

This manual can also be used by CSOs' field staff based at the municipality level. It can be used as a resource to build understanding of basic concepts and provide simple tools for collecting information for evidence-based advocacy.

The manual contains background information on each topic, case studies, and exercises to be used during training on advocacy to illustrate and help participants internalize the different elements of strong advocacy. It is intended to be both a resource and guide for both facilitators and participants of advocacy training. Further, this manual can be used on its own or together with the provided advocacy toolkit to plan advocacy activities.

## What can this manual be used for

- Capacity strengthening and empowering CSOs to influence health policies and decision-making processes by equipping them with the necessary knowledge, skills, and tools to advocate for improved health outcomes. The manual provides a step-by-step approach and practical guidance on planning, implementing, and evaluating advocacy campaigns.
- Engaging in strategic advocacy by assisting the CSOs in developing robust advocacy plans. It outlines key elements of effective advocacy, such as identifying objectives, defining target audiences, conducting situational analyses, formulating messages, engaging stakeholders, and choosing appropriate advocacy tactics. It also provides insights into monitoring and evaluating advocacy efforts.
- Promoting collaboration among CSOs by providing information and tools on how to engage allies and partners for collective action.

## How to use this manual

The participant's manual can be used in two ways:

1) As advocacy training material used in conjunction with the associated facilitator's manual and the advocacy toolkit to provide a detailed understanding of advocacy and how it can be carried out in specific contexts to address health-related challenges. In can also be used as study material during refresher training sessions.

2) As resource material to reference while planning and implementing targeted health advocacy activities.

# 2. HEALTH SYSTEM

Health advocacy aims to protect and improve people's health by improving stakeholders' understanding of health issues and influencing decisions that affect how the health system functions.

## What is a health system?

The World Health Organization (WHO) defines a health system as "all people, institutions, resources, and activities whose primary purpose is to promote, restore, and maintain health."[1]

A properly functioning health system should:

- Provide health care services that are effective, safe, and of good quality to all those who need the services, when and where they are needed while incurring minimum wastage of resources. Health services can be provided at the household level, at the community level, and in health facilities. The health system should also work to address the social factors (such as norms and cultural practices) that indirectly affect access to and utilization of health services.
- Have in place health workers that are available, well-distributed, competent, responsive, and productive. Health workers include those at the community level (community health workers, volunteers) and at the health facility level, including those working in the public and private sectors. Community-based organizations (such as CSOs) are also a part of a well-functioning health system. The system should have processes for productive engagement of various cadres and stakeholders, including agreements and standardized ways of working with various groups.
- Ensure equitable access to medical products, vaccines, and technologies.
- Mobilize and allocate finances for health in a way that protects people from being pushed into poverty due to the costs of using health services.
- Have appropriate oversight and guidance.

## The Health System in Timor Leste

The country's National Health Sector Strategic Plan II (NHSSP II) groups the key elements of the health into three main pillars: i) Stewardship and governance, ii) Public and private health service delivery, iii) and support services and essential services. Table 1 shows these three interdependent pillars, which show how the health system in Timor Leste is organized. Implementation of all required health system processes involves multiple and diverse stakeholders. These include the government's administrative and service delivery structures, bilateral and multilateral development partners, CSOs, for-profit and non-profit private actors, faith-based organizations, community-based groups, research groups, health foundations, and academic institutions. Engaging all these stakeholders in support of health system strengthening is crucial to achieve resilient and sustainable health system outcomes.

**Table 1. Timor-Leste's health system framework**

| Stewardship | Health Service Delivery | | Support Services and Essential Resources |
|---|---|---|---|
| Governance | Public | Private | |
| **Health Policy and Planning** | National Hospitals / Specialized Centers | National Hospitals / Specialized Centers | Drugs and Essential Medical Supplies |
| **Regulation** | Regional Hospitals | Diagnostic Services | Diagnostic Services and Blood Bank |
| **Health Inspection and Quality Assurance** | Municipal Hospitals | Pharmacy | Health Information Systems |

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[1] Reinhardt, U., & Cheng, T. 2000. "The world health report 2000 – Health systems: improving performance". Bulletin of the World Health Organization 78(8): 1064. https://iris.who.int/handle/10665/42281.

| Stewardship | Health Service Delivery | | Support Services and Essential Resources |
|---|---|---|---|
| Governance | Public | Private | |
| Inter-Sectoral Collaboration and Partnership | CHCs and Clinics | | Human Resources for Health |
| Monitoring and Evaluation | Family Health Posts; Integrated Community Health Services | | • Health Infrastructure<br>• Health Financing |

The public health system in Timor-Leste has integrated its community health services to enable the services to better manage outreach activities, home visits, including visits to people living in institutions, and palliative care programs. The most basic unit of the health system is the family health post. The more advanced units (in ascending order) are: community health centers (CHCs), municipal hospitals, regional hospitals, and the country's national hospital. The health facilities, from municipal hospitals and below, provide primary care services, with essential referral services offered by regional hospitals, and more specialized referral services provided by the national hospital. the country has a total of 306 health posts at the village level, 62 CHCs , five regional referral hospitals and one national level hospital[2].

Health service information flows from the health post to the CHC level. The information is consolidated at the municipality level and eventually reported to the national level in Timor-Leste's health information system.

Health services in Timor-Leste are mostly publicly financed and led by the Ministry of Health (MOH), with only minimal involvement of the private sector. Funding for the delivery of health services through the public sector is channeled through two main ministries: i) the Ministry of State Administration, which is responsible for service delivery from the village level to the municipality level, and ii) the MOH, which supports some service delivery elements at the municipality level and is directly responsible for service delivery at the regional and national referral hospitals,

The planning for health services uses a bottom-up approach, starting with the development of workplans and budgets for social services at the village level, led by the *suco* (village) chief in consultation with the community. The workplans and budgets for village-level social services include health services and are submitted and consolidated at the municipality level. These are then submitted for consideration to the Ministry of State Administration and the MOH. The workplans and budgets for regional and national referral hospitals are submitted directly to the MOH. The funding finally allocated for service delivery at all levels is determined by the total amount allocated to health in the national budget and the activities prioritized by the MOH and the Ministry of State Administration. The priorities of these two ministries are informed by the national Strategic Development Plan and the individual sectoral strategies. It is, therefore, important for health-sector stakeholders to collaborate and work with both ministries to ensure that the sectoral strategies reflect people's health needs and prioritize universal access to quality health care for the country's population.

## Case Study 1: Critically looking at challenges and successes in Timor-Leste's health sector

Instruction: *Read the following excerpt from the Lancet World Report 2019 Volume 394 on Timor-Leste and identify the successes and challenges in the country's health sector.*

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[2] Timor-Leste Ministry of Health. National Health Sector Strategic Plan 2020-2030. Dili, 2011.

## Health in Timor-Leste: 20 years of change[3]

Twenty years ago, on Aug 30, 1999, a referendum on independence was held, which led to Timor-Leste becoming independent on May 20, 2002. By the time of independence, most of the country's crucial infrastructure had been destroyed, including the foundations of its health-care system. The violence that followed separation resulted in 77% of health facilities being damaged, in addition to an exodus of doctors and other health professionals. Between 1999 and 2000, WHO, together with UNICEF, acted as a temporary ministry of health, coordinating health sector responses across the territory. Life expectancy was less than 60 years. Since 2002, successive governments have focused on rebuilding the country. The latest estimated average life expectancy at birth for Timor-Leste is 69.6 years of age[4]I In the past 15 years, the country has built up a corps of primary health-care physicians who received medical training in collaboration with the Cuban Medical Brigade(CMB) , both in Cuba and in Timor-Leste between 2004 and 2007, and from 2008 onwards at the University of Timor-Leste (UNTL)[5].

In 2015, the government launched a national health program called Saùde na Família (SnF), which is modelled on the Cuban primary health-care system. The idea of the program is to provide care through a network of doctors, nurses, and midwives and to overcome major obstacles in access to health care, including geographical, financial, and cultural barriers. Although the program is still in its infancy, there are hopes it will, in addition to other programmes and international support, help the country to overcome some of its major health burdens, which include tuberculosis, malnutrition, and the increasing incidence of non-communicable diseases (NCDs). But given most people live in rural and remote mountainous areas— many of which are only accessible by foot and lack access to clean water and sanitation—huge challenges remain. "Coverage is still an issue. Many rural areas are left out. In some places, there are no health posts", de Araújo (Rui Maria de Araújo; minister of health between 2001 and 2006 and the prime minister from 2015 to 2017) says.

Despite the country's challenging terrain, it has made impressive progress in the control of vaccine-preventable diseases in a short period. In 2012, maternal and neonatal tetanus was eliminated and in 2018, Timor-Leste was declared free of measles and as having controlled rubella. In 2016, an additional five vaccines were introduced into the childhood immunization schedule. The country is on track to eliminate malaria in 2020 after having cut the incidence by more than 99% in 12 years through the aggressive use of indoor residual spraying and insecticide-treated nets, among other interventions. However, dengue is becoming an increasing public health threat with a growing number of cases recorded during the rainy season.

But for all its progress, there is a sobering reality. Timor-Leste has one of the highest tuberculosis incidence rates in the world. As per WHO, the TB incidence in the country had been stagnated at 498 per 100,000 population for the past many years, but in 2021, the incidence showed a 2.4% decline to 486 per 100,000[6].. Poverty, poor living conditions, high smoking rates, chronic malnutrition, a lack of awareness, and stigma continue to fuel the epidemic. "People know they're suffering but because of stigma and a lack of information, they don't know [it is tuberculosis]. If people don't understand tuberculosis, they won't accept the disease and they won't follow the treatment the doctor gives them", says Maria do Céu Pina Sarmento, former Minister of Health, now an academic at the University of Timor-Leste. Malnutrition also leads to one of the highest rates of stunting in the world.

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[3]Cousins, S. (2019). "Health in Timor-Leste: 20 years of change." Lancet 394 2019 Dec 21;394(10216): 2217--2218. https://doi.org/10.1016/S0140-6736(19)33142-3.

[4] World Health Organization. "Life Expectancy at Birth (Years)." THE GLOBAL HEALTH OBSERVATORY, World Health Organization, www.who.int/data/gho/data/indicators/indicator-details/GHO/life-expectancy-at-birth-(years).

[5] Ferrinho, et al. 2015. "The experience of medical training and expectations regarding future medical practice of medical students in the Cuban-supported Medical School in Timor-Leste." Human Resources for Health 13 (13). https://doi.org/10.1186/s12960-015-0004-8.

[6] Global Tuberculosis Report 2021. Switzerland: World Health Organization, 2021.

53% of boys and 47% of girls are stunted, according to the World Food Programme, although the proportion is decreasing slowly. Malnutrition is not exclusively due to a lack of food but a combination of factors including poverty, poor sanitation, and poor health literacy. "Our number one priority should be to get food to the table of families", de Araújo says.

While most communicable diseases are declining, NCDs are on the rise, now accounting for 62% of all deaths in the country. According to a WHO survey in 2014, a fifth of all adults have three or more NCD risk factors, including smoking, inadequate diet, high blood pressure, alcohol use, and inadequate physical activity. According to the 2014 WHO survey, 70% of men consume tobacco in some form. Comprehensive national tobacco control legislation was passed in 2016, in a bid to address the epidemic. But despite now having one of the largest graphic health warnings on cigarette packets in the world, smoking rates remain high. In addition, alcohol use is endemic in Timor-Leste and a major contributor to its use is the lack of regulation: there is no legal minimum age to purchase alcohol and no restrictions on advertising. Alcohol advertising is aggressive, with beer, wine, and spirit adverts adorning the walls of restaurants, cafes, and bars.

In recent years, there has been a push by the government and by nongovernmental organizations to provide people with nutrition-based agricultural support, including educating parents about healthy food they can produce and eat including sweet potatoes and leafy greens, and the benefits of preserving traditional recipes that are unique to Timor-Leste. At the Hospital Nacional Guido Valadares in Dili, volunteers from the Alola Foundation, a non-governmental organization focused on improving the lives of women and children, are educating new mothers on the benefits of breastfeeding. The women listen intently. This is a precious opportunity to help to nourish Timor-Leste's next generation and prevent all forms of malnutrition.

**The institutional birth rate for Timor Leste doubled between 2009/10 and 2016 from 22% to 49%** [7]. **The national skilled birth attendance rate was estimated at 68.5% but hides major disparities in access to skilled attendance between municipalities and urban and rural communities. Skilled birth attendance was lowest in Ermera municipality at 41% and highest in Dili at 93%; and varied between 92% for urban areas and 59% in the rural areas** [8]. **The country's maternal mortality rate is estimated at 149 deaths per 100 000** [9], **and remains one of highest in the region. Most deaths are due to obstetric complications including post-partum hemorrhage and sepsis. Women have an average of 4.2 children, according to the UN Population Fund, and just 26% are using modern contraceptive methods. But for all the violence, destruction, and hardship Timor-Leste has faced, the country has made impressive health gains in a short period of time. According to views shared in a Lancet media report** [3] **the focus must be on improving quality of care, strengthening health service delivery, and building the capacity of health workers, with a systems approach to improving quality of care, appropriate quality improvement structures and policies established at higher levels of government, and mobilization of additional funding for the health sector. Table 2. Learning from Case Study 1**



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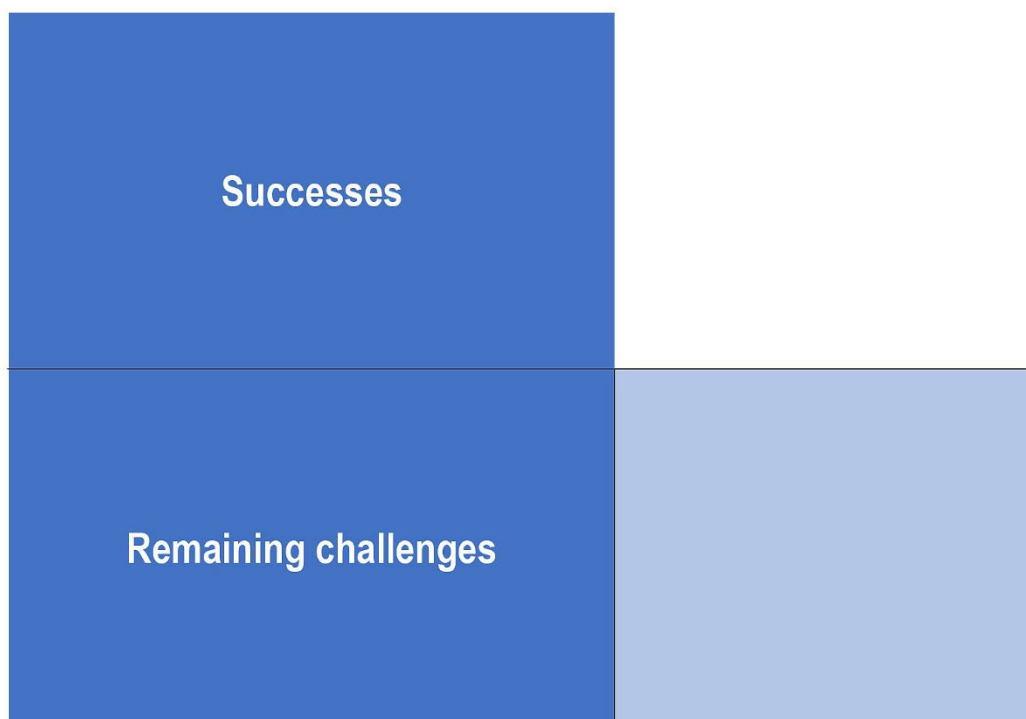
[7] General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. Timor Leste Demographic and Health Survey 2016. Dili, Timor-Leste and Rockville, Maryland, USA: GDS and ICF.

[8] Timor-Leste National Institute of Statistics. Timor-Leste Population and Housing Census 2022 Main Report 2023. Dili, 2023.

[9] World Health Organization. 2019. "Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division: executive summary". World Health Organization. https://iris.who.int/handle/10665/327596.

# 3. ADVOCACY AND ITS RELATION TO HEALTH

## What is advocacy?

Advocacy generally refers to a "set of organized activities designed to influence the policies and actions of others to achieve positive changes for the well-being of the people based on the experience and knowledge of working directly with communities and various social groups."[10]

**Hallmarks of advocacy**

- **Target audiences for advocacy are often decision-makers,** such as policymakers, program managers, and, more generally, those in a position to influence actions that affect many people simultaneously.
- **Advocacy is a positive action offering credible alternatives**, which means that it is not only against something but also offers feasible solutions.
- **Advocacy is about policy and change for people**, directed at those who have the power to influence people's lives. The broader goal can be to foster institutional change(s), which is often framed in political language. The micro level goals of advocacy can be changed at the household level, which are often framed in a way that is acceptable to the community and the local context.
- **Advocacy requires clear goals and measurable objectives**, which is often one of the most difficult parts of doing advocacy.
- **Advocacy is a long-term process rather than a one-off event**, and, therefore, needs specific objectives for the short term as well as wider goals for the long term.
- **Advocacy is not an end in itself**. It is the means to an end—that of improving people's lives and well-being. Getting an issue on a decision-maker's agenda is not enough. It is important to follow it through to ensure that action is taken to address the issue, and, ultimately, that the broader desired goal sees improvement.
- **Advocacy starts in the community**. The voices and priorities of people who are in need of help and are interested in making positive changes in their community should inform advocacy actions on issues based on evidence, and the people should be part of advocacy actions.
- **Advocacy has risks** as it takes place in the public policy arena. All possible risks need to be considered, including assessing how likely the risks are and whether they can be managed. Further, it needs to be remembered that the historically marginalized, underserved populations often face greater risks (than those with more advantages/power) when they are involved in advocacy, because they are calling attention to themselves and the issues they face. Hence, when including these populations in advocacy efforts, it is critical to be aware of and mitigate the risks they could face.
- **Advocacy depends on alliances with others**, including CSOs, people with influence over decision-makers, private companies, and people. The larger the support base, the greater the chances of achieving one's advocacy goal(s).

## Advocacy and development

Advocacy for development refers to efforts to promote and advance social, economic, and environmental development goals by engaging more actively, raising awareness, and influencing policies and practices. Advocacy often focuses on bringing social change, which is a collective effort.

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[10] Gosling Louisa, & Cohen David. (2007). Advocacy Matters: Helping children change their world. A Save the Children guide to advocacy – Facilitator's Manual. | London: Save the Children International, 2007.'s Resource Centre. https://resourcecentre.savethechildren.net/document/advocacy-matters-helping-children-change-their-world-save-children-guide-advocacy/

By working together, individuals and communities can raise awareness, challenge existing norms, and bring about meaningful transformations and positive change in society. Advocacy can address various social, environmental, and political issues, such as human rights, gender equality, environmental sustainability, poverty alleviation, education reform, and health care access. It is important to remember that advocacy for social change is a long-term process that requires persistence, resilience, and collective action. By combining passion, knowledge, and strategic efforts, one can contribute to creating a more just, equitable, and sustainable society.

Advocacy for gender equity and equality is crucial in creating a fair and just society. It is one of the most important issues for advocacy when trying to improve health care. Gender equity refers to fairness and impartiality in providing opportunities, resources, and treatment to people of different genders, recognizing that different individuals may require different measures to achieve equality. Gender equality, on the other hand, aims to ensure that all individuals, regardless of their gender, have the same rights, responsibilities, and opportunities.

Achieving gender equity and equality remains a major challenge in modern societies due to its many facets and underlying barriers. Gender is often a root cause of inequality, along with social exclusion and various forms of discrimination, such as age, whether someone lives with a disability, or their socio-economic status. Health conditions are affected by inequities in power, money and resources, and all of them are affected by gender. For example, women and girls in rural, low-resource settings tend to experience more challenges accessing health information and services compared to women and girls in urban settings. Gender norms affect —every person's physical and mental health, and discrimination of any form, gender-based or not, negatively impacts everyone's health. When gender and other forms of discrimination are part of the health system, it is less likely for the needs of women, young people, people with disabilities and other underserved and marginalized populations to be considered and therefore, addressed. Thus, identifying gender and social inclusion issues and advocating to address them brings decision-makers' attention to these issues, and if effective, solutions for them, too.

## Health advocacy

Health advocacy refers to the "actions carried out with the aim to influence, shape, and hold to account, the policies, actions, or decisions of the institutional elite, whether it be that of governments or corporations, so as to protect people's health."[11]

Let us look at what the hallmarks of advocacy can mean for health (Table 3).

**Table 3. Hallmarks of advocacy for health**

| Hallmark of advocacy | What it means for the health sector |
|---|---|
| Target audiences for advocacy are often decision-makers | Target audiences for health include the Ministry of Health, municipal health services, district health officers, managers of CSOs, traditional leaders, and other community leaders/influencers. |
| Advocacy is a positive action offering credible alternatives | Protecting the lives of mothers is important. By educating health promoters, midwives, and traditional birth attendants, one can increase at-facility births and lower maternal mortality. |

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[11] Brinsden, H. & Lang, T. 2015. "An introduction to public health advocacy: reflections on theory and practice." Research Food Collaboration. https://doi.org/10.13140/RG.2.1.4874.7287. Brinsden, H., & Lang, T. (2015). An introduction to public health advocacy: reflections on theory and practice – Food Policy Briefings - Food Research Collaboration. https://foodresearch.org.uk/publications/an-introduction-to-public-health-advocacy-reflections-on-theory-and-practice//

| Hallmark of advocacy | What it means for the health sector |
|---|---|
| **Advocacy is about policy and change for people** | At the macro level, advocacy can be directed at individuals such as the members of the parliament (MPs) and Minister of Health. Goal of advocacy at this level can be: "endorsement of primary health care for universal access to health care."<br><br>At the micro level, advocacy can be directed at individuals such as local and community leaders, household heads, etc. Examples can be "inclusion of mothers, household heads/gatekeepers, community leaders to ensure exclusive breast feeding as well as improved weaning practices in households." |
| **Advocacy requires clear goals and measurable objectives** | Clear goals and measurable objectives provide a framework for effective health advocacy. They help advocates maintain focus, develop strategies, evaluate progress, allocate resources, and communicate the importance of their work. By setting specific and measurable objectives, health advocates can increase their chances of achieving meaningful and positive changes in the health care landscape. |
| **Advocacy is a long-term process rather than a one-off event** | By combining short-term objectives and long-term goals, health advocacy can address both immediate needs and broader systemic issues. Advocacy can allow advocates to make incremental progress while striving for transformative change in the health care system, ultimately leading to better health outcomes for individuals and communities. |
| **Advocacy is not an end in itself.** | For health, this means that advocacy efforts should not only focus on raising awareness about health issues, but also on ensuring that effective policies and programs are implemented to improve people's health and well-being. Advocates should work to engage decision-makers, such as policymakers and government officials, to make sure that they are aware of the health issues that affect their constituents and that they prioritize taking action to address these issues. |
| **Advocacy starts in the community.** | Basing health advocacy on the voices and priorities of the people in need, supported by evidence, allows for a more community-centered and impactful approach. By incorporating the perspectives of those affected and utilizing credible data, health advocates can drive context-specific positive change and promote healthier communities. |
| **Advocacy has risks** | When it comes to advocacy in the field of health, there are several risks that need to be considered and managed. These risks primarily stem from the dynamic nature of public policy and the potential consequences of advocating for specific health-related positions or policies. The potential risks associated with advocacy can include loss of political will over time, public backlash against advocacy initiatives, etc. |
| **Advocacy depends on alliances with others.** | A diverse coalition of stakeholders can bring different perspectives, resources, and expertise to the table. It helps to raise awareness, build political will, create pressure for change, and implement effective policies and interventions that improve public health outcomes. |

# 4. PLANNING HEALTH ADVOCACY

## Stages in advocacy planning

Advocacy is very rarely an ordered, linear process. Some of the most successful organizations operate in a chaotic environment, seizing opportunities as they arise. Despite the need to take advantage of opportunities as they arise, careful planning and a structured approach are essential for success in advocacy. The advocacy cycle provides a framework to plan and process steps to implement your advocacy work. These steps may not always occur in the exact same order; however, it is important to consider and plan for each step as a critical piece of the advocacy effort. Figure 1 illustrates the different stages in advocacy planning. Each of these stages is described in greater detail later in this document.

**Figure 1. Stages in advocacy planning[12]**
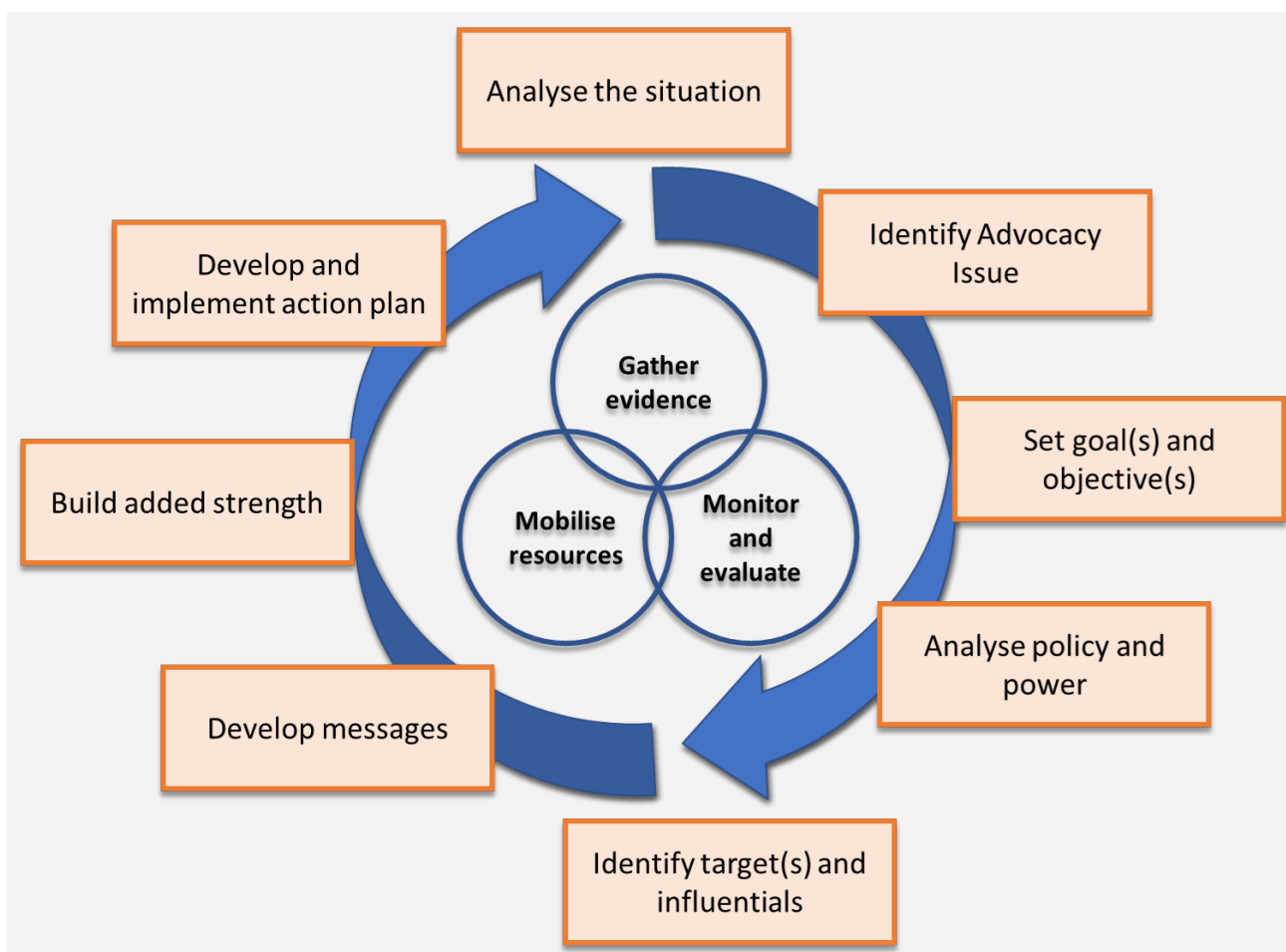


## Cross-cutting themes

Cross-cutting activities are activities implemented throughout all stages in advocacy planning. Figure 1 shows the cross-cutting activities as three interrelated circles (gather evidence, mobilize resources, and monitoring and evaluation) in the center of the advocacy planning process. These cross-cutting themes are crucial for executing each stage of advocacy planning.

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[12] Gosling Louisa, & Cohen David. (2007). Advocacy Matters: Helping children change their world. A Save the Children guide to advocacy – Facilitator's Manual. | London: Save the Children International, 2007.'s Resource Centre.
https://resourcecentre.savethechildren.net/document/advocacy-matters-helping-children-change-their-world-save-children-guide-advocacy/

**Gathering evidence** is essentially conducting thorough research and analysis to help better understand the issue under consideration. Evidence helps in identifying the specific issue and related gaps, target audience(s), and the desired outcome that is relevant to the community. Health advocates may, for example, talk to pregnant women, people living with disabilities, or those living in rural areas to see how they think health services could be improved. Evidence also helps to understand the related political and social context in which the issue exists. This helps in developing a clear and compelling message, identifying the most effective communication channels, and targeting specific audiences. An in-depth understanding of the issue and its related context can help to set clear objectives and develop communication and messaging strategies. Gathering evidence contributes to all the stages of any advocacy plan.

**Mobilizing resources** helps in building coalitions and partnerships. Collaboration with other organizations and individuals who have similar goals can help one to amplify one's message(s) and increase influence. Further, mobilizing resources helps in engaging with decision-makers. Advocacy efforts often involve engaging with elected officials, policymakers, and other decision-makers. Building relationships with these individuals and organizations and working to understand their perspectives can help one to make a more compelling case for the cause.

**Monitoring and evaluation** helps to keep track of success at each stage. Regularly assessing the impact of one's advocacy efforts can help refine the strategy, identify areas for improvement, and celebrate successes. It is important to set clear metrics for success and track progress toward those goals.

## Case Study 2: Advocating on HIV and AIDS without adequate planning

Instruction: *Read the following case study extracted and adapted for this manual from "Advocacy Matters: Helping children change their world, An International Save the Children Alliance guide to advocacy- Participants Manual". This story, contributed by an experienced advocate, illustrates a very common situation*[13].

In 2005, Save the Children successfully advocated with the U.K. government to strongly endorse the needs of orphans and other vulnerable children in its HIV and AIDS strategy. Following its success, Save the Children sought to influence the European Commission (EC) to the same end. Taking the key 'asks' that had been so successful in the U.K. context, 'the advocates' headed to Brussels. The Head of the Human and Social Development Unit at the Directorate-General for Development was targeted as the key person because she was the ultimate decision-maker. It was also assumed that members of her team would be influential. Potential opportunities were explored within the Commission and the European Parliament to raise awareness on the issue, prioritizing times when the key decision-maker would be in attendance. The meetings held with the influential concluded that he was supportive, and he proceeded to set the advocates up to lobby the main decision-maker. However, she resisted being influenced, and the advocates opted with the encouragement of the influential to take up the issue in more public forums. Ultimately, the relationship with the key target was compromised and took many months to repair. Although some headway was made, the advocacy objectives were never met.

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[13] Gosling Louisa, & Cohen David. (2007). Advocacy Matters: Helping children change their world. A Save the Children guide to advocacy – Facilitator's Manual. | London: Save the Children International, 2007.'s Resource Centre. https://resourcecentre.savethechildren.net/document/advocacy-matters-helping-children-change-their-world-save-children-guide-advocacy/

Table 4 summarizes the key points and learning from Case Study 2.

**Table 4. Learning from Case Study 2**

| Good planning is crucial. | Implementation was done without gaining enough information on the targets and their influencers. Assumptions were made about their relative level of influence based on their position but did not consider interests. |
|---|---|
| Conducting a thorough analysis of the policy environment and determine should not be overlooked. | The same goals were kept that worked at the country level, but these did not prove appropriate to the EC. Enough time was not spent to understand the policy process and, therefore, the advocates did not well appreciate what was achievable. |
| Choose tactics appropriate for the target. | Public pressure did not influence the target; rather, it solidified her position, and she was not influenced. |
| Take enough time to understand the political environment. | There was tension between Save the Children's target and the UNICEF, which affected everyone raising children's issues. |

# Case Study 3: Planning advocacy step by step in Norway

Instruction: *Read the following case study extracted and adapted for this manual from "Advocacy Matters: Helping children change their world, An International Save the Children Alliance guide to advocacy- Participants Manual"*

## Background

Save the Children had long known about the problems faced by children who had been sexually abused in Norway. Some even suffered further abuse when they sought help from the authorities. According to the UN Convention on the Rights of the Child (UNCRC), children have the right to protection against all kinds of sexual abuse and the right to appropriate help and treatment. In 2002, it seemed that children were neither getting the right kind of help nor was it easily accessible to them. A decision was made to try to improve this situation.

## Change objective

The objective was to set up a Children's House and encourage more child-friendly approaches by the legal and social authorities dealing with children who had been sexually abused.

## Strategy

- *Gather evidence of the problem.* Save the Children followed court cases to improve the understanding of how child abuse cases were being handled by the legal system.
- *Find a possible solution.* The Children's House in Iceland was identified as a good model for what Save the Children wanted to establish in Norway. So, in 2003 they visited the Children's House in Iceland to learn how it was established, the resource implications, and its results, with a view to setting up a similar initiative in Norway. Later during the advocacy process, Save the Children took the key partners and decision-makers to Iceland to learn about the Children's House.
- *Identify partners for advocacy.* Save the Children told its existing allies, including other NGOs, professionals, and researchers, of its plans. From 2004 to 2006, Save the Children used all possible opportunities to raise the issue of the Children's House and make it known. Thus, Save the Children extended its network in the process.
- *Identify advocacy targets and influencers.* Save the Children took part in a variety of meetings with politicians and decision-makers.
- *Raise public awareness* through the media in all possible situations, and within Save the Children Norway. Save the Children worked with the media, writing articles for newspapers and professional journals, and were interviewed on television and for newspapers. Finally, Save the Children developed materials for its members so they could carry out advocacy locally.

- *Record all activities* in the process in a lobby log.

**What was achieved**

In May 2004, a group of Members of Parliament (MPs) in Norway suggested in the parliament that new guidelines were urgently needed for questioning and protecting children who had been sexually abused. What they suggested was almost identical to the Children's House. The Ministry of Justice set up a task group, and an external reference group was invited to participate in it. The task group presented its report in the spring of 2006, recommending that a Children's House be set up in Norway from June 2007. Funds were allocated for this purpose in the national budget.

**Table 5. Learning form Case Study 3**

| | |
|---|---|
| **Employing a systematic process contributed to the realization of the intended change.** | Systematic planning, following the stages of the advocacy cycle, was done. This involved collecting information at each step to understand the problem, the target audience, potential solutions, and their application in the context. |
| **Set goals based on evidence of the problem and the effectiveness and relevance of the solution to the context.** | The goal was set based on evidence of the problem and the effectiveness of solutions, drawing from successful practices in Iceland, and adapting these to the context through understanding set-up requirements and engaging stakeholders. |
| **Public and institutional awareness is an effective tactic.** | A coordinated strategy was used to raise both public and institutional awareness, which helped turn members of the community and Save the Children members to advocators for the cause. |
| **Targeting influencers can help catalyze the intended change.** | Working with a small group of policymakers (in this case MPs) on the side helped break the tension of bringing a new agenda of change and was crucial for the success. |

# 5. STAGES OF ADVOCACY PLANNING

## Stage 1: Analyze the situation

Advocacy begins with an issue or problem that a community or group agrees to support to promote a policy change. A situation analysis is conducted by the community, or organization interested in promoting policy change, led by or in collaboration with those affected by the issue. It is the foundation of any program or advocacy plan. It entails an analysis of the problem that one is trying to address and looks at the ways in which it can be solved. There are different ways of carrying out a situation analysis.

**Table 6. Situation analysis tool**

| Advocacy stage | Question to ask | Steps to answer |
|---|---|---|
| 1. **Analyze the situation** | What is going wrong? | • Look at the health issues or problems with health service delivery<br>• Look at the underlying causes (using the problem tree approach)<br>• How can they be addressed?<br>• Which actions are not being taken, or omitted, or committed, and are contributing to the health problems?<br>• Who are the actors responsible for taking action and respecting and fulfilling commitments to improve the health of the people?<br>• Where can the system be changed and where is it resistant to change? |

**Tool #1** provides a template for using questions to analyze the situation.

**Exercise 1.1**

Use the situation analysis tool (Table 6) to analyze a problem with health care provision at the municipality level.

1. During your group brainstorm, include people representative of the entire population, especially those typically underserved and marginalized (various ages, sexes, socio-economic levels, people living with disabilities) and share problems with one another, such as with health services in the municipality. Listen to the experiences and concerns of every participant and select a problem that is most common.
2. Use Tool #1 to analyze the problem.
3. Identify one person from your group to present the analysis using the format in Tool #1.

### Problem tree analysis

A problem tree is a visual representation of a problem, its root causes, and consequences. It is also a popular way to analyze a problem. The problem tree analysis in **Tool #2** will help you identify the root causes of the problem, and through that process the possible solutions to address the problem. Figure 2 shows a schematic problem tree. The center of the tree is the problem statement. Below are the underlying causes leading to the problem, and above are the effects of the problem. The interrelationships are shown through lines. Closer to the problem tree are the proximal or direct causes and effects, while the distal or indirect causes and effects are located farther.

**Figure 2. Schematic problem tree**
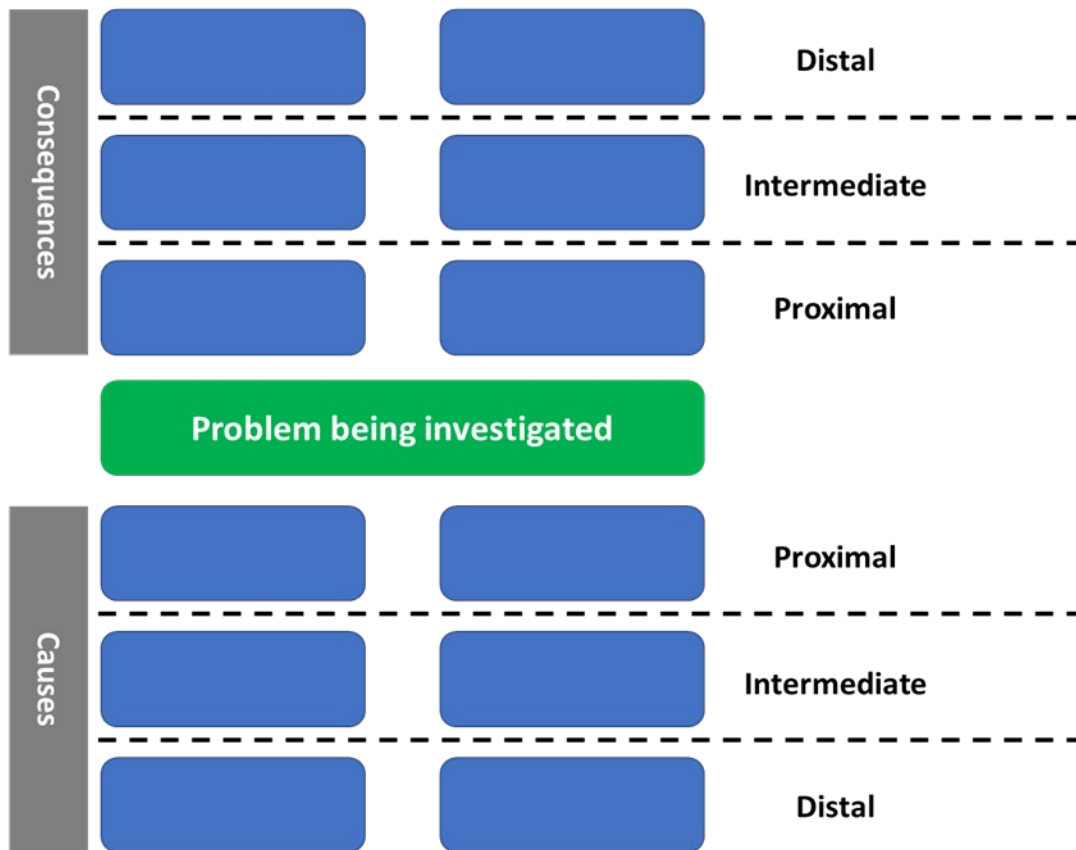


**Key steps to draw a problem tree to show the causes and effects of a problem**

- Identify the central problem, for example, health care staff not trained on nutrition or lack of medicines at the health centers etc.
- Brainstorm a list of the problem's causes and consequences. People often find it difficult to distinguish between a problem and its cause(s). One way to help make this link is to keep asking 'why'.
- Rank the list of causes and consequences in terms of importance.
- Identify the most direct cause of the problem. Then identify the factors that combine to lead to that cause. You should identify various levels of causes (e.g., proximal, intermediate, and distal). Do the same for the problem's effects/consequences.
- Arrange the causes and effects into a problem tree, with causes as the 'roots' and effects as the 'branches'. Discuss the links between them. Some causal links will be clear and may go in one direction only, whereas others may be more complex.
- You will now have clarity about which causes can be addressed through direct work with the community/people and which can be addressed through advocacy.

**Exercise 1.2**

- During your group work, use Tool #2 to draw a problem tree, showing the causes and effects of the problem you analyzed in Exercise 1.1.
- Select two causes that can be addressed through advocacy.

**Figure 3. Example of a problem tree, showing the causes and consequences of maternal and child undernutrition**
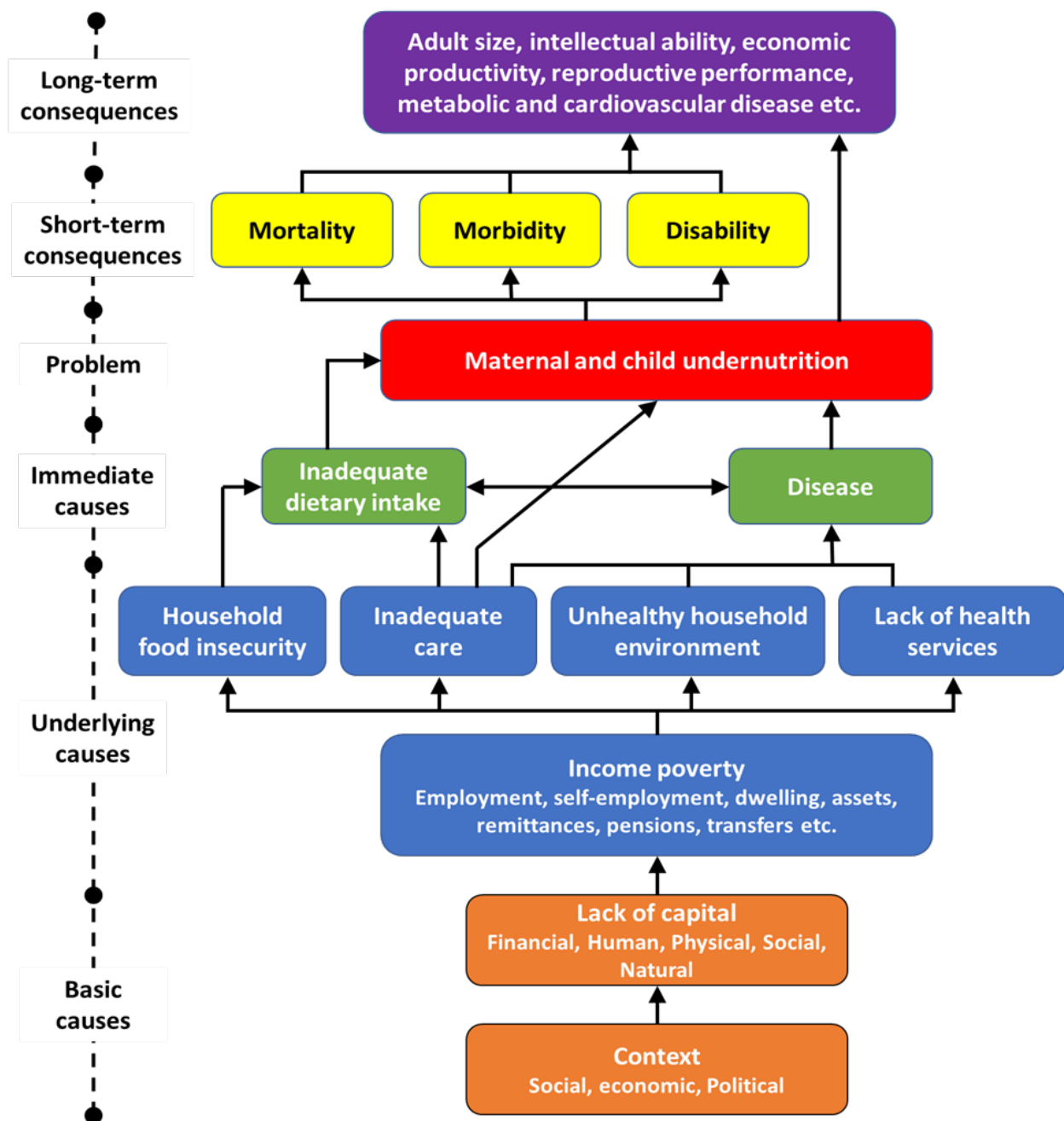


## Stage 2: Identify an issue for advocacy

Sometimes your situation analysis will identify several issues you could address through advocacy or you may identify multiple advocacy problems during your program work. For effective advocacy, you need to narrow the focus. This will help in setting up clearer objectives and undertaking relevant activities to achieve those objectives.

The issue you select should support the overall mission of your program and organization. For your advocacy to be successful, the issue you select should meet certain criteria (Table 7 – steps to answer).

**Table 7. Key questions to ask when identifying the advocacy issue**

| Advocacy stage | Question to ask | Steps to answer |
|---|---|---|
| **Identify the advocacy issue** | Which issue should we focus on for advocacy | • How relevant is the issue to the National Health Sector Strategic Plan 2020–2030?<br>• How relevant is it to your program's work?<br>• Is documentation and research available?<br>• Do you have a recommendation for addressing the change?<br>• Is there a chance for success?<br>• How important is the solution to the people?<br>• Can you build strategic alliances with national and international stakeholders?<br>• Do you have adequate resources and staff? |

**Exercise 2.1**

In Exercise 1.2 you selected two issues that can be addressed using advocacy.

Use Tool #3 (Table 7) to now select which one of the two issues your group will focus on for advocacy.

# Stage 3: Set goals and objectives

Once you have identified the issue, you must state the change you want to achieve with regards the advocacy issue. An advocacy goal describes the change you want to see. It is the long-term result of your advocacy effort and your vision of change. Your advocacy goal can be general. For example, your goal could be, "all people in the community have access to quality health care" or "all pregnant women in Timor-Leste understand their rights and have access to quality antenatal care".

An advocacy objective is the specific change that you can bring about that contributes to reaching your goal. Advocacy strategies usually have several different objectives that all contribute to achieving the goal and the overall vision. Objectives should be worded in terms of what is hoped to achieve, not what one intends to do. It is important to consider what change one wants to bring about. For example, an advocacy objective worded as, "Decision-makers x, y, and z will clearly demonstrate their awareness of the need for training by supporting calls to increase the funding for local health workers" is change-oriented, while "to raise awareness of decision-makers about people's right to quality health care" is activity-oriented. Advocacy objectives should be change-oriented.

It is crucial that objectives are specific and well-defined in terms of **what you will accomplish, where, when, and with whom.** One way to avoid ambiguity in advocacy objectives is to make sure they are **SMART** (specific, measurable, achievable, realistic and resourced, and time-bound). The objectives should be change-oriented rather than activity-oriented, that is, they should describe the change one intends to bring about, not what one intends to do. The change should be quantified, and the objective should state who will do it and when. For example, consider the difference between these two objectives:

- Non-SMART objective: Improve health services in rural areas in order to reduce child mortality.
- SMART objective: By 2011, 50 percent of children in five locations in the country will be covered by high-quality essential health services (where the constituents of essential health services are defined, and where agreed benchmarks are consistently used to assess quality).

## Tips to make your advocacy objectives SMART

### Specific

- Watch out for complex, difficult-to-understand, terms or jargon. Words like 'sensitize' and 'empower' are vague. It is important to say what is meant in the clearest terms possible.
- Watch out for words that can be interpreted in a variety of ways, for example: reproductive health, accountability, transparency, etc. When using such words, clearly state what is meant.

### Measurable

- Be as exact as possible about who, what, where, when, and how. For example, an objective might state: "Make people aware of their health-related rights." Whenever possible, estimate the number of people one is helping, what they will be able to do as a result, and the geographic range of the effort.
- In case of very large numbers (for example, "50 million people" being neglected), use manageable numbers or area, such as a district or village. This makes it real and makes it easier for both advocates and decision-makers to grasp.
- Objectives that refer to a state of mind and a process, like 'empower', are almost impossible to measure because they are subjective. However, process objectives are appropriate for advocacy, particularly when the process is the desired outcome. For example, "bring together women from local community-based organizations to voice their concerns and define their common priorities". In many places that in itself is a major accomplishment. 'Group formation' or 'strengthening' can be a good indicator for process words like 'empowerment'. So, when there is use of words that refer to a state of mind, one should ask oneself: "What does an empowered person do?" "Sensitize for what?" Use the answers to formulate the objective(s) more clearly.

### Achievable

- The clearer one is about who, what, where, when and how, the more achievable the objective(s) will be. Process goals like 'empowerment' and 'awareness-raising' are long term and elusive. Imagine signposts along the way of what an empowered or an aware person does and make those objectives.

### Realistic and resourced

- Changing attitudes and behavior is a long-term process. Try to be realistic when deciding how many people you plan to influence.
- Realistic objectives should be achievable in the planned time frame and reflect the limits of one's resources (e.g., funding, staff, etc.).

### Time-bound

- A clear objective should include a clear timeframe within which the change should be achieved (within 2–3 years, or longer if the objective is more ambitious). Remember that the timeframe must also be realistic.

## Table 8. Key questions to ask when setting advocacy goals and objectives

| Advocacy stage | Question to ask | Steps to answer |
|---|---|---|
| **Set clear advocacy goals and objectives** | What must change? | <ul><li>What are the root causes of the problem you identified? (Use problem tree analysis.)</li><li>Which of the causes can be addressed through direct work and advocacy with the government or the community leadership?</li><li>What goals and objectives does the problem point to? (Use the solution tree to identify your goal and objectives.)</li><li>What must stop or change? (Be very clear about what must stop.)</li></ul> |

| Advocacy stage | Question to ask | Steps to answer |
|---|---|---|
| | | • What alternative solution should be adopted? (Use your solution tree.)<br>• Who should do it and by when? |

**Remember:** Organize the evidence. Evidence is critical to build a robust case that will influence your targets. Make a strong evidence base for each of the objectives.

## Exercise 3.1

In Exercise 2.1, your group identified an advocacy issue to work on. Now:

1. Use the problem/solution tree (Figure 3) to identify your goals and objectives.

2. Do this for all the identified causes and consequences of the issue/problem you are trying to address with advocacy.

### Steps to turn the problem tree into a solution tree

1. In your solution tree graphic, rewrite the problem stated in your problem tree. Restate it as a goal at the center of the tree. This is done by reversing the negative statements that form the problem tree into positive desirable conditions. For example, if your problem was "lack of nutrition services at the health post", then your goal would be "availability of nutrition services at the health post".

2. Restate each of the causes (roots of your problem tree) as solutions, i.e., the actions needed to solve the problem and achieve the goal at the center of the solution tree. If one of your causes to the problem above (in point #1 above) was "lack of appropriate training of local health workers", then your solution would be to "advocate for optimum training of local health workers". The restated solutions will now form your objectives. Note, however, that not all objectives may be relevant to your issue.

3. Restate each of the consequences as results or outcomes. For example, if one of the consequences in your problem tree was "high levels of child wasting in the municipality", the effect will be restated as "reduced levels of child wasting in the municipality."

## Stage 4: Analyze policy and power

Policymaking takes place in a continuously changing web of interacting forces of politics, power, and policy. Politics, policy, and power dynamics are often unpredictable, and may present positive opportunities for advocacy, but can also spring up negative surprises. You need to identify the various factors that could affect the relevant policy decisions related to your advocacy issue to help you develop appropriate advocacy strategies. Policy analysis involves understanding what needs to be addressed: an absent policy, an inadequate policy, or improper enforcement of policy. You need to analyze the policy decision-making process; the key actors in the policy decision-making process; the environment in which the policy is made—the prevailing values, beliefs, priorities; options for policy change and entry points; and public budget analysis (priorities, real expenditures, growth in real expenditures, equity, etc.).

### Table 9. Key elements of policy analysis

| Element of Policy Analysis | Areas of Inquiry |
|---|---|
| **Policy issues:** | Is there an existing policy that speaks to the issue you are advocating for? If a policy exists, is the advocacy issue arising because of poor implementation of the policy? OR is that the existing policy does not adequately address the advocacy issue you are trying to address? |

| Element of Policy Analysis | Areas of Inquiry |
|---|---|
| **Key actors:** | To identify key actors, ask yourself: Who is the main institution or person responsible? Who else has influence on the matter? Identify key actors and institutions that make decisions about policies; these may include politicians, administrators, school committees, religious leaders, etc. Also identify those who can influence the policymakers. |
| **The policy environment:** | <ul><li>How conducive or supportive is the environment in which you are conducting the advocacy?</li><li>How is your issue perceived by the people who hold power?</li><li>Is it a priority or a neglected area? Is there a wide and public discussion on the subject or</li><li>Is it clouded in social taboos?</li><li>Describe the environment for both formal and informal policymaking processes and the social and political contexts in which they operate.</li></ul> |
| **Identify options for policy change and entry points:** | Are there any upcoming opportunities, such as key events, symbolic celebrations, or strategic alliances that can add to your influence and impact? Do any of these events pose a threat to your agenda? |
| **Budget analysis:** | <ul><li>A budget is the most powerful policy produced by a government. Budgets reveal the government's true priorities. Budget analysis can challenge corruption and imbalances in resource allocation, including at the local level.</li><li>How is the advocacy issue you are trying to address reflected in terms of allocation in the previous and current budget?</li><li>What opportunities exist in the budget to mobilize resources for Government action to address the advocacy issue? How does the advocacy issue align with other Government priorities as reflected in the budget?</li><li>Are there upcoming opportunities to influence budget decision making processes?</li></ul> |

## Steps in the policy-/decision-making process

There are five basic stages of decision-making in policy processes. The exact methods, procedures, and techniques vary widely among institutions, but these stages are present in some form in all decision-making processes.

1. Agenda setting
2. Formulation of policy
3. Enactment of policy
4. Implementation and enforcement
5. Monitoring and evaluation

Policy decision-making can be through formal, informal, and/or alternative processes, as briefly described below.

### Formal process

The formal decision-making process is the official procedure as stated by law or by documented organizational policy. For example, in some organizations, regulations may state that policy changes have to be voted on by the board of directors or officially approved by the president.

### Informal process

This includes the activities and procedures in the decision-making process that occur concurrently with the formal process but are not required by law or organizational policy. For example, an organization's president may informally discuss the proposed policy change with each board member before the board meets to vote on it.

### Alternative process

Alternative processes to influence decision-making exist wholly outside the official process. For example, if the president of an organization feels that a decision by the board of directors is not

warranted for a minor policy change, he/she can discuss the change with key staff, plan, and implement the change without official action.

The information you gain from your analysis can be used to plan your advocacy activities. Table 10 is from the first stage of the decision-making process. Similar tables can be developed for the other stages of the policymaking process identified in your analysis.

**Table 10. An example of agenda setting for policy change**

| Stage 1 of policy-/decision-making process - Agenda setting<br>Institution: Ministry of Health | |
| --- | --- |
| **Formal process** | The Nutrition and Child Health Offices in the Ministry of Health generate a proposal for a national salt fortification program. One or two people from these offices are assigned the task of developing the proposal fully. |
| **Decision-makers involved** | Directors of the Nutrition and Child Health Offices in the Ministry of Health |
| **Approximate date of action** | January and February<br>(Because this is when Offices in the Ministry of Health are most open to new ideas at the start of the fiscal year) |
| **How can we influence the process at this stage?** | • Meet with the child health and nutrition officials to introduce your proposal and to ignite their interest, support, and enthusiasm.<br>• Be helpful to these offices with the other issues that they are working on, as appropriate. Become knowledgeable about issues the key decision-makers are interested in.<br>• Meet with groups that might support the program, such as salt producers and child health and nutrition organizations, to enlist their support.<br>• Motivate parents of children experiencing malnutrition to meet with decision makers to explain the issue they face<br>• Work closely with the person or people tasked with developing the proposal. Ask to see drafts of the program and give comments. |

## Advocacy and power

Power is dynamic and ever-changing, as many actors are constantly competing for power and space. Power can be visible, hidden, or invisible. Power relations are always unequal, but there are many situations in which those with seemingly less power can overcome those with more. Defining and analyzing power is an integral part of advocacy. Inadequate power analysis may lead to missed opportunities, poor strategic choices, or risks. In the case study 2 discussed earlier, Save the Children's actions based on encouragement by a presumed influencer led to compromising of its relationship with the key decision maker -the Head of the Human and Social Development Unit at the Directorate-General for Development. It took Save the Children several months to repair this relationship **Remember:** Political power does not always operate in visible ways (Table 11).

**Table 11. The various ways power can operate**

| Visible power | Formal rules, structures, authorities, institutions, and procedures (e.g., elections, laws, and budgets) |
| --- | --- |
| **Hidden power** | Certain powerful people can control the agenda. These dynamics exclude less powerful groups. |
| **Invisible power** | This level of power shapes values and norms, and thereby also people's beliefs and attitudes. Such power perpetuates patterns of domination and inferiority.<br>This level is the most difficult to deal with because social values are sensitive and personal. |

These different kinds of power usually operate simultaneously, and different strategies are required to tackle each different type of power.

**Table 12. Key questions to ask when analyzing policy and power**

| Advocacy stage | Question to ask | Steps to answer |
|---|---|---|
| **Analyze policy and power** | What factors could affect how decisions are made about the issue? | • What is the policy issue—absence of policy, inadequate policy, or improper enforcement of an existing policy?<br>• Who are the key actors in the policy decision-making process?<br>• What are the values, beliefs, trending priorities that influence policymakers' decisions?<br>• What are the steps of the policy decision-making process? What options exist for policy change? What are possible entry points?<br>• What are the public budget priorities, real expenditures, growth, and alignment to equity?<br>• Who are the key holders of power in this context? And what power dynamics are at play—visible power, hidden power, and invisible power? |

**Tool #4** can be used to analyze the process and the actors in the policymaking process.

## Stage 5: Identify targets and Influencers

Once you have completed the power and policy analysis, the next step is to decide where to focus your advocacy efforts and identify targets—the people who can make decisions to bring about the change(s) you want. Use **Tool #5** to find out where real power and influence lies. Some of this may be obvious, but some may be hidden. You need to find out how willing powerful people are to make the change. This will depend on various factors, including their knowledge and beliefs on the issue. It will also depend on their interest, which could be personal or political. When you know more about your target's interest and willingness to change, you can decide how best to approach them. You may be able to work with them in a co-operative way, or you may need to persuade them or challenge them openly. There is a need to understand the best way to influence your target. This often involves identifying their influencers—those people or institutions that influence the decision-makers for or against your case. If they are on your side, they can help to further your cause. If they do not share your cause, you will need to consider how you can win them over or neutralize their influence.

**Table 13. Key questions to ask when identifying targets and influential**

| Advocacy stage | Question to ask | Steps to answer |
|---|---|---|
| **Identify advocacy targets and influencers** | Who has the power to make the change? | • Who can actually make the change by allocating resources?<br>• Who can provide directions to change the existing actions?<br>• Who can influence the change or resist the change?<br>• What are their likes, dislikes, beliefs, priorities, networks, and influencers? |

## Stage 6: Develop advocacy messages

You need to make a strong case for change to your targets and influencers and persuade them to act. Your messaging needs to be powerful. Start by formulating your core message— exactly what you need to say about your advocacy issue. Use **Tool #6** to develop your advocacy message. You then need to decide how to communicate this as clearly and persuasively as possible for each intended audience.

Messages need to be clear, consistent, and effective. To do this, you need to think about what you want to say and how you should say it. In designing your advocacy messages, you should seek to inform, persuade, and move people to take action. The advocacy messages should use valid data and sound logical and move people to act by describing the action the audience is being encouraged to take. Always start with a core message that summarizes your position. Table 14 shows key questions to ask when developing a summary of your core messages.

**Table 14. Key questions to ask when developing your advocacy messages**

| Advocacy stage | Question to ask | Steps to answer |
|---|---|---|
| **Develop messages** | What do you want to say about your advocacy issue? | • What is the problem?<br>• What is the evidence?<br>• What is the problem's cause?<br>• Who do you hold responsible for solving it?<br>• Why is change important?<br>• What is your solution and what are the actions others need to take to bring about the desired change? |

### Exercise 6.1

During your group work earlier, you had developed the goal and objectives for your advocacy issue.

1. Use Tool #4 to identify the policy process for your advocacy issue.

2. Identify the key decision-makers and influencers involved at each stage.

3. Identify the approximate timing for the decision-making process and how you can intervene at this stage?

4. Fill in Tool #5 to identify your advocacy targets and influencers

5. Use Tool #6 to develop messages for one of your selected advocacy target audiences.

## Stage 7: Build added strength

Successful advocacy on major policy issues requires collaboration (and sometimes competition) with others. Collaboration requires constant building, nurturing, and expanding of relationships that together achieve a cumulative effect. Building and strengthening relationships to form a coalition requires including more voices with an array of experiences, which reinforces the validity of and lends additional power behind your identified issue. This is another reason why social inclusion is important to advance your health issue; more people are included and involved to push for action. This is what leads to the solutions. You need to work with potential allies to achieve advocacy goals. If planned and managed carefully, working with allies adds enormous strength to your advocacy. It can also help to build advocacy capacity among CSOs. Building and growing relationships can be done through working in networks and alliances with other CSOs, mobilizing the public voice and support, and engaging with the private sector.

Collaboration assumes many forms and can be formal and informal, temporary, or permanent. Table 15 shows some of the categories of collaboration for advocacy.

**Table 15. Types of alliances for advocacy activities**

| Type of alliance | Characteristic |
|---|---|
| **Network** | Networks are often informal or with a limited structure. Emphasis is mostly on the exchange of information and less on joint work. |
| **Coalition** | Coalitions usually have a more formalized structure and involve joint work, often bringing together diverse CSOs around a single event, issue, or campaign. Different organizations divide the tasks in the most appropriate manner. |
| **Alliance** | Alliances between trusted partners involve long-term agreement on common ideals. Strategies and plans may be jointly developed and implemented. |
| **Partnership** | In partnerships, individuals or organizations work together on a specific task, sharing the risks as well as the benefits. The relationship may be reviewed and revised regularly. |
| **Platform** | Platforms can be any of the above if the focus is on a specific issue, which provides a 'platform' for joint action on that issue. |

Table 16 lists the potential benefits and challenges of collaborating with others.

**Table 16. Potential benefits and challenges of collaborating for advocacy**

| Benefits | Challenges |
|---|---|
| • Efforts at one level can build on those at another level.<br>• Speaking with a common voice is more powerful.<br>• Collaboration helps reach a wider audience.<br>• It allows joint representation for those unable to act alone.<br>• Promotes equity if the collaboration includes those directly affected by inequities<br>• Different organizations bring different areas of expertise and represent different constituencies.<br>• It strengthens civil society.<br>• Funds and resources can be shared.<br>• It provides unity, moral support, and solidarity.<br>• Collaboration helps avoid competition and duplication. | • Co-ordination can be time-consuming.<br>• It can be difficult to agree on clear goals, and thus requires compromises.<br>• It can lead to conflicts of interest, as organizations may have conflicting agendas.<br>• Individuals or groups may not always get credit for their work.<br>• Distinctive identities may get lost.<br>• Participation may be frustrating and difficult.<br>• If the group breaks down, it can damage the initiative's credibility.<br>• Opponents can take advantage of any divergence of views.<br>• Some organizations may dominate the group. |

## Key considerations in building networks and coalitions

- **Building trust**: This requires patience and time. Building trust involves confidence in leadership, management systems, and fellow members. It can only be achieved when decisions are based on open discussions and consensus—when partners "put all their cards on the table".
- **Learn to share credit**: Publicity and visibility of the network should be shared. The same stand should be taken when achievements and failures occur. Be ready to share praise as well as blame.
- **Stay focused on your vision**: Maintain a sense of direction by setting objectives based on a collective purpose. (It is important to avoid political opportunists taking advantage of your network.)
- **Define clear roles and responsibilities**: Make sure the reporting lines and leadership structures are clear to avoid conflict of interest between members. Good leadership is the key to a successful coalition.
- **Media strategy and guidelines**: Decide who speaks for the network, who speaks in the absence of the director, and how statements are approved.
- **Remain consistent and dependable**: Networking and coalitions are based on relationships; there is a need for consistent representation by staff with authority to make decisions. (Do not send junior staff or interns to meetings.)
- **Share information and communicate effectively**: This includes internal communication between members; external communication to government, donors, and public; and inter-alliance communication between networks.
- **Do not rush a coalition**. Be patient. You may need to start slowly and gradually build up trust between members.

**Table 17. Key questions to ask when building collaborations**

| Advocacy stage | Question to ask | Steps to answer |
|---|---|---|
| **Build added strength** | Who are your allies and opponents? | • Who is it that we work with and who must we convince?<br>• Who is neutral or undecided? How can they become supporters?<br>• Do we need to mobilize the public to support us?<br>• Can we work with the private sector? |

**Tool #7** can be used to help identify allies and partners, and determine tactics of collaborating with them

**Exercise 7.1**

Instructions: You will now use Tool #7 to identify individuals, organizations, and/or coalitions you can work with to be more effective in achieving your goal. Use your map of the policy process to identify different stages of the decision-making process and when they take place, as well as which targets are most important at different stages.

1. In your group, brainstorm which individuals, organizations, and/or existing CSO coalitions you may want to work with to be more effective in achieving your goal. Identify the top three.

2. For each, use a matrix to state what value they bring to your advocacy work.

3. Discuss their position in relation to the advocacy issue. (Is it the same as yours? Is it different, and if so, how?)

4. How can you successfully collaborate with each ally/partner?

5. From your discussion, select the top three who are most likely to help you be more effective in achieving your goal.

# Stage 8: Develop and implement action plan

Developing an action plan involves compiling exactly what you are going to do, when, and who should lead the work into one implementation plan. Analysis of the policy process will help you decide where to focus your advocacy in order to influence decision-making. The targets you identified—decision-makers and their influencers — will determine your most effective approach at different stages of the decision-making process. The plan should be based on what sort of messages you need to give, to whom, and how they should be delivered. It will also detail who you want to work with, what coalitions or alliances, and how you intend to involve voices from the community that represent the entire community, especially those who are typically underserved by health and social services. If you will be mobilizing public pressure, your plan should say how and when. You will also need to consider what resources you need, what you have available, and what you might be able to access. It should also consider what activities you will undertake to monitor and evaluate the process, progress, and results of your advocacy work.

## Developing an action plan

The action plan shows practically who will do what and when.

- Use your map of the policy process to identify different stages of the decision-making process and when they take place, as well as which targets are most important at different stages.
- Revisit your list of advocacy opportunities from Session 6 and consider how these opportunities affect your timeline.
- Consider how community representatives will be involved at different stages.
- Using your analysis of targets and influencers and decide on the most effective approach and tactic for each target.
- Using your analysis of messages for different audiences and think of the most effective way to deliver your message to each audience.

## Planning and phasing activities

- Think about how you will work with others,
- Then think of the external events that might provide opportunities to deliver your messages in the most effective way possible.
- Finally, plan specific activities to help achieve your advocacy objectives. Decide who should carry them out, when, and where.

When planning your advocacy activities, you need to work backward from specific opportunities and events. First, decide what you need to have ready to make the most of an opportunity. Then work out what you need to do and by when to be properly prepared.

## Implementing/executing the advocacy plan

Table 18 presents a practical step-by-step process to implement any advocacy plan. By following these steps, one can increase the chances of achieving one's advocacy objectives and making a positive difference.

**Table 18. Key pointers to make your advocacy plan successful**

| How to begin working on the plan? | • **Read to understand the scope for the advocacy activity**: its objectives, strategies, and expected outcomes. This ensures clarity and alignment of all team efforts with the overarching goals of the advocacy effort. **Gather evidence.** <br>   • **Listen actively**: Actively listen to feedback from your team members and other key stakeholders regarding the proposed plan. Their perspectives and insights can provide valuable input for refining and enhancing the effectiveness of the advocacy strategies. <br>   • **Discuss**: Foster open discussions with your team members and stakeholders to explore different viewpoints, identify potential challenges, and brainstorm innovative solutions for a more comprehensive and robust advocacy plan. <br>   • **Observe**: The current landscape and dynamics relevant to the advocacy issue and tailor plan to effectively address changes in the environment |
|---|---|
| How to ensure implementation of the plan? | • **Facilitate Regular Meetings**: Schedule frequent meetings with relevant stakeholders to discuss progress, address challenges, and make necessary adjustments to the implementation strategy. Regular communication fosters accountability and keeps all parties informed and engaged in the advocacy efforts. **Mobilize resources.** <br>   • **Teamwork**: Encourage teamwork and collaboration among team members to leverage diverse skills, perspectives, and resources. Establish clear roles and responsibilities, promote open communication, and foster a supportive environment that empowers team members to contribute effectively to the plan's implementation. <br>   • **Recruit and Provide Training to New Team members**: Provide comprehensive training and orientation to new members to ensure they understand the goals, strategies, and expectations of the advocacy plan. Investing in capacity building strengthens the team's effectiveness and sustainability. <br>   • **Exhibit Positive Leadership**: Inspire and motivate team members to stay committed to the advocacy plan's objectives, overcome obstacles, and maintain enthusiasm throughout the implementation process. Effective leadership sets the tone for success and fosters a culture of excellence and innovation. <br>   • **Ensure Adequate Logistics and Support**: Provide necessary logistical support and resources to facilitate smooth implementation of the plan. This includes access to technology, funding, administrative support, and other essential resources required to execute advocacy activities effectively. |
| How to know if the change has happened? | • **Evaluate Plan Effectiveness:** Assess the performance of the advocacy plan by monitoring key metrics, indicators, and outcomes. Analyze data and feedback to gauge the extent to which the plan has achieved its intended objectives and contributed to desired changes in the targeted areas. **Monitor and Evaluate.** <br>   • **Identify Successful Elements of the plan:** Determine which strategies, tactics, or interventions have yielded the desired results and should be retained or further emphasized in future advocacy efforts. <br>   • **Review and Adapt:** Reflect on areas where the plan may not have produced the desired outcomes or encountered unexpected challenges. Evaluate the reasons behind these outcomes and consider adjustments or modifications to the plan to enhance its effectiveness in addressing identified issues or achieving specific goals. |

**Remember:** Adequate planning is the key to successful advocacy!

## Exercise 8.1

Instructions: You will now put together all the pieces of work you have done as a group and put them into one implementation plan using Tool #8.

1. Use your map of the policy process to identify and list what you intend to do at each stage of the policymaking process and the timelines for this.

2. Revisit your list of advocacy opportunities and consider how these opportunities affect your timeline.

3. Using your analysis of targets and influencers, decide on the most effective approach and tactics for each target, and what activities you will undertake and when. Using your analysis of messages for different audiences, think of the most effective way to deliver your message to each audience, what you will do to deliver the message, and the timeline for this.

4. Use Tool #9 to list out the activities planned at each stage, when they will happen, and who is responsible for the implementation of these activities.

## CROSS-CUTTING THEMES IN ADVOCACY PLANNING

**Cross-cutting theme A: Gather evidence for advocacy**

Gathering data and evidence supports all the stages of the advocacy process. Data and evidence must be gathered continually throughout the process, not only to identify the problem and select the issue and develop objectives, but also to craft messages, expand support, and monitor and evaluate progress. Efforts should be made to always validate the collected evidence by collecting the same evidence from more than one source. For example, on the issue of lack of adequate medical officers in a municipality, evidence can be collected from community members, from interviews with the Director of Health Services at the municipality offices, and also from a review of records of the health staff available in the municipality. One should also note that occasionally an emerging or unexplored issue may not have enough evidence. In such cases, it is important to have formal and/or informal discussion with the community, relevant stakeholders, and policymakers and make detailed observations to give the issue enough ground to pursue it for advocacy. However, as a rule, it is always good to prioritize formal evidence, as in journal articles, formal reports (both academic and programmatic), and books, etc., over personal observations/informal information because the former has wider acceptance and credibility.

Tool #A1 has the questions to be asked from participants to establish evidence about the services available at a heath facility.

Tool #A2 can be used for mapping out evidence needs and gaps when planning for advocacy.

Asking the following questions while gathering data and evidence when considering potential issues for advocacy may be useful and a good point to start. The following questions are often central to gathering evidence:

**Is there enough evidence to support advocacy?**

- Is the issue rooted in one's experience or other relevant stakeholder's experience? Does one have enough experience/information?
- What is the nature of the evidence? Is it reliable?
- Is more research needed to provide more evidence?

**Has anyone (stakeholders) carried out credible research to:**

- Identify problems, their nature and scale, and different perspectives on the problem?
- Communicate the issue in a way that will influence key decision-makers?
- Establish a baseline to demonstrate effectiveness of the interventions?

**If there is a /are program(s) or intervention(s) addressing the issue under consideration, has it/have they been evaluated to:**

- Identify potential solutions to the problems identified, demonstrating their costs and effectiveness?

- Analyze lessons from program experience that are relevant to key decision-makers?

## Checklist on gathering data/evidence

- Data must be rigorous and of high quality (check with peer group/professional institution where relevant).
- Findings and conclusions must be agreed on by key stakeholders (e.g., were carried out with different partners).

Should be different from or validating the current assumptions.

- Implication for action should be clear.
- Evidence should be relevant to its audience.
- It should be timely.
- Findings should be clearly expressed and well-promoted.
- In the case of interviews, the interviewees should speak from their own experience.
- Any research to gather evidence should also consider interacting with policymakers to ensure that the evidence is relevant to the context.

*Note: Research and evidence on its own do not persuade. It is what is done with them that matters!*

## Cross-cutting theme B: Mobilize resources for advocacy

Advocacy requires considerable resources in terms of time, money, and materials. The ability to mobilize resources is a valuable skill for people involved in advocacy. Access to funding expands your options and gives advocates the freedom to try more new and creative activities than would be possible with limited funds. However, there may be situations when it is impossible to raise sufficient funds; this does not mean that you should give up: you can carry out a successful campaign with modest financial means if there is leadership, commitment, and energy of staff and allies.

Fundraisers understand the importance of setting realistic goals based on the particular setting and advocacy issues. They know how to target potential contributors and develop persuasive appeals to reach them. They devise innovative strategies to raise money: right from seeking small grants from bilateral development organizations to targeting private sector concerns within their own communities. Fundraisers also know how to leverage contributions from one source to gain additional resources from another, thus paving the way for future advocacy activities.

When estimating/planning resources for your advocacy activity, a number of needs must be accounted for.

## Sample budget heads to consider

### Core costs

- Team's functioning costs, including travel and subsistence, conference calls, volunteer expenses, staff recruitment, staff and team development, and capacity building.
- Advocacy and campaigning costs, including introductory campaign information, campaign materials, and events.
- Networking with government at national and regional level (if relevant), attending conferences, policymakers' and donors' trips, events and information for policymakers, and representational expenses.
- Generic coalition costs, such as membership of selected networks and coalitions
- Staffing costs, including full-time salary or person-hours

### Resources for specific advocacy strategies

Depending on your detailed advocacy plan, your budget heads may also include:

- Co-ordination and planning

- Co-ordinating your own activities and working with other organizations
- Co-ordinating the work with the program budget
- Monitoring the implementation of the plan and evaluation
- Research and materials
- Organizing and conducting research to support advocacy
- Writing, editing, publishing, and printing reports, flyers, posters, etc.
- Producing, editing, publishing photographs, video, etc.
- Advocacy activities (depending on action plan)
- Lobbying, media, public/mass communications
- Working with communities
- Working with coalitions/support for platforms
- Working with the private sector
- Expenses for volunteers, including travel, communication
- Internet-based advocacy

## Key issues around raising money for advocacy

### Raising money

The most effective way of raising money is to present supporters with a simple and compelling reason for them to give (known by professionals as a 'response driver'). You need to present: a clear, tangible, and compelling need; a clear solution—what we are doing to meet that need; and how this will produce a direct and demonstrable impact on the health of communities.

### Legal issues

Look at laws that govern the giving and receiving of donations and grants from national and international individuals and institutions for Timor-Leste. Knowing how to navigate this area is critical. Unintentional violations of rules and regulations can be used to cripple your advocacy efforts. It may be worth paying for professional assistance to avoid difficulties later. You will need to find out the relevant laws in your country. The questions below can help you to get more information about the legal ways of mobilizing resources for advocacy in your context.

1. What laws govern the seeking and receiving of funds in your country?

2. Are there any (legal/ethical) restrictions related to the use of money that has been donated for advocacy and policy change goals?

3. Are there any technical restrictions? Though not legally binding, they must be considered as they may reveal contradictions in accepting funds from a particular donor.

4. Is there a maximum amount that individuals and organizations can contribute for advocacy and policy change goals?

5. What are the requirements for reporting donated income?

### Donor preferences

Donor funding will depend on the normal procedures for submitting proposals and reporting on outcomes. Clear objectives and milestones are essential for successful proposal writing.

Some individual trusts and donors are happy to fund advocacy work. Many institutional donors are reluctant to fund advocacy activities alone but are more likely to fund advocacy as part of an integrated program where they can see that it will widen the program's impact. A great deal of advocacy work can legitimately be described as education of the constituency, membership, civil society, media, and public officials.

## Cross-cutting theme C: Monitor and evaluate

Advocacy and unpredictability go together. Therefore, it is important to remain prepared to handle unexpected situations. Regular and organized monitoring helps recognize a threat (unexpected situation) at the earliest and inform activities so that the set objectives can be achieved. Monitoring helps to keep track of day-to-day activities and makes sure the advocacy effort is producing changes that will help in achieving the objectives. It also helps in identifying successes and providing support to one another when a setback occurs. Table 19 presents a list of terms commonly used when conducting monitoring.

**Table 19. Glossary of the key terms in monitoring**

| | |
|---|---|
| **Activities** | An 'activity; refers to what is actually being done, which includes input and process.<br>*Example: The program will hold focused dissemination and training sessions to provide evidence to policymakers.* |
| **Outputs** | 'Outputs' refer to the direct results of a program's contribution, or the tangible products delivered on completion of program activities. To measure outputs, the implementation of activities needs to be looked at to identify how much work has been done and what effort was put in.<br>*Example: A number of focused dissemination sessions/training sessions have been conducted by the advocacy program to provide policymakers information and evidence.* |
| **Outcomes** | 'Outcomes' are the immediate and observable changes in relation to advocacy objectives, brought about as a direct result of the activities. To measure outcomes, the immediate effect the advocacy has had on the initial situation needs to be looked at. What has happened as a result of the effort? What has changed?<br>*Example: A significant percentage of the policymakers who were given evidence/information and training have initiated policy work in favor of the objective(s) of the advocacy program.* |
| **Impact** | 'Impact' refers to the long-term and sustainable changes that affect people's lives. Impact can be related to either the specific objectives of the intervention or to unanticipated changes (such as, affecting the lives of people the program had not intended to). Impact can be either positive or negative; both are equally important. To measure impact, the longer-term change brought about as a result of the advocacy and the difference from the original situation need to be looked at.<br>*Example: After the new policy was endorsed, there has been improvement in the performance of health workers/people's access to health care.* |

### Practical ways of monitoring advocacy activities

The purpose of monitoring is to identify problems and issues as they arise and deal with them quickly. It also helps to assess the progress in reaching one's advocacy objective(s), respond quickly to changes in the external context, and revise plans accordingly. Documenting this process helps to evaluate the advocacy strategy. Some tips to consider when monitoring advocacy activities are listed below.

### Monitoring should be continuous

Monitoring through regular meetings and updates is a way of building and strengthening relationships with allies and team members and making sure that everyone shares the same essential information.

It is crucial to regularly assess progress in relation to long-term goals and objectives. This helps to ensure that the best possible decisions are being made and there is a clear path to move forward.

It is important to know when to consolidate partial successes and when to recognize that a particular tactic is not working.

Monitoring is helpful when:

- The information generated by the process is both useful and used.
- It supports empowerment and collective action.
- It is not too time-consuming.

### The usually monitored aspects of advocacy activities

- Planned actions and activities

- Changes that are hoped to be achieved as a result of advocacy actions (such as changes in people's lives, in their rights, and in power structures and relations)

- Empowerment of those affected and the alliances they are successfully building

- Any unintended consequences of the strategies and tactics used

- The overall context in which advocacy is being done and how it is changing

- Resources that have been invested: time, energy, money

## Tools to help track, document, and monitor advocacy activities

A monitoring framework will help to clarify who needs to learn what, and how one will feed the learning straight back into advocacy planning. One should develop a monitoring framework as the action plan is being developed and when it is known what activities will be done and who will lead them. The monitoring framework may need to be modified as the advocacy is being carried out and the plan develops. Key questions to answer in a monitoring framework:

- Who needs to know what?
- What do you need to learn about your advocacy?
- How will you find out what you need to know?
- When will the monitoring be carried out?
- Who will make it happen?

## Table 20. Monitoring framework for advocacy activities

| What to monitor | How to monitor | Frequency | Person responsible | What action will you take as a result |
|---|---|---|---|---|
| **Internal** | | | | |
| Progress toward advocacy objectives | • Regular meetings to assess progress towards milestones<br>• Periodic interviews with key informants | 3–6 per month | Coordinator | • Revise tactics if they are not working<br>• Revise action plan |
| How well is the organization working to:<br>• Initiate advocacy related activities<br>• Identify and tackle problems in teamwork and communication in relation to conducting advocacy activities | • Regular meetings to identify emerging issues | Monthly | Coordinator | • Revise individual workplans<br>• Revise ways of working together |
| **External** | | | | |
| What different advocacy activities are going on, what changes are being seen in the external context, what opportunities are coming up?<br>What has one learned about targets and influencers? | • Regular meetings<br>• Revised action plan<br>• Log of events<br>• Shared log of one-liners<br>• Documentation of meetings, etc. | Weekly | Coordinator | • Share and update new information about targets and opportunities<br>• Update messages<br>• Revise tactics and action plan |

| What to monitor | How to monitor | Frequency | Person responsible | What action will you take as a result |
|---|---|---|---|---|
| What issues are arising in working with others in coalitions or in capacity building with others? | • Regular meetings<br>• Documentation of coalition meetings | Weekly | Coordinator | • Revise tactics for working with others<br>• Update the list of alliances, who to work with and how |

## Template for documenting meetings

Use a simple Word Document format (see **Tool #C1**) to document meetings. Record information under the following headings: title of the meeting, place, date and time, who attended, objectives of the meeting, what happened in relation to these objectives, what happened in terms of targets' attitudes, general comments, and the follow-up action that was agreed upon.

## Record of activities and achievements

Use a simple format to keep a timetable and record all the activities relating to advocacy actions at the national and municipality level to share with the key players of the program. **Tool #C2** can be used both as a diary of anticipated events as well as a record of what has happened.

## Shared log of events and achievements

This is a very simple method for monitoring activities and events in relation to an advocacy program. Using **Tool #C3** through a shared drive, anyone involved in the advocacy effort can note activities, developments, or achievements as they unfold, and share information about key targets and influencers.

## Cross-cutting theme D: Assess the risks of advocacy

Engaging in advocacy sometimes involves risk. Throughout the advocacy cycle, one must consider the impact our action will have on all the stakeholders to make sure they are not exposed to any unnecessary risk, or that our work does not result in more harm than good for the persons and/or institutions engaged in the advocacy and the intended beneficiaries of our advocacy work.

## Sources of potential risks in advocacy

Choice of tactics, especially campaigning tactics involving the public (actions, events), may cause:

- Damage to reputation
- Damage to relationships (with stakeholders, partners, and/or government)
- Undermining of the organization's legitimacy
- Physical harm/injury
- Financial loss arising from the above (litigation, insurance)

Working in coalitions/partnerships may entail:

- Loss of distinctive identity
- Loss of quality control
- High-risk partners (e.g., corporates or government-operated NGO or agency)
- Party/political affiliations

Decision to speak out/not speak out on sensitive/politicized issues may damage:

- Reputation/credibility
- Ability to function in the country
- Relationships (with stakeholders, partners, government, etc.)

- Cause physical risk to individuals (women, partners, children, people with disabilities, people identifying as LGBTQI, etc.) and may include backlash from/toward their community (if there is discrimination) or from political leaders

**Note**: *This list is not all; there may be other risks depending on the political and social context.*

## Checklist to consider for risk assessment

- Identify all possible risks arising from the proposed action (or lack of action).
- Assess the potential benefit of the proposed action.
- Identify who could be harmed.
- Assess the level of risk.
- Consider measures one can take to mitigate the risks.
- Assess the level of risk remaining after mitigating measures have been taken.
- Decide if the benefit outweighs the risk.

## Risk management matrix

The following framework gives some examples of risks and ways of mitigating them. Refer to Tool #D1 for the format of a risk assessment matrix.

**Table 21. Risk management matrix**

| Risk to | Nature of risk (for example) | Contingency plan |
|---|---|---|
| **Personnel and partners** | May be targeted or subject to violence as a result of speaking out | Put in place protection/security measures. |
| **Relationship with the government** | May be strained<br>May be broken off<br>May cause potential ally to lose face | Use lobbying and negotiation first.<br>Make sure targets know why one has taken an action.<br>Ensure your power analysis is accurate. |
| **Relationship with others, e.g., other NGOs, especially those conducting advocacy on issues facing women, people with disabilities, youth, etc., and professional bodies** | Cause allies to lose face if advocacy criticizes work of these other organizations.<br>Offend allies if research with others is published without consultation. | Ensure the evidence and the quality of research is sound.<br>Ensure allies know what one is doing and why and who are involved in developing the advocacy messages. |
| **Reputation of one's organization** | Professional reputation can suffer if research is not sound<br>Association with certain partners can damage relations with others<br>Legitimacy can be undermined if money is taken from certain sources | Ensure good quality research.<br>Check the reputation of allies and/or coalition members.<br>Scrutinize the sources of money. |

**Note**: *A matrix will never provide a clear-cut answer about risks. Good leadership and collaboration are essential to make the careful judgement required to balance all the relevant factors.*

# 6. MOVING FORWARD

**Objectives:**

Review the strengths and shortcomings of plans prepared in session 8.

Exercise 11

- Finalize your action plan and document it on a large flipchart.
- Review as a group the strengths and shortcomings of your advocacy plan.
- Review and set up realistic deadlines based on your internal review and, feedback received during the gallery walk.
- Prepare and share your final plan with the rest of the group.

# TOOLKIT

# Background

This toolkit was designed to support better internalization of the concepts presented in the participant's manual on advocacy. The learning will happen through group work on the scenarios included in the participant's manual. Once the workshop on advocacy is successfully completed, the participants can use this toolkit to design the various stages of the advocacy cycle to inform future policy decisions.

# Purpose and target audience

The toolkit aims to provide the participants of the advocacy workshop an opportunity to critically reflect on the various stages of the advocacy cycle.

# How to use this toolkit

This toolkit should be used in conjunction with the participant's manual that has been developed for the advocacy workshop. Each tool presented here is based on the scenarios included in the relevant sections of the participant's manual.

While the main method of using this toolkit is group work, careful facilitation of discussions will help the discussants engage more effectively with the tools.

# Tool #1: Analyze the situation

(Participant's manual - Stage 1)

**Table 22. Situation analysis template**

| Analysis of situation | Findings from analysis |
|---|---|
| **What health rights are not being realized by the members of the community**?<br>(This could be: access to services, quality of health services, or issues within the community that are contributing to poor health. Include perspectives from those representing the entire community.) | |
| **Who is most affected by the problem?**<br>(Based on the collected evidence, identify which members of the community, age group, gender, and/or locality are most affected by the problem.) | |
| **What is the magnitude of the problem?** (Collect and compare information about the magnitude/severity of problem relative to other issues. Consider the following questions:<br><br>• What is the number or proportion of people/villages/health facilities affected?<br>• What is the gap between the current state and the expected standard/best scenario in your context?<br>• How frequently does the problem occur, or what is the duration of the problem?) | |
| **What is the impact of the problem?**<br>(Describe the impact on people's health in terms of:<br><br>• Contributing to deaths<br>• Impact at the individual level<br>• Impact on the ability to achieve the community's or country's health goals) | |
| **What is the cause of the problem(s)?**<br>(List the immediate and root causes.) | |
| **Who are the actors responsible for preventing or addressing the problem? What are they currently doing or not doing?**<br>(Consider the following questions:<br><br>• What are the existing policy efforts/actions?<br>• What are the shortcomings/gaps in the current efforts/actions to address the problem?<br>• Is there a lack of a policy, or is it that the policy is badly implemented, or the existing policy is inadequate?) | |

| Analysis of situation | Findings from analysis |
|---|---|
| **What change is needed to address problem? What needs to be done differently?**<br>(Consider the following questions:<br>• What are the experiences of the other others who have successfully addressed the problem?<br>• What are the global recommendations and/or standards that the country has signed on?<br>• What does the research show as the best way to address the problem?<br>• What does the community say is needed to address the problem? ) | |
| **What are the benefits of adopting the proposed policy change?**<br>(What is the expected impact/effect of the change on the individual, family, community, and country level?) | |

# Tool #2: Draw a schematic problem tree

(Participant's manual - Stage 1, Exercise 1.2; Stage 3, Exercise 3.1)

The problem tree can be used to identify contextual solutions by reversing the negative statements that form the problem tree into a positive desirable condition

## A. Draw a problem tree to identify the causes and effects of a problem

### Key steps

Identify the central problem, for example, health care staff not trained on nutrition or lack of logistics at the health center, etc.

1.  Brainstorm to generate a list of the problem's causes and consequences. People often find it difficult to distinguish between a problem and its cause(s). One way to make this link is to keep asking 'why'.
2.  Identify the most direct cause of the problem. Then identify the factors that combine to lead to that cause. You should identify various levels of causes (e.g., proximal, intermediate, and distal). Do the same for the problem's effects/consequences.
3.  Arrange the causes and effects into a problem tree, with the causes depicted as the 'roots' and the effects as the 'branches'. Discuss the links between them. Some causal links will be clear and may go in one direction only, whereas others may be more complex.
    You will now have clarity about which causes can be addressed through direct work with the community/people and which can be addressed through advocacy.

**Figure 4. Schematic problem tree**
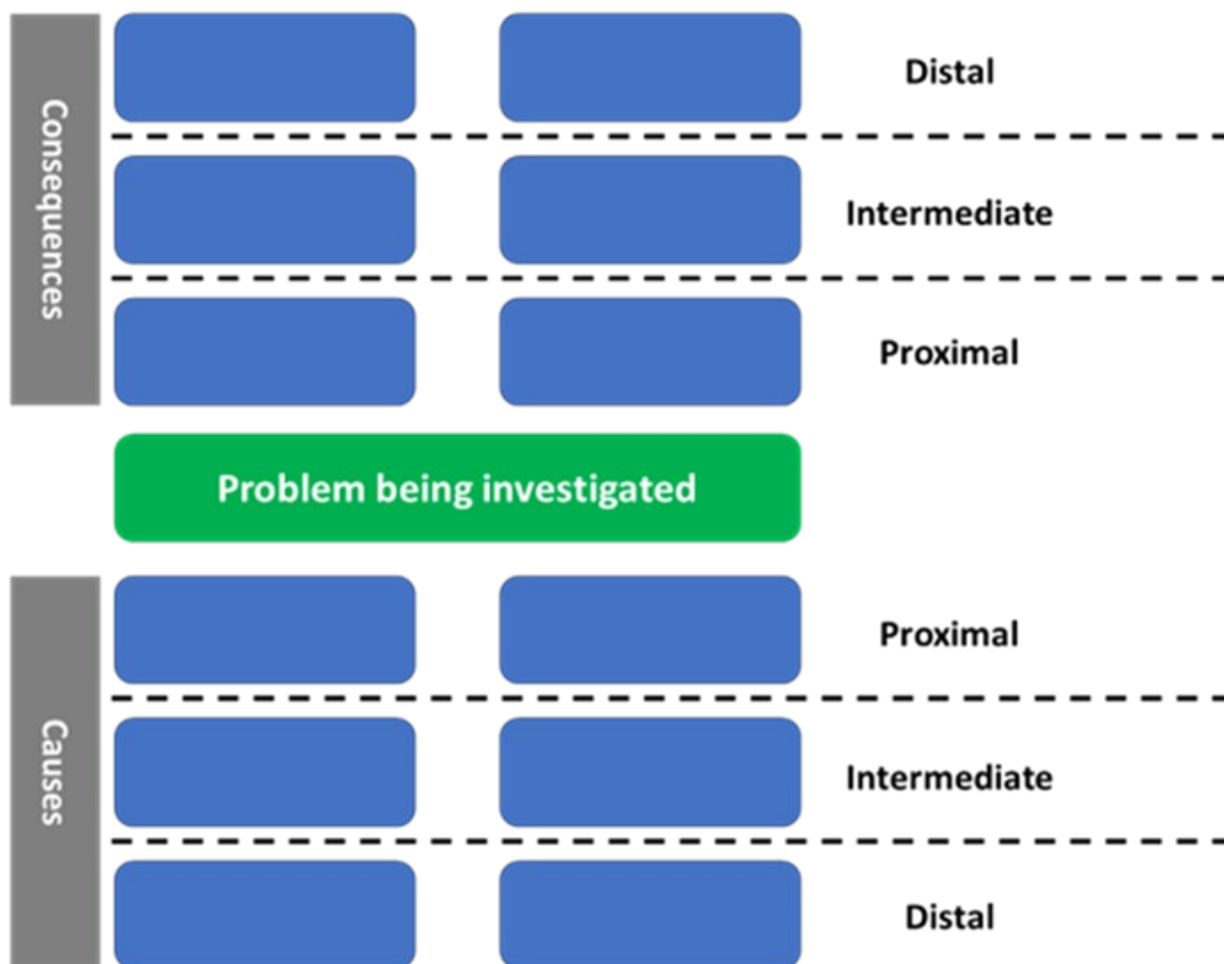


## B. Use the problem tree to help set your goals and objectives

Steps to turn the problem tree into a solution tree

1. In your solution tree graphic, rewrite the problem stated in your problem tree. Restate it as a goal at the center of the tree. This is done by reversing the negative statements that form the problem tree into positive desirable conditions. For example, if your problem was "lack of nutrition services at the health post", then your goal would be "availability of nutrition services at the health post".

2. Restate each of the causes (roots of your problem tree) as solutions, i.e., the actions needed to solve the problem and achieve the goal at the center of the solution tree. If one of your causes to the problem above (in point #1) was "lack of appropriate training of local health workers", then your solution would be to "advocate for optimum training of local health workers". The restated solutions will now form your objectives. Note, however, that not all objectives may be relevant to your issue.

3. Restate each of the consequences as results or outcomes. For example, if one of the consequences in your problem tree was "high levels of child wasting in the municipality", the effect will be restated as "reduced levels of child wasting in the municipality."

# Tool #3: Select an issue for advocacy

(Participant's manual - Stage 2, Exercise 2.1)

Use this tool to select an issue(s) to address with advocacy from among all the problems/issues identified by analyzing the situation. Review each of the identified issues using the questions given in Table 23. Ideally you should do this exercise as a team of at least two people, but it can also be done individually. For each question, discuss and agree on a response that best reflects the situation on the ground. Select the issue that meets most of the criteria. If only one issue is being reviewed, select the issue for advocacy if it meets at least 80 percent of the criteria.

**Table 23. Advocacy issue identification template**

| Issue/problem area | Comment | Does it meet the criteria? (Yes/No) |
|---|---|---|
| Is the issue relevant to the national health sector strategic plan 2020–2030? | | |
| Is it relevant to your program's area of work? | | |
| Is documentation and research available about the issue? (Do you have evidence from your direct intervention work? Who is affected, what is the magnitude of the problem, what are its causes?) | | |
| Do you have a recommendation for addressing the change? (E.g., new or alternative way of doing things) | | |
| Is there a chance for success? | | |
| Is the proposed solution important to people and are the majority of the people likely to support it? | | |
| Will it benefit social and/or vulnerable groups/and who are these groups? | | |
| What are the potential benefits to the people and/or to your program? Do these benefits outweigh the risks of addressing the issue with advocacy? | | |
| Can you build strategic alliances with national and international stakeholders around this issue? | | |
| Do strategic opportunities/entry points exist for influencing policy and stakeholders? | | |
| Do you have adequate resources and staff? | | |

**Note:**

A. *Remember this is not an exhaustive checklist. Some may be applicable/relevant to the issue/context, while others may not be relevant.*
B. *The answers to these questions can help understand the priority of the issue based on its relevance to one's/organizational aim, its importance to the community, capacity to carry out related activities, etc.*

# Tool #4: Analyze the policy-/decision-making process

(Participant's manual - Stage 4)

Analyze the policy-/decision-making process using the questions given in Table 24.

**Table 24. Policy-/decision-making process analysis template**

| | |
|---|---|
| Which organization/institution or policymaking body will make the decision you are trying to influence? | |
| What is the formal decision-making process for this institution? What are the steps in this formal process? When will each step take place? (These may not be exactly the same as the five stages of policymaking described in the participant's manual). | |

| | |
|---|---|
| Draw this as a diagram. See Figure 5.<br><br>**Figure 5. Policy/Agenda network diagram**<br><br> | |
| What are the informal workings or behind-the-scenes actions in the decision-making process?<br>*Mark these on your diagram in another color.* | |
| Who is/are the key decision-makers at each stage? (*Focus on individuals.*)<br>Who really has the power to make the final decisions that will bring about change?<br>(*Write the names of those with power on stickers and put these on the diagram at the stage at which they have the most power. Use colors to show what kind of power (formal or hidden) each person has. Indicate where invisible norms and attitudes have the most influence. You can also use different colors to show what people have power at the different levels of decision-making, for example, implementing the policy at the national or local level.*) | |
| Which stages in the process can you influence? How can you influence these stages?<br>*(Highlight the stages in the process where you can intervene.*<br><u>*Remember, you need to mobilize support from allies, the public and or influencers at each decision-making stage. It involves finding ways to overcome opposition or even inertia.)*</u> | |
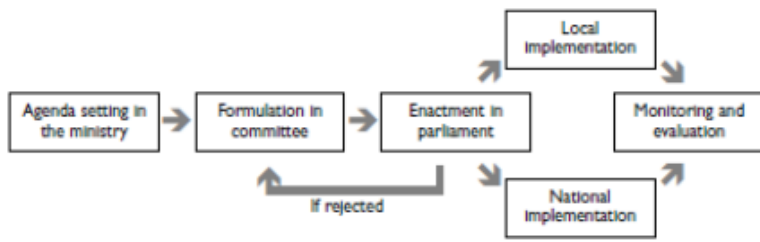
**Table 25. Summary of the decision-making process and how you will influence at each stage.**

| Decision-making stage | Decision-makers and the influencers involved | Step in the formal decision-making process | Approximate date of decision-making | How you can influence the process at this stage |
|---|---|---|---|---|
| **Agenda setting** | | | | |
| **Formulation and enactment** | | | | |
| **Implementation and enforcement** | | | | |
| **Monitoring and evaluation** | | | | |

# Tool #5: Identify targets and influencers

(Participant's manual - Stage 5)

This tool will help you map all the relevant stakeholders and the links, power dynamics, and relationships between them. Start with your targets and then include other influencers/stakeholders (both allies and opponents).

1. On a flipchart draw two axes (see Figure 6), showing the key persons supporting/opposing the change you seek and their power.
2. As a group, brainstorm the possible key targets for your advocacy effort. Write each target's name on a post-it note or card. (This should be done for each change objective.)
3. Now place your targets on the axis according to your perception of their support or opposition to your advocacy objectives and their power to make a change.
4. Those with the most power are your main targets and should be prioritized.

5. The hardest targets to influence will be those who have the most power but oppose the change.
6. Now, do the same exercise (using different color pens) to identify the possible influencers/allies. (Include those who support your advocacy objectives as well as those who oppose it.)

**Figure 6. Target and influencer map**
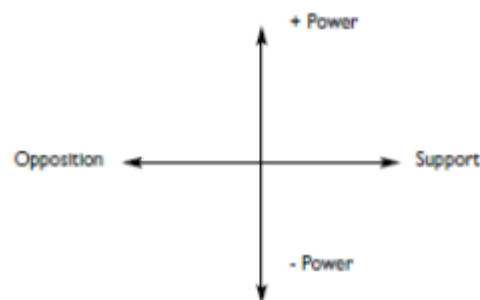


## Summary of Targets and Influencers

**Table 26. Summary template of targets and influencers**

| Target (Who are the main decision-makers? Focus on individuals, not organizations.) | Influencers (Who can influence the decision-makers and what is the likely form of their influence?) | Power of target (What is the target person(s) ability to bring about change? Is it high, medium, or low?) | Will of Target (Do they have a desire to make the change happen? Is it strong/medium/weak?) | Interest of the target (In relation to the advocacy and what you want them to do to bring about the change) |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Tool #6: Develop advocacy messages

(Participant's manual - Stage 6)

Develop the required messages for your advocacy effort by addressing the elements listed in Table 27.

**Table 27. Advocacy messaging drafting template**

| Target Audience: | |
|---|---|
| **Message Content** | |
| **Statement** (Central idea of the message; may contain a brief summary of the problem, the identified solution, and why change is important) |  |
| **Evidence** (To support the statement; may be facts and figures) |  |
| **Example** (Often a human story/face is added to support the problem statement) |  |
| **Action Desired** (Action you want your target audience to take) |  |
| **Message Delivery** (The channel/format most likely to reach and influence your audience) |  |

| Target Audience: | |
|---|---|
| **Message Content** | |
| **Messengers**<br>(*Who will the target audience respond to and find credible*) | |
| **Time and place for delivery** | |

# Tool #7: Build added strength: Selecting allies and partners

(Participant's manual - Stage 7)

Identify the likely allies and partners to support your advocacy effort.

**Table 28. Allies and partners brainstorming template**

| Ally/partner<br>(*The key (the top 1–3) individuals or coalitions you can work with to be more effective in achieving your goal.*) | Value of cooperation<br>(*What is the value/benefit of working with them?*) | Position on issue<br>(*What is their position on the advocacy issue? Is it the same as yours? Is it different, and if so how?*) | Your strategy for collaboration<br>(*What approach will you take to successfully collaborate with each ally/partner?*) |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

# Tool #8: Make a step-by-step plan for your advocacy actions

(Participant's manual - Stage 8)

Develop your action plan by addressing the elements listed in Table 29.

**Table 29. Draft advocacy plan template**

| Organization: | | | | Location: | | | |
|---|---|---|---|---|---|---|---|
| **Task** | **Person(s) responsible** | **Support required** | **Start date** | **End date** | **Status** | **List the event planned** | **Timeline** |
| | | | | | | | |
| | | | | | | | |

**Summary of the plan**

1. Use your map of the policy process (Tool #4) to identify different stages of the decision-making process and when they take place, as well as which targets are most important in the different stages. Use the map to list what you intend to do at each policymaking stage and the timelines for this.

2. Revisit your list of advocacy opportunities and consider how these opportunities affect your timeline.

3. Using your analysis of targets and influencers, decide on the most effective approach and tactics for each target, and what activities you will undertake and when.

4. Using your analysis of messages for different audiences, think of the most effective way to deliver your message to each audience, what you will do to deliver the message, and the timelines for doing this.

# Tool #9: Summary of the implementation plan for all the stages of advocacy

(Participant's manual - Stage 8)

**Table 30. Implementation plan summary template**

| What do we need to do? | | | By when do you plan to have this done | Who will do it? | What resources are needed? |
|---|---|---|---|---|---|
| **Advocacy stage** | **Output** | **Activities** | | | |
| *Analyze the situation* | | | | | |
| *Identify the advocacy issue* | | | | | |
| *Set the goal and objectives* | | | | | |
| *Analyze the policy-/decision-making process and power dynamics* | | | | | |
| *Identify the targets and influencers* | | | | | |
| *Develop advocacy messages* | | | | | |
| *Build added strength (allies and partners)* | | | | | |

# Tool For Cross-Cutting Themes

## Tool #A1: Collecting information on health services (Participant's manual - Cross-cutting theme A)

### REDE BA SAÚDE TIMOR-LESTE (REBAS-TL)
### TOOL FOR IDENTIFYING HEALTH ISSUES AT HEALTH POST

**Municipality:** _____

**Administrative Post:** _____

**Health Post:** _____

**Village:** _____

**Respondent:** _____

**Interviewer name:** _____

**Date:** _____


**Instructions:**

Please complete the questions listed in the questionnaire in Table 31. The additional information not covered by this questionnaire may be included in other sections. Inform the respondents that all their responses to these questions will be confidential and will be used for the general purpose of strengthening the health system in Timor-Leste.

### Table 31. Patient questionnaire

| QUESTIONS TO THE PATIENT |
|---|
| **General discussion** |
| What is your impression about the facilities at this Health Post?<br><br>- Overall cleanliness<br>• 1. Poor • 2. Fair • 3. Good • 4. Very good • 5. Excellent<br><br>- Patient amenities<br>A) Cleanliness of the toilet and bathrooms (e.g.: water availability, soap in toilets)<br>• 1. Poor • 2. Fair • 3. Good • 4. Very good • 5. Excellent<br><br>B) Facilities in the waiting area (e.g.: shade available, sitting area)<br>• 1. Poor • 2. Fair • 3. Good • 4. Very good • 5. Excellent |
| Any additional notes: |

| Human resources for health |
|---|
| When you came to the facility, were there health workers at the health facility to attend to you? Yes / No |
| 1.a. If yes, how long did you wait before you were attended to? • 1. Less than 15 minutes • 2. 16 to 30 mins • 3. 30 mins to 1 hour • 4. 1–2 hours • 5. more than 2 hours |
| 1.b. The waiting time was acceptable. • 1. Strongly disagree • 2. Disagree • 3. Neither agree or disagree • 4. Agree • 5. Strongly agree |
| 1.c. The health facility staff were friendly and welcoming. •1. Strongly disagree • 2. Disagree • 3. Neither agree or disagree • 4. Agree • 5. Strongly agree |
| 1.d. The health facility staff explained what he/she was doing during the consultation. •1. Strongly disagree • 2. Disagree • 3. Neither agree or disagree • 4. Agree • 5. Strongly agree |
| Any additional notes: |
| The health facility opens at the expected time in the morning. • 1. Never • 2. Almost never • 3. Occasionally/Sometimes • 4. Almost every time • 5. Every time |
| 2.b. There is always a health worker to attend to patients at this health facility. • 1. Never • 2. Almost never • 3. Occasionally/Sometimes • 4. Almost every time • 5. Every time |
| Explain: (Waiting time, availability to see you) |
| How satisfied were you with the health services provided by the medical professionals at this health facility? •1. Not at all satisfied • 2. Slightly satisfied • 3. Moderately satisfied • 4. Very satisfied • 5. Extremely satisfied |
| Any additional notes: |

| Medical products and equipment at the health posts |
|---|
| Did you receive all the medicines that were prescribed to you by the health worker? a) No, did not receive any medicine b) Received some medicines but not at all c) Received all medicines |
| Which medicines did you not receive? _____ |
| How often have you left this health facility without the medicines, vaccines, or tests you needed because of a stockout or short supply? •1. Never • 2. Almost never • 3. Occasionally/Sometimes • 4. Almost every time • 5. Every time |
| Any additional notes: |

| During your consultation with the health worker: |
|---|
| Was your body temperature measured? |
| 1. Yes 2. No |
| |
| Was your blood pressure measured? |
| 1. Yes 2. No |
| |
| If your response to any of the above two questions was "No", what was the reason? |
| No reason provided by health worker. 2. Equipment not available 3. Equipment not functional 4. Other (Specify) |
| Any additional notes: |

| Ambulance at the health post |
|---|
| It is easy for an ambulance from the municipality to access this health facility. |
| •1. Strongly disagree • 2. Disagree • 3. Neither agree or disagree • 4. Agree • 5. Strongly agree |
| 2. How often is an ambulance always made available to transport patients who need to access care at referral level care health facilities? |
| •1. Never • 2. Rarely • 3. Sometimes • 4. Often • 5. Always |
| Any additional notes: |

# Tool #A2: Mapping out evidence needs for advocacy

(Participant's manual - Cross-cutting theme A)

## Table 32. Advocacy needs mapping template

| Target audience for advocacy | Evidence needed for this target audience | Evidence available | Gaps to address | Who is responsible for taking forward? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

# Tool # C1: Format for documenting meetings

(Participant's manual - Cross-cutting theme C)

## Table 33. Format for documenting meetings template

| Template for reporting on meetings |
|---|
| **Name of organization:** |
| **Municipality:** |
| **Administrative post:** |
| **Date of activity:** |
| **Type of activity** (please select any of the following activity that relevant to your work): |
| □ Engagement with MOH activity □ Advocacy planned |
| □ Technical working group meeting □ Conduct Advocacy |
| □ Quarterly or Annual Review Meeting □ Monitoring of Advocacy |
| □ Health Sector coordination Meeting □ information exchange between MOH and CSO |
| Participants Nos. and Name: 15 (list attached as annex) |

| Template for reporting on meetings |
| --- |
| Key discussions |
| Action points/Next steps |

## Tool #C2: Record of activities and achievements

(Participant's manual - Cross-cutting theme C)

A simple format to keep a timetable and record of all activities relating to the advocacy actions at national and municipality level, and for key players in the project. It can be used both as a diary of anticipated events, and as a record of what has happened.

**Table 34. Record of activities and achievements template**

| Brief of the issue/Ref No.: | |
| --- | --- |
| **Details** | **Status** |
| Follow-up meeting date.<br>Click or tap to enter a date. | |
| Issue resolved (Y/N)<br>Choose an item. | |
| If Y – Verify and check if the issues are resolved and confirm.<br>Click or tap here to enter text. | |
| If N – Reasons/Current status | |
| Next follow-up meeting date<br>Click or tap to enter a date. | |

## Tool #C3: Shared log of events and achievements

(Participant's manual - Cross-cutting theme C)

**Table 35. Shared log of events and achievements template**

| Organization name | Issue identified | Issue submitted | Status of the issue |
| --- | --- | --- | --- |
| | | | |
| | | | |
| | | | |
| | | | |

## Tool #D1: Risk assessment matrix

(Participant's manual - Cross-cutting theme D)

**Table 36. Risk assessment matrix template**

| Example of risk | Level of risk (High/medium/low) | Potential benefit (High/medium/low) | Mitigating measures | Remaining risk (High/medium/low) |
| --- | --- | --- | --- | --- |
| **Organization** | | | | |
| | | | | |
| | | | | |
| **Individuals** | | | | |
| | | | | |
| | | | | |

# FACILITATOR MANUAL

# Introduction to the Facilitator Manual

## Background

Timor-Leste, like many other developing countries, faces several healthcare and policy related challenges. These include limited infrastructure and access to healthcare, lack of health human resources and related skill gap, lack of funds, considerable burden of both communicable and non-communicable disease and nutritional deficiencies and system related challenges including lack of functional health information systems. This has led to considerable sufferings for people facing/experiencing vulnerability and marginalized social groups such as mothers, newborn, children, poor (both rural and urban), people living with disabilities, people who are LGBTQI and in particular, people living in rural areas (especially those which are geographically difficult to access). Addressing these challenges requires a multi-faceted approach, including increased investment in healthcare infrastructure, workforce development, health financing, and public health initiatives. Collaboration with international partners, NGOs, and the private sector can also play a vital role in supporting Timor-Leste's healthcare system and improving health outcomes for its population. This requires considerable policy change through advocacy actions aimed at communities, policymakers, and other relevant stakeholders.

This manual has been developed to support capacity building of civil society organizations' (CSO) staff on advocacy through explaining various aspects/steps of advocacy to provide an in-depth understanding of advocacy planning and implementation for intended policy changes in health for participants from CSOs. It is critical that the organizers and facilitators make sure the CSOs participating in the training are representative of the population, including women, young people, people living with disabilities, etc., so that a variety of experiences, perspectives are included. If people with disabilities participate in the training, keep in mind any accommodation that may be necessary. The manual presents a suggested list of tools/equipment and instructions to conduct the sessions in a step-by-step fashion. Anyone with understanding and/or experience of conducting advocacy should be able to use this manual to train an audience that has no, or some understanding of advocacy and help them to plan advocacy actions to improve health in a context which require policy changes.

## Purpose and target audience

The purpose of this manual is to help conduct sessions to use techniques and tools of advocacy for health-related issues and related policy changes. This manual should be used by anyone with considerable understanding and experience of advocacy and related challenges as a facilitator. It should be helpful for:

- Conducting sessions on advocacy especially for health-related issues among various stakeholders of health.
- Keeping track of various sessions as they are being conducted.
- Using the participant manual in the correct way.

## How to use this manual

It should be used in the following ways:

- By the facilitators only.
- Follow the instructions for each session to present relevant sections of the participant's manual to the participants.

# Timor-Leste health systems, basics of advocacy, and how it can be applied to improve health

This module first begins with introducing Timor-Leste health systems, advocacy and how it is related to development and health. It then presents various stages of advocacy and gradually discusses various stages with relevant tools, techniques, and case studies (mostly using health-related scenario).

Expected duration: *1.5 days*

**Objective:**

- To provide participants with a theoretical understanding of advocacy that can be used to promote better health outcomes.
- To prepare participants for real-life application of advocacy by having them practice concepts through discussion and application of evidence-based, and problem-based exercises.

**Expectation:**

At the end of the sessions, the participants will be able to have a clear understanding of what advocacy is, how it can be planned, implemented, monitored including related risks of addressing various development challenges through policy changes.

**Table 37. Guided introduction to Timor-Leste health systems, basics of advocacy, and how it can be applied to improve health**

| Session | Instructions and techniques |
|---|---|
| 1. Introductory session | <ul><li>Welcome participants to training.</li><li>Ice breaker.</li><li>Conduct introductions for participants and facilitators.</li><li>Ask participants to share their expectations and record these on a flip chart.</li><li>Present workshop objectives and clarify what expectations will be covered by training.</li><li>Conduct Pretest</li></ul> |
| 2. Health System<br><br>Equipment/medium/tools:<br>- PowerPoint Slide and projector<br>- Copies of case study 1<br>- Worksheet for Exercise 1.1<br>- Optional – use word cloud | **Instructions**<br><br>Introduce session and overall training by sharing overall aim of undertaking advocacy in health.<br><br>Ask and discuss participants' understanding of a health system by asking each participant to share 2-3 words that represent their understanding of a health system. Write the words on a flip chart, if a word is mentioned by more than one participant keep circling it as many times as it has been mentioned. Discuss and summarize the participants understanding of a health system using the words shared.<br><br>Now present the WHO 's definition and expected functions of a health system. Draw similarities of key words in WHO definitions with keywords mentioned by the participants.<br><br>Ask participants at each of their tables to brainstorm and discuss what the health system looks like in Timor Leste. Ask participants to draw on a flipchart a graphic that represents their discussion of what the health system is like in Timor Leste<br><br>Ask one group to share their graphic, ask other participants groups "what would they add"? What would they remove from the graphic?<br><br>Present slides on the health system in Timor Leste, focusing on aspects left out by the participants, and highlighting key takeaways from the session.<br><br>Now ask participants to read through case study 1 and fill in worksheet 1<br><br>Have one group share their work and ask other groups to add<br><br>**Techniques**<br><br>Encourage participatory discussion in groups and the plenary, collect views/remarks from the participants, try to summarize the discussion before concluding the session. |

| Session | Instructions and techniques |
|---|---|
| | Be open to receive queries/comments in the middle and at the end of the presentation. |
| | Ensure two-way communication rather than one-way presentation. |
| **3.** Advocacy and its relation to health<br><br>Equipment/medium/tools:<br>- PowerPoint Slide and projector<br>- Notebook<br>- Pen/pencil | **Instructions**<br><br>Present and discuss the general understanding of advocacy and that advocacy is for bringing about positive change, and for these CSOs, their advocacy, especially as they focus on the health needs of women, people living with disabilities, youth, the LGBTQI+ community etc., is to improve everyone's health and related access. Stress on the key words (bold words in the slide).<br><br>Present and discuss the hallmarks of advocacy. Explain each hallmark in relation to the context, what value it can add and if possible, with example. Asking participants for relevant examples can be an effective way to ensure participation.<br><br>Present and discuss health advocacy as shown in the slide. Explain the hallmarks discussed before again but in relation to health advocacy.<br><br>**Techniques**<br><br>Encourage participatory discussion, collect views/remarks from the participants, try to summarize the discussion before concluding the session.<br><br>Be open to receiving queries/comments in the middle of the presentation.<br><br>Ensure two-way communication rather than one-way presentation. |
| **4.** Planning health advocacy<br><br>Equipment/medium/tools:<br>- PowerPoint Slide and projector<br>- Notebook<br>- Pen/pencil<br>- Printed copy of figure 1<br>- Case study 1 and 2 | **Instructions**<br><br>Present and discuss the stages of advocacy. Make sure to stress that advocacy starts from analysis of the situation (the first box) and then subsequent seven stages.<br><br>Provide an overview of the three crosscutting activities presented as circles in the middle of the cycle that are essential to conduct each stage.<br><br>Ask the participants to read case study 1 carefully and identify how the advocacy cycle was applied in this case study. Use Table 4 to summarize the learning on how the advocacy cycle was used in case study 1.<br><br>If time allows ask the participants to read case study 2 carefully and identify how the advocacy cycle was applied in this case study key words. Use Study Table 5 to summarize as the learning on how the advocacy cycle was used in case study 3<br><br>**Techniques**<br><br>Encourage participatory discussion, collect views/remarks from the participants, try to summarize the discussion before concluding the session.<br><br>Be open to receiving queries/comments in the middle of the presentation.<br><br>Ensure a two-way communication rather than one-way presentation. |
| **5.** Stages of advocacy planning<br><br>Stage 1 and 2: Analyze the situation and identify an issue for advocacy.<br><br>- Equipment/medium/tools:<br>- PowerPoint Slide and projector<br>- Notebook<br>- Pen/pencil<br>- Printed copy of exercise 1 and tool 1. | **Instructions**<br><br>Provide an overview of stage 1 of the advocacy cycle, and key questions to ask during this stage<br><br>Present and discuss a) Tool 1 for Analyzing the situation to determine and better understand the problem that will be addressed by the advocacy work.<br><br>Ask participants in groups to do exercise 5.1 - select and analyze a problem with health or health service provision using tool 1<br><br>Present the problem tree, the different parts of a problem tree and demonstrate how it can be used to identify the root causes of the problem. Share and discuss the key steps to draw a problem tree.<br><br>Present Figure 3 as an example to of how problem tree can help to identify root causes to a problem, and therefore potential issues for advocacy Give an overview of how to prioritize and select from the identified root causes of the problem, an issue for advocacy.<br><br>Demonstrate how to use tool 3 to prioritize and select an issue for advocacy.<br><br>Ask the participants to do exercise 5.2 - identifying root causes to problem identified in exercise 5,1 and exercise 5.3 on selecting an advocacy issue using tool 3 |

| Session | Instructions and techniques |
|---|---|
| | **Techniques** |
| | Encourage participatory discussion, collect views/remarks from the participants, make an attempt to summarize the discussion before concluding the session. |
| | Be open to receive queries/comments in the middle of the presentation. |
| | Ensure a two-way communication rather than one-way presentation. |
| | Hands-on exercise for critical analysis. |
| Stage 3: Set goals and objectives.<br><br>Equipment/medium/tools: PowerPoint Slide and projector, notebook, pen/pencil, printed copy of exercise 2 and tool 2. | **Instructions** |
| | Present and discuss the importance of Stage 3 Setting up objectives for advocacy. |
| | Explain what objectives are and how those can be made focused and goal oriented (SMART) with examples. |
| | Demonstrate how to develop a solution tree from a problem tree. |
| | Demonstrate how a solution tree can be used to identify a Goal and objectives for the issue selected for advocacy. |
| | Ask participants to work in their groups to develop a solution tree from the problem tree developed in previous sessions, and use the solution tree to develop an advocacy Goal and objectives for the issue they have selected (exercise 6.1) |
| | **Techniques** |
| | Encourage participatory discussion, collect views/remarks from the participants, try to summarize the discussion before concluding the session. |
| | Be open to receiving queries/comments in the middle of the presentation. |
| | Ensure a two-way communication rather than one-way presentation. |
| | Hands-on exercise for critical analysis. |
| Stage 4: Analyze policy and power.<br><br>Equipment/medium/tools: PowerPoint Slide and projector, flip charts and markers, a wall or board to hand group flipchart presentations | **Instructions** |
| | Present and use slides to describe Stage 4- Analyzing Policy and Power, why it is important, key elements of policy analysis, steps in the policy and decision-making process, the power dynamics and analysis of the hey holders of power in the context you are operating from. |
| | Now ask participants to do exercise 6.1 |
| | Ask the participants to pin up their work on the wall. |
| | Have a gallery walk to have participants peruse through and provide feedback to the different group presentations. |
| | At end of gallery walk ask participants works to share their general observations and areas that need further clarity from the exercise |
| | Address any issues that arise and summarize with key takeaways from the session. |
| | **Techniques** |
| | Hands-on exercise for critical analysis. |
| Stage 6 and 7: Develop advocacy messages and build added strength.<br><br>Equipment/medium/tools:<br>- Flipchart<br>- Marker<br>- Sticky note<br>- Notebook<br>- Pen/pencil<br>- Printed copy of tool 5.1 | **Instructions** |
| | Present and discuss slides on stage 6- Develop messages – describe process of message development, the characteristics of effective messages, and key questions to ask when developing messages. |
| | Share example using tool 6 |
| | Allow and address questions or requests for clarification on message development. |
| | Now introduce Stage 7. Use slides to present and discuss the importance of collaboration, the different types of collaboration that can happen when doing advocacy work, benefits and challenges of working in collaboration with other, key considerations in working with others for advocacy, and key questions to ask when identifying partners for collaboration in advocacy. |
| | Ask the participants to do Exercise 7.1 In groups formed earlier to identify and discuss potential allies and partners for their advocacy issue and determine tactics for collaborating with the different partners. |

| Session | Instructions and techniques |
|---------|------------------------------|
| | **Ask groups to use tool 7 to record their discussions Techniques**<br><br>Group discussion using flipchart and sticky notes |
| Stage 8: Develop and implement an action plan<br><br>Equipment/medium/tools:<br><br>- Flipchart<br>- Marker<br>- Sticky note<br>- Notebook<br>- Pen/pencil<br>- Printed copy of tool 5.1 | **Instructions**<br><br>Provide an overview of how to develop an action plan, and what should be included in the action plan<br><br>Describe steps that the participants will go through to develop their advocacy workplan<br><br>Present and discuss practical steps for implementation of an advocacy plan<br><br>The participants will now develop action plans for implementation of advocacy issues identified in session....<br><br>By now each group should have used the selected advocacy issue to go through stages 4 up to 7.<br><br>In their respective groups ask participants to do exercise 12.1 for developing an advocacy workplan<br><br>Ask groups to put their work on flip charts and pin it up for a gallery walk<br><br>**Techniques**<br><br>Group discussion using flipchart and sticky notes |
| Cross cutting theme (A): Gather Evidence for advocacy: what makes it good<br><br>Equipment/medium/tools:<br><br>- PowerPoint Slide and projector<br>- Notebook<br>- Pen/pencil | **Instructions**<br><br>Present and discuss the importance of using evidence for advocacy, key questions to ask when gathering evidence, and ways to gather evidence Share and discuss tools that can be used by participants to gather evidence<br><br>**Techniques**<br><br>Encourage participatory discussion, collect views/remarks from the participants, try to summarize the discussion before concluding the session.<br><br>Be open to receiving queries/comments in the middle of the presentation.<br><br>Ensure a two-way communication rather than one-way presentation. |
| Crosscutting theme B– Mobilize Resources for Advocacy<br><br>Equipment/medium/tools:<br>- PowerPoint Slide and projector<br>- Notebook<br>- Pen/pencil | **Instructions**<br><br>Present and discuss the importance of mobilizing resources. Discuss what fundraisers need to know and understand how to do<br><br>Share and discuss examples of what costs to include in budget proposals for advocacy<br><br>Discuss key issues around raising money for advocacy including response drivers, legal issues and donor preferences<br><br>**Techniques**<br><br>Encourage participatory discussion, collect views/remarks from the participants, try to summarize the discussion before concluding the session.<br><br>Be open to receiving queries/comments in the middle of the presentation.<br><br>Ensure a two-way communication rather than one-way presentation. |
| Crosscutting theme C: Monitor and Evaluate<br><br>Equipment/medium/tools:<br>- PowerPoint Slide and projector<br>- Notebook<br>- Pen/pencil | **Instructions**<br><br>Present and discuss the importance of monitoring. Discuss the key steps in monitoring as shown in Table 5.<br><br>Discuss various events that can be used to monitor advocacy.<br><br>Discuss various tools that can be used to monitor advocacy.<br><br>To ensure a systematic approach in monitoring, discuss Table 5 as the monitoring framework.<br><br>**Techniques**<br><br>Encourage participatory discussion, collect views/remarks from the participants, try to summarize the discussion before concluding the session. |

| Session | Instructions and techniques |
|---|---|
| | Be open to receiving queries/comments in the middle of the presentation. |
| | Ensure a two-way communication rather than one-way presentation. |
| Crosscutting theme D: Assess the risk(s) of advocacy<br><br>Equipment/medium/tools:<br>- PowerPoint Slide and projector<br>- Notebook<br>- Pen/pencil<br>- Printed copy of exercise 3 and tool 3. | **Instructions**<br><br>Present and discuss the importance of risk assessment and associated key points which may hinder advocacy activities and hence an assessment should be made.<br><br>Present tool D 1 and demonstrate in plenary to participants how to use the toolkit to conduct a risk assessment of conducting advocacy. Select and use as an example one of the issues selected by any of the groups for advocacy in the earlier sessions. During the demonstration, ask participants to contribute to identifying the risks, magnitude of risk, impact, and mitigation measures<br><br>**Techniques**<br><br>Encourage participatory discussion, collect views/remarks from the participants, try to summarize the discussion before concluding the session.<br><br>Be open to receiving queries/comments in the middle of the presentation.<br><br>Ensure a two-way communication rather than one-way presentation.<br><br>Hands-on exercise for critical analysis. |

## Moving forward

This module has been designed to critically analyze the advocacy plans made in module 2 into one considering research on advocacy issue and development of the content for policy engagement and integrate these plans into one integrated plan. To do this, participants will need to use techniques of strength, weaknesses, threats, and opportunity (SWOT) analysis using the supplied tool.

Expected duration: *0.5 days*.

**Objective:**

- Help the participants to identify the challenges and opportunities in implementing the plans that was prepared in module 2 and devise an integrated plan.
- Discuss with participants regarding lessons learned, provide feedback, and set up realistic deadlines to implement the advocacy plan.

**Expectation:**

At the end of the sessions, the participants will be able to devise an integrated and realistic plan to conduct advocacy for extending provision of healthcare, nutrition and water, sanitation, and hygiene (WASH) services in Timor-Leste.

**Table 38. Guided SWOT analysis to critically analyze the advocacy plans made in module 2**

| Session | Instructions and techniques |
|---|---|
| 1.13 Critical analysis of the group health advocacy plans<br><br>Equipment/medium/tools:<br>- Notebook<br>- Pen/pencil<br>- Printed copy of tool 8. | **Instructions**<br><br>Ask the participants to conduct a gallery walk to review the advocacy plans shared by each group<br><br>At each station, each group should have a person share what the group developed, and also take notes of feedback provided by other participants.<br><br>Participants should review and provide feedback to each of the workplans as they move around. As part of the review, ask participants to share<br>• What they like about the plan<br>• What they think the group should improve about their plan<br><br>**Techniques**<br><br>Group discussion, review, filling up tool. |
| 1.14 Lessons learned and way forward<br><br>Equipment/medium/tools:<br>- Flip chart<br>- Feedback sheet | **Instructions**<br><br>Review with participants the workshop objectives and participants' expectations. Find extent to which these have been met<br><br>Ask the participants to provide feedback on the content and conduction of the sessions and how the sessions can be improved.<br><br>Ask participants to use feedback provided in the gallery walk to up set up deadlines for each of the advocacy plan and identify responsible person to coordinate the progress. |

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## Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, $209 million project will strengthen local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.