

Advocate for Family Planning

Introducing the AFP Advocacy Portfolio

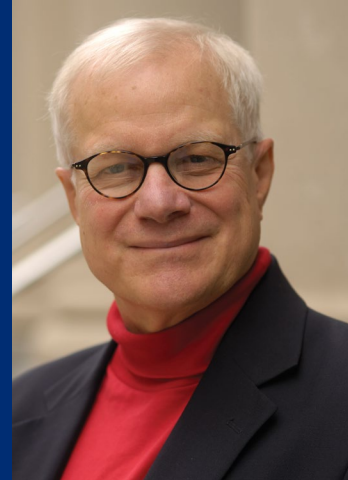
NOV 2015

How do you identify the right moment to advance a critical policy? Or build a coalition of supporters? What is the best way to craft compelling arguments for decisionmakers and deliver them at the most opportune time? The execution of advocacy is frequently afflicted by false-starts or near-misses—either weighted down by too many competing interests or so generalized it is ineffectual. But it doesn't have to be.

The Advance Family Planning (AFP) Advocacy Portfolio provides the tools necessary to design, implement, and capture the results of an evidence-based, locally-driven advocacy strategy. While intended for family planning advocates, the approach can be adapted for use in any sector. This introduction explains why advocating for family planning is important, introduces AFP and our approach, and outlines the purpose of the portfolio.

Foreword

The ideas that later evolved into the Advance Family Planning (AFP) approach to advocacy took root just over a decade ago, but the seeds were planted long before then. During my time working with government agencies and donors, I was always struck by the difficulty in determining the key decisionmaker on an issue. It was (and still is) very common to see people spend time and resources advocating to individuals who have little influence on making a change. At the same time, when the right decisionmaker was reached, it was surprising and encouraging to see how often and quickly changes occurred.



With the AFP Advocacy Portfolio, we aim to help advocates identify, plan, carry out, and evaluate activities that focus on the decisionmaker and policy change that have the highest potential for impact in the near term. The simple tools contained in the portfolio are designed to be easily accessible; adaptable for any context (whether at the national, state, or district level); and responsive to the need to measure impact.

The AFP approach continues to benefit from the invaluable input of dozens of supporters and collaborators, including experienced advocates from developing countries. And, of course, this work would not be possible without the generous support of the Bill & Melinda Gates Foundation, The William and Flora Hewlett Foundation, and the David & Lucile Packard Foundation.

We invite you to use the portfolio and welcome your feedback. Its contents will evolve and expand as we share best practices and experiences to meet the ever-changing needs of our field.

Duff Gillespie

Director, Advance Family Planning

The Bill & Melinda Gates Institute for Population and Reproductive Health

Johns Hopkins Bloomberg School of Public Health

Why advocate?

Because it works. More political leaders are beginning to appreciate the benefits of family planning—not only for the health and well-being of women and children but also for the development of their countries. However, even in favorable environments, no initiative can succeed without specialized advocacy efforts to gain and sustain local support.

These efforts must go beyond health policymakers and also engage those with budgetary authority, the private sector, and donors. Effectively engaging each type of decisionmaker requires customized messages delivered by well-prepared champions. Those messages tell a decisionmaker why a policy or change is important and how taking particular actions will help them achieve their goals.

The 2012 London Summit on Family Planning, for example, catalyzed donors, governments, and civil societies to make family planning a higher priority. The summit led to the launch of Family Planning 2020 (FP2020), a global partnership that seeks to enable 120 million more women and girls in some of the world's poorest countries to access contraceptive information, services,

AFP is...

Locally-driven. Local champions determine and direct activities.

Focused. Our efforts target policymakers who control family planning funds and policies.

Evidence-based. Advocacy supported by the most up-to-date, proven data compels action.

Collaborative. We facilitate an inclusive, consensus-building process that leverages the resources of others.

Influential. Voices from the South are better able to influence global and regional agendas.

Accountable. Strong performance monitoring frameworks help track progress and increases in access to family planning.

Sustainable. Country advocacy capacity and activities are able to continue after AFP ends.

and supplies, without coercion or discrimination. Since then, more than 30 governments made commitments to address the policy, financial, delivery, and socio-cultural barriers to reaching this goal; donors have pledged an additional US\$2.6 billion in funding. It is up to advocates to maximize this investment and hold leaders accountable.

What is Advance Family Planning?

Advance Family Planning (AFP) is an advocacy initiative comprising individual family planning champions, locally-based nongovernmental organizations (NGOs), and government officials. Through evidence-based advocacy, we aim to increase the financial investment and political commitment needed to ensure access to high-quality, voluntary family planning. Our focus countries include Burkina Faso, Democratic Republic of the Congo, India, Indonesia, Kenya, Nigeria, Senegal, Tanzania, and Uganda.

An initiative of the Bill & Melinda Gates Institute for Population and Reproductive Health and the Johns Hopkins Bloomberg School of Public Health, AFP works to achieve the goals of the FP2020 partnership. AFP is supported by the Bill & Melinda Gates Foundation, the David and Lucile Packard Foundation, and The William and Flora Hewlett Foundation.

What makes our advocacy approach different?

It builds consensus from the start. The most skilled advocates intuitively focus their energy and attention on opportunities for action that have the highest potential for impact in the near term. Our approach facilitates this process, connecting a series of near-term “quick wins” with broad, long-term goals. Adapted from a broad spectrum of well-established decision-making concepts, tools, and best practices, our approach has been honed through practical application in resource-limited settings. It incorporates the SMART framework—a specific, measurable, attainable, relevant, and time-bound disciplined approach to developing an advocacy strategy—as well as robust monitoring and evaluation tools. It allows advocates to respond quickly, advantageously, and decisively to advocacy opportunities, while leveraging partner resources and integrating new evidence.

What have we accomplished with this approach?

More than 120 significant policy advances were achieved (“quick wins”) at the global, regional, national, and subnational levels between 2009 and 2015, including the following:

BROAD GOAL	QUICK WIN
Increasing funding for family planning	→ Increased government allocations for family planning in Burkina Faso, Democratic Republic of the Congo (DRC), Indonesia, Kenya, Senegal, Tanzania, and Uganda, including at the subnational level
Eliminating policy barriers	→ Catalyzed policy changes to allow community health workers to provide injectable contraceptives in Kenya and Uganda Permitted private providers and NGOs to access the national medicine warehouses in Tanzania and Uganda
Raising the global visibility of family planning	→ Included family planning in the World Health Organization’s guidance on task-sharing for maternal and newborn health DRC government announces Family Planning 2020 commitment at the 2013 International Conference on Family Planning

What is the purpose of the AFP Advocacy Portfolio?

The portfolio provides a compendium of our best practices and tools to refine your strategic vision, identify and motivate key players, take action, manage and overcome setbacks, and monitor and evaluate success. Whether you are a new or experienced advocate, the AFP Advocacy Portfolio can help you along the way to achieving your desired result: real, achievable, and sustainable change.

Used separately, the tools can supplement an existing effort or inject new life into an initiative that has lost its vision or momentum.

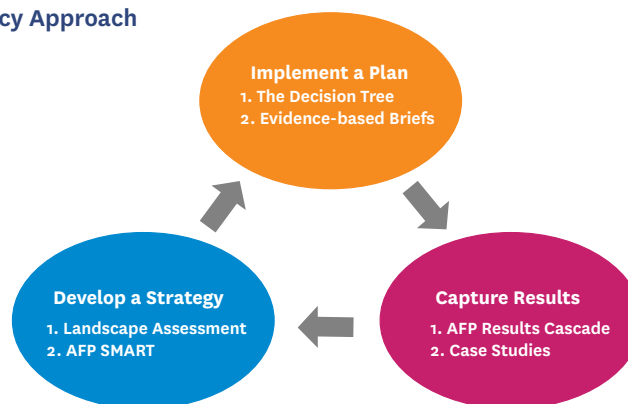
Used together, they provide a comprehensive roadmap to develop, implement, and evaluate a focused advocacy strategy from start to finish (Figure 1). While intended for use in a family planning context, the approach defined here could easily be adapted for other advocacy needs.

The portfolio guides advocates in developing a strategy, implementing a plan, and capturing results. For advocacy to achieve maximum impact, advocates must understand the context in which advocacy will occur; make effective, evidence-based arguments; and document, validate, and share results to allow for strengthening of the strategy or necessary course adjustments.

To achieve maximum impact, advocates must

- Understand the policy environment
- Make effective, evidence-based arguments
- Document, validate, and share results to allow for strategy revisions

Figure 1: AFP Advocacy Approach



AFP Initiative

Where We Work

AFP Focus Countries

Burkina Faso
Democratic Republic of the Congo
India
Indonesia
Kenya
Nigeria
Senegal
Tanzania
Uganda

Opportunity Fund Countries

Benin
Ethiopia
Mali
Mauritania
Sierra Leone
Togo
Zambia

Our Partners

Bill & Melinda Gates Institute for Population and Reproductive Health
African Women's Development Fund
Équilibres et Populations
Health Promotion Tanzania
International Planned Parenthood Federation (IPPF)
Jhpiego Kenya
Johns Hopkins Center for Communication Programs
PAI
Palladium (formerly Futures Group)
Partners in Population in Development, Africa Regional Office
Pathfinder Nigeria
Planned Parenthood Federation of Nigeria
Population Foundation of India
Reproductive Health Uganda
Réseau Siggil Jigéen
United Nations Association Tanzania
Tulane University School of Public Health and Tropical Medicine
Yayasan Cipta Cara Padu

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AFP Advocacy Portfolio

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Develop a Strategy

*Part 1: Landscape Assessment—
Understand Your Context*

*Part 2: AFP SMART: A Guide to Quick
Wins—Build Consensus, Focus
Efforts, Achieve Change*

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Strategy development is an essential part of advocacy because it brings stakeholders together and lays the foundation for bringing about change. Change rarely comes from the strength of a persuasive argument alone. Rather, effective advocacy requires the time and commitment to map out the policy landscape, set a focused objective, and identify the principal decisionmaker and the most appropriate messenger.

AFP SMART: A Guide to Quick Wins features examples from AFP's focus countries on what has worked to increase financial and political support for family planning. It also includes group exercises and worksheets to foster the creation of a results-oriented plan to achieve discrete, critical policy or funding decisions toward a broader goal. Developing an effective strategy begins with gaining an in-depth understanding of the overall landscape or environment surrounding your issue; thus, this portfolio component begins with an overview to understand your context.

Understand Your Context

An Overview of Landscape Assessments

The landscape assessment is the initial step in advocacy strategy development and implementation. The assessment provides the platform on which to build an advocacy initiative.

The information and evidence collected for a landscape assessment is used to help understand entry points for advocacy and assess the likelihood of influencing policy development. It should suggest where and how advocates can add value to the existing debate and provide insight about key decisionmakers, change-agents, champions, individuals, and organizations that will be needed partners and potential targets of an advocacy strategy. In this way, both the process and the outcome of an assessment can guide the partner toward the most strategic investments of time and resources.

EVIDENCE

A landscape assessment for family planning will incorporate evidence on

- Current family planning indicators, typically from surveys of individuals and healthcare providers.
- Policies and regulations that influence the financing and supply of services from government sources.
- Support from key informants—policymakers, health professionals, and civil society—and whether they judge family planning to be central to or marginal in political and policy discourse.

Evidence-based assessments lead to a better mapping of advocacy challenges and opportunities. The more specific the information to the national and subnational context and priorities, the greater its utility as a platform. A reader of a landscape assessment should be able to quickly grasp which critical issues need advocacy and which will deliver quick wins in the current environment. Most important, a good assessment provides clarity on the current environment using local experience and advice to interpret available evidence.

USE

The policy landscape is never static. Monitoring changes in the landscape is helpful for course corrections and refinement of a strategy to deliver short- and long-term results. Therefore, the assessment should be updated periodically and then used to guide work planning and strategy development. It serves as a benchmark to compare the current situation to desired outcomes—whether it is based on country or regional targets or global compacts like Family Planning 2020 (FP2020) or the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs).

RESOURCES

The online Advocacy Portfolio (www.advancefamilyplanning.org) includes links to useful tools for conducting an assessment—such as the RAPID (Resources for the Awareness of Population Impacts on Development) model developed by Futures Group; the datasheets created by Population Reference Bureau; the Measure DHS STATcompiler; and the World Population Prospects database maintained by the United Nations Department of Economic and Social Affairs/Population Division.

The Landscape Assessment and AFP Results Cascade

Unlike the AFP Results Cascade, which focuses on a single change, the landscape assessment enables a big picture view to answer the questions: Overall, has the environment to meet the existing unmet need for family planning changed? How so?

Build Consensus, Focus Efforts, and Achieve Change

AFP SMART: A Guide to Quick Wins

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Introduction

Advance Family Planning’s (AFP) advocacy approach focuses on achieving “quick wins”—the discrete, critical policy or funding decisions that must occur in the near term to achieve a broader goal. AFP SMART: A Guide to Quick Wins outlines a step-by-step approach to developing a focused, collaborative advocacy strategy that leads to quick wins. Quick wins generally fall within three categories and result in

- Increased funding;
- Change in a law, policy, or regulation; or
- Improved implementation or accountability of an existing law, policy, or regulation.

The AFP SMART Advocacy Guide features nine steps divided into three phases:

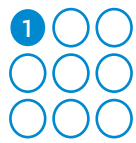
Phase 1: Build Consensus		
Step 1: Decide Who to Involve	Step 2: Set SMART Objectives	Step 3: Identify the Decisionmaker
Phase 2: Focus Efforts		
Step 4: Review the Context	Step 5: Know the Decisionmaker	Step 6: Determine the Ask
Phase 3: Achieve Change		
Step 7: Develop a Work Plan	Step 8: Set Benchmarks for Success	Step 9: Implement and Assess

Our approach requires time, commitment, and focus. It also requires knowledge of the issues that impede access to family planning and of the policy and programmatic environment in which decisions are made.

In developing a strategy, it is often useful to convene a planning session that continues for at least two days. Though it is helpful to have advocacy expertise represented in the planning group, it is not necessary that all participants be advocates. However, all participants should be dedicated to an overall goal—such as meeting the needs of women and couples for voluntary, non-coercive family planning. A facilitator should lead the group of family planning champions through steps 2–8. Step 1 outlines how to plan for the session. Refer to the accompanying AFP SMART Facilitator’s Guide to guide in planning and facilitating your session. Use the worksheets in Appendix 1 to capture the results of group exercises. Refer to Appendix 2 for an overview of each step.

Phase 1: Build Consensus

When beginning a strategy development session, start with clear consensus on the issue you want to address. What is your vision? Why is advocacy the right approach?



Step 1: Decide Who to Involve

The chance for success increases when you bring the right people into the strategy development session. A small group is ideal for creating a focused advocacy strategy; however, larger groups may provide more perspectives and shed more light on the policy environment. In rare cases, one person may be able to complete a strategy, but subsequently, consensus should be obtained among those who will implement the plan.

A broad range of actors—like-minded nongovernmental organizations (NGOs), government officials with insider advice, researchers or implementers with program experience, economists or budget analysts, and healthcare providers—can all lend their expertise. Such expertise and the right mix of actors are vital for making the right request to the right decisionmaker at the right time.

In general, the strategy development team should include people with

- **Influence**—Respected individuals who strategically and selectively inform decisionmakers and reinforce their commitments to policy action. These are people with the clout, connections, and access to those in power that are essential to achieve significant policy change.
- **Expertise**—Professionals—such as those with expertise in family planning, policymaking, and supply chain management—who inform the development of strategies and guide their implementation. These people form the basis of core working groups at national and district levels. They are key informants who identify advocacy opportunities and provide evidence and policy-relevant anecdotes based on their experience and expertise. They also help to monitor the impact of policy change and promote family planning within their own constituencies.

- **Frontline experience**—For these individuals, family planning and advocacy are part of their daily work. They have the skills and resources needed to organize and motivate other champions, implement advocacy strategies to meet long-term goals, and apply policy change to programs and service delivery.
- **Facilitation skills**—A facilitator(s) can foster a positive discussion, challenge assumptions, mediate disagreement, and keep the session on task and on time. Whether volunteer or paid, a facilitator—who is experienced and has done his or her homework regarding group dynamics and the issue or goal to be addressed—can help assure a highly efficient strategy development process.

These individuals will often have differences of opinion; steps 2–8 outline a collaborative process for building consensus.

Selecting District Working Group Members in Indonesia

In November 2010, AFP helped establish a district-level working group in Bandung to provide a forum for local leaders to identify advocacy opportunities. Advocates identified insufficient budget allocation for family planning field staff and volunteers as a significant barrier in expanding access to long-acting contraceptive methods at health facilities. Invited to take part in the working group and advocacy strategy were local representatives from the government family planning program (BKKBN), the local development planning agency, the district health office, the Family Welfare program movement, the community empowerment and village government unit, clinical groups, the village officers association, and the family planning health center, among others. The district working group also had strong representation from government authorities, which increased its legitimacy and provided internal knowledge about selecting the most appropriate advocacy opportunities.

DO'S AND DON'TS

- **Do ensure that the right people are at the planning table.** Having the contribution and commitment of key stakeholders who have the authority to speak on behalf of their organization can make strategizing much easier.
- **Don't rush through the collaborative process.** Allowing enough time to build consensus and lay out a specific and focused strategy will help you achieve your objective faster.

Advanced Preparation Checklist

- Attendees—Who will be involved and why?
- Facilitation—Who will develop and manage the agenda?
- Date and Time—How soon can the group dedicate the time to develop a strategy?
- Invitations—Who will ask others to participate? Will an invitation from a government official or a particular family planning champion increase participation?
- Meeting space—What type of environment will lead to a productive strategy session?
- Cost—Will you need to pay for facilitation? The meeting space? Meals? If so, who will pay?
- Building agreement—If your group will be working together for the first time, do you need to provide materials related to your issue in advance? Are there ways to identify policy priorities prior to the meeting, such as a landscape assessment?

Consult the AFP SMART Facilitator's Guide for a more comprehensive logistics checklist.

Step 2: Set SMART Objectives

Every advocate dreams big: for a better world and better lives. Realizing big dreams, however, requires both a long-term view and a focus on near-term incremental progress. When developing an advocacy strategy, first determine what you hope to achieve in the long term. This is a key step in building consensus among your group. Then ask, “What am I *really* trying to accomplish and what can we do *now*?”

Therefore, it is critical that you identify a “SMART”¹ objective. SMART is a mnemonic device that helps to remember important elements of an advocacy objective. Results being pursued are SMART in the sense that they are:

Specific—What in particular will be achieved if advocacy efforts are successful? The more specific an advocacy objective is, the more likely it is that an advocacy strategy will result in the desired outcomes and impact. For example, an objective to “increase awareness” fails to indicate whose awareness is increased, by what means, about what, and when. Most important, it is not clear what will be accomplished with increased awareness. Being specific in framing one’s objective helps partners and policymakers mobilize behind a desired outcome and clarifies when an advocacy effort has succeeded.

Measurable—To know whether expected results have occurred, quantitative or qualitative descriptors are used to frame the objective. This framing allows someone outside of the advocacy effort to observe and verify the same results. For example, an objective to “increase a budget allocation for family planning by 5 percent in the next fiscal year” is measurable while “increased government support” is vague, making it difficult to measure.

In designing an advocacy objective, ensure that it is **SMART:**

Specific
Measurable
Attainable
Relevant
Time-bound

¹ Doran, G.T. (1981). There’s a S.M.A.R.T. way to write management’s goals and objectives. *Management Review*, 70, 11(AMA FORUM), 35–36.

Attainable—Results should be within reach. Questions to ask include the following: Is the result achievable with available resources? Is the result possible in the time frame we have? Is there existing support for this issue, within the government and among other key stakeholders? Delivery of results against an objective requires careful scrutiny of the appropriate level of human, technical, and financial resources in hand.

Relevant—The objective being pursued should actively contribute to the overall goal of your advocacy efforts. There should be a plausible and close link between the planned activities, the resources available, partnerships in hand, and the desired outcomes.

Time-bound—Objectives are more likely to be met when a specific date for achievement or completion is set; agreeing on a specific time helps with planning the deployment of resources (e.g., staff or volunteer time, finances) and activities (e.g., policy briefs, budget analysis meeting minutes).

TIP

“Swim with the current”—
SMART objectives should
reflect government priorities
and/or already have a
groundswell of support.

For example, the goal of the Family Planning 2020 (FP2020) initiative is to enable 120 million more women and girls in some of the world’s poorest countries to access contraceptive information, services, and supplies, without coercion or discrimination. Achieving this goal requires many policy and programmatic interventions. AFP’s contribution to achieving this broad goal is to employ strategic advocacy to increase financial investment and political commitment to high-quality family planning.

From this broad vantage point, SMART objectives are needed to achieve incremental progress, or quick wins, that can lead over time to accomplishment of the broad goal. An example of a SMART objective is to increase the district health budget for family planning by 5 percent in the next year or to incorporate community-based distribution of contraceptive injectables into the Ministry of Health guidelines.

Group Work 2.1

Agree on a Broad Goal and One SMART Objective

Identify a broad goal that reflects the priorities of participants. Once the group comes to consensus on a goal, begin to brainstorm on near-term SMART objectives. This can be done as one large group or by splitting into smaller groups.

The group next assesses whether the objectives are in fact SMART and chooses one objective to be the centerpiece of the advocacy strategy. To decide which objective is the highest priority, ask which one is most achievable and has the greatest potential to improve access to contraceptive information, services, and supplies and/or which one must be realized before other objectives can be addressed.

Your group may decide to take on more than one objective. Each objective, however, requires its own advocacy strategy and careful consideration as to whether the group has the capacity to work on two or more objectives at the same time. Remember that success on the first objective will provide evidence that progress is possible and ensure that the team is better placed to quickly achieve other priority objectives.

Record your answers in Appendix 1, Box 2.1.

DO'S AND DON'TS

- **Do ensure that your objective meets all the SMART criteria.** Test it with others in the room or with those not involved in the strategy's development to ensure it is SMART.
- **Don't make the mistake of selecting an overly ambitious objective.** You may need to strategize for a while to get to an objective that can be met in the near term.



Step 3: Identify the Decisionmaker

The likelihood of success increases when your advocacy effort identifies a specific person in power. After developing your SMART objective, it is crucial that you focus on the decisionmaker (or, in some cases, decisionmakers) who has the power to achieve your objective. To identify the key decisionmaker, ask these important questions:

- How are decisions made on the issue you seek to address?
- Who is in the best position to help you achieve your objective? For example, if you seek to add a line item for family planning in the national government budget, is your key decisionmaker in the Ministry of Health or the Ministry of Finance? If there is a lag in procurement of contraceptive supplies within the public system, who is the gatekeeper who has the authority to streamline policies and procedures?

Group Work 3.1

Name Key Decisionmakers

As a group, determine the answers to the questions above and identify the decisionmaker(s) who is best able to achieve your objective. Record the person(s) name and position, and make sure the group agrees on the selection. There may be more than one decisionmaker, which often comes to light during this discussion. Keep in mind that the more you know about the decisionmaker(s), the easier it will be to develop and implement your strategy. You will use your knowledge of the decisionmaker and the decision-making process as you develop the specifics of your strategy, including messages and requests for policy action.

Record your answers in Appendix 1, Box 3.1.

- Do you need to focus on the highest level (i.e., the Minister of Health or Finance) or is there someone else who advises the minister, such as the director of preventive or reproductive health services or the person who actually writes the budget, such as a budget analyst?
- Do you need more than one decisionmaker to achieve your objective?
- Who does the decisionmaker listen to? Start a short list of allies who can help you persuade the decisionmaker to take action.

DO'S AND DON'TS

- **Do identify the right decisionmaker.** For example, sometimes a mid-level official, not a high-level official, is actually better positioned to take the first action toward your objective.
- **Don't assume that there is only one decisionmaker.** You may need to persuade more than one person or the leadership of a governing body.

A decorative graphic consisting of a grid of circles. The top row has three solid blue circles. The second row has a circle with the number '4' inside, followed by two white circles with blue outlines. The third row has three white circles with blue outlines.

Phase 2: Focus Efforts

Step 4: Review the Context

Knowing the context in which you are working helps to understand the external factors that can influence your ability to succeed. This exercise is similar to a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis.

ASSESS OUTSIDE INFLUENCES

An external review (also called a “landscape assessment”) assesses an organization or coalition’s opportunities and challenges from an environmental perspective. For example, what planned events or policy decision points can you build your strategy around? What opposition might you face when trying to achieve your objective? Are there global processes or alliances that can help you make connections or provide other resources? Is there competition for resources or attention that you might face?

If there are a lot of challenges or opposition, are they insurmountable? It may be worth ranking the challenges to see whether you need to change your objective.

Group Work 4.1

Map External Factors that Can Aid or Impede Your Advocacy Strategy

Carefully consider and record your organization or coalition's opportunities and challenges from an external perspective. What is happening within the environment that will influence your ability to achieve the objective set in Step 2? Make two lists: one for external opportunities and the other for external challenges. Step 7 focuses on internal opportunities and challenges.

Record your answers in Appendix 1, Box 4.1.

DO'S AND DON'TS

- **Do assess whether the challenges can be overcome and whether this is the right time to tackle your objective.** The environment/timing might be more favorable later on.
- **Don't forget to assess regional, national, and even international factors that might assist or impede your progress.** Think as broadly as possible to ensure that you fully understand the landscape in which you are working.



Step 5: Know the Decisionmaker

Refer back to Step 3 where you identified your decisionmaker(s). Step 5 consists of exploring all that you know about this person. How does he or she feel about your issue? Where does your decisionmaker stand on family planning?

Consider all the things you might want or need to know about your decisionmaker(s):

- What is their profession/background?
- Have they made any statements for or against family planning?
- Have they voted for or against issues related to population, family planning, or maternal or reproductive health?
- Who is in their social/political circle? Whose opinion do they care most about?
- Are they willing and able to act on issues they care about? Are they willing to act on family planning?

In addition to the information above, you should determine how best to approach the decisionmaker. How will you persuade your decisionmaker—are you starting at the very beginning by *sharing basic knowledge on family planning and your issue*? Assuming the person is knowledgeable, are you *building his or her confidence and willingness to act on your issue*? If your decisionmaker is already active on the issue, you may be *thanking him or her for past work* in order to encourage continued support of your issue. Below are three invaluable ways to support your decisionmaker in taking action:

- **Provide information**—Your decisionmaker may not know about family planning or may know but not care or believe that it is important or as important as other issues. You may need to provide basic information before he or she can consider taking action. For example, what is the size of the problem you hope to address? What does the decisionmaker need to know to make him or her prioritize this issue? What are the most effective ways to address your issue and what are the positive consequences that can be expected?

- **Encourage action**—What is most likely to persuade the decisionmaker to address your issue? What is the easiest thing he or she can do to make a difference? How does your request fit within the decisionmaker’s own agenda and perception of risk? Why will collaboration with your group on this issue be beneficial? What will he or she gain? Professionally? Personally? In terms of his or her reputation?

One way to ease a decisionmaker's perceived risk is to point to other leaders who have supported family planning and what was gained as a result.

- **Recognize their leadership**—Acknowledging a decisionmaker for taking positive action can be powerful. Thank the decisionmaker publicly and celebrate her or his role in securing a “win.” Conveying appreciation for the decision made will encourage a decisionmaker to act again in the future if a need should arise.

As you think about family planning issues from the perspective of the decisionmaker, it is also important to know what a decisionmaker values. Put yourself in the person’s shoes and adapt your strategy to what her or his priorities are for improving the population’s health, well-being, and social and economic development and for her or his career and legacy.

Think about what matters most to your decisionmaker(s) and consider the environment in which they operate:

- Do they care most about maternal health or women’s rights?
- Is it important to them that public health programs are cost-effective?
- Does their age make them more or less open to change?
- Is it evidence or personal experience that appeals to them most?
- Is it an election year and will their post possibly be affected?
- Is the President supportive of family planning?
- Is policy action on your issue a way to advance their careers or reputations within regional or global arenas?

Finally, the views of decisionmakers can and do change. As you implement your strategy, monitor public statements and record intelligence you receive from meetings or those who know the decisionmakers well to help fine-tune your approach and request for action.

Group Work 5.1

Assess Each Decisionmaker's Knowledge, Values, and Willingness to Act

Brainstorm with your group to find answers to the questions in the “Knowing Your Decisionmaker” section. Write your answers, noting any other relevant information about your decisionmaker.

Determine the needs of the decisionmaker for information, encouragement, or recognition. Make a note of your group's decision.

Develop a core value or value statement for your decisionmaker, clearly noting what they care about (or value) most.

The work done here will influence the decisions you make in Step 6 as you formulate your messages and advocacy ask.

Record your answers in Appendix 1, Box 5.1.

DO'S AND DON'TS

- **Do find out as much as you can about your decisionmaker(s).** The better you know them, the more you can tailor your strategy around them.
- **Don't assume you know your decisionmaker(s);** talk to people who know the decisionmaker(s) well so that your assessment is as factual as possible.



Step 6: Determine the Ask

Now you know which issues are most important to the decisionmaker(s) who can move resources, set policy, and influence others to follow their lead. In preparing for the next step—asking someone to act—think about how people make decisions and shape your SMART request accordingly.

In *rational* arguments, evidence is essential. Advocates must be well versed in (1) current research findings to identify gaps in access to contraceptive services; (2) proven and promising program approaches; and (3) returns on investment in the provision of family planning information, services, and supplies. Advocacy that is evidence-based helps neutralize controversy and lead to agreement.

RATIONAL ARGUMENTS

Use facts or evidence

EMOTIONAL ARGUMENTS

Use evocative stories and photos

ETHICAL ARGUMENTS

Use a rights-based approach

Emotional arguments add the human dimension. They rely on personal stories to underscore the commonality of experience and the potential for policy to alleviate suffering and improve lives.

Ethical arguments take other people into account and incorporate an understanding of social and cultural norms. They center on justice, sympathy, and awareness of the implications of one's action or inaction.

No one type of argument wins the agreement of a decisionmaker. Many decisionmaker-centered strategies often need and use a combination of arguments or even all three. To be effective, advocates must think carefully about which arguments may be most compelling. For example, a policymaker with a background in medicine or economics may be more interested in data analyses and projections. Consider how your request to a decisionmaker will integrate rational, emotional, and ethical arguments to strengthen your ability to win consensus and see policy change.

Enabling Community Health Workers to Provide Contraceptive Injectables in Kenya

In 2012, advocates in Kenya considered the arguments needed to persuade the leadership of nursing associations and key policymakers to support guidelines that would enable community health workers to provide contraceptive injectables. They developed a set of powerful talking points to support their request.

- They drew on years of operations research documenting that community health workers could safely provide this family planning method—a *rational* argument.
- They recognized the experience and expertise of nurses and their concerns that women receive high-quality care—an *emotional* argument.
- And, they stressed that community-based care would overcome inequality between women living in rural and urban areas and among the wealthiest and the poor—a *moral/ethical* argument.

The nursing association endorsed the guidelines, which were launched nationwide in 2013.

Group Work 6.1

Build a Strong Case for Family Planning from Multiple Perspectives

Brainstorm the rational, emotional, and ethical reasons why a decisionmaker should support your advocacy request. Think through the evidence/stories/ethical framework you would need to convince a decisionmaker to act toward achieving your objective. Write down a list of potential rational, emotional, and moral/ethical arguments that support your issue.

From what you know about the decisionmaker, prioritize which arguments are most likely to achieve a positive response to your advocacy ask. You will consider these again as you complete the message box (see below).

Record your answers in Appendix 1, Box 6.1.

THE FIVE-POINT MESSAGE BOX

Many advocacy strategies employ a message box to guide thinking (see Figures 1 and 2). AFP builds on the message box designed by Spitfire Strategies in their Smart Chart™ (www.smartchart.org) to develop a simple, consistent, evidence-based request for policy action—the ask. For AFP, success depends on seeing the decisionmaker as an ally and helping him or her to buy into providing more resources and a better policy environment. It also depends on developing consensus among coalitions that are committed to this agenda but have differing views on how to address it. Advocacy strategies may focus on many decisionmakers. It may be necessary to develop a message box for more than one decisionmaker.

TIP

Refer to the decisionmaker by name and not title alone. It helps to tailor the message more accurately.

Figure 1: The five-point message box

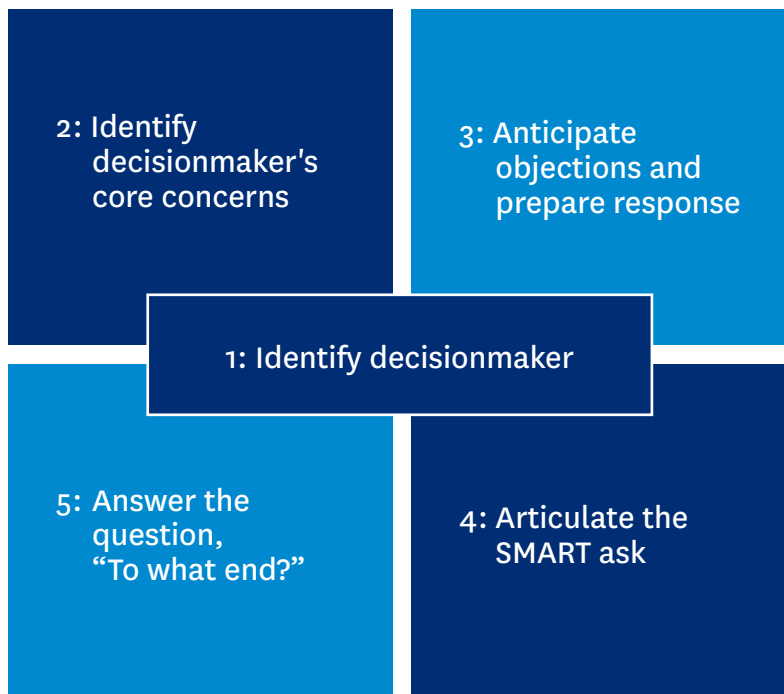
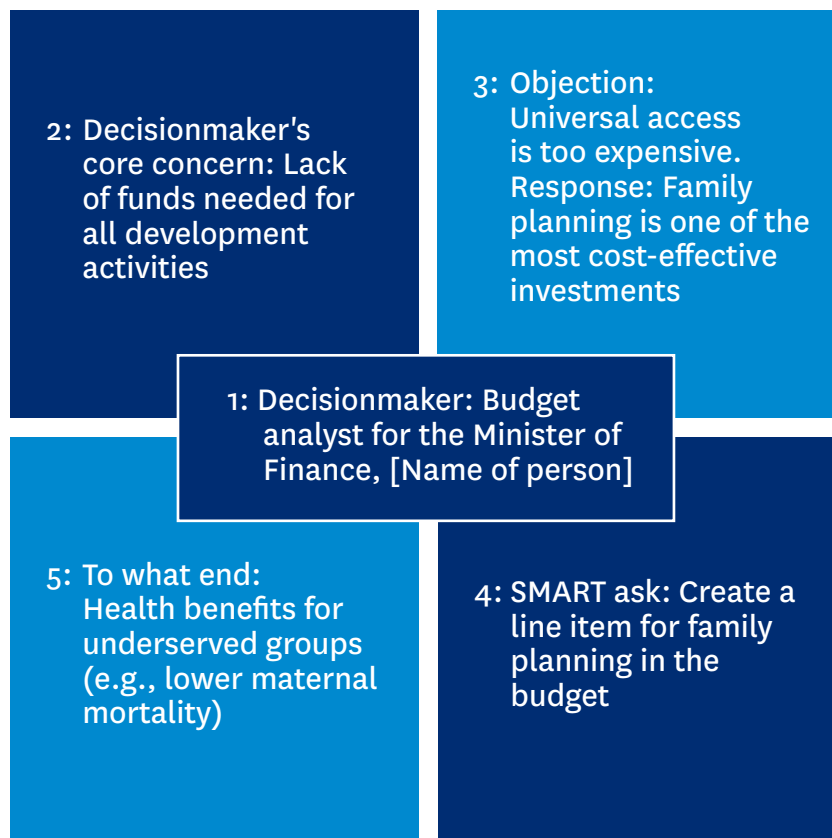


Figure 2: Example message box



Group Work 6.2

Develop a Message Box for the SMART Objective

For this exercise, refer back to what you discovered about your decisionmaker(s) in steps 3 and 5.

- 1. Identify a specific decisionmaker.** Referring to the decisionmaker by name and not title alone helps to tailor the message more accurately.
- 2. Identify the core concerns and values of a single decisionmaker.** What does he or she care about? What public remarks or policy changes has the person made or introduced, respectively, that relate to family planning? At this stage, you will focus on what is important to the decisionmaker rather than what is important to you. Tip: Review all that you know about your decisionmaker, gathered in Step 3.
- 3. Anticipate a decisionmaker's objections and reservations and craft arguments to overcome them.** For example, if a decisionmaker considers other health issues to be a higher priority for the national health budget, advocates can provide evidence of (1) the need for and cost effectiveness of family planning, (2) gender disparities within health investments, and (3) stories of women who wait hours to obtain their chosen contraceptive method because it is a priority for them. Tip: Review the rational, emotional, and ethical arguments that you identified earlier to see which should be included. Only provide the information that is most relevant to the values and core concerns of the decisionmaker and the challenges he or she faces.
- 4. Articulate a SMART advocacy ask.** The advocacy ask centers on what can realistically be achieved and should closely align with the SMART objective of the overall advocacy strategy. It also is something that the decisionmaker has the capacity and comfort level to do and has more benefits than risks.
- 5. Answer the question, "To what end?"** Tell a decisionmaker why acting on your request has benefits for people, communities, and countries and why it reinforces the values identified in Step 2. It should focus on the positive and convey hope that progress is possible and that a decisionmaker's leadership can make a difference.

Record your answers in Appendix 1, Box 6.2.

DELIVER THE MESSAGE

Unexpected opportunities often arise when you have access to a decisionmaker and it is appropriate to make your case. Thus, every individual involved in developing your advocacy strategy should be able to articulate the SMART ask and the supporting message points.

For example, one AFP coalition member in Kenya had worked in vain to secure an appointment with a senior government official in the Ministry of Health. But when that official cut the ribbon to open the new office of her organization, initiating a conversation that focused on the advocacy ask was easy. The official agreed to a follow-up meeting and was well prepared to consider the request to support community-based distribution of contraceptive injectables. Once you have a message box, it is easy to remember what your policy objective is and how you want to approach the individual in power.

A common mistake in advocacy is to think that conviction and expertise are the best qualifications of a messenger. For instance, just because a coalition member is passionate about securing NGO access to family planning commodities through the National Medical Stores does not mean he or she is the best messenger. It is important to consider if the decisionmaker will listen to her or him. The messenger is as critical as the message. A right message delivered by the wrong messenger is likely to be dismissed.

Consider who your decisionmaker listens to and who will have the most influence on whether he or she agrees to act. For the Ministry of Finance official who drafts the budget, an economist or peer from another ministry may be most influential. Depending on the government structure, district health officers or mayors, for example, may be more influenced by authorities within their own constituency or by central government officials.

TIP

Consistency counts: In successful strategies, the specifics of the SMART objective, advocacy ask, and Quick Win are the same.

Selecting an Influential Messenger in Indonesia

The advocacy ask of the Bandung district working group referenced in Step 1 was to secure a budget allocation for family planning staff and volunteers from district leadership. They identified the Association of Indonesian Village Governments (Asosiasi Pemerintahan Desa Seluruh Indonesia, or APDESI) as having the most influence over local village leaders, including the village council and headman, who in turn control budgets. Advocacy efforts directed toward APDESI led to a new mandate that village leaders in Bandung allocate funds, within their Village Equity Budget, to specific activities such as (1) coordination meetings between family planning field staff and volunteer workers and (2) efforts to meet the need for counseling and transportation to health centers for those seeking access to long-acting and permanent methods.

A by-product of this initiative was that several family planning champions came forward. One Bandasari village leader, who engaged Village Development Teams, led by example: he announced his own vasectomy to his community. The Head of the District Government Planning Office in Bandung became a vocal proponent of investment in family planning, stating that it is essential to family welfare and national development and achievement of the Millennium Development Goals.

ASK THE DECISIONMAKER TO ACT

Once you have identified the best messenger, it is time to prepare for delivering the message and advocacy ask. If the messenger is not a member of the group developing the strategy, you will need to develop a plan to enlist her or his support.

As you prioritize activities in Step 7, it is likely that your work plan will include one or more small meetings to make the request for a policy action. It is critical to prepare for those meetings. Put yourself in the place of the decisionmaker and plan accordingly. Take care to prepare briefing materials that support your request (see “Implement a Plan, Part 2: An Overview of Evidence-based Policy Briefs”).

TIP

Success breeds success—achieving a series of near-term quick wins adds up to fulfillment of long-term goals.

Protocol differs in every country and should be considered in your preparation.

- Will your request be part of an informal discussion or require a formal presentation?
- Will you need to wear professional clothing?
- How much time will you have to make your case?
- If more than one of you is involved in the meeting, who will present the issue and who will ask the decisionmaker to act?
- How will you follow up after the meeting?
- Is another meeting needed? It often helps to role play to see if your message is clear and concise.

During the meeting itself, respect the time constraints of busy decisionmakers. Confirm the amount of time you have for your meeting either before or during the meeting. Be sure to make a brief, straightforward case for why your issue is important. Remember that this is a dialogue, and make time for the decisionmaker to fully participate in the conversation. Be sure to assign one person to deliver your advocacy ask. Wait for a response. There is no need to fill the silence while a decisionmaker considers your request. Finally, quickly review anything you will do to follow up on the meeting and thank the decisionmaker for his or her time, regardless of whether his or her response was favorable to the advocacy ask.

Group Work 6.3

Practice Delivering the Message and Identify the Best Person to Make the Ask

Develop role plays to present the request for action. This could be done in pairs or as a single group. Each person should practice being both the decisionmaker and the messenger. Use the questions listed above as a guide to shaping your request.

Select one person to take the message forward. Together with your group, ask, “Who does the decisionmaker typically listen to?”

Tip: It is often the person to whom it is hardest for the decisionmaker to say no.

Record the name of the messenger in Appendix 1, Box 6.3.

DO’S AND DON’TS

- **Do ensure that each point in the message box supports the other points.** The message box will come in handy as you prepare to meet your decisionmaker.
- **Do rehearse before you meet your decisionmaker and be prepared for any question or challenge that arises.** If you are well prepared, your confidence will be evident to the decisionmaker and bring you closer to realizing your objective.
- **Do ensure your coalition is prepared for unscheduled/impromptu meetings with the decisionmaker.** Be prepared to take advantage of the opportunity.
- **Don’t assume your decisionmaker knows as much as you know about your issue.** Come prepared with fact sheets, briefs, and other background documentation in case he or she asks, but do not overdo it. It is better to respond to questions than it is to share all you know.
- **Don’t be defeated if your meeting with the decisionmaker does not go the way you planned.** Return to your coalition for a re-assessment and possible re-tooling of your strategy.

Phase 3: Achieve Change

Step 7: Develop a Work Plan and Budget

You have now set the stage for reaching your objective and are ready to plan in detail who will take action, when, and with what resources. It will be the starting point for mobilizing your group and others toward achieving a Quick Win.

An advocacy strategy focused on decisionmakers and a near-term quick win rarely includes activities to raise awareness or generate media coverage. Instead, the strategy makes the best use of existing opportunities to influence a decision (e.g., the annual budget cycle, review of the poverty reduction plan, etc.) and activities that directly link to what will help a decisionmaker to act. It will also involve asking the decisionmaker to act. Plan for success and consider which activities are the easiest for members of your group to accomplish and what each member can contribute.

ASSESS INTERNAL RESOURCES

The internal assessment helps examine your group's capacity for effective advocacy and identifies other resource needs. For example:

- What organizational staff or volunteer resources do you have to implement your advocacy strategy?
- Do you have access to or influence with decisionmakers?
- Are you part of other coalitions, networks, or working groups that may provide insight on such things as the political environment, needed evidence, or the realities of family planning service delivery?
- Do you have relationships with prominent spokespeople, access to funds, alliances with powerful professional associations, expertise on the issue, and/or research/evidence?

The internal review also includes the challenges you may face in not having sufficient influence or time to commit in carrying out an advocacy strategy.

Group Work 7.1

Checklist: Map the Internal Resources Available to Support Your Advocacy Strategy

As a group or in small groups, carefully record all the assets and challenges your group has internally (meaning, within your advocacy coalition not within your geographical setting or individual organization). Consider the assets each person/organization brings to the table and the challenges each person/organization faces, and also consider the assets/challenges of the collective group as a whole. Questions to ask include

- Do we have the financial resources?
- Do we have the time?
- Do we have the data to support our request?
- Do we have the human resources?

Record your answers in Appendix 1, Box 7.1

SPECIFY ADVOCACY ACTIVITIES

Refer back to your SMART objective from Step 2. In this step, you will brainstorm ideas for advocacy strategies; as you do, test them against the objective: How will the activity further your objective? How does it relate to what the decisionmaker considers important? Is the activity worth the time and money it will require?

Create a detailed timeline with assignments and deadlines for specific activities. Estimate how much time and funds each will require. A field visit for an official to understand that contraceptive injectables can be safely provided by community health workers will be more expensive than a one-on-one meeting with the policymaker who oversees the national family planning program.

Estimate costs for each activity. It is essential to have an idea of the resources needed for each item. Budget figures can be verified later and as the work plan is finalized. Assign one individual or organization to coordinate the strategy and see that all steps are implemented. If possible, distribute the advocacy plan with

assignments to all those involved on the day of the meeting or the next day. Discuss how best the group can keep track of progress and of new developments that may necessitate a change in strategy, such as a new political appointment or change in donor support. The Decision Tree described in "Implement a Plan" can help you make strategic choices as your work plan is implemented.

Group Work 7.2

Create a Detailed Work Plan and Budget

As a group or in small groups, discuss possible activities to support your SMART objective, the timing of implementing them, who will be involved, and the estimated costs. Ask the hard questions. Is each activity needed to achieve a Quick Win? Is the activity worth the time and money? How can the strategy be made as simple as possible to implement? Carefully record group decisions and individual responsibilities.

Once you have a draft plan, review it in the context of the message you will use with each identified decisionmaker. For example, if your message asks him or her to approve guidelines allowing community health workers to provide contraceptive injectables, review your plan to ensure that your activities all directly contribute to making this happen. Take time to discuss whether every activity is needed to reach your objective and whether your plan is realistic. Every success will energize your efforts to identify and achieve the next objective.

Record your answers in Appendix 1, Box 7.2.

DO'S AND DON'TS

- **Do ensure you have names next to each activity and know who will take charge of ensuring that activity occurs.** List an individual's name, not just an organization's name.
- **Do revisit the work plan periodically to see if the activities are happening as scheduled or if they need to change.** Perhaps you will need to add another step or two along the way.
- **Don't forget that most coalition members have other jobs as well.** Assigning one person as the overall strategy manager can help keep activities moving.

Step 8: Set Benchmarks for Success

How will you know your work plan is succeeding? At the end of the day, success is seeing that all individuals have access to the family planning information, services, and supplies that will enable them to time or prevent pregnancies as desired. There are many ways to fulfill this vision of success, and advocacy is only one. It is, however, a powerful one that sets standards and provides resources for groups of people rather than individuals.

There are three ways to measure the success of advocacy efforts:

1. **Outputs**—did you carry out all the activities in your work plan?
2. **Outcomes**—did you fulfill your SMART objectives and achieve a Quick Win?
3. **Impact**—did your Quick Win improve the situation for those who need and want access to family planning?

For more on monitoring and evaluating advocacy efforts, refer to the “Capture Results” component.

Group Work 8.1

List Indicators of Progress

As a group or in small groups, determine the outputs and outcome(s) that will help you monitor progress. Examples of outputs could include a policy brief developed as the result of a policy analysis, a crucial meeting with a key influencer or messenger, or a briefing for a decisionmaker. In the AFP approach, outcomes are quick wins and the product of your advocacy strategy.

Review the information that is available to measure impact in the long term and identify data that provide a current picture of needs and practices and that can be monitored over time. For example, what are the current levels of funding for family planning? What is the current contraceptive prevalence rate in your country?

Record your answers in Appendix 1, Box 8.1.



Step 9: Implement and Assess

With a strategy and work plan in place, it is time to take action. The secret to implementing a successful strategy and work plan is to maintain and build on the enthusiasm that comes with developing a collaborative way forward.

Any development—positive or negative—is an opportunity to revisit and revise the advocacy strategy. It is a good practice to review your progress to ensure that you are on track and that your plans reflect the current policy environment. If the situation changes (an election results in new policymakers that can directly impact your objective or new research either supports or negates what you want to achieve), it is important to make course corrections.

It is essential that your group has the flexibility to add new activities, develop new message boxes, and/or know when to re-strategize if no progress has been made (see “Understand and Manage Setbacks” in “Implement a Plan”). Most important, checking in frequently helps to determine when advocacy efforts succeed and how best to capitalize on that success.

When a Quick Win occurs, consult “Capture Results” to document your process and evaluate outcomes. If your group was successful, re-convene the members (or bring in new members) to select another SMART objective and Quick Win. Next time, the group will likely be able to move through the steps more quickly—or begin at a later stage.

DO'S AND DON'TS

- **Do remember that it is okay to change your plan in response to new developments.** You may need to re-strategize or re-plan if you are not seeing progress.
- **Don't act in isolation.** Continue to consult with policymakers and other informants.

Acknowledgments

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AFP aims to increase the financial investment and political commitment needed to ensure access to high-quality family planning through evidence-based advocacy.

Appendix 1: Group Exercise Worksheets

Phase 1: Build Consensus

Box 2.1

Broad Goal:

SMART Objective:

Box 3.1

Identify Decisionmaker:

Phase 2: Focus Efforts

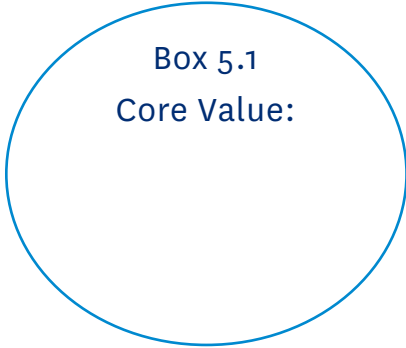
Box 4.1 External Challenges	Box 4.1 External Opportunities

Decisionmaker Name (from Box 3.1):

Knowledge:



Values:



Willingness to Act:

Box 6.1

Identify Decisionmaker:

Rational

Emotional

Ethical

Box 6.2 Message Box

2: Decisionmaker's Core Concern:	3: Objection:
1: Decisionmaker Name:	
5: To What End?	4: SMART Ask:

Box 6.3

Messenger Name:

Phase 3: Achieve Change

Box 7.1 Internal Challenges	Box 7.1 Internal Opportunities

Box 7.2 Basic Work Plan Template			
SMART Objective	Next Steps/ Input Activities	Estimated Budget	Person(s) Responsible
			Timeline
Box 8.1 Indicators of Progress			
Anticipated Outputs:		Anticipated Outcomes (Quick Wins):	

Appendix 2: The AFP SMART Advocacy Approach in Nine Steps

Phase 1: Build Consensus	
Step 1: Decide Who to Involve	Ensure all relevant players are at the table: those with influence, expertise, frontline experience, and/or skills in facilitation. Review the advanced preparation checklist to plan your strategy development session.
Step 2: Set SMART Objectives	Be clear on what you hope to achieve in the long term. Set SMART objectives to achieve incremental progress or quick wins that can lead over time to accomplishment of the broad goal.
Step 3: Identify the Decisionmaker	Identify the specific decisionmaker (or, in some cases, decisionmakers) who has the power to achieve your objective. Use your knowledge of the decisionmaker and the decision-making process as you develop the specifics of your strategy, including messages and requests for policy action.
Phase 2: Focus Efforts	
Step 4: Review the Context	Review the external factors that may influence your ability to succeed. Assess opportunities and challenges from an environmental perspective, such as decision points, planned events, opposition, partnerships or alliances, and competition or resources. Rank challenges to see whether you need to refresh your objective.

Step 5: Know the Decisionmaker	Consider all the things you might want or need to know about your decisionmaker and determine how best to approach him or her. It is important to know what a decisionmaker cares about, and his or her values, in order to reach him or her effectively and request a policy change that will result in action.
Step 6: Determine the Ask	Brainstorm the rational, emotional, and ethical reasons why a decisionmaker should support your advocacy request. Think through the evidence/stories/ethical framework you would need to convince a decisionmaker to act toward achieving your objective. Develop a message box to outline a simple, consistent, evidence-based request for policy action—the ask. Select a messenger: take time to consider who your decisionmaker listens to and who will have the most influence on whether he or she agrees to act.
Phase 3: Achieve Change	
Step 7: Develop a Work Plan	Map the internal resources available to support your advocacy strategy. Brainstorm specific advocacy activities and evaluate them against the SMART objective. Create a detailed timeline with assignments, the financial resources available, and the specific person responsible.
Step 8: Set Benchmarks for Success	Consider the outputs and outcome(s) that will help you monitor progress. Review the information that is available to measure impact in the long term and identify data that you are able to monitor during and subsequent to strategy implementation.
Step 9: Implement and Assess	Review assignments and next steps and set up the next phone or in-person check-in on progress. Evaluate your progress against benchmarks to ensure that you are on track. Be flexible enough to add new activities, develop new message boxes, and/or know when to re-strategize if no progress has been made. When a Quick Win occurs, document your process and evaluate outcomes.

Notes

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Implement a Plan

Part 1: Monitor for Impact—The Decision Tree

Part 2: Evidence-based Briefs—Make Your Case

NOV 2015

In implementing a strategic advocacy plan, advocates must monitor progress to track whether activities are achieving their intended impact or whether different tactics are needed. A decision tree can help advocates look ahead and focus on follow-through. Advocates must also use targeted materials such as briefs, presentations, and case studies to clearly outline key messages, present research findings, disseminate policy and program guidelines, outline crucial challenges, and provide concrete next steps in the form of “asks.”

The most effective materials are informed by evidence-based advocacy—advocacy that identifies, assesses, and uses the most up-to-date research findings as the basis for policy decisions. Once this information is collected and analyzed, it can then be packaged to produce focused, succinct briefs that make a clear case for change. This component provides a decision tree for monitoring impact and basic guidance for making your case with evidence-based briefs.

Monitor for Impact: The Decision Tree

Monitor Implementation of the Advocacy Strategy

AFP tracks advocacy objectives and quick wins to determine if they are achieving their intended impact. Over time, it is possible to identify that certain steps must occur either consecutively or in parallel to have outcomes at the impact level. Monitoring whether these steps have occurred is essential to determining advocacy success. In this sense, the Decision Tree can serve as a checklist—which is helpful since advocacy occurs in an environment with limited resources, narrow mandates and geographies, and multiple demands on time. Figure 1 provides an example on task sharing and describes the AFP process for monitoring results.

STEP 1: IDENTIFY THE QUICK WIN(S)

Identify the Quick Win/s you are monitoring and date of accomplishment.

STEP 2: IDENTIFY THE MOST EFFECTIVE INTERVENTIONS

Identify which interventions are most effective in creating change beyond the Quick Win. AFP may be involved in some or none of these interventions. Track whether the required interventions are being implemented (either through the local advisory group or other formal/informal mechanisms). If you find that a necessary, effective intervention has not been planned, this is the time to review and revise your original advocacy strategy and advocacy actions. At each level of implementation, a binary outcome (yes/no) will occur. Each level represented in the figure is an instance for documentation and data collection. A “no” at each level represents an opportunity for advocacy to reverse the outcome. A “yes” means moving forward and tracking the next incremental outcome.

For example, a Quick Win may be a policy decision to include a new method in the public sector. After this Quick Win, the most effective interventions to increase

contraceptive choice include (1) disseminating policy, (2) training providers, and (3) developing a supply chain to support the new method. AFP should track whether these interventions have taken place even when we are not directly involved in specific activities. We track implementation of the policy decision by working closely with the relevant partners and prepare for additional advocacy if a particular action falters.

STEP 3: IDENTIFY THE MONITORING TEAM

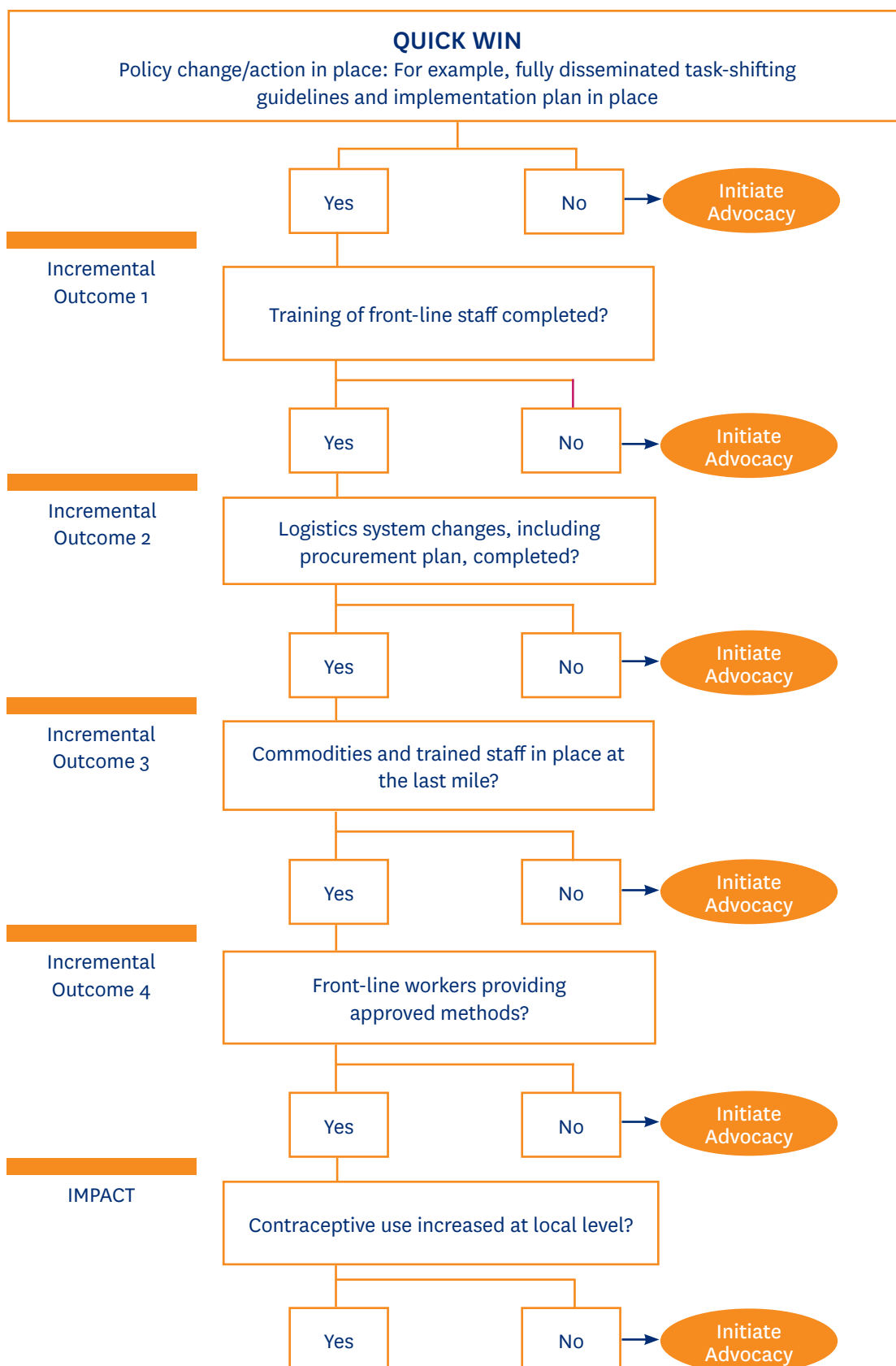
Identify who will track the status of an intervention and how they will get information and communicate; and document this in detail in the workplan drafted during the strategy development process, where advocacy partners are assigned responsibilities.

If possible, set timelines for each of the above steps. Some implementation steps may occur concurrently or consecutively, but documenting when they occur provides evidence of implementation and insight into the length of the advocacy process for future efforts.

STEP 4: COLLABORATE TO RENEW EFFORTS, IN REAL TIME

Once again, for each stage along the process, be prepared to renew advocacy efforts. This step requires close partnership with the government and implementers to be able to understand when and why interventions have stalled and to develop new advocacy strategies to overcome barriers.

Figure 1. Decision Tree: Creating Impact from Outcomes



Understand and Manage Setbacks

When expected changes do not occur, it is important to revisit the assumptions underlying the advocacy strategy. Typically, we see changes in contraceptive use or method mix as a result of advocacy if we

- Made reasonable assumptions about the local demand for family planning services and specific methods
- **And** made reasonable assumptions about the local barriers to access and use
- **And** invested in the most effective interventions with our partners

The following example shows how underlying assumptions dictate strategy but may not lead to expected results:

Family planning partners in District A share a common opinion that frequent stock-outs in the public sector are contributing to low contraceptive use. They develop a strategy to reduce stock-outs by increasing funding for local transport to regularly collect commodities. The Quick Win is an increase in district-level funding for regular commodity transport. Here are some unexpected results from the Quick Win and different assumptions that may underlie them:

- **Result 1: Despite the increase in funding, there are no changes in stock-outs at District A**

Explanation: This result points to a fallacy at the process level. Increased funding does not automatically change stock status. It will do so only if the funds were used to collect commodities, which were then properly stocked and distributed at the facility level.

- **Result 2: There are fewer stock-outs in District A, but no change in contraceptive use occurs after one year**

Explanation: At the causal level, contraceptive use may not be supply-elastic (i.e., may not be responsive to changes in supply). This can happen when women's preferred method is unavailable and the wrong types of methods are fully stocked.

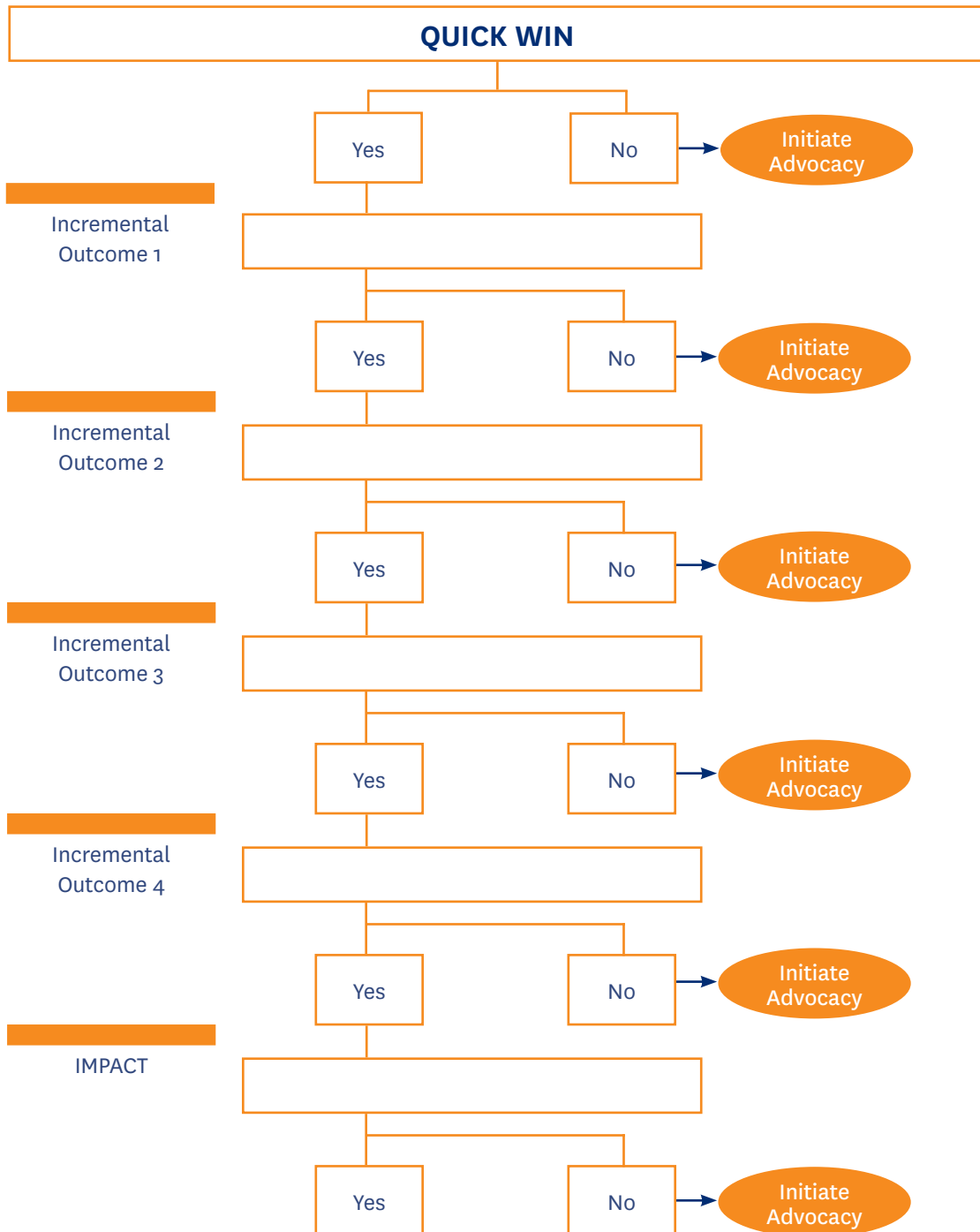
- **Result 3: There are fewer stock-outs in District A, but contraceptive use for the district decreases**

Explanation: Our assumption about the relationship between stocks and contraceptive use did not take into account other variables that may be more powerful in explaining contraceptive behavior in District A. For example, following a series of economic shocks, District A's infant mortality rates spiral upward. The replacement effect reduces the demand for contraception in the period that follows.

Results can vary because the underlying assumptions about process and cause may be incorrect. In every instance, revisiting underlying assumptions and adjusting strategy based on new evidence will help move a Quick Win back on track to achieving a result.

AFP's approach calls for strong evidence to guide advocacy, and this example shows the value of obtaining better information about client preferences to develop an effective strategy. Even when we have good evidence, the context may change rapidly, which requires refining the strategy and restarting advocacy. The Decision Tree anticipates these moments of returning to advocacy each step along the way to an incremental outcome and impact (see Figure 1).

Appendix 1.1. Decision Tree Worksheet



Make Your Case

An Overview of Evidence-based Advocacy Briefs

An advocacy brief includes a concise summary of a particular issue, the policy options to deal with it, and some recommendations on the best option. It also provides decisionmakers with the evidence to support that option. Because advocacy efforts focus on decisionmakers who might have little relevant technical background or are busy and sometimes not aware of or interested in the topic, the following points should be kept in mind when developing briefs.

Briefs should be

- **Short.** One page (double-sided, usually about 700 words) is best, with key information on the front.
- **Focused.** There should be only one or two take-home messages.
- **Evidence-based.** But non-technical in presentation. Focus on meanings, not methods.
- **Relevant.** Country- and, if possible, state- or district-specific.

Briefs can inform (research results or a state of knowledge) and/or influence (advocacy).

An effective advocacy brief will

- Provide enough **BACKGROUND** for the policymaker to understand the problem.
- **CONVINCE** the policymaker that solving the problem is important and urgent.
- Provide **EVIDENCE** to support action.
- Incite the policymaker to make a decision with a clear, actionable **ASK**.

See Figure 1 for a sample advocacy brief.

EVIDENCE

Data that support or emphasize the main message are essential.

- Present only information that is relevant to the decisionmaker.
- Use graphics such as charts, figures, and tables to show data visually, but make sure the graphics have clear titles and the message is easily discerned.
- Define technical terms in a way that is understandable to the average reader.

Figure 1: Sample Advocacy Brief

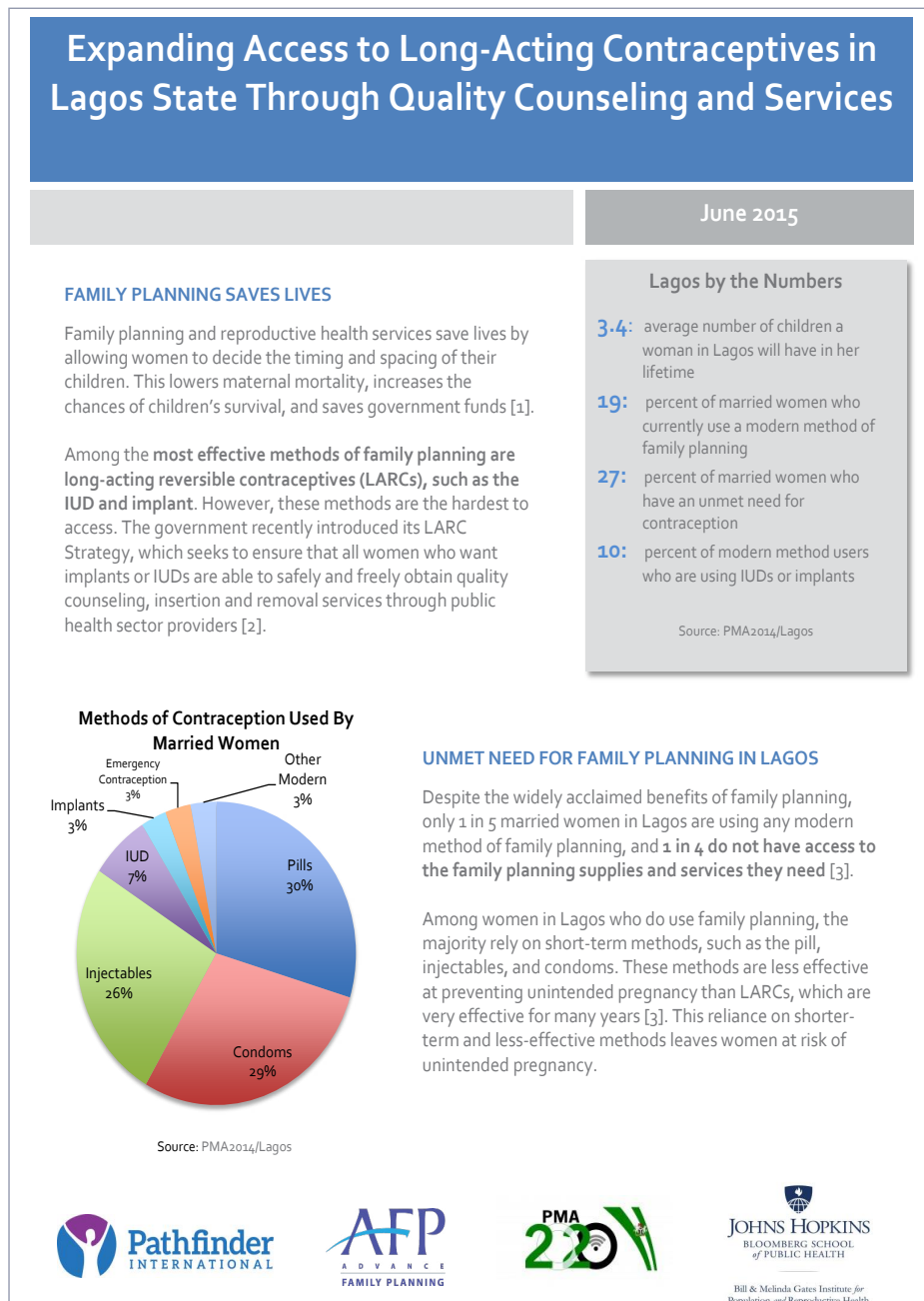


Figure 1: Sample Advocacy Brief, continued



FORMATTING AND STYLE

Write short, succinct sentences.

- Use “white space” to make the page appealing to the eye and attention-catching.
- Lay out your text in an electronic- and printer-friendly format.
- Consider bulleted lists and tables, use boldface text to highlight important words or phrases, and insert subheadings to improve readability.
- Select photos strategically to convey a message and put a “human face” on the topic, as well as to make the page attractive. However, be cautious of adding too many images, which can make the file size large and affect download speed.
- Use boxes or sidebars to present various types of information that do not fit well in the flow of the text.

ATTRIBUTION

- Provide references for evidence—but not so many that it begins to look like an academic report.
- Make the organizational source of the brief clear through attribution or inclusion of a logo(s).
- Include a “for further information” section along with the name of a person to contact.

SUPPORTING MATERIAL

In addition to the brief, supporting materials may include

- A factsheet
- Supporting research, field reports, or complementary advocacy materials
- Examples of successful applications of the recommended “asks”

Capture Results

*Part 1: AFP Results Cascade—Document
Your Process and Results*

Part 2: Case Studies—Tell Your Story

NOV 2015

What pathways influence action by decisionmakers? How do these actions lead to improvements in access, quality, or choice? It is usually difficult to show that advocacy directly influences impact. However, investing in the outcomes known to influence impact allows for a credible association with the result. AFP's Results Cascade provides a systematic process to document, monitor, refine, and demonstrate the results of a family planning advocacy strategy. It provides a pathway to answer the question, "To what end?"

This component of the AFP Advocacy Portfolio provides step-by-step guidance to develop a Results Cascade and identify data sources to validate results. It also provides guidance on writing a case study to distill those results into a story that others can understand and replicate. You can use the appended worksheets to complete your own cascade.

Document Your Process And Results

The AFP Results Cascade: A User's Guide

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Introduction

Purpose

The AFP Results Cascade is our principal monitoring and evaluation tool. The tool enables advocates to easily document their results in a way that persons not directly involved in the effort can understand.

The cascade has four main components:

1. Disciplined monitoring
2. Accountability tracking
3. Advocacy refinement
4. Effectiveness assessment

Overview

The Results Cascade graphically presents advocacy **inputs**, **outputs**, **outcomes**, and **impact** (see Box 1). It provides a lens in which to view the pathways that influence action by decisionmakers.

First, the Results Cascade provides a means to document the actors and activities that generate changes in policy action. Second, it serves as a monitoring tool that tracks implementation of policy actions. Third, it provides a process to assess advocacy results and opportunities to refine your strategy. Finally, the cascade allows for a systematic process of demonstrating the “so what” of advocacy in family planning.

A typical AFP Results Cascade occurs in two phases:

- **Phase One:** The Quick Win—documenting the process
- **Phase Two:** Results Cascade—documenting the result or impact from quick wins

Both phases are monitored for implementation using a Decision Tree (see “Implement a Plan”).

Box 1. Key Terms

INPUTS refer to the technical assistance and financial resources that are deployed to generate an output. Inputs are used during the process of implementing an advocacy strategy.

OUTPUTS are products generated from inputs. In the AFP Results Cascade, outputs are short-term results over which advocacy partners have the most influence.

OUTCOMES are the quick wins in the AFP approach and Results Cascade and are the product of an advocacy strategy focused on policy results. Advocacy partners deliberately seek outcomes within an advocacy strategy that result from a series of outputs. Outcomes depend on several variables over which advocacy partners do not have full control. They are nonetheless an important measure of advocacy performance. Outputs alone will not change the status-quo.

IMPACT is the long-term result produced by a combination of interventions and may be positive or negative. Impact in the context of family planning advocacy, for example, can be the increase or decrease in unintended pregnancies as measured by changes in contraceptive use. It is usually difficult to show that advocacy directly influences impact, but monitoring for results or impact and investing in the outputs and outcomes known to influence impact allows for a credible association with the result being sought.

Underlying Assumptions

The cascade responds to the need to demonstrate that advocacy investments generate results. Underlying the AFP Results Cascade are assumptions about the need and areas of action in family planning. We start with the assumption that family planning services are not given high enough priority and are under-funded in many developing countries because decisionmakers lack both the evidence of their value and the incentive to act. Decisionmakers in health and finance experience little near-term incentive to invest in family planning because, thus far, the case for family planning has been poorly articulated at the local level and largely donor-led. The multiple and broad principles used to bolster the family planning case often provide little specificity for the local state health coordinator, the district manager, or the health minister on the risks of not spending on family planning or reversing a policy decision.

Also, the scale of risk is unknown. Should a district manager budget 15 percent or 1 percent of the budget for family planning? Would it be better to invest in the near term on community-based distribution of injectables or postpartum family planning services? Further, who communicates risk matters. If the need for better family planning services is poorly or infrequently articulated by local civil society groups or regional coalitions, decisionmakers rightly do not have an incentive to invest.

AFP also assumes that monitoring the process after a successful advocacy effort is crucial to deepening the effects of a Quick Win. Following a decision that results in a policy reversal for example, or increased financial resources, decisionmakers need to see that advocates track and report back on the near-term changes that have occurred because a decision was taken. This lends to the value of local advocacy in supporting family planning.

Finally, AFP assumes that repeated success in family planning advocacy—wins—makes it easier for new and more difficult decisions to be taken and for decisionmakers to take risks. When policymakers can be confident in the quality and source of information, they have greater incentive to be supportive of the family planning agenda. A history of success in advocacy is more likely to lead to earlier and deepened results.

The AFP Results Cascade prioritizes the following elements in choosing the process as well as the outcomes being sought through advocacy:

- Select needed near-term outcomes to achieve broad goals collectively with partners.
- Address urgent priorities of decisionmakers that can be achieved in the near term through a strategic approach to advocacy.
- Focus on providing information based on evidence, targeted to the needs of the local decisionmaker and, where evidence is limited, be honest brokers of information.
- Reduce the risk and increase the reward for decisionmakers to take decisions.

Selection of Quick Wins

The process of identifying the policy issues most likely to produce a Quick Win and how to pursue them is embedded in the AFP approach to advocacy strategy development (see “Develop a Strategy”). This approach prioritizes advocacy efforts and quick wins that are tied to larger advocacy goals and intended impact. Some policy issues or advocacy opportunities may result in near-term wins, but will only have long-term additive influence if they *directly* build toward an overarching goal.

AFP, for example, seeks to improve access to a full range of contraceptive methods in order to reduce unmet need for modern contraception and prevent unintended pregnancies. Hence, outcomes that increase awareness of the benefits of a method or of family planning among health workers or the general public, while important, do not directly contribute to creating AFP outcomes, such as removal of policy barriers that restrict access, quality, or choice and increased funding for services through resource mobilization, new sources of financing, or market shaping. In this regard, the section on SMART objectives provides guidance on choosing relevant outcomes of interest. In selecting the objective, AFP’s approach further takes into account the policy environment, relationships with decisionmakers, and available resources.

Box 2. Key Terms

GOALS are broad statements about desired outcomes and are linked to the overall mission of the project. “Reduce unintended pregnancies” or “Improve maternal health” are goals. They describe the overall purpose of the work and are not strictly measurable. Goals are intended to occur over the long term. Several objectives usually support a single goal.

OBJECTIVES are brief statements of intent describing the specific outcome being sought. There is therefore a clear link between the objective statement and the outcome desired. Objectives work toward achieving the overall goal of the project.

SMART is an acronym used here to characterize strong advocacy objectives. Results being pursued are SMART in the sense that they are:

Specific

Measurable

Attainable/Achievable

Relevant

Time-bound

Implementation

The Results Cascade should be used in concert with a focused advocacy strategy designed to achieve near-term **goals** and incremental **SMART objectives** that logically lead to the broad goal (see Box 2). The Results Cascade helps explain the advocacy initiative to external audiences and aids advocates in making decisions related to implementation of a policy or program to ensure long-term impact for beneficiaries. The Results Cascade links advocacy, policy change, and improvements in family planning outcomes and impact. The following sections provide step-by-step instructions on documenting the phases of a results cascade, examples of documentation, and useful worksheets.

TIP
Review your advocacy strategy when completing the Results Cascade.

Phase 1: Document Quick Wins

STEP 1: RECORD THE HEADLINE AND FORMATIVE ACTIVITY

Record the SMART objective and the important steps you took to identify your advocacy opportunity. This could be a meeting of a few stakeholders, the establishment of a working group, or a meeting of a contraceptive security committee. Document the date, key actors, and purpose of the formative activity.¹ Our tool for advocacy strategy development—the AFP SMART: A Guide to Quick Wins—is a means for identifying the key steps needed to achieve your objective and can be used as a reference (see Box 3 and Figure 1, **Formative Activity**).

STEP 2: DOCUMENT THE PROCESS ACTIVITIES AND OUTPUTS

In this step, you should document the activities you and your local advisory group/network/working group undertook and the outputs produced. The activities and outputs should be the ones you have identified as strategic in your advocacy strategy. Outputs could include a policy brief developed as the result of a policy

¹ Documenting the names of participants and their contact information—via a registration sheet—and producing meeting minutes or an agenda provide the evidence needed to show that a formative activity actually occurred.

analysis, a crucial meeting with a key influencer or messenger, or a briefing for a decisionmaker.² In Figure 1, process activities are represented by three boxes but can be represented by any number of boxes, depending on the number of tactics chosen. The key is to select the activities most logically linked to securing a Quick Win (see Box 3 and Figure 1, **Process Activities**).

STEP 3: DETAIL THE QUICK WIN

Document the Quick Win in a detailed manner. If it includes new task-sharing guidelines, outline what task the health providers can now perform. This specificity enables the Quick Win to be tracked and measured through the use of the Decision Tree and Results Cascade. If you are using the AFP SMART: A Guide to Quick Wins to develop an advocacy strategy, the Quick Win and the objective/incremental step are usually the same (see Box 3 and Figure 1, **Quick Win**). See Figure 2 for a sample AFP Quick Win.

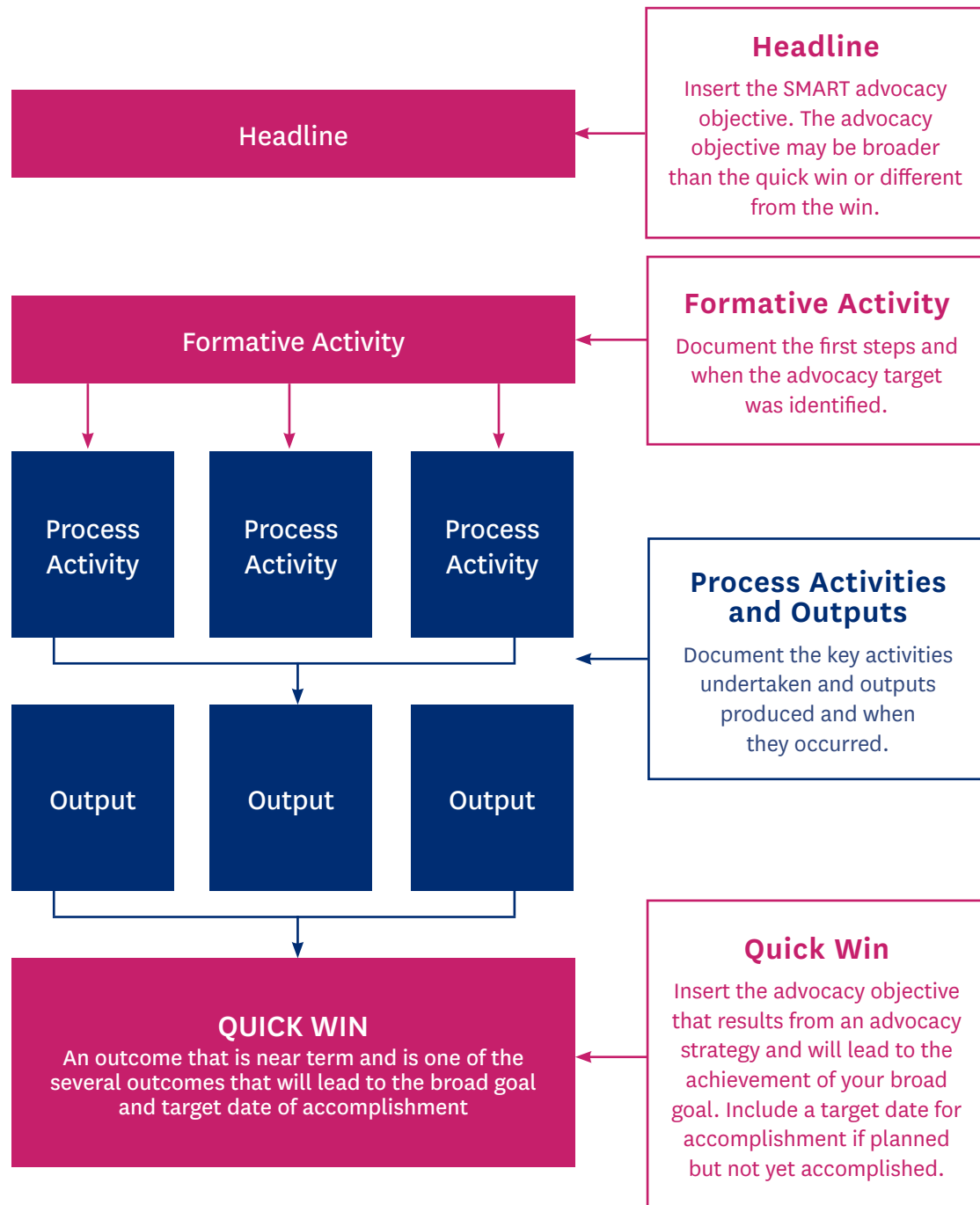
Box 3. Key Terms

ACTIVITIES are the actions or interventions that use inputs to create results. They are not objectives in themselves but are useful for creating results. Hosting a meeting of family planning experts to discuss training guidelines for community-based distribution is an example of an activity. In this instance, hosting the meeting is a step in a process toward meeting an objective.

PROCESS ACTIVITIES, for example, may include a technical presentation to the council of ministers with a specific recommendation to include a new method in the public sector method mix and evidence on why a change is needed.

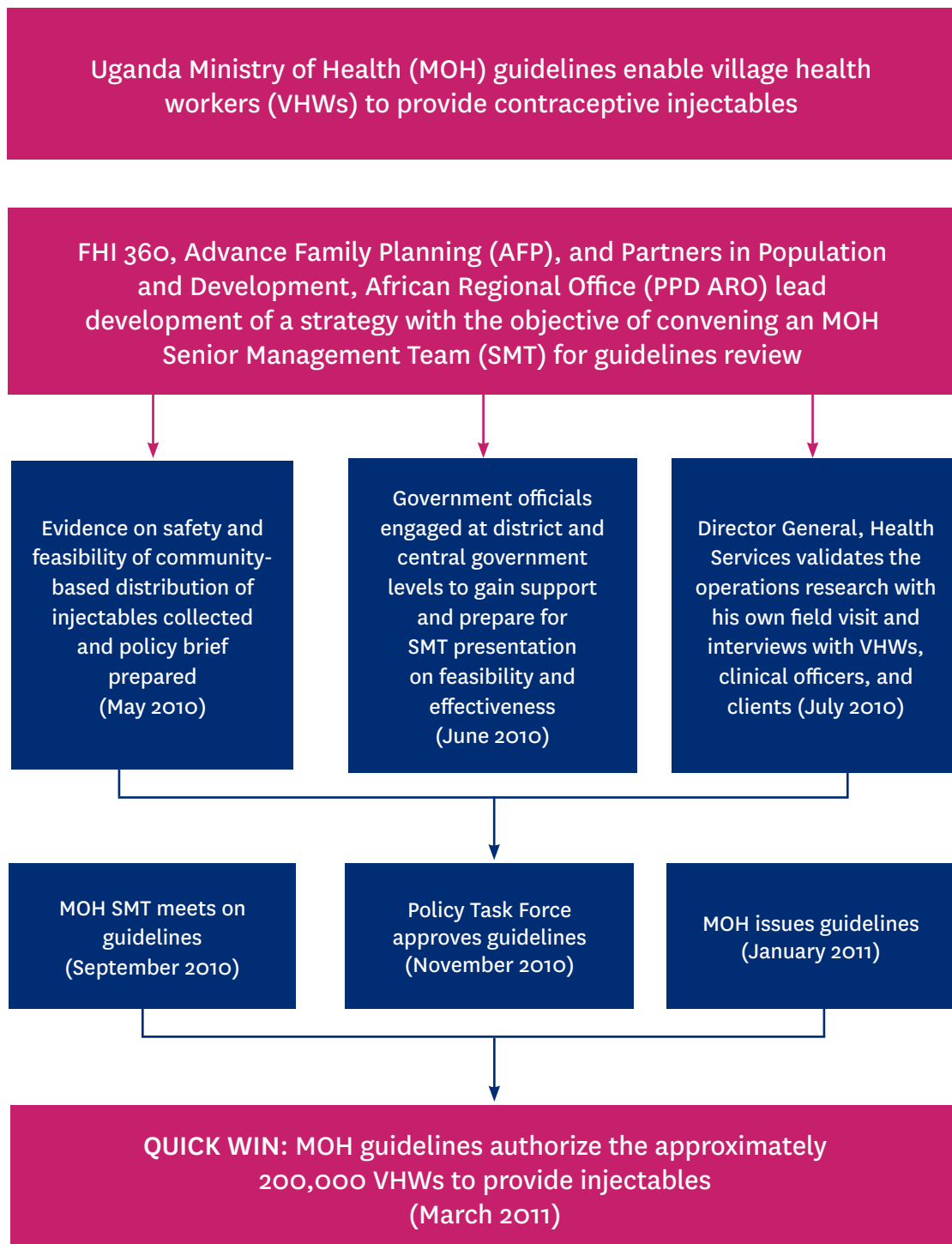
QUICK WIN is the discrete, critical decision that must occur in the near term and is one of several outcomes that will lead to a broader goal. It is the result of a targeted advocacy strategy (see “Develop a Strategy”).

² Documenting the dates of the activity and outputs and collecting evidence on the outputs (such as links to a brief, meeting notes, and acknowledgment of a meeting and next steps) are useful for this step.

Figure 1. AFP Results Cascade, Phase 1: The Quick Win³

³ Use *Italics* to indicate ongoing activity/unfinished work and regular font for completed work.

Figure 2. AFP Results Cascade,
Phase 1: Community Access to Injectables in Uganda



Phase 2: Document the Results Cascade

STEP 1: DOCUMENT THE QUICK WIN

List the Quick Win or wins expected to lead to increased contraceptive access. Include in this box only those wins to which AFP contributed to achieving. Date the quick win/s (see Figure 3, Quick Win/s).

STEP 2: TRACK THE INCREMENTAL OUTCOMES

Step 2 addresses the incremental outcomes that must occur if the Quick Win is to lead to impact. AFP and its local advisory group or network may not be directly responsible for outcomes. This is usually the case at the national or regional level. However, at the district level, directly influencing the supply of family planning services may be within AFP and its partners' reach. But outcomes at all levels share a common feature—they require an AFP-generated Quick Win as a pre-step.

For example, a district government may be interested in expanding long-acting method access in its community. A successful AFP-generated Quick Win may be an increase in the budget for family planning at the district level. But these additional funds could be used in different ways; some would improve long-acting method use, others would not. Thus, it is important to determine how the funds have been used. Funds spent on (1) expanding the pool of staff that can provide long-acting methods, (2) improving the quality of counseling for such services, and (3) making changes in the supply chain to accommodate the logistic needs of service delivery at the district level are all examples of outcomes that can logically explain an increase in long-acting method access. Other partners besides AFP, including the government, may be responsible for initiating and accomplishing these outcomes (see Figure 3, Track Incremental Outcomes).

STEP 3: DOCUMENT THE IMPACT

Insert the broad goal from your advocacy strategy. For AFP, the goal will usually be related to an increase in contraceptive use, whether at the district, national, or regional level. The Quick Win or wins and the incremental outcomes identified in Step 2 should flow outward toward your goal, demonstrating impact (see Figure 3, Impact/Broad Goal).

STEP 4: IDENTIFY THE DATA SOURCE

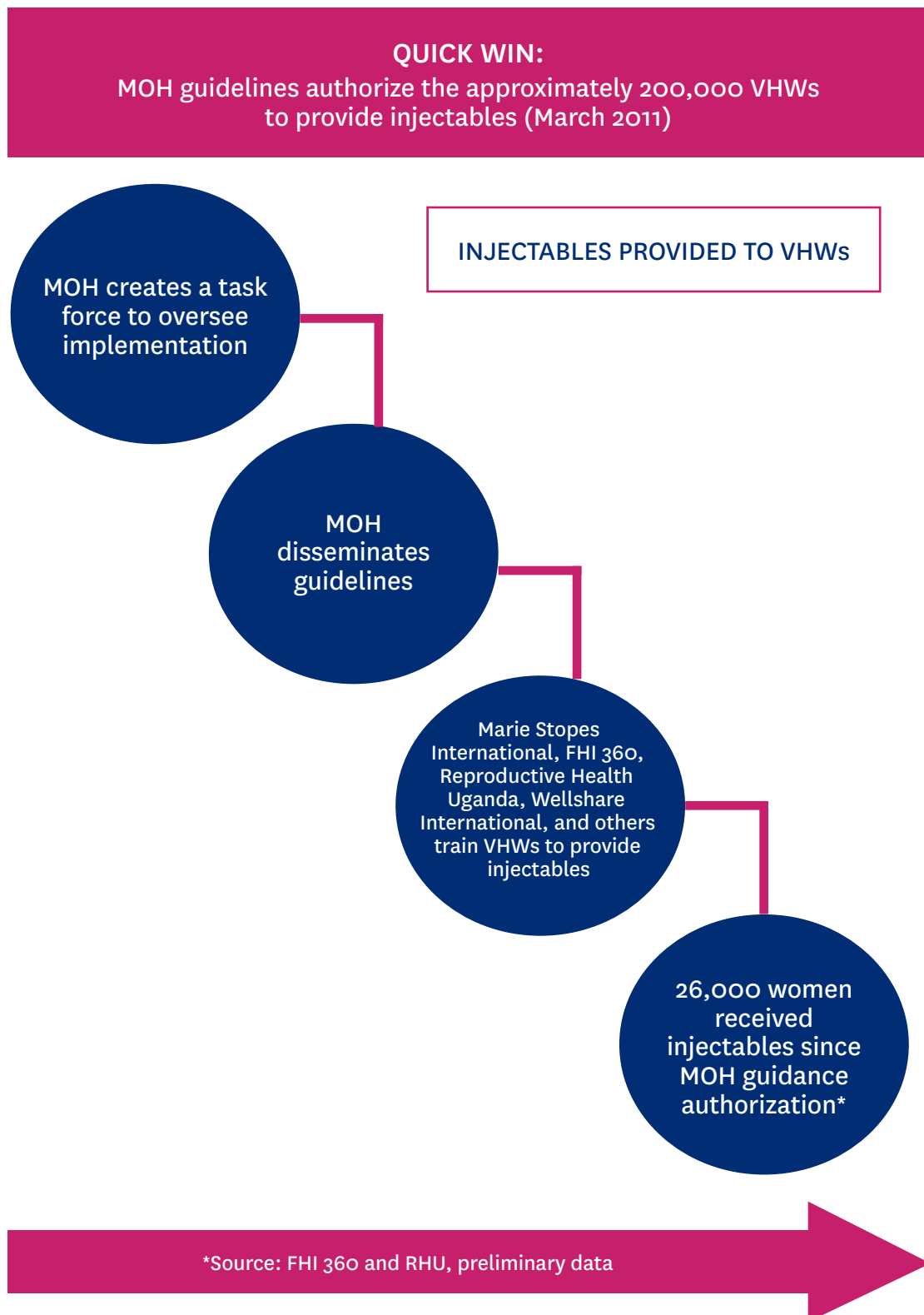
Insert the data source that validates the impact in the arrow below the impact. For data sources, see Table 1.

See Figure 4 for a sample AFP Results Cascade.

Figure 3. AFP Results Cascade, Phase 2: From Quick Win to Impact



Figure 4. AFP Results Cascade, Phase 2: Community Access to Injectables in Uganda



Validate Results

All results (outputs, outcomes, and impact) should be validated. Reference and include documentation of outputs and outcomes from a Quick Win as appendices. Table 1 shows examples of data and sources of validation for each level.

Table 1. Example Data for Validating Results

LEVEL OF DATA	POSSIBLE/POTENTIAL SOURCES OF VALIDATION
<p>Outputs</p>	<ol style="list-style-type: none"> I. Meeting notes with agendas II. Policy briefs III. Outputs from routine statistics/tools—strategic planning/budgeting/costing/advocacy/resource mobilization/ logistics/health management information systems (HMIS). <i>Examples include advocacy strategies or Smart Charts™, RAPID⁴, GAP⁵, ImpactNow, Spectrum analyses, budget tracking, RH Costing⁶</i> IV. List of trained personnel, training agenda V. Outputs from developing a network or coalition. <i>Examples include manifesto/common agenda of a network, articulating stance on family planning and member selection criteria for the network/coalition</i> VI. Network/coalition members' inputs on impending policy decisions
<p>Outcomes*</p> <p>*Outcomes may or may not be generated as a result of AFP advocacy. When they are achieved as a result of AFP advocacy efforts, they are considered quick wins.</p>	<ol style="list-style-type: none"> I. Copies of written/formal approval of policy change, including operational policy changes. <i>Examples include copies of published training guidelines/curricula, guidelines for new method inclusion, and changes in procurement and financing mechanisms to reduce barriers to policy implementation</i> II. Memoranda indicating policy shift/strategic partnerships. <i>Examples include a request by government for AFP to serve as technical secretariat for a family planning committee, to insert AFP developed guidance in a development plan, and to develop a memorandum of understanding between private sector and government on capacity development for new methods</i> III. Budget notes indicating expansion in funding IV. Documentation of changes in reporting requirements that increase government accountability for family planning performance. <i>Example could include new guidance from the African Union to ministries of health under the Maputo Plan of Action.</i> V. Formal requests that indicate strength of network expertise and value. <i>Examples include requests from influential African leaders to join a network/coalition and requests from institutions seeking civil society review/endorsement</i>

LEVEL OF DATA	POSSIBLE/POTENTIAL SOURCES OF VALIDATION
<p>Impact*</p> <p>*At the impact level, AFP tracks outcomes toward impact even when achieved independent of AFP advocacy. This ensures that, if an outcome is stalled, AFP can be responsive and initiate new advocacy quickly.</p> <p>Other data that must be monitored are contextual data such as changes in leadership and in political/religious/social support for family planning or new health/development priorities at the local, national, or regional levels.</p>	<ol style="list-style-type: none"> I. New system designs or plans that change access, choice, or quality of services. <i>Examples include the announcement of new logistics systems for community-based distribution of injectables, copies of a procurement plan for a new method, announcement of/copy of resourced plans for quality of care, written approval of a public sector distribution plan to include nongovernment stakeholders, and inclusion of family planning in health insurance</i> II. Data that demonstrate improvements in access. <i>Examples include HMIS data, logistics data, contraceptive security data, providing information showing new acceptors, a new method in the pipeline, lower rates of stock-outs/no stock-outs, and increased resources mobilized for family planning</i> III. Data that demonstrate improvements in quality of services. <i>Examples include results from small local surveys or analyses, focus group data, and client satisfaction surveys</i> IV. Data that demonstrate increased contraceptive prevalence. <i>Examples include results from large household surveys: DHS⁷, MICS⁸, PMA2020⁹</i> V. Documents such as frameworks and position papers from national, regional, or global institutions that explicitly reference the contributions of a network/coalition or use language provided by the network

4 The RAPID Model is a computer-based tool that stakeholders can use to demonstrate the effect of rapid population growth on different sectors and the benefits of FP programs. For further information see http://www.healthpolicyinitiative.com/Publications/Documents/808_1_RAPID_Model_Handout_FINAL_July_2009_acc2.pdf.

5 The Gather, Analyze, Plan (GAP) Tool is a simple Excel-based tool to help policymakers, ministry officials, and health officials understand and plan for the costs associated with expanding FP approaches in order to achieve their country's contraceptive prevalence or total fertility rate goals. For further information see http://www.healthpolicyinitiative.com/Publications/Groups/group_33/33_GAP_Tool_Manual_FINAL_8_3_11_acc.pdf.

6 World Health Organization. (2013). Reproductive Health Costing Tool. Available at http://www.who.int/pmnch/topics/economics/costing_tools/en/index15.html.

7 Demographic and Health Surveys (DHS) are funded by the United States Agency for International Development and include more than 300 household surveys in 90 countries on population, health, and nutrition.

8 Multiple Indicator Cluster Surveys (MICS) are funded by the United Nations Children's Fund and conducted by government organizations since 1991 on indicators related to health, education, and child protection.

9 Performance, Monitoring and Accountability Surveys 2020 (PMA2020) will be funded by the Bill & Melinda Gates Foundation and are slated to begin in 2013. Surveys will be conducted in nine countries to monitor progress in access to and use of contraceptives and include household and delivery point surveys.

Issues of Accountability and Attribution

AFP primarily works at the decentralized level through local advisory groups. Priorities for advocacy are those issues that influence the supply and quality of family planning services locally, in keeping with AFP's approach. Our role is to catalyze advocacy around these priorities so that partners work together toward specific outcomes.

Accountability for results in this framework means that AFP should be able to demonstrate that it has (1) selected the right priorities for achieving the most impact, (2) chosen the appropriate interventions to make significant changes in the priority indicators, and (3) used effective approaches to advocate successfully for policy and program change.

Accountability for results does not mean that local changes in contraceptive use can be attributed directly to AFP's advocacy work. The Results Cascade provides a reasonable means for attribution in two ways:

1. It provides a critical element in the change narrative—documentation of incremental outcomes/quick wins that must precede impact and be generated through AFP advocacy action.
2. It acknowledges and documents the role of other partners by identifying the interventions used and the timing of the interventions in the results cascade.

Conclusion

The Results Cascade orients the advocacy approach toward achieving results and long-term impact. Framing the approach on AFP-generated quick wins increases the likelihood that activities go beyond “sensitization” or increasing the awareness of family planning benefits. In family planning, the gap between “knowledge” and “behavior” is substantial. If we want to achieve results, we need to go beyond influencing knowledge to influencing the drivers of behavior—in this instance, actions taken by decisionmakers. This guide shows how advocacy contributes to health by bringing about concrete actions by decisionmakers to improve the supply and quality of services. Refer to the online version of the AFP Advocacy Portfolio for additional resources such as a Results Cascade PowerPoint presentation.

Acknowledgments

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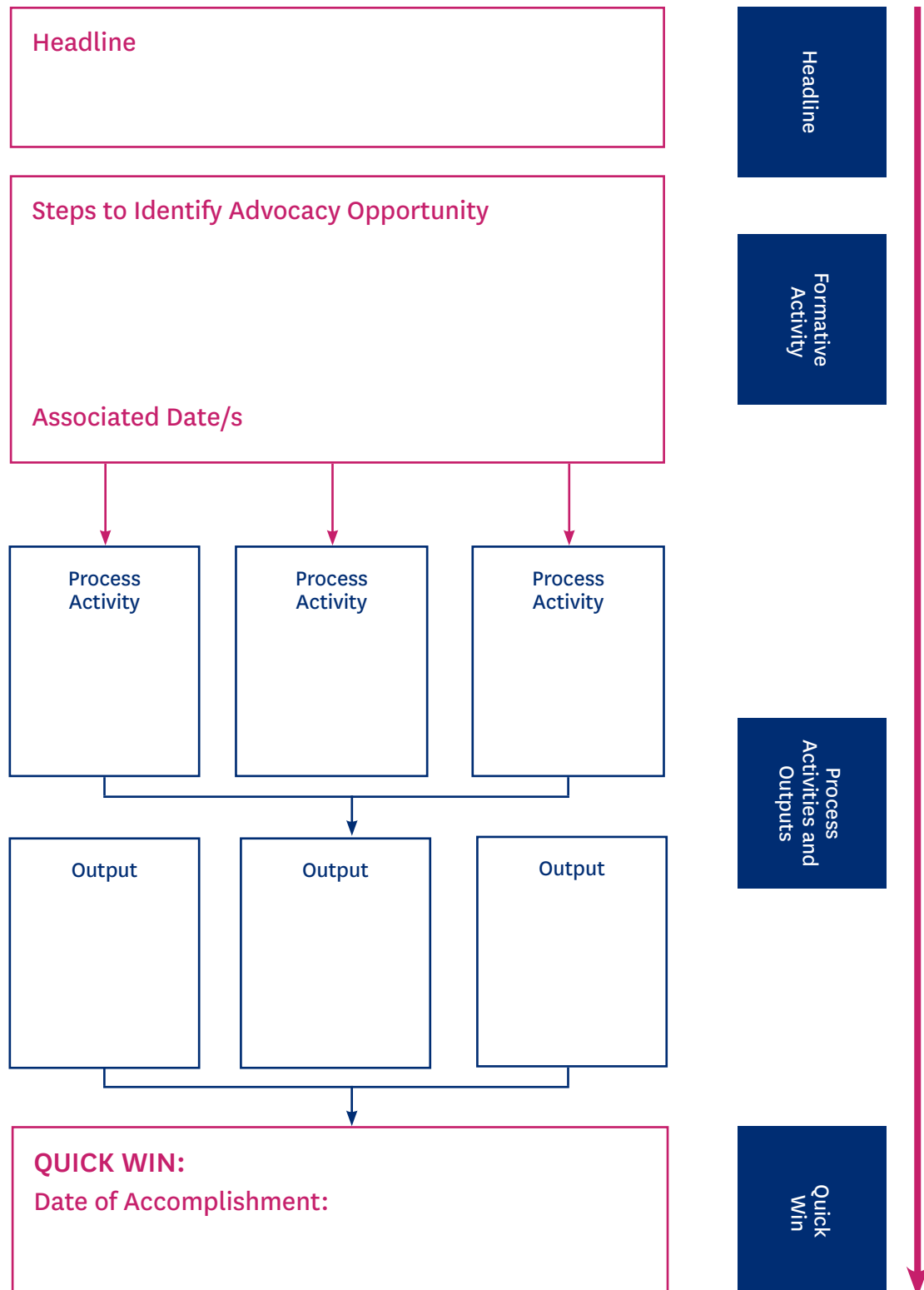
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AFP aims to increase the financial investment and political commitment needed to ensure access to high-quality family planning through evidence-based advocacy.

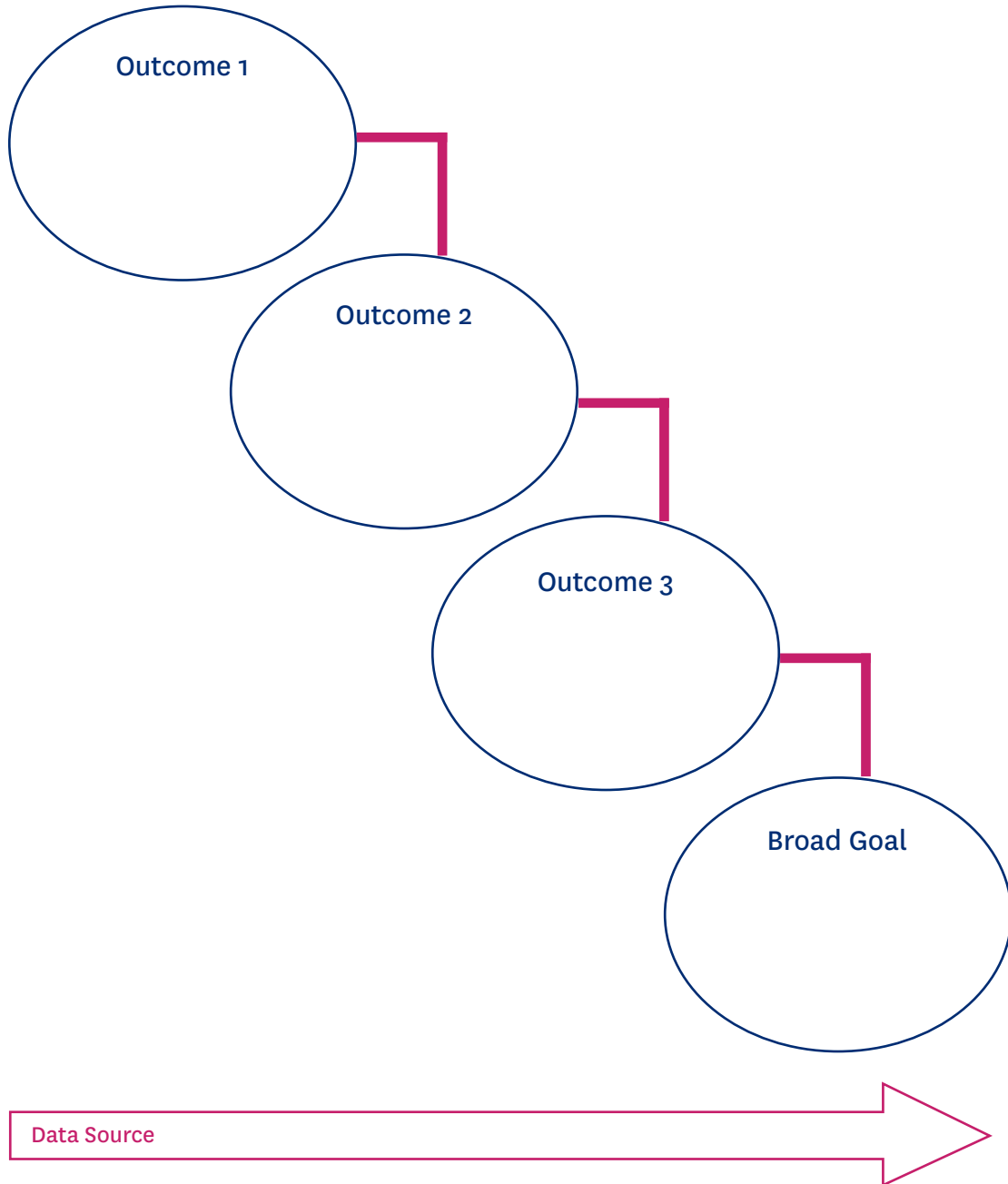
Appendix 1.1. Quick Win Worksheet



Appendix 1.2. Results Cascade Worksheet

QUICK WIN:

Date Achieved:



Tell Your Story: A Guide to Writing Case Studies

Case studies help us to better understand, document, and describe our outcomes and results—both positive and negative. For each case study, we hope to gain an understanding of a key policy or program change and the advocacy efforts that led to the change. Target audiences for your case study may range from the non-technical (such as government officials or policymakers) to the technical (such as family planning advocates in other settings). Balancing the needs of both readers—for a compelling human interest narrative and for simple yet robust explanations of your methods and results—will strengthen your case study.

Process of Constructing Case Studies²

“Case studies can tell a full and rich story about what an advocacy strategy did and accomplished.”¹

STEP 1: GATHER THE RAW DATA

To have a comprehensive and in-depth understanding of an event, it is important to gather the fundamental information about the event from multiple sources.

Data collection for a case study may include the following:

- Telling the story through your own eyes, based on your perspective or experience
- Conducting interviews with lead actors to collect quotes and impressions

1 Coffman, J. (2009). Overview of Current Advocacy Evaluation Practice. Washington, DC: Center for Evaluation Innovation (p. 12).

2 Patton, M. Q. (2002). Qualitative Research & Evaluation Methods: 3rd Edition. Thousand Oaks: Sage Publications, Inc.; and Monash University Library. (2007). QuickRef 27. How to write the case study. Victoria, Australia: Monash University Library.

- Making observations
- Reviewing documents
 - » Media clippings, program reports, meeting minutes, policy documents
- Compiling contextual information
- Capturing moments with photographs

STEP 2: COMPILE A RECORD

Once you have gathered all the information you need for your case study, create a case record. The case record is an edited, organized, and manageable file of all the information you collected on your case.

STEP 3: DRAFT A NARRATIVE

Using the information collected, write a case description following the outline provided here. When determining what to include in the case study, consider what you achieved and what you learned, and then look for common themes, patterns, and phrases that emerge from the various pieces of evidence. The most effective case study focuses on one aspect of the strategy and distills its lessons from the outset. Identify the most compelling quotes and photographs that illustrate the human interest of your narrative. Aim for no more than four to five pages in length.

STEP 4: SELF-EDIT AND REVIEW THE DRAFT

Self-editing allows you to test the story against the original vision and view the product as a reader might. Read the case study as if you were unfamiliar with the topic and ask yourself, “Does this make sense? Could I explain it to someone else?” If it is not obvious what a paragraph is trying to say, rewrite it or delete it. Have individuals who were involved in the advocacy efforts review the case study narrative for accuracy and validity.

Case Study Outline

Title: Try to be as outcome-oriented as possible in devising a title (e.g., Global Fund Commits \$8.7 Million to Improve Access to Family Planning in Uganda). Think of it as a “headline” for your accomplishment. Make it catchy; it should grab the reader’s attention.

I. The Results

This section briefly summarizes what was accomplished:

- a. Describe the programmatic or policy change that occurred or that you were working to achieve.
 - i. What are the implications for women, healthcare providers, communities, or the nation?
 - ii. What is the potential impact on reproductive health outcomes and other development indicators (e.g., Family Planning 2020 commitments, UN Sustainable Development Goals)?

II. Background

This section describes where you started. As briefly as possible:

- a. Describe the problem or issue.
 - i. What was the problem?
 - ii. Why was it important?
- b. Give a description of the context.
 - i. What is the political climate?
 - ii. What are the relevant indicators/statistics (e.g., contraceptive prevalence rate, unmet need, HIV prevalence, etc.)?
 - iii. What was the existing advocacy, if any, on the issue? Why did you become involved with advocacy for this particular problem/issue?

III. The Strategy

This section provides detail on how you achieved your results and is a guide to others who want to replicate or modify your strategy:

- a. Explain various aspects of your strategy and the planning process.
 - i. What were your goals and objectives?
 - ii. Which partners or specific actors were involved?
 - iii. What approaches did you use?
 - iv. What difficulties did you face? How did you overcome them?
 - v. What key activities helped you achieve success?
 - vi. What sources of assistance/support did you find most helpful?

IV. Lessons Learned and Next Steps

- a. What worked? What did not? Include advice for others.
- b. What steps are being taken to ensure that achievements are sustained over time?
- c. What are the follow-up activities? What is the next advocacy target related to this effort (success or setback)?

V. Acknowledgments

- a. Provide recognition of funders and partners.
- b. Include contact details for one person whom readers should contact for more information.

Basic Case Study Checklist

- Does the headline summarize your outcome in action-oriented terms?
- Does the first paragraph clearly state your results?
- Are technical terms and jargon defined or rephrased for the lay reader?
- Do photographs and quotes add to—rather than detract from—your key messages?
- Are partners acknowledged?
- Is the document electronic-friendly?
- Is contact information included to provide more information?

TRANSLATING FAMILY PLANNING JARGON

AVOID OR DEFINE		USE
Contraceptive prevalence rate	→	Percentage of people (usually stated as women of reproductive age, married women, or couples) using contraceptives
Fertility rate	→	Average family size or number of children per woman
Unmet need for family planning	→	Estimate of women who would like to prevent or delay pregnancy but are not using contraception

Notes

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