



INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS

Advocacy for Eye Health: A Practical Guide



Part 1: The Advocacy & Campaigning Cycle

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Front cover
Advocacy meeting with the President of Liberia at the Presidential Mansion. 2006
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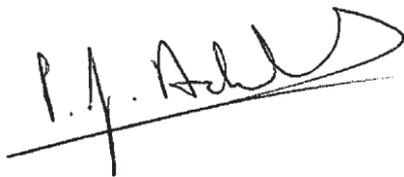
Foreword

Effective advocacy is critical to the success of international efforts to realise the objectives of VISION 2020: The Right to Sight. Only by securing the support of key actors, whether they are local health providers, national governments, or their development partners, can we hope to bring about the changes we seek: the universal strengthening of eye health services in a sustainable, and equitable, manner.

Advocacy is not a specialist art. All of us have the potential to become powerful advocates. But good advocacy requires clarity of purpose, thorough preparation, imagination, and the occasional spot of luck!

This guide aims to explain best practice advocacy techniques. It also offers tips on useful tools, and provides some real life examples of successful advocacy in practice. We have tried to make the guide sufficiently generic, and detailed, to cover the situations you may face. Of course, not all of it will necessarily apply to the particular advocacy challenge you confront. But I hope that you will find this learning resource a helpful aid to the design, and successful implementation, of your particular advocacy strategy.

The International Agency for the Prevention of Blindness (IAPB) is grateful to Ian Chandler of The Pressure Group Consultancy for the preparation of this guide. IAPB would also like to thank Sightsavers for their generous financial support for this guide.



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Chief Executive Officer, IAPB
August 2012

Right
Guinea-Bissau
Health Minister
visiting a
Sightsavers
Project in 2004

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Introduction

The eye-health programmes of IAPB members achieve some fantastic results, but they also face some major challenges. First is the scale of the problem – the numbers who are visually impaired dwarf the capacity of NGOs to provide services to all of them. The second challenge is sustainability – can NGOs continue to provide services that are funded largely through voluntary donations and overstretched aid budgets? Perhaps most importantly, people with visual impairments are not best served by eye-health programmes that are not integrated at all levels into their country's health systems. The answer for IAPB members is to undertake advocacy alongside their programmes in order to influence national governments to integrate and scale up their eye-health provision.

There have been many advocacy successes by IAPB members, but there are also many examples where much effort has been expended for little gain. This Advocacy Guide aims to help IAPB members and their partners to be more strategic in their advocacy, and ultimately more effective in achieving the changes that they want.

There is not one way to do advocacy – there are many different approaches. There is not even one way that is better than the others. Every advocacy issue is different. Every advocacy context is different. Every advocacy organisation is different. It follows that every advocacy campaign should also be different. What will work best in one situation may not be appropriate in another.

This book, therefore, does not attempt to provide a one-size-fits-all prescription for how to do advocacy. Instead, it offers an approach to planning advocacy that helps advocates to analyse their context and develop an appropriate and effective advocacy strategy. It will help advocates to recognise the assumptions that they have made and where they have choices of approach.

How to use this Guide

To be successful, advocacy organisations need to focus on strategy, not just activities, and invest appropriately in planning and capacity building. The planning process adopted needs to promote analytical thinking, encourage creativity, generate ownership and facilitate clear strategic decision-making. A systematic process that is transparent and participatory offers the best way to achieve this.

The first section of this guide sets out such a systematic process – the Advocacy and Campaigning Cycle – and describes each of the steps involved in planning an effective advocacy campaign. For each of the steps, some tools, models or frameworks are suggested. Detailed instructions for using some of these tools are given in the second section (the Advocacy & Campaigning Toolkit).

The Seven Deadly Sins of Advocacy & Campaigning

1. Unclear aims and objectives
2. Activity planning happening before (or without) developing an influencing strategy
3. Action plans that run to an internal timetable
4. Lack of innovation
5. Messages that don't get noticed and move people
6. Poor monitoring & evaluation
7. Failing to focus

References to tools explained in the Toolkit section are indicated as follows:

➤ Tool

Case studies are also given in shaded boxes. They are placed in the section where they are most relevant, although it should be remembered that the cases may also illustrate aspects to advocacy in other parts of the Guide. Grateful thanks are due to the authors of the case studies.

It is strongly recommended that you follow the phases and steps set out in this cycle. Whether you use the tools, or which tools you use, is a matter of choice. The tools will help you to develop a deeper and more coherent analysis and enable you to make better choices. They will also help you to develop and agree a shared analysis if you use them in a group, and so promote ownership and commitment.

It is usually better for a small group or core team to be responsible for the advocacy planning. An individual developing a plan would be in danger of making too many unrecognised and unjustified assumptions. Having a group working together makes it more likely that these assumptions will be recognised and then either justified or rejected. Although this core team would have responsibility for the planning, at certain points in the process they may also need to invite other internal or external stakeholders (including those affected by the issue) to participate in or to be consulted on the analysis and strategic choices.

What is Advocacy & Campaigning?

Advocacy is a planned process of influencing in order to achieve a specific outcome. Within a development context, it can involve representing the needs and interests of disadvantaged and marginalised groups to those with the power to make or influence a change. Different organisations and 'experts' have their own more specific definitions of advocacy that promote their particular approach or understanding, but whichever interpretation we prefer, it is important to recognise the diversity of advocacy approaches that can be used. Each has its merits but each is also dependent on its context.

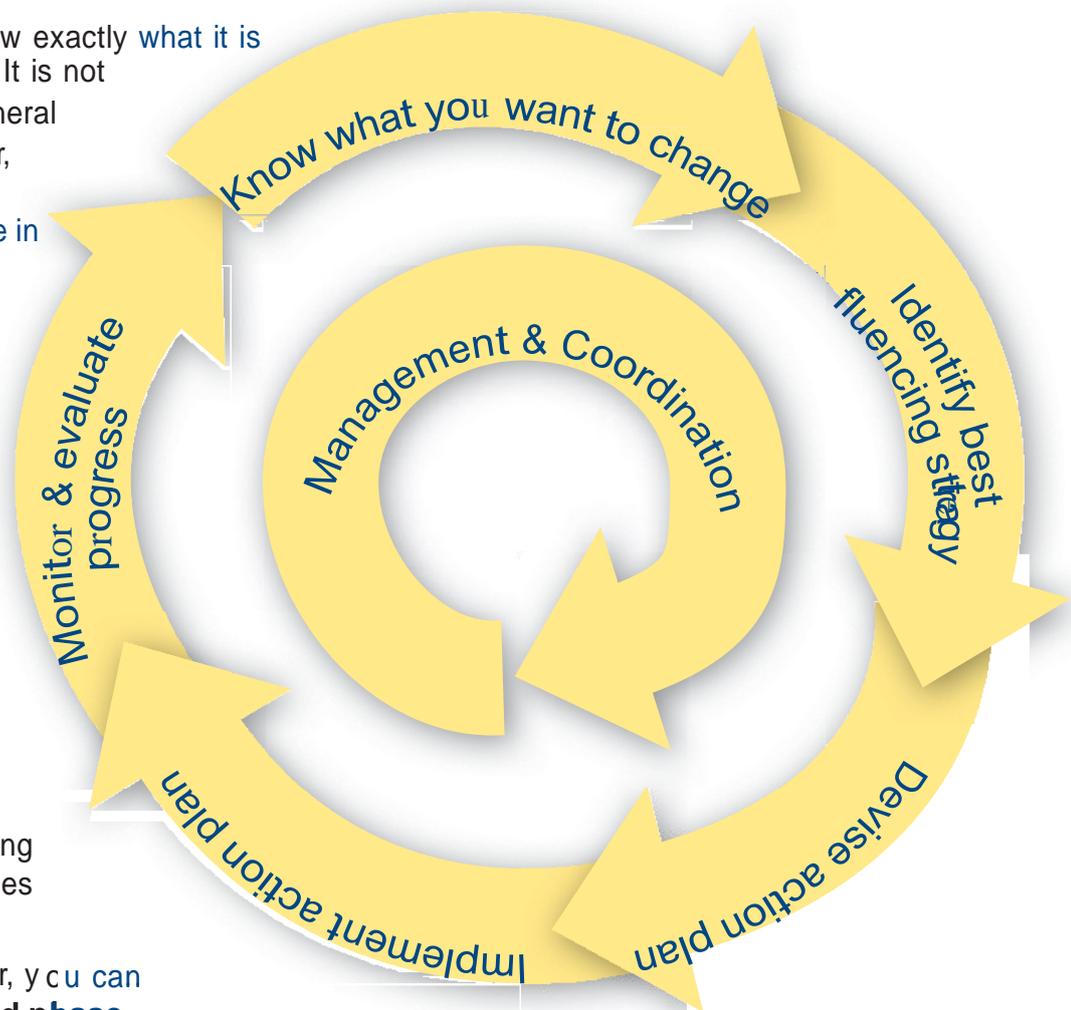
An advocacy **campaign** is a planned project over a given period of time in order to achieve some specific advocacy goals. **Campaigning** can therefore be seen as the process of doing advocacy. Campaigning does not necessarily involve engaging with the public – that is a strategic decision. Some campaigning can use a completely 'insider' approach, engaging solely with the decision makers and their immediate advisors. The process of engaging with the public to generate and/or mobilise support for your advocacy campaign can be called '**public campaigning**'.

Part 1:

The Advocacy & Campaigning Cycle

Every campaign you run, every advocacy project you adopt, should be different. They should be designed according to what you want to achieve and the context in which you are doing them. However, to be effective, every campaign or advocacy project should go through a certain sequence of phases as set out in the Advocacy & Campaigning Cycle (A&C).

1. The **first phase** is to know exactly **what it is** that you want to change. It is not enough to just have a general direction – you need clear, focussed and precise objectives. Until these are in place, there is little point wasting your time by proceeding with any further detailed planning. It doesn't matter whether you are spending months planning a major five year advocacy project or whether you have just an hour to develop a campaign in response to a sudden crisis, you still need to agree what you want to change first before thinking about influencing strategies and actions.



2. Once objectives are clear, you can then move to the **second phase** identify best influencing strategy. The temptation is to rush to designing campaigning actions – this must be resisted at all costs. You are not in a position to develop action plans until you know what your influencing strategy is: How are you going to influence the change you want? What levers of power are you going to use? Which audiences will you target? What messages will you use to bind your campaign together? You will need a separate but compatible influencing strategy for each objective, unless all your objectives relate to the same

decision maker.

3. With clear influencing strategies, you are now in a position to develop action plans – the **third phase**. Here you want to devise the most effective ways of engaging the target audiences that you identified in the influencing strategies. Action plans do not need to be specified in detail beyond the first period of the campaign. Although influencing strategies should stay constant until you achieve your objectives (unless your monitoring reveals that they are just not working, in which case a new strategy may be called for), actions plans should be continuously updated in the light of how your audiences are reacting and other changes in the campaigning environment.
4. Now you know what we want to change, the strategies you have chosen to influence that change, and the action plans you will adopt to fulfil those strategies, you can now enter the **fourth phase** – to implement your action plans.
5. As you implement your action plans (not afterwards), you should monitor and evaluate your progress (the **fifth phase**). As a result of this monitoring and evaluation, you can adapt your action plans and, if necessary, review your strategy until you achieve your objectives. Then you can look again at what you want to change and start the Advocacy & Campaigning Cycle all over again!
6. Making sure that the whole process runs smoothly, efficiently and effectively, there needs to be a clear process of management and coordination.

Each of the first three phases in the Cycle can be broken down into a number of **steps**. These steps suggest a useful pathway to help us navigate some of the choices that need to be made in planning an effective campaign. Whereas the sequence of the five phases of the A&C Cycle are fundamental and should be followed in all circumstances, the steps can be seen in a more flexible light. Although a sequence is implied, there may be some movement backwards and forwards as new information and analysis may prompt a re-think of earlier steps. The steps are set out in the following chapters.

For each step, there are a number of different **tools and frameworks** that may be useful in helping to analyse the situation and enabling us to make the best choice. The tools are entirely optional. Sometimes the answer to a particular step is so obvious that no tools are needed; on other occasions you may need help from one or more tools to help you make a more informed and strategic choice. Which tool you use is up to you. The chapters below suggest which tools may work best for each step in the planning process.

The tools themselves are listed in Part 2 of this guide. Each tool includes a brief overview, suggestions on where they are most appropriate, and a detailed description of what the tool is and how it should be used.

Phase 1:

Know what you want to change

In this phase, you need to agree what your aim and objectives are. But before we look at the process for developing them, we need to be clear what we mean by aims and objectives for advocacy and campaigning.

What are aims?

Although the way people use terms varies widely, it is generally the case that in any form of project planning, an aim is broader and longer term than an objective. In advocacy and campaigning, it pays to be more precise about the difference between an aim and an objective.

An **aim** should relate to the ultimate impact you are trying to achieve, the difference you are trying to make. It is why you are campaigning. Your aim is not to change a policy or increase a budget – it is to change people's lives or the world we live in. If you don't specify this in your aim, there is the danger that you get too focussed on the policy environment and lose touch with what you are trying to achieve, and subsequently fail to inspire and motivate those whose support you want.

All of your analysis and planning should be driven by your aim. In this way, you can help ensure that you achieve the positive change that you want. If instead you rush to policy solutions without defining a clear aim, there is a real danger of making a negative impact on the lives of people you had hoped to help.

What are objectives?

In order to achieve your aim, you focus your time and resources on some specific tangible changes that you want to influence. The changes can be expressed as your advocacy **objectives**. Objectives can be set at any level. They can be long or short term. They can be ambitious or easy to achieve. You can determine objectives for your whole advocacy campaign, objectives for each influencing strategy in your campaign, and objectives for each campaign action.

There are six types of objective that can be set in advocacy:

Advocacy targeted at an **institution**, such as a government department or a business, can have two types of objective:

- **Policy change** (including changes in legislation and regulation)
- **Practice change** (including implementation of policy)

In most cases, it is only the practice change that will directly contribute to achieving our aim. Policy change on its own does nothing unless it is put into practice. Therefore if you are serious about achieving actual change, about making an impact on people and the world you live in, your highest objective for institutions should always be defined as a practice change.

In many cases, it may be necessary for an institution to change its policy before it will change its practice. Therefore that policy change may be identified as an intermediate



objective. However, even if the institution does adopt the policy you want, or the desired

policy is already in place, the desired change in practice does not automatically follow. Often, the factors determining practice change are more complex than for policy change, with responsibility more dispersed. Practice change is therefore harder to achieve than policy change. This should not be an excuse for taking the (relatively) easy route and just focusing on changing policy.

Advocacy objectives for **individuals**, or groups of individuals, have four types:

- **Knowledge**
- **Skills**
- **Attitudes** (or beliefs)
- **Behaviour** (or actions)

Again, these objectives increase in difficulty, with knowledge being the easiest to change, and behaviour the hardest. However, in most cases **behaviour change is the most important, as that is what will have an impact on your aim**. Knowledge, skills and attitudes, if they are not expressed in actions or behaviours, will not change people's lives, will not change the world we live in. It doesn't matter that you know about cataracts if you don't go to the clinic to seek treatment. It doesn't matter that a government minister believes a policy should change, if s/he does nothing because the electorate doesn't support changing it. To be responsible campaigners, to be true to your aim and focussed on the impact you can achieve, you must set your primary objectives for individuals in terms of changing their behaviour or taking a particular action.

The temptation is to start with setting knowledge change objectives and hope that this leads to a particular change in attitudes, leading in turn to a particular behaviour change. This will not work. Knowledge on its own rarely leads to behaviour change. People's actions and general behaviour are driven by many different factors – some internal (such as their knowledge, skills and attitudes) and some external (including various pressures and constraints). Even the internal factors are not consistent – people have the ability to hold many contradictory attitudes simultaneously!

You have to identify what factors will promote or inhibit the desired behaviour change and develop your strategy accordingly. That may lead you to identify specific changes in their knowledge, skills and attitudes that will contribute to the behaviour change, and we can set these as contributing or secondary objectives.

Example advocacy objectives

- Ministry of Health adopts a strategy for improving access to primary eye health services in rural areas (policy change)
- District education department implements a programme of eye health screening for all school children (practice change)
- 80% of people over 60 years old living in rural areas are aware that cataracts are treatable (knowledge change)
- All primary health care workers are able to diagnose common eye diseases and treat or refer them as appropriate (skills change)
- Majority of Members of Parliament believe that improving the eye health of the population would bring significant social and economic benefits to the country (attitude change)
- 90% of target population participate in NTD vaccination and treatment programme (behaviour change)

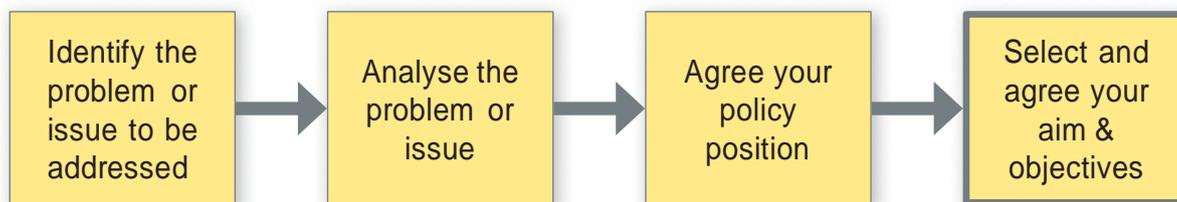
In summary, advocacy objectives relate to either:

Institutions	People
	Knowledge
	Skills
Policy	Attitudes
Practice	Behaviours

If your objectives do not fit into one of these categories, then they are not advocacy objectives. They may be progress indicators towards your aim, or they may be organisational objectives that sit alongside your advocacy objectives.

The steps to knowing what you want to change

The pathway that you need to take is set out in the following four steps:



Your starting point is to identify and agree what the problem is that you want to tackle through your campaign. Although this problem will be related to eye health, you may want to be more specific regarding what aspect of eye health you want to tackle. Once you have clearly defined the problem, you need to analyse it so that you fully understand it – its nature, extent, causes and effects. From this analysis you can agree what your position is on the problem – in other words, what you as a group or organisation officially believe about the problem and what you believe is the best way to solve the problem. This may include identifying a number of recommendations for actions that you would like other people and organisations to take. You can then select one or more of these recommendations to be the objectives for your advocacy or campaign.

Step 1.1: Identify the problem or issue to be addressed

How this happens will depend on what type of campaigning group or organisation you are in, but essentially it can be seen as a two-stage process:

1. Recognising potential problems and issues that could be addressed through advocacy and campaigning
2. Selecting the actual problem/issue that you will work on

Potential advocacy & campaign issues can be identified by (for example):

- Researching epidemiological data on eye health
- Asking service users (or other people affected by eye health issues) about the problems that they face

Example advocacy issues

- Rising prevalence of cataracts
- School-aged children not receiving treatment for refractive error
- Continued impact of NTDs on the vision of rural population
- People with VI unable to access eye care services

- Asking staff about issues that affect the services they provide
- Analysing monitoring data from your service programmes
- Researching/monitoring opportunities in the external policy and media environment
- Listening to views of staff, volunteers & supporters
- Finding out the priorities of current and potential funders

You could do this as a one-off activity when you are engaged in a process of organisational planning, or you may set up systems to do this on an on-going basis so that you can react to needs and opportunities as they arise. Be aware, though, that they won't happen unless you make them happen. If you don't have clear systems in place to gather and hear this information, then it is likely that the (non-strategic) views of staff will dominate.

Advocacy issues should, wherever possible, be expressed as a problem that is experienced by people or society as a whole. Not only does this make the situation easier to analyse, but it also establishes the reason for action to be taken. Issues can also be framed in terms of people's access to rights, as the example below from Cameroon illustrates.

Cameroon: the right to vote

The objective of the advocacy initiative: The national electoral body (ELECAM) to ensure that disabled people were able to fully participate in national Presidential elections.

Who were the target audience(s)? Who were the other key stakeholders? ELECAM was the primary target. But the campaign organisers were also careful to secure the support of other potential allies, such as the National Commission on Human Rights and Freedoms and the United Nations Centre for Human Rights and Democracy in Central Africa.

What was achieved in terms of outcomes?

1. An Action Plan was developed with ELECAM to promote inclusion of disabled people in the electoral process in 15 pilot areas.
2. ELECAM's regional and district staff were instructed to actively engage with Disabled Peoples Organisations (DPOs).
3. The media was used by both ELECAM and DPOs to encourage disabled peoples' participation in the elections, and to increase their awareness of their basic rights as equal citizens.

What were the key ingredients of success?

1. This was a "rights based" advocacy initiative which used the Cameroon Constitution, and Cameroon's signature of the UNCRPD, as levers to secure changes in attitudes, and practice.
2. The creation of an effective and inclusive stakeholder alliance added authority, legitimacy, credibility and technical expertise to the initiative (and compensated for the lack of local data on the number and distribution of disabled people).

Source: Making Elections Accessible to Disabled People in Cameroon, Insight Plus: Perspectives on Social Inclusion, Sightsavers International.

Step 1.2: Analyse the problem or issue

Once you have a clear definition of the problem agreed, you can analyse that problem so that you understand it better. You want to know how the problem affects people, what the causes are and, most importantly, what are all the changes that need to take place to resolve the problem. It is important to have an objective and holistic analysis of the problem so that your arguments are credible and you can identify the best solutions to promote rather than jumping to arbitrary or biased conclusions.

The basis for any analysis must be research.

Start with desk research to find out what is already available. Quantitative data (ie, facts & figures, statistics and trends) can often be found from your own government or from UN agencies such as the WHO or UNDP. Qualitative information (ie, descriptions, case studies and analysis) may be published by academic institutions or other NGOs. You should exercise caution as to the reliability and credibility of the information you find – information may be partial, biased or just badly gathered and presented.

Useful sources of information are listed in Part 3 of this guide, at the back of the toolkit.

You can then plan out what additional primary research (field research) you need to undertake to fill in the gaps and make the information relevant to your advocacy.

Participatory research and analysis (PRA) is a very valuable form of field research, whereby people affected by the problem are involved in the process rather than just being mere objects of research and sources of information.

Note that your research also needs to gather credible evidence to support your arguments with target audiences (see Phase 3). Therefore the methodology should be clear and robust.

There are a number of analysis tools to help you turn research data on complex problems into meaningful and objective information. Most of these can be used with affected groups (as a PRA methodology) or as a group process within your organisation:

- **Problem & Solution Trees**
- **Force-Field Analysis**
- **Fish-bone analysis**

Details of these tools can be found in Part 2 – the Toolkit.

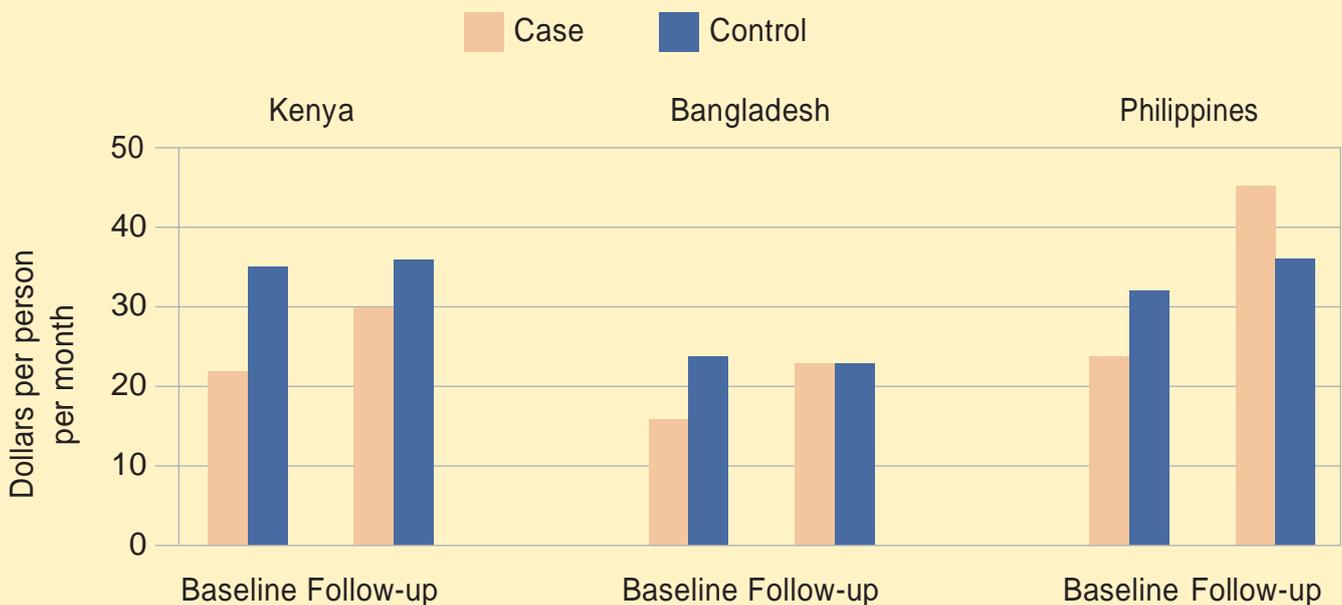
Use of evidence: reducing blindness reduces poverty

If we are to succeed in bringing about behavioural change leading to the adoption of the policies we want, we invariably need to provide compelling evidence to persuade decision makers why such change is both rational, and beneficial.

Many successful advocacy campaigns have been built around (a) the cost –effectiveness of eye care, and (b) the economic benefits of preventing, or treating, eye conditions – both at the household (micro) and the national (macro) level.

In 2008, researchers published the results of a study that explored the linkages between blindness and poverty. Specifically, it examined what impact successful cataract surgery had on the household income of those who underwent the operation. The study examined samples of people aged 50 years and over in Kenya, Bangladesh, and the Philippines. The study found:

- Before surgery, those with cataract were poorer, in terms of assets and wealth than “controls” who enjoyed normal vision;
- Following the surgery, the monthly disposable income of those who had the operation increased, compared to the baseline, in all three countries. In the Philippines, the household income of those who underwent the cataract operation actually exceeded that of those of the “controls” with normal vision (see graph below).



So this study provides powerful evidence to demonstrate the tangible economic benefits that can accrue from strengthening the provision of eye health.

In the design, and collection of evidence to support your case, be sure to measure **outcomes**, not outputs: an outcome measures the **impact** of a change in policy (in this case the change in household income) whereas an output tends to measure only the effort (in this case the number of cataract operations undertaken).

Source: Polack, S and Kuper, H, The Cataract Impact Study Summary Report, International Centre for Eye Health, London School of Hygiene and Tropical Medicine (2008).

Step 1.3: Agree your policy position

Even with the most thorough analysis, most complex problems can be interpreted in a number of ways – there is no exact answer. However, it would dilute your organisation’s advocacy focus and undermine your credibility if different spokespeople give these different interpretations to their audiences. Therefore, it is essential that the organisation adopts an agreed position relating to the advocacy issue, based on the analysis that you have already undertaken.

The best way to do this is to draft a short Position Paper setting out a clear and concise analysis of the issue, describing the problem and how it affects people, what the various causes of the problem are and what you recommend different actors should do to resolve the problem. This position paper can be put before the appropriate decision making process within your organisation for formal adoption. The decision makers need to ensure that new policy positions are coherent with other policies previously adopted by the organisation (or else those earlier positions will need revising) and that the organisation’s people are aware of the new position so that they can represent it to their audiences.

It will greatly ease the decision making process if the draft position paper is a maximum of one or two pages long. By keeping the document short, the author is forced to be clear and direct.

Joint position papers can also be negotiated with other organisations with whom you wish to form an advocacy alliance.

Step 1.4: Select and agree your aim and objectives

The recommendations that are set out in your agreed position paper are likely to be wide-ranging and apply to many different actors. Therefore, they will be too broad to be a useful set of advocacy objectives. To be effective, advocates need to mobilise their resources and efforts around a very focussed set of advocacy objectives. These objectives will be selected from your recommendations, with the selection being made on the basis of what is most strategically useful, taking into account the nature of the issue and the context for the advocacy.

- For example, it may be that there is one critical recommendation that has to be put into action before any of the others can be tackled. This might be called “**the key**”. Focussing your advocacy on this recommendation by taking it as your advocacy objective will increase the likelihood of your success. Once this objective is achieved, we can adopt new advocacy objectives from the other recommendations.
- If there is no natural sequence, our options are more open, you may choose to select what you think is the most important recommendation – the one that will make the biggest difference to the most people. This might be called the “**big hitter**”.
- On the other hand, you may feel that the “big hitter” is not achievable in the short term and that a quick win is needed to establish some benefits for the affected people or to build your credibility as advocates. In this case you may choose to select the recommendation that you feel is easiest to achieve with the resources that you have. This might be called the “**low hanging fruit**”.

- There may be a recommendation that has to be pressed for now before a window of opportunity is lost – a **“ripe fruit”**.
- For complex issues where you anticipate having to win support from audiences not currently involved in the issue, it may be appropriate to choose a recommendation that is the easiest to explain – the **“crystal”**. By having this as your advocacy focus, you may be better able to bring people on board. More complex recommendations can be introduced later once their support is assured.
- Some issues are going to need widespread and impassioned support from the public to help overcome resistance from decision makers. In these circumstances, it may be best to select as your advocacy objective the recommendation that can be expressed in the most emotive way – the **“heart puller”**.

Whichever criteria you adopt, it is important that you understand why you have chosen a particular recommendation to be your advocacy objective.

➤ **SMART Objectives**

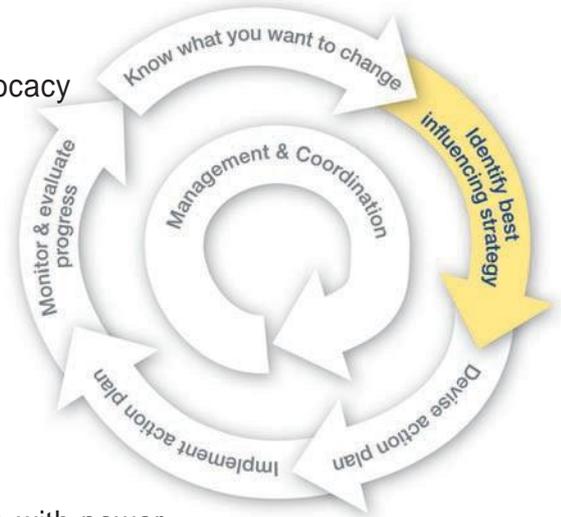
Your aim, recommendations and advocacy objectives need to be formally agreed and adopted before you can move onto the next stage of identifying the best influencing strategy.

Phase 2:

Identify the best influencing strategy

You have now selected your aim and objective(s). For each advocacy objective, you now need to determine which is the best influencing strategy to achieve that objective.

An **influencing strategy** sets out the overall approach you will take to influencing the decision making process for a particular objective. It usually has three elements: the target audiences that you will engage with, your influencing objectives for those audiences, and the key messages that you will use to engage them.



Advocacy is contested – people disagree with you (often people with power or influence). If they didn't disagree, there would be no need to engage in advocacy. It is very unlikely that the failure of the decision makers to take the action you want is due to them not being aware of or understanding the problem, even if their understanding is different to yours. They might agree with your aims but disagree on your objectives, or they may disagree on your aims too. There are many possible reasons for them having a different point of view, including:

- Different priorities
- Different values
- Different perspective or analysis
- Vested interests
- Pressure from other stakeholders

Therefore, for any contested advocacy objective, it is very unlikely that the decision maker(s) will be persuaded by your arguments and evidence alone. While it is likely that a clear argument supported by credible evidence will be a necessary foundation for your advocacy, you still need to identify the best strategy for influencing the decision maker(s) and achieving your objectives. This can include building and mobilising support for your objectives with:

- a selected group of influential stakeholders, and/or
- targeted segments of the public, and/or
- affected communities.

This can be either non-confrontational or confrontational with the decision makers, depending on your choice of strategy. If you are non-confrontational, build strong relationships with the decision makers and gain commitment from them in principle, you can move to a collaborative approach with them to formulating the new policy or practice in detail (see case study from India on page 18). However, in some instances a non-confrontational approach may not be able to build enough support to shift entrenched positions.

India: expanding eye care services

The objective of the advocacy initiative: India had an Eye Care National Plan in place since 1976. However it only addressed cataract and refractive error. As discussions developed around drawing up the new National Plan (2007-12), VISION 2020 India sought to persuade the Indian government to extend the range of eye care services to include other eye complaints such as glaucoma, diabetic retinopathy and childhood blindness.

Who were the target audience(s)? Who were the other key stakeholders? Political leaders and senior policy officials at the Ministry of Health were the key targets.

What was achieved in terms of outcomes? VISION 2020 India was able to participate in a government sponsored Taskforce to prepare the new 5-year Plan. This recommended a more comprehensive eye care programme, which addressed the emerging eye health challenges of the country. The government approved the Plan and increased budgetary resources for eye care. The Plan covers the diseases mentioned above, and involves the creation of 3000 vision centres, and the upgrading of 30 eye banks. Following this successful outcome, VISION 2020 India has now made advocacy a central part of its work.

What were the key ingredients of success?

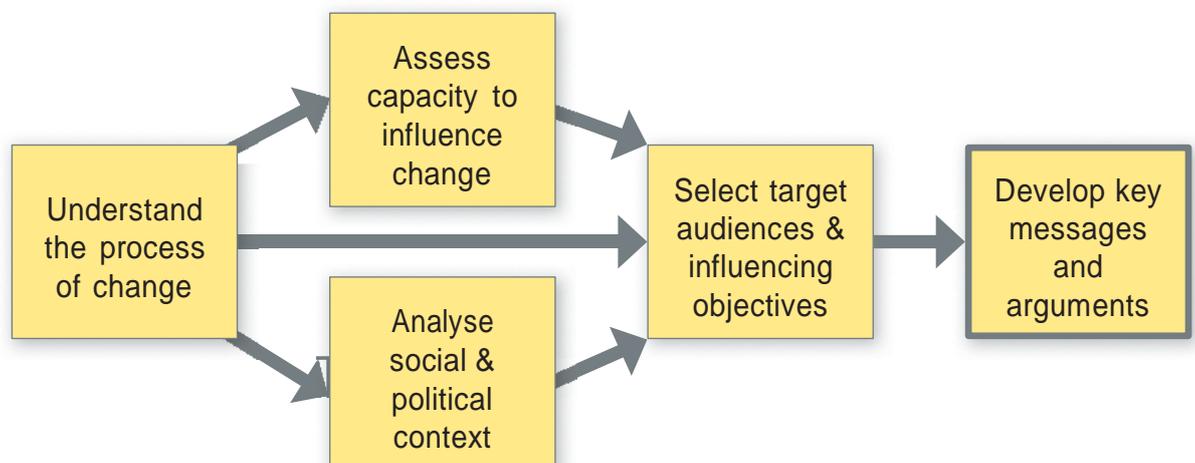
- Sensitising key stakeholders to the new eye care needs of India through personal meetings; and
- Building trust and respect between government officials and VISION 2020 (which represented non-government stakeholders); leading to
- A “collaborative” approach as members of the Taskforce, leading to a consensus.

Learning: VISION 2020 India used this experience to build up their advocacy capability for the future.

Source: 2010 Report of the International Agency for the Prevention of Blindness (IAPB)

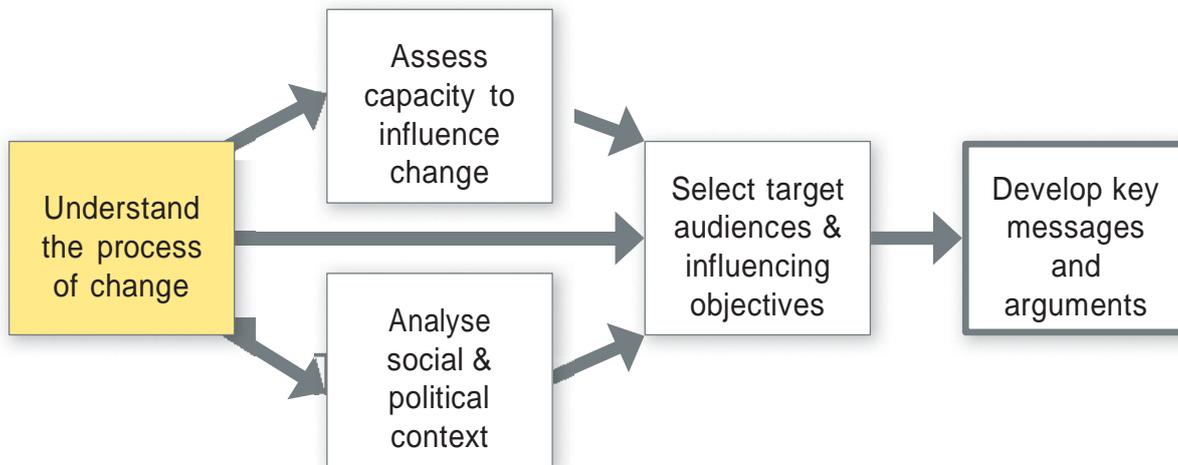
The steps to identifying the best influencing strategy

The pathway that you need to take is set out in the following five steps:



The first three steps are about helping you to understand the context for your advocacy so that you are in a better position to make some clear and effective strategic choices in the last two steps.

Step 2.1: Understand the change process.



If you are to find the best route to influencing change, the first and most important thing you must do is to understand the change process that you are trying to influence. If you don't understand how the change could happen, it is impossible to develop an influencing strategy to promote that change.

The questions that you need to be able to answer will vary according to what you are trying to change – institutional policy, institutional practice or individual behaviour.

Institutional Policy	Institutional Practice	Individual Behaviour
<ul style="list-style-type: none"> • Where is the decision made? • Who makes the decision? • How is the decision made? • When will/could the decision be made? • What influences the decision? 	<ul style="list-style-type: none"> • Who is responsible for that practice? • Why does this practice take place? What factors influence that practice? • What are the incentives and barriers to adopting the change that you are promoting? 	<ul style="list-style-type: none"> • Why do they practice the behaviour that you want to change? What needs do they have that this behaviour meets? • What are the incentives and barriers to adopting the change that you are promoting?

Institutional Policy

If you are trying to influence a **policy decision** of government, business or other organisation, then there are five fundamental questions to answer:

- Where is the decision made?
- Who makes the decision?
- How is the decision made?
- When will/could the decision be made?
- What influences the decision?

a) Where is the decision made?

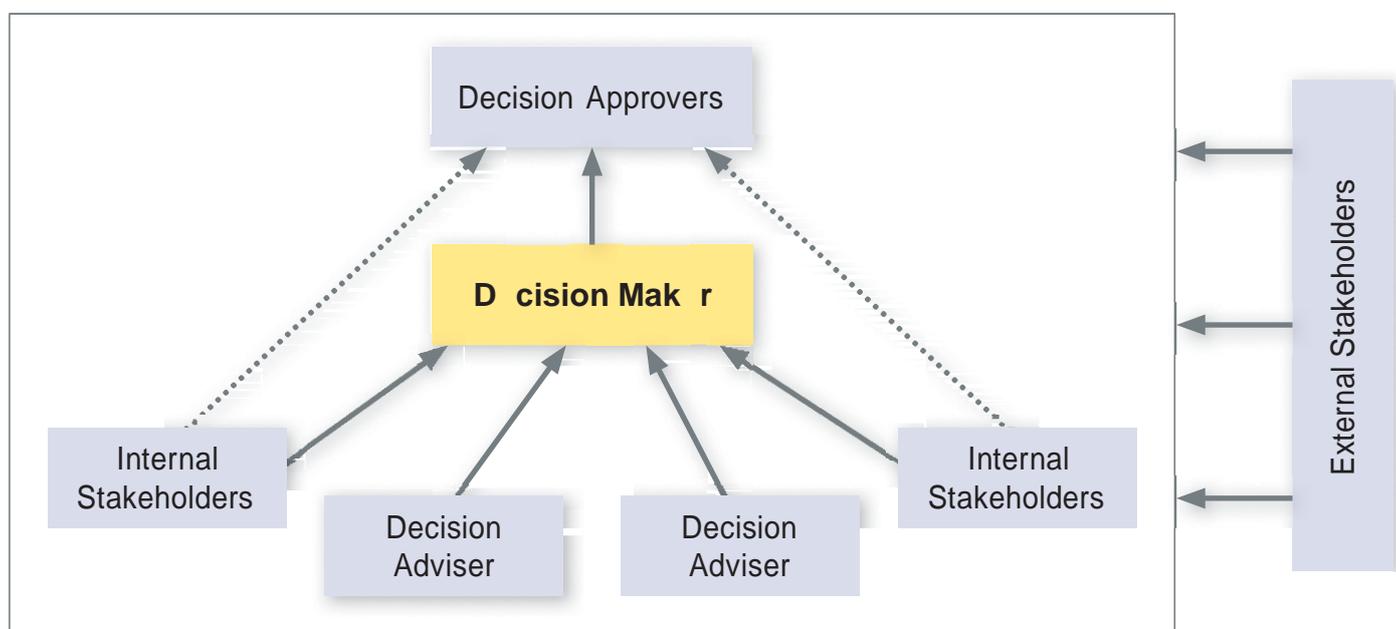
It is not always obvious where a decision is made. For example, if you want to change government policy to increase the number of eye health technicians being trained, is this a decision taken in the relevant training institute, in the Ministry of Education, in

the Ministry of Health, or in parliament? Some investigation may be needed to identify which institution, or which part of the institution, is responsible for the policy that we want to change.

b) Who makes the decision?

Once the 'policy venue' has been identified, you must go deeper to identify the actual decision maker. For any policy change objective, there must be an associated "Decision Maker". The Decision Maker is almost always an individual within an institution, being the person responsible for that decision. The Decision Maker should be distinguished from Decision Approvers, Decision Advisers and other stakeholders in the policy making process. The Decision Maker may not have the authority to decide the policy on their own, but they are always the gate-keepers for that policy. They are responsible for formulating the policy that will go to the decision approvers for formal adoption.

In its simplest form, the process can be represented as per the diagram below:



Decision makers usually oversee the formulation of the detail of the policy and decide between different options, whereas decision approvers are usually asked just to say yes or no (although they might propose some amendments as part of the approval process).

For example, in a cabinet-style government such as in the UK, the decision maker may be a cabinet minister. The decision approvers could be the Prime Minister, the Cabinet or the Parliament (or all of these acting in concert or separately). Other cabinet ministers as individuals may be key stakeholders. In this scenario, the decision advisers will be civil servants and formal consultative groups. However, for less politically charged decisions, the decision maker may be a civil servant within the ministry, with a senior civil servant or the minister being the decision approver.

In some instances the decision approvers will be no more than a "rubber stamp", rarely disagreeing with the decision maker. In other cases, the decision approver(s) will wield real independent power, be willing to reject the decision, and will need to be treated as an advocacy target in their own right.

By breaking down your target in this way and identifying the decision maker, it makes it easier for you to design your influencing strategies and focus your activities to best effect.

To help you understand the institutions that you want to influence, there are a number of mapping tools that can be used. Simple organograms are a good start to help identify areas of responsibility and lines of accountability and authority, but they don't always help you to understand internal power and influence. Bringing together some experts to create a systems map may show internal influence and relationships.

We don't influence institutions, only individuals. All advocacy and campaigning should be personalised by targeting it at named individuals.

c) How is the decision made?

Policy decisions are usually made as a result of a formal or semi-formal process, involving initial outline proposals, drafts, consultations, feasibility studies and final drafts before decisions are made and approved. It is very helpful when designing an influencing strategy to understand this process. One method of mapping the process is to research and compile a decision flow chart, setting out our best estimate of the different stages.

d) When is the decision made?

Linked to the decision flow chart, you can also estimate the timing of the different stages. Some decisions will have a rigid timetable (eg, annual budgets) whereas other decisions have no fixed timetable (in which case you probably want to drive the decision through as soon as possible).

e) What influences the decision?

The most important information, but perhaps the most difficult to accurately map, is your analysis of the different factors that will influence the decision maker when they make the decision. Some of these factors will be quite rational whereas others may seem more emotional or irrational, and can include:

- Factors that relate to the impact of the proposed change on various target groups (not just the group you have in mind) and on society in general
- Factors that relate to impact on the position and status of the government and nation.
- Factors that relate to the person's own interests and priorities (both personal and professional)
- Factors that relate to generally accepted cultural and social norms (including human rights)
- Factors that relate to the persons core values and beliefs
- Factors that relate to the person's understanding of the issue and your proposed solution.

To increase objectivity and accuracy, it is desirable to get the input of different stakeholders to map and analyse this. A useful tool for developing this collective viewpoint is a Force-Field Analysis.

➤ Force-field analysis

Institutional Practice

If you are trying to influence the **practice** of an institution, the questions to ask are:

- a) **Who** is responsible for that practice?
- b) **Why** does this practice take place? What factors influence that practice?
- c) **What** are the incentives and barriers to adopting the change that you are promoting?

Again, a **Force-Field Analysis** is a useful tool for mapping these incentives and barriers.

➤ **Force-field analysis**

Individual Behaviour

If you are trying to influence the **behaviour** of a group of individuals, similar questions need to be answered:

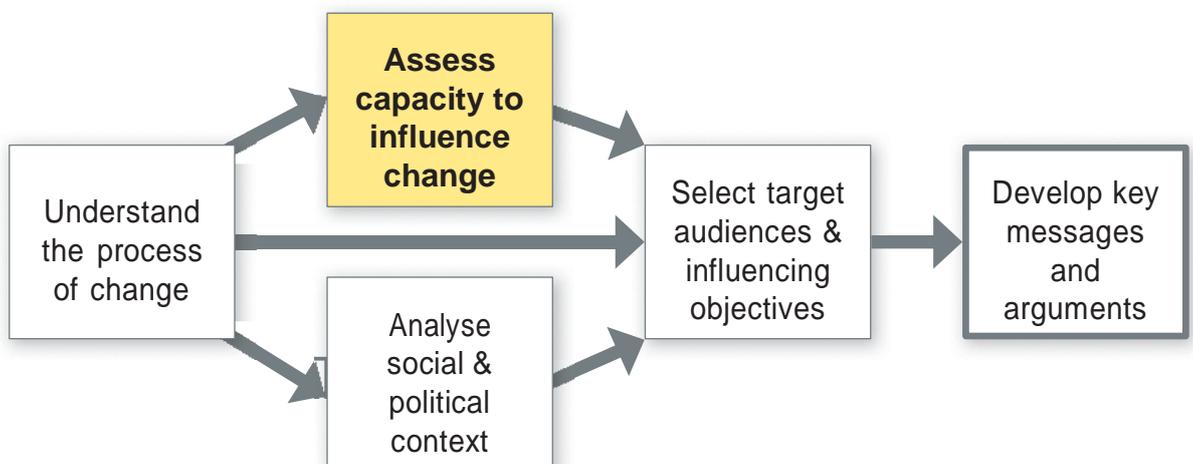
- a) Why do they practice the behaviour that you want to change? What needs do they have that this behaviour meets?
- b) What are the incentives and barriers to adopting the change that you are promoting?

It is important not to fall into the trap that behaviours are simply a result of ignorance – this is rarely the case. Behaviours are much more complicated than this and are driven by a range of internal factors (ie, knowledge, skills and attitudes – some of which can be contradictory) as well as external factors (eg, social pressures and norms, economic constraints and incentives, and legal frameworks).

A **Force-Field Analysis** is a useful tool for compiling a shared analysis of these incentives and barriers.

➤ **Force-field analysis**

Step 2.2: Assess your capacity to influence change



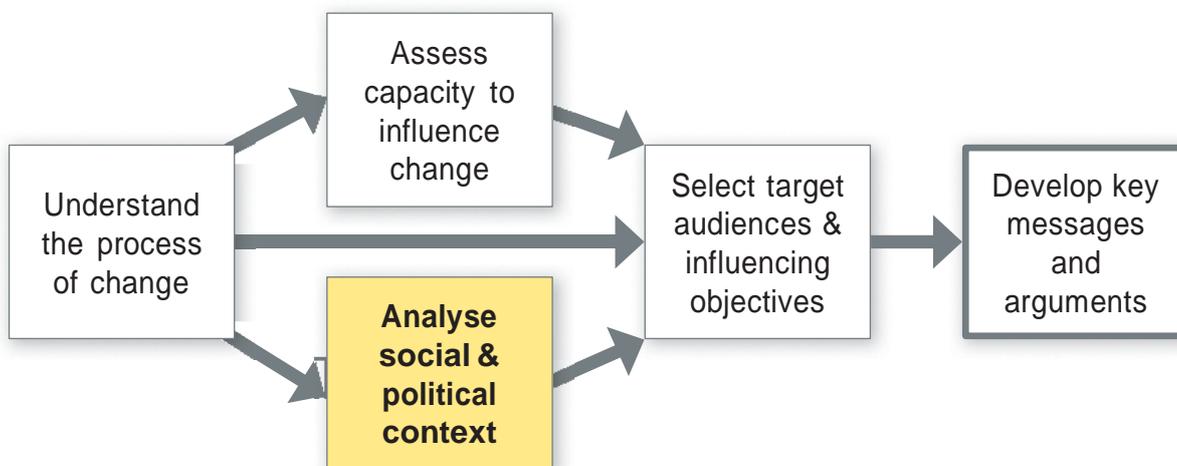
In order to make an informed choice of strategy, you need to take into account your capacity as an organisation or network to influence the change you want. Areas to consider include:

- Financial resources – What funds are available to employ dedicated staff, hire expert support, undertake research, produce materials, hold events or do other advocacy activity?
- Information resources – What research and evidence do you have to support your analysis and arguments? How credible is that evidence? How can you fill any research gaps?
- Human resources – How much time is available from your people to enact the strategy? Are they working on this advocacy full-time or is it competing with other projects that they are working on? What is the timeline for those other projects?
- Knowledge and Skills – Do your people have all the knowledge and skills that are needed to plan and implement your advocacy strategy? How can you fill any knowledge and skill gaps?

Useful tools and models to assist in capacity assessment include:

- **Advocacy Capability Model**
- **Sources of Power**
- **SWOT Analysis**

Step 2.3: Analyse the external environment

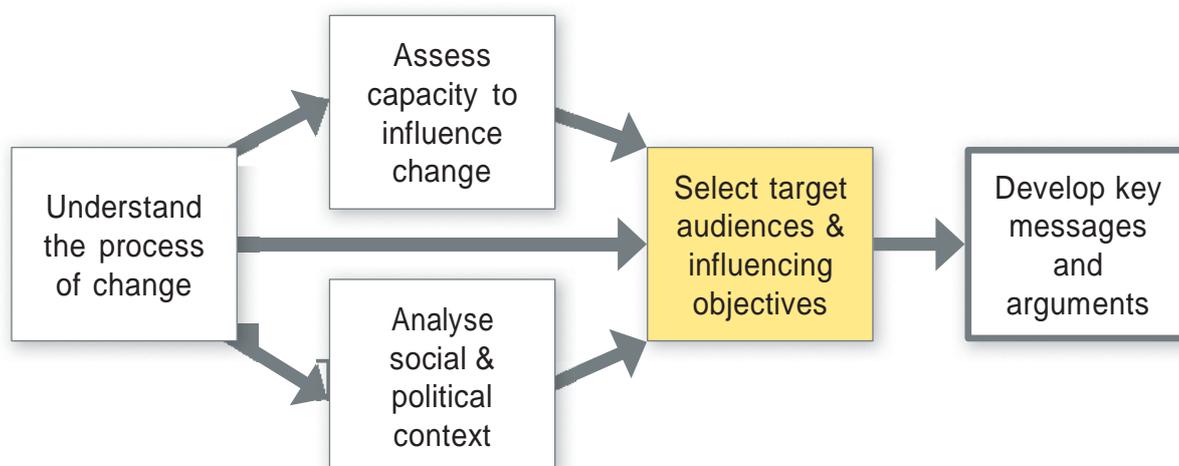


Advocacy does not take place in a vacuum. You need to understand the external factors that will affect your choice of advocacy strategy.

Useful tools for helping map the external environment include:

- **PESTLE Analysis**
- **SWOT Analysis**
- **Event timelines**
- **Market research & attitude surveys**

Step 2.4: Select target audiences



For the objective that you have selected and using your understanding of the change process, your assessment of your capacity to influence that change process, and your analysis of the external environment, you are now in a position to select which audiences you will engage with in order to exert maximum influence on the decision maker and the decision making process.

You need to make some clear strategic choices. It is not good enough to just come up with a ‘shopping list’ of audiences that you could engage with or could be influential – you want to be able to prioritise your efforts and resources where they will have most effect. Each audience you select will need to be communicated and engaged with in a targeted way over a significant period of time. If you select too many target audiences, you spread yourself too thin and only have a superficial contact with them: no impact will be achieved with them and no change will result. So you should prioritise and select clear channels (and chains) of influence so that the effects of your advocacy reach the decision makers.

When building support, advocates must select and target those stakeholders who have the most influence over the decision-making process.

- **Some will not agree with your analysis** (even if they share your overall aim) – these you either need to persuade that your analysis offers the best and most realistic solution, or decrease their influence over the decision making process (if you feel that their position is so entrenched that they will never be persuaded).
- **Some will agree with your analysis but do not think that the issue is a priority** (compared with other issues that they want to address) – these you need to persuade that the issue is vitally important so that their influence is felt more strongly by the decision makers.
- **Some will agree with you and see the issue as important** – these you may want to coordinate or build alliances with in order to have a stronger collective voice and reduce duplication of effort. Some of these may have very little influence and you may also want to help build their capacity and influence.

A very important tool for helping you make these strategic choices is a **Stakeholder Analysis**. Although primarily designed for developing advocacy strategies for policy change objectives, it can also be used to help develop strategies for practice change and behaviour change.

Your choice of audiences and influencing strategy should be set out in an **Influence Map**. This should show for each audience that you are directly engaging with whether you want to:

- Persuade them to agree with our objective
- Persuade them that the issue is important so that their influence is more strongly felt
- Build alliances with them
- Increase their influence
- Decrease their influence

➤ **Stakeholder Analysis**

➤ **Influence Map**

Nigeria: integration of eye care into public health services in Sokoto State

The objective of the advocacy initiative: In 2005, Sightsavers and other partners sought to persuade the Sokoto State government to strengthen eye care service delivery. Before that, eye care services were minimal, with only one ophthalmologist and two ophthalmic nurses (ON) in the whole State (which has a population of 4.2million – similar to the Central African Republic over an area of 25,973 km² – similar to Rwanda).

Who were the target audience(s)? Who were the other key stakeholders? An advocacy team was established and decision makers from the State government were the key targets. The advocacy team also engaged with community and religious leaders, other NGOs with an interest in VISION 2020, water and sanitation agencies, women's groups, blind persons' organizations, corporate bodies and the media.

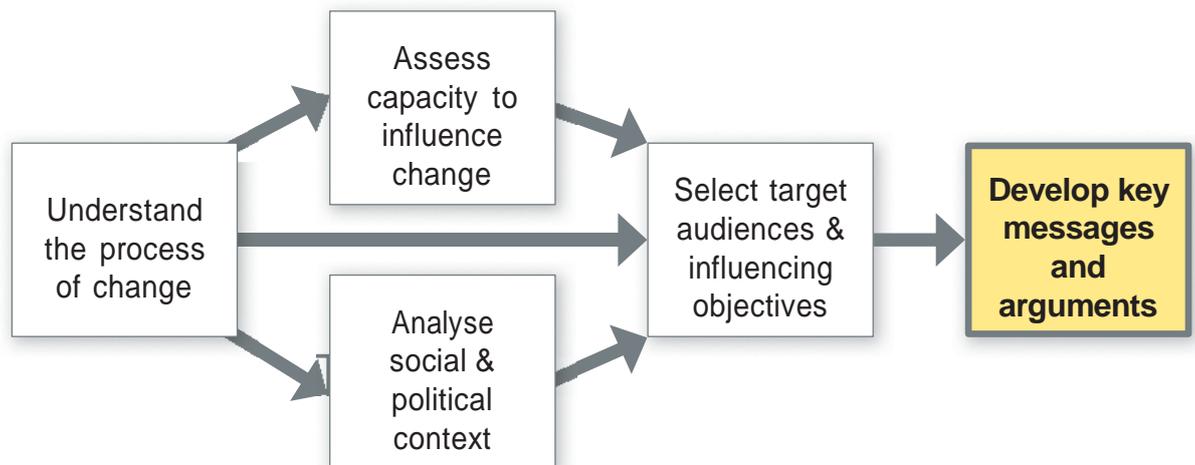
What was achieved in terms of outcomes? Eye health is now part of the State health system and government provides funding, vehicles, equipment and consumables for eye health as part of its health budget. Primary Eye Care (PEC) has been included as the 12th component of Primary Health Care in the State, an addition to the eleven standard components at the Federal level. Overall, State expenditure on eye care doubled between 2005 and 2010. There are now 6 ophthalmologists and 26 ONs. PEC is now included in the curriculum of the State School of Health Technology and State School of Nursing and Midwifery. The sustainability of the programme is underpinned by costs being covered by user fees, with arrangements in place for those who cannot afford treatment.

What were the key ingredients of success?

- The initiative built on the success of an earlier emergency trachoma control programme;
- Establishment of a high level advocacy committee, including influential persons such as highly respected traditional leaders (heir to the Sokoto caliphate and sultanate “king” maker);
- Presentation of evidence based on a state-wide survey to demonstrate the severity of blindness (1.9% among the population) and to prove that over 80% was preventable or treatable through few minutes of surgery;
- Establishing linkages and collaboration with State, Local and Federal government as well as NGOs and corporate bodies to form a wide range of advocacy tools;
- Involvement and participation of community members to promote ownership;
- Using state, national and international media to showcase evidence based services as case studies for promoting awareness on eye care in the State;
- Annual celebration of World Sight Day, Prevention of Blindness Week, and World Glaucoma Day, for advocacy and awareness promotion.

Source: Isiyaku, S, Sightsavers Country Director, Nigeria

Step 2.5: Develop and agree key messages



When designing your campaign, you need a mechanism that is used by all communicators to craft their messages. If you are to achieve the difficult task of changing people's attitudes and behaviours, then you must make sure that your messages are focussed, and reinforced with constant repetition. You also need to ensure that your messages are consistent and coherent across different audiences. You can do this by developing a single message proposition and a set of communications guidelines.

Communications 'Rules'

1. Communications should be clear
2. Communications should be focussed
3. Communications should be consistent over time
4. Communications with different audiences should be coherent
5. Communications should be packaged differently for each audience

Proposition

A proposition is a short phrase (no more than 8 – 10 words) that specifies the key message that you want your audiences to remember. Defining it in less than ten words limits you to saying just one thing and ensures that you are clear what you are saying (both essential characteristics of effective communications).

It is not a slogan or a sound bite (although later on these may be derived from your proposition), and the actual words might not be used in public. You will try to express the proposition in the most appropriate ways for your different audiences – for example by using pictures, videos, stories, statistics, quotes, speeches, reports and books.

To develop a proposition, you need to consider what will be most effective in persuading the audiences that you are targeting. It might be helpful for you to

When Oxfam International launched its 'Education Now!' campaign to promote universal primary education, it adopted the message proposition "*Basic education helps break the cycle of poverty*" as it felt that this would be the most effective argument for all its various target audiences. Expressing it in different ways appropriate for each audience, but sticking to the overall meaning of the proposition, enhanced the campaign's focus, coherence, credibility and effectiveness.

look at the main barriers or opposing arguments to your objectives – doing a **force-field analysis** may be helpful here. It is important that you start where your audiences are at, not where you want them to be.

➤ Force-field analysis

Communications Guidelines

Having devised your proposition, you may also want to define a few communications guidelines – the dos and don'ts of what to say and how to say it. They will be specific to each advocacy campaign, but might include guidelines on:

- How to portray your beneficiaries – showing them with dignity as active participants in their families and communities rather than as passive victims.
- Political neutrality
- Tone of voice
- Branding (especially important in advocacy networks)

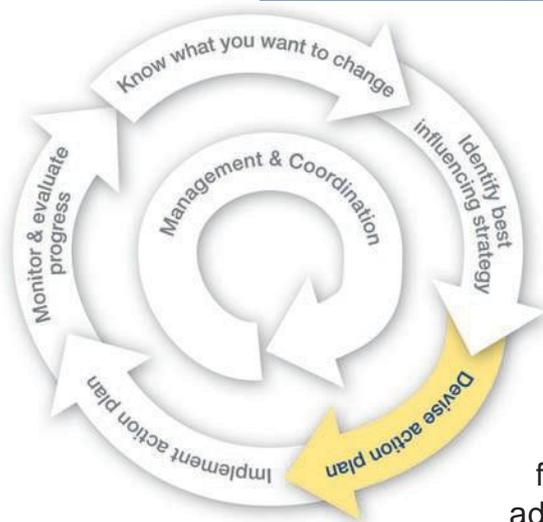
Campaign Narrative

Finally, it is helpful to set out clearly the campaign narrative – a short text of no more than half a page, that sets out in a narrative form the problem, solution and reason to act. This narrative should be clear and compelling. It will form the basis of your 'elevator speech' (a short 15 – 30 second speech that your team should rehearse to explain your advocacy campaign to the people they encounter) as well as shape the stories that you want to tell in your communications.

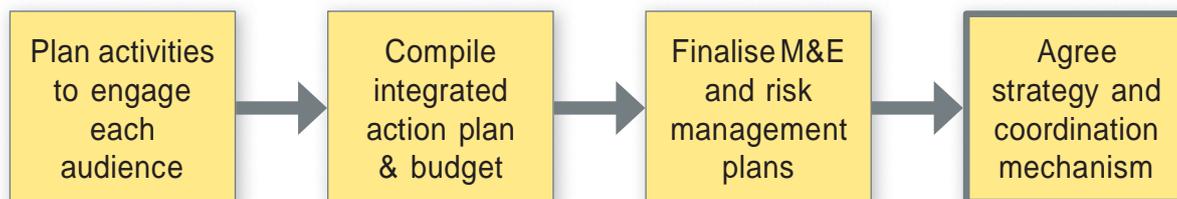
You now have a clear influencing strategy – target audiences, influencing objectives and message proposition – which needs to be formally agreed and adopted before you can move to the next stage of developing action plans.

Phase 3:

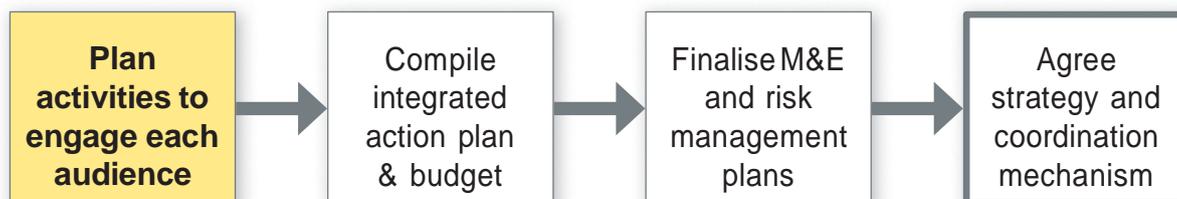
Develop your action plan



In your influencing strategy, you defined your target audiences and your influencing objectives for them. You now need to devise a series of activities that you can take to communicate and engage with each audience and so achieve those influencing objectives. You then bring the plans for each audience together and create an integrated action plan and timeline. Other elements of your advocacy plan – budgets, risk management and M&E plan – need to be finalised before the whole plan can then be agreed and adopted.



Step 3.1: Plan actions to engage and influence each audience



Most advocacy actions are communications activities designed to engage with and influence your target audiences. They might be events such as lobbying meetings, conferences, street theatre or press stunts, or they might be materials that you produce such as leaflets, videos, websites and letters.

A common mistake in advocacy is to start with some pre-conceived notions of what activities are required or are 'normal' for advocacy work, and then try to fit them to the audiences that you have identified. This can lead to stale and ineffective advocacy. Instead, your starting point for action planning should be your target audiences and your influencing objectives for each of those audiences. You can then look creatively at what would be the most effective and efficient ways of engaging with those target audiences to achieve those objectives.

It is highly unlikely that just one communication activity will be sufficient to achieve your influencing objectives with each audience. Instead, you need to devise a series of actions that you will take to move the target audience from where they are now to

where you want them to be.

Every communication activity you organise or piece of communication material that you produce should be designed for a particular target audience and for a particular purpose. The audience and purpose of the communication determines the form of the communication.

Some activities that you chose may require other activities to take place previously. For example, if you decide that one activity to engage your target audience is to present them with evidence on the scale of the problem, then a necessary earlier activity could be to gather that evidence.

It is important to encourage creativity and innovation into the process of action planning. Not only do you want to experiment to find out better ways of influencing, but new approaches may also get more attention just because of their novelty.

You then select those actions that you think will have the most impact and the least resource cost, discarding the others. You may make further refinements to the proposed action plan when you combine it with the plans to engage the other target audiences (see Step 3.2).

You cannot predict the advocacy outcomes with any certainty. Therefore, although your influencing strategies are fairly fixed, your action plans need to be flexible. You should be quite specific and detailed in the short term but in the medium to long term you should just include more general indications of the activities that you will undertake. The action plan can then be updated on a regular basis in light of the responses gained from your target audiences.

Some useful tools and models for helping to plan actions are:

- **Target audience planning template**
- **AIDA model (the four stages that you can take people through in advocacy communications)**

Types of argument

Different people are persuaded by different arguments. What feels like a persuasive argument to you may not be that persuasive to the person you are trying to influence – another type of argument may be better. The types of argument that can help persuade your audiences include:

- Arguments that demonstrate the benefits to the people affected and/or to society in general
- Arguments that link the problem and your objective to generally accepted norms, such as human rights
- Arguments that demonstrate how your objective supports the decision maker's stated priorities

One useful process that you can follow is to stick a large piece of paper on the wall. On the left edge of the paper, you write what the audiences current position is regarding your issue or objective (for example: not informed, not interested or not in support). On the right edge of the paper, you write out your influencing objective. Then you can brainstorm onto post-it notes ideas for activities that you can take and arrange them on the chart as a sequence. Each post-it should say what the activity is and what that activity is intended to achieve as part of the influencing process.

- Arguments that demonstrate how your objective supports the decision maker's personal interests
- Emotional appeals linked to the decision maker's core values and beliefs

In addition, you may need to help your targets to understand the issue and your proposed solution, and provide facts (quantitative and qualitative) to back up your arguments. However, you must remember that explanations and facts are not arguments, but can merely support other arguments. Arguments still need to be selected and developed.

In the case study below from Pakistan, the use of a clear argument was central to their influencing strategy.

When engaging with your target audiences, you need to design your communications so that it is packaged most effectively for the audience, but is still consistent with the overall message proposition that you developed and agreed (see step 2.5 on page 26).

Pakistan: advocacy for eye care

The objective of the advocacy initiative: To persuade the government that more active engagement in blindness control programmes was likely to achieve major health benefits in a cost effective manner.

Who were the key target audience(s)? Who were the other key stakeholders? Senior government policy makers. Given the decentralisation of health care delivery, it was also important to engage with key actors at local level.

What was achieved in terms of outcomes? In 2005, the Pakistan Government allocated \$51 million for prevention of blindness for 5 years. The government upgraded 63 district, and 147 sub-district hospitals, and over 2,700 new posts were created to embed eye-health into the national health programme. Prevention and control of blindness was also fully integrated into the primary health care system.

What were the key ingredients of success?

1. Use of evidence data to demonstrate the potential for success: national blindness survey data for 1988 and 2004 indicated that past investment had achieved a 50% reduction in the prevalence of blindness;
2. Creation of an effective, and credible, stakeholder alliance amongst the eye care professional community, district health administrators, and local communities created a broad advocacy platform;
3. Proactive engagement of prominent eye care professionals with senior government policy makers: this included organising field visits to show what could be achieved on the ground.

Source: Rabiou, MM, Al Rajhi, A, Qureshi, MB, & Gersbeck, J, Enhancing Advocacy for Eye Care at National Levels: What Steps to Take for the Next Decade, Middle East Journal of Ophthalmology, Vol 19, No1, 2012

Show, don't tell

People are resistant to change, especially when it comes to having their attitudes, beliefs and behaviours challenged. To be effective, our messages need to cut through that resistance. One of the best ways to do this is summed up in the golden rule: "Show, don't tell". All good teachers know that this is the best way of getting students to learn – as advocates you can do the same. Some means of doing this are:

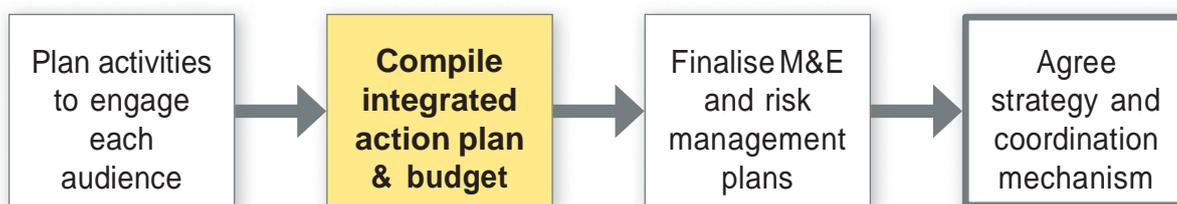
- **Actions speak louder than words:** For example, using action research or communicating through drama and street theatre.

- **A picture is worth a thousand words:** Pictures are very powerful at stimulating rapid understanding and provoking emotional responses – both essential components to help change people’s attitudes.
- **Build pictures with words:** Whether in writing or orally, your words will always be more effective if you can build pictures in people’s minds rather than presenting them with technically accurate but boring text. Story telling and the use of metaphor and simile are especially important. You should make every word count.

For more guidelines on using words effectively, see

➤ **Rhetoric**

Step 3.2: Create integrated action plan, timeline and budget



Although you need to develop plans for each audience separately, you need to combine them into a single action plan and timeline. Doing this can help you to reduce duplication of activities and to maximise the synergy between the different strands of your influencing strategy. More than this, you need to match the proposed actions against the resources that you have available for the advocacy. This might lead you to seek more resources and/or to prioritise those actions that will do most to achieve your objectives.

Integrated action plans can be set out in a number of different formats. Ideally, they should be specific as to the action to be undertaken, who is responsible for doing it, when it needs to be done by and how the outcomes of the impact will be evaluated.

An example of a work plan format on an Excel spreadsheet is:

Month:	Month 1				Month 2			
External events:								
Audience & influencing objective	Activity	Outcome indicator	Person responsible	Date completed	Activity	Outcome indicator	Person responsible	Date completed

The action plan should be regarded as a living, working document and updated on a regular basis.

The case study from Indonesia over page illustrates a broad but integrated action plan.

Indonesia: addressing refractive error in the community

The objectives of the advocacy initiative:

1. The community in Jakarta to be aware of the importance of correcting refractive error (RE)
2. The Provincial Government to expand, strengthen and improve the quality of RE services through increasing resources and building capacity

Who were the key target audience(s)? Who were the other key stakeholders?

Primary audience included senior officials in the Jakarta Provincial Departments of Health and Education; representatives from professional eye care associations; school headmasters and teachers; and parents. Standard Chartered Bank (SCB) and Helen Keller International (HKI) also engaged Indonesian Government ministers to strengthen their engagement with eye health.

What was achieved in terms of outcomes?

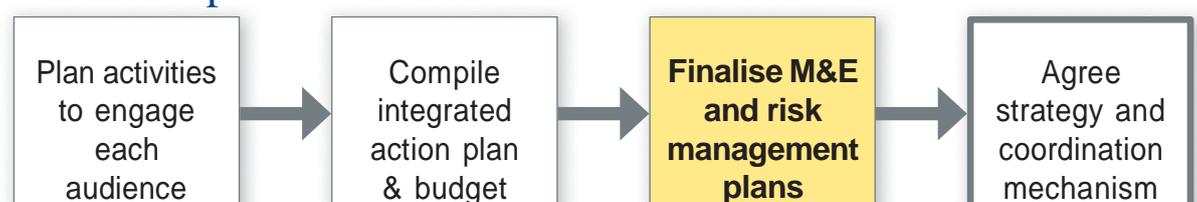
1. Increased knowledge by provincial government officials on eye health and unmet need for refractive error in school children and their teachers;
2. Increased interest of provincial government to integrate eye health into regular child health screening services;
3. Increased commitment of schools to continue screening after the life of the programme by supporting the training of schoolteachers on vision screening, with time and resources commitment.

What were the key ingredients of success?

1. Demonstrating project outcomes through doing. By giving publicity to its work, HKI stimulated demand for an expansion of the programme by the local authorities. Innovative pilots can often lead to official support: politicians like to be associated with success;
2. Strong partnerships with the Provincial Departments of Health and Education and engaging officials in the programme to generate ownership;
3. Generating awareness through well publicised initiatives, including World Sight Day and SCB volunteering events;
4. Leveraging influence: The “convening power” of VIPs/eminent Champions will often encourage senior policy makers to want to become involved.

Source: Community Vision: A Comprehensive Refractive Error Initiative For Underserved Populations in Jakarta, Indonesia

Step 3.3: Complete risk management and monitoring & evaluation plans



As you go through each stage of the planning process, you should be assessing the risks inherent with the choices you have made and the process you will follow to monitor and evaluate your progress. Now you have devised your integrated action plan, you must finalise that risk management plan and monitoring & evaluation plan before the whole strategy can be approved.

Risk Management

Advocacy and campaigning is a risky activity. Outcomes are uncertain and there is always a danger that you might be making the situation worse. Furthermore, whether you adopt insider or outsider tactics, you are challenging power structures and therefore risk retaliation.

Organisationally, you risk criticism on your right to speak out (“being too political”) or a challenge to your accuracy. Whether founded or not, these can lead to a loss of credibility and a negative impact on your effectiveness in the future, as well as potential reductions in income and supporter numbers and a damage to morale. Operationally, you may find your ability to access or run programmes in a particular area or country is curtailed. Most seriously, you may find that you and your colleagues, along with staff or partner NGOs and your beneficiaries face intimidation and actual physical violence.

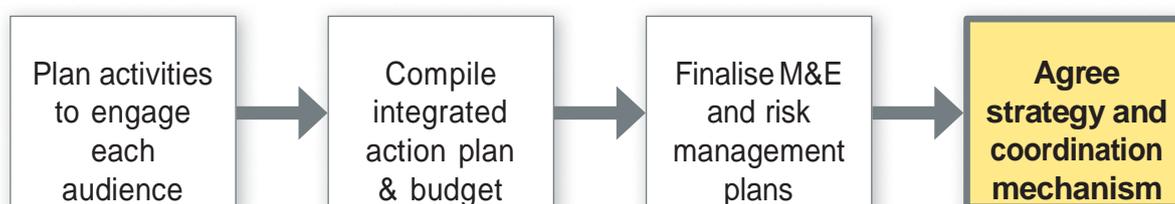
You must therefore both assess and manage the risks that you are facing. This should be started at the very beginning of the planning process and continually updated as the plan develops and is implemented.

➤ Risk Management

Monitoring & Evaluation plan

See Phase 5 for details of how to develop an M&E plan.

Step 3.4: Approve overall advocacy/campaign plan and coordination mechanisms



Your final advocacy/campaign plan is complete and is ready for approval. There are no set formats, but the plan will probably include the following elements:

1. Aim
2. Objectives
3. Audiences
4. Proposition
5. Risks & assumptions
6. Monitoring & evaluation plan
7. Organisational structure and decision making
8. Budget
9. Action plans & timetable

The plan should be regarded as a working document and so should be as concise as possible. Other supporting information such as descriptions of the problem, evidence gathered or consultations undertaken should be in other documents.

Action plans and monitoring indicators will need to be updated regularly and so could be

set out in a separate document (perhaps an Excel spreadsheet – see Step 3.2 on page 31).

Phase 4:

Implement your action plan



As every advocacy issue is different, and the context for advocacy varies widely, each advocacy strategy and action plan should be unique. It is therefore impossible to say here how you should implement your advocacy plan.

However, there are some approaches to advocacy that are very common and some guidance is given in Part 2: the toolkit. They are:

- Lobbying
- Working with the media

See:

- Lobbying
- Media

Kenya: launching a new health initiative

The objective of the advocacy initiative: To ensure that the launch of Kenya's Master Plan to fight Neglected Tropical Diseases (NTDs) attracted strong public awareness and support.

Who were the target audience(s)? Who were the other key stakeholders? This was aimed at a mass public audience and its success depended critically upon securing extensive media coverage that carried strong, compelling, messages.

What was achieved in terms of outcomes? The International Trachoma Initiative (ITI) supported the Ministry of Public Health and Sanitation in developing a communications strategy for the launch of the Master Plan. This clarified objectives, and identified media training as a key ingredient for success. Local experts provided several training sessions to ensure that the campaign's spokespeople had clear, consistent messages and understood how best to engage with the media. As a result, the launch received massive print, TV and radio coverage in Kenya and abroad.

What were the key ingredients of success?

1. Detailed planning: the steering group spent 6 months preparing for the launch (note that in this scenario you do not have the luxury of revising your strategy if it does not work);
2. Detailed understanding of what would excite the media, through prior consultation;
3. Training: taking time to practice together how to best deliver core messages to the media.

Source: Knox, G, International Trachoma Initiative

Phase 5:

Monitor and evaluate your progress

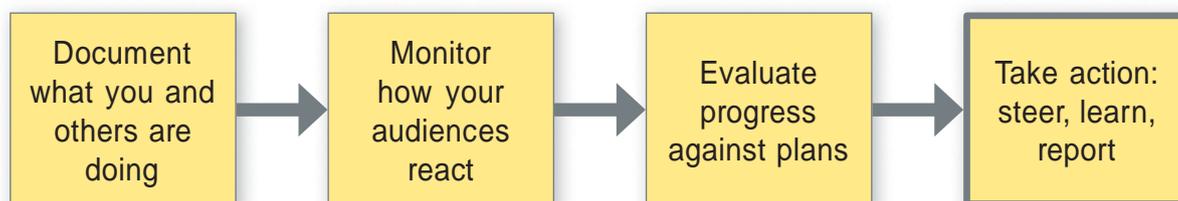
When devising an approach to monitoring and evaluating advocacy, it is worth remembering why you want to do it. There are four main reasons:

1. To provide you with the information you need to manage your advocacy campaign and determine the next steps, updating your work plan and revising your strategy as appropriate.
2. To help you learn which approaches are most effective so you can improve your planning in the future and share your learning with other civil society organisations.
3. To motivate yourselves and those doing the advocacy with you, so that you continue your efforts and achieve your objectives.
4. To hold yourselves accountable to the various stakeholders in the advocacy, in particular those communities affected by the issue, your partners and colleagues, your managers and your funders.



It is the first one of these that is the most important. As we have said before, advocacy is unpredictable so you need a constant supply of monitoring information to see how your audiences are reacting to your activities and how that is impacting on your overall objectives. However, most M&E systems have been designed for more predictable programme work and to meet the needs of donors (and is therefore often seen as an administrative burden of little value). You need to come up with an approach to M&E that meets your needs as advocacy practitioners first and foremost. The information you gather to manage your advocacy will provide most of the data needed for the other three purposes.

The basic steps to follow are:



There are a number of fundamental requirements for monitoring and evaluating advocacy:

1. Clear and SMART objectives.
2. A clear and credible influencing strategy that sets out the channels of influence that you are engaging with, together with influencing objectives for each of your target audiences. Without this, you cannot hope to track progress or attribute your contribution to any changes that occur.
3. Clear targets, indicators or objectives for each activity that you undertake, as well as the means by which you will monitor the outcomes against those targets.

4. A simple and efficient means of documenting and collating the monitoring data.
5. Regular opportunities for reviewing and analysing the monitoring data.
6. A simple, motivating and useful format for presenting back information on progress made.

As each advocacy strategy is different, so must each M&E plan be designed specifically for that advocacy. As a general rule, you should try to **keep it simple and strategic** (KISS) – focusing on what it is important for you to know and providing enough information for your needs and no more. You should recognise that you do not need to prove anything beyond all doubt but just need enough information to draw a reasonable conclusion.

Some suggestions are given below for monitoring and evaluating each level of the advocacy – inputs, outputs, outcomes and impact:

Inputs

Existing financial systems should be adapted to enable tracking of expenditure on different advocacy activities and projects (as well as assigning expenditure to cost centres and recording types of expense).

However, the biggest element of cost is likely to be staff time. If a member of staff works solely on one advocacy project, then all their costs can be assigned to that project. It may be helpful if they can estimate the time they spend on different activities by using a daily time sheet. For staff that are working on multiple projects, time-sheets are even more useful to get an accurate estimate of the human resource inputs on advocacy activities.

Outputs

These are the materials that you produce or the events that you organise in order to engage your target audiences. As you know what these are, you simply need to document them. This can be done through using an activity diary, weekly or monthly report, tracking forms for each activity, or integrating with the rolling action plan. A contact database should also be established to record contacts with named audiences.

You can track our overall progress with each audience by using simple devices such as a **traffic light system** (red showing that they are opposed or uninterested in your issue, amber representing that the audience is engaging with the information you have provided but are yet to be convinced, and green showing that they are on board and supporting your objective). More detailed assessments of your progress with them (and evidence to support your assessments) can be made on **individual contact records**.

Outcomes

Here you are looking both for the immediate outcomes from each activity as well as the more general progress being made in influencing that audience as a channel of influence.

When you designed the output, you should have set a target for the desired immediate outcome and a means of monitoring whether that target was achieved. Sometimes this will be simple, but in other cases you may need to put more effort into tracking outcomes.

When you identified your target audiences as channels of influence, you should also have established some influencing objectives – changes in the attitudes or behaviours of that audience that are needed to influence the decision maker.

Impact

Impact relates to both the changes you are trying to achieve (as set out in your advocacy objectives) as well as the changes that are being made in the lives of those affected by the issue (as set out in your aim).

If your advocacy objectives are to influence policy change, it should be easy to know whether this has happened – a policy change is usually announced publically. If your objectives relate to practice change of institutions or attitudes and behaviours of people, then any changes may be harder to identify. However, given that you must have measured it when you identified it as a problem and set objectives for it to be changed, then you must be able to measure it again to see to what extent it has changed. The only question is: how often do you research this? This will depend partly on cost, whether there are any 'proxy indicators' that you can measure instead, and how quickly you anticipate being able to see any change. You may be able to involve affected communities in monitoring institutional practice on a more continuous basis.

The same applies to assessing impact in relation to your aim. You can make periodic assessments on what changes have occurred and what may have caused those changes. Participation by those affected communities in that assessment is very useful.

Periodic reviews

It is important that you don't get so immersed in the monitoring of individual outputs and outcomes that you lose sight of the big picture – your strategy. You should establish a schedule of periodic reviews to check your overall progress and to identify which areas are going well and where you are facing difficulties that need to be dealt with.

These reviews may be a combination of:

- Project team meetings to check progress against the action plan, updating the plan as required.
- Stakeholder review meetings to check progress against the strategy, making strategic adjustments as necessary.

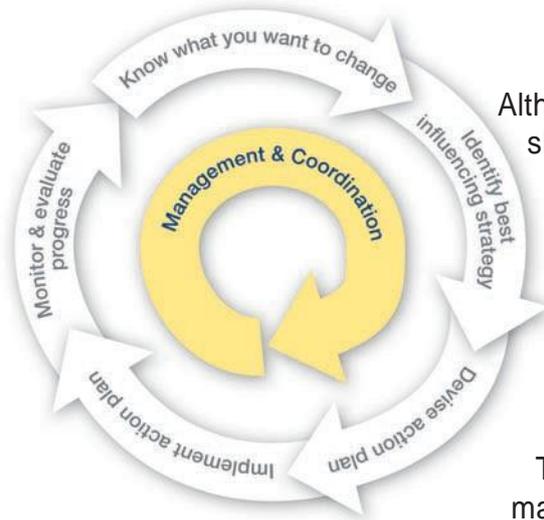
End of project evaluation

At the end of a programme of advocacy work, it is often both useful (for organisational learning) and required (for donor accountability) to perform a full end-of-project evaluation. This will probably need to answer the following questions:

- Impact – What difference did you make and what would have been the situation if you hadn't done the advocacy?
- Effectiveness – What aspects of your advocacy were the most influential? Could you have made more impact if you had done things differently?
- Efficiency – Did you use your resources well and for the purpose that they were provided? Was the process of planning and coordination well managed and added value to the advocacy?

Much of the information that this evaluation would be based on should already have been produced for the on-going M&E being used by managers, although some additional data may be required (especially with regard to perspectives on the causality and attribution of any changes). Third party consultancy support may be required to provide expert and neutral input and increase the credibility of the final report (but using consultants is not a substitute for in-house planning and managing of effective on-going monitoring and evaluation).

Management and coordination of advocacy & campaigning



Although most of your planning needs to be outward looking, you should not neglect how the advocacy is to be managed and coordinated. The structure and process will vary according to whether the advocacy is being done by one organisation or by a network.

Key functions that need to be delivered by the coordination structures are:

Clear and effective decision making process

This can be vested in an individual or a group, but the process of making and communicating decisions needs to be clear and credible so that participants are willing and able to follow the strategic and tactical decisions made.

Monitoring & Evaluation

It is easy for advocacy practitioners to let monitoring work slide under pressure of other work, and so it is essential that the advocacy management/coordination function ensures that monitoring is taking place and is being documented effectively. The management/coordination function should also be collating this monitoring information and create opportunities for team reflection and evaluation.

Resource mobilisation and allocation

Sufficient resources (primarily time and money) need to be allocated to the planning and preparation of the advocacy as well as to its delivery. This may require additional funds to be mobilised, or the scale and ambition of the advocacy to be scaled down.

Internal communications

Internal communications serve both a motivational, coordination and team-building function. You cannot assume that this will happen naturally (especially in networks and large organisations) and so you need to create the enabling infrastructure and the management pressure to ensure it is both effective and efficient.

Representation and Spokespeople

It should be clear who is able to represent the advocacy as a spokesperson, lobbyist or negotiator and what mandate they require (especially if the advocacy is in the name of a network). The selection of spokespeople and representatives should be made on the basis of the communication skills and subject knowledge of the person plus their credibility with the audience in question.

Leadership

For some network campaigns, leadership can be a difficult concept and so it is all the more important to ensure there is clarity in how it is defined. Leadership can take

Management and coordination of advocacy & campaigning
many forms, not all of which have to be vested in one individual:

- Leadership of the process – convening and/or chairing the project group, working group or management group and setting the agenda for discussion.
- Decision making – delegated authority to make rapid decisions when an urgent response is required.
- Drafting strategies, policy position and action plans for approval – this requires someone to have significant time to devote to the advocacy, often in a context where there are few others in the network who can also dedicate that time. A full-time secretariat of a network would be an example.
- Spokesperson – can be associated with the campaign in the eyes of decision makers, media and the public.

Types of Advocacy Network

Some advocacy networks are very loose, whereas others can tie its members closely together. To be able to function effectively, the purpose and role of the advocacy network must be spelled out and agreed, and the implications for the members clearly understood.

➤ Network Function Ladder

About the author

Ian Chandler is the founder and director of The Pressure Group Consultancy, which supports civil society organisations around the world to improve their effectiveness in advocacy, campaigning and communication. His previous roles included Campaigns Manager for Oxfam GB and Media Director for Amnesty International.

A world in which no one is needlessly blind or visually impaired and where those with unavoidable vision loss can achieve their full potential



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