Advocacy Strategy Development Template: Planning to Achieve DMPA-SC Policy Change

Policy advocacy has an important role to play in ensuring your country’s policies and funding support a broad mix of contraceptive methods, including new options like DMPA-SC. Because there are so many methods of influencing policy—and usually limited resources to pursue them—PATH has designed a 10-part framework that supports individuals and organizations to develop a high-impact, outcome-oriented policy advocacy strategy.

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| **10 parts of a policy advocacy strategy** |
| 1. Advocacy issue2. Advocacy goal3. Decision-makers and influencers4. Decision-makers’ key interests5. Advocacy opposition and obstacles6. Advocacy assets and gaps7. Advocacy partners8. Advocacy tactics9. Advocacy messages10. Plan to measure success |

Policy advocacy is a deliberate process that requires planning—it is not effective if done haphazardly. Developing an advocacy strategy is important in setting a clearly defined goal and objectives for your advocacy efforts, identifying decision-makers with the formal power to make a change, and selecting an evidence-based policy solution. It also requires that you determine your decision-makers’ key interests, and tailor messages and advocacy tactics that will inform and influence them to act.

Program implementers, health professionals, private-sector leaders, researchers, and members of civil society each have a critical role to play as advocates. You can find a full [workbook for policy advocacy strategy development online](https://path.azureedge.net/media/documents/Advocacy_Impact_Participants_Workbook_Final_JPL.pdf) with worksheets that correspond to each of the 10 parts. The template below is an easy-to-use summary document to help identify advocacy goals and objectives, decision-makers, partners, and other critical parts of an advocacy strategy.

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| **Goal and objectives** |
| **The advocacy goal** is the focus of the advocacy strategy and describes the overarching policy change or policy-related outcome the project seeks to achieve. It should include four elements: **who** is the decision-making institution with the power to make change, **what** is the change you’d like to see, **how** will this be accomplished (i.e. what is the policy vehicle your decision-maker can use), and **when** should the change occur. Example: The MOH will approve inclusion of DMPA-SC self-injection in the National Clinical Guidelines to enable national scale-up of the self-injection program by December 2020. **Advocacy objectives** are intermediate steps necessary to reach the overarching goal and focus on what the advocacy outputs will seek to achieve. Think of objectives as actions your decision-makers, influencers, or key stakeholders might take to demonstrate their commitment to change.Example: The Reproductive Health Department establishes a Self-Injection Advocacy Group to perform an advisory role and provide strategic guidance to the MOH and implementing partners by November 2019.  |
| **Advocacy Goal** |
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| **Related Objectives** |
| 1)2)3) |

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| **Decision-makers and Influencers** |
| **Decision-makers** are those with the power to give you what you want—the people who can say yes or no to the advocacy goal. Categories of decision-makers often include ministerial representatives, parliamentarians, or district health committee members, among many others. Oftentimes, you will need to persuade decision-makers across sectors and levels of governance to make your desired change, even if only one institution has the ultimate authority to act.**Influencers** are persons or groups who can have a compelling force on the actions, opinions, or behavior of decision-makers. Categories of key influencers can include, but are not limited to, professional or business association representatives, civic leaders, academics, journalists, community action groups, celebrities, or research institutions.These groups combined are the primary targets of your advocacy strategy. In may be helpful to think through decision-makers and influencers for each advocacy objective above. Remember, it is good to be as specific as possible—include names and/or titles where possible. There may be more than one decision-maker, and multiple influencers. Example: In the example above, the Minister of Health is the key decision-maker. Influencers might include the MOH senior management, the Self-Injection Advocacy Group, and the leader of the national nurses association.  |
| **Decision-makers** | **Key Influencers** |
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| **Opposition and Obstacles**  |
| There may be pockets of resistance to your policy advocacy goal that the project seeks to achieve, for reasons extending from competing priorities and/or agendas to concerns about funding, timing, and capacity. It is critical to identify potential **opponents** (persons or groups) or **obstacles** that may have a real impact on the outcome and any strategies to mitigate their influence. |
| **Potential opposition or obstacles** |
| 1)2)3)4) |
| **Mitigation strategies** |
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| **Allies and Opponents**  |
| **Partners or allies** are critical interest groups, NGOs, private-sector entities, multilateral organizations, or coalitions that are currently working on the issue in which coordination and collaboration will further anticipated outcomes. |
| **Allies/partners and anticipated role** |
| 1)2)3)4)5) |

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|  **Advocacy Work Plan** |
|  Once you have developed your objectives, you can determine your advocacy activities or tactics and develop a full work plan. When designing advocacy activities, ensure that activities directly contribute to achieving your objectives and overall advocacy goal. The strongest activities will address the interests of your target decision-makers and influencers, and will move them to take action.In the top row of each table, list one of your objectives from above. For each objective, write in Column A two to four activities you will conduct to achieve that objective. In Columns B and C, indicate the specific staff and partners who will carry out each activity. In Columns D and E, estimate the approximate cost and timeline for each activity. |
| **Objective 1:**  |
| a. Activity | b. Responsible organization(s)\*  | c. Partner organization(s)\* | d. Resources needed | e. Timeline |
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\*Where possible, list an individual’s name.****

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| **Objective 2:**  |
| a. Activity | b. Responsible organization(s)\*  | c. Partner organization(s)\* | d. Resources needed | e. Timeline |
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| **Objective 3:**  |
| a. Activity | b. Responsible organization(s)\*  | c. Partner organization(s)\* | d. Resources needed | e. Timeline |
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\*Where possible, list an individual’s name.

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Additional resources

For more information about advocacy strategy development, PATH’s advocacy tools, or other advocacy capacity strengthening resources, please visit: <https://www.path.org/resources/stronger-health-advocates-greater-health-impacts-tools-trade/>

If you would like to guide a group through the development of an advocacy strategy, you can find the facilitator’s guide that corresponds to this workbook here: <https://path.azureedge.net/media/documents/Advocacy_Impact_Facilitators_Guide_Final_JPL.pdf>

To access Advance Family Planning’s Advocacy Portfolio, which includes AFP SMART: A Quick Guide to Wins, please visit: <https://www.advancefamilyplanning.org/advocacy-portfolio>

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