# How to…

## develop a national advocacy strategy on Human Resources for Eye Health

Produced by


In association with

]thepressuregroup[

## What is advocacy? What is campaigning?

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

### 10 Examples of Advocacy Success in Eye Health in Africa

| Change Issue | Results |
|---|---|
| Global Policy | WHA Resolution A/66/11: Global Action Plan 2014-2109 |
| HRH Planning | Eye health workforce now part of HRH planning in Cameroon using the CCF |
| Ophthalmology | Harmonised training curriculum in 5 institutions in Kenya, Uganda and Tanzania |
| Optometry | Government posts established in SA, Malawi, Uganda, Eritrea and Mozambique |
| Optometry | Eye health indicators integrated into DHIS in KwaZulu Natal |
| AeHPs | More government posts for ONs and OCOs established in Zambia |
| AeHPs | Cataract surgeons recognised in Malawi |
| PEC | Eye health part of new WHO competency-based curricula for nurses & midwives |
| Finance | Increased budget allocation for eye health in Zambia |
| Eye Health | Mozambique Eye Care Coalition: Sustained advocacy across a range of issues |
| HMIS | Eye Health indicators integrated into Mozambique HMIS (SISMA) National System |

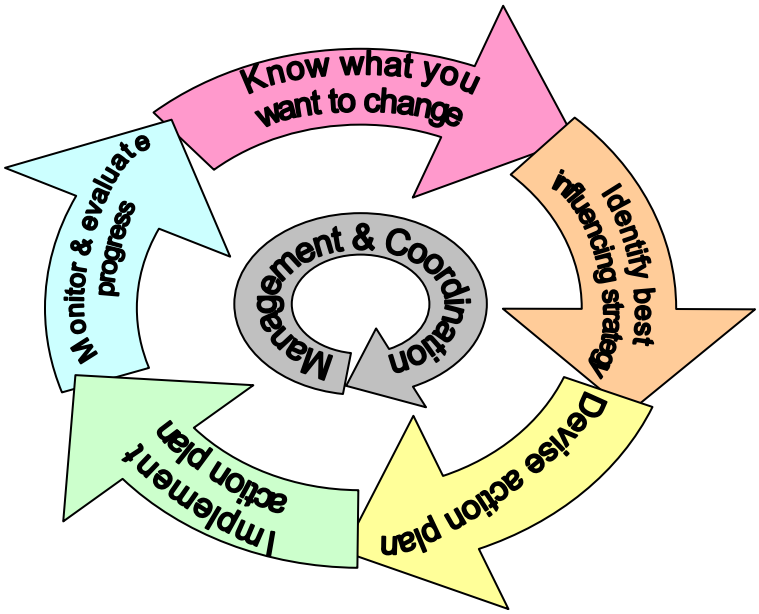
# Table of Contents

# Introduction

This "How To" guide has been prepared to help you develop an advocacy strategy on Human Resources for Eye Health (HReH). It is particularly focussed on Change Objective #1 of the IAPB Africa HReH strategy: *"**Every country with a Human Resources for Health (HRH) strategy has an HReH strategy integrated within it**"*. Therefore, this guide assumes that your country has an HRH strategy or is in the process of developing one.

## How should I use this guide?

The guide sets out a step-by-step process to help you develop an advocacy strategy that is owned and shared by the IAPB members and eye health partners and allies in your country. You can follow this guide as closely or as loosely as you wish (although it has been based on many years experience of planning similar advocacy campaigns, so you may want to trust the process that it recommends).




In order to be more strategic and make best use of the limited time that we have, we will follow a systematic and staged process to develop our advocacy strategy. The overall framework is set out in the Advocacy & Campaigning Cycle[1] (see diagram on right).

In this guide, we will propose a series of meetings, describing the purpose and agenda for each one, together with suggestions for work that needs to be undertaken between each meeting. The process set out here is a guide – you will have to adapt it as necessary to fit in with your circumstances and the progress you are able to make at each stage.

All those directly involved in the planning process should have a copy of this *How To* guide. This will help them to understand and fully participate in the process being followed.

In addition, the leaders of the planning process (including the advocacy consultant) should have a copy of "*Advocacy for Eye Health: A Practical Guide*" written by Ian Chandler and published in two parts by IAPB in 2012. *Part 1 – The Advocacy & Campaigning Cycle* sets out in more detail the advocacy concepts and planning process that will be used. *Part 2 – The Toolkit* describes the planning tools that will be used. This *How To* guide will signpost readers to the relevant parts of the Advocacy Guide.

The Advocacy Advisor/Consultant whom will be supporting you in the process will also need access to the IAPB *Advocacy Training Manual* and its supporting PowerPoint presentations (also produced by Ian Chandler).

[1] For more details on the Advocacy & Campaigning Cycle, see pages 7 – 8 of *Advocacy for Eye Health: A Practical Guide, Part 1*.

## Why do I need a plan?

*"To fail to plan is to plan to fail"*

*"Action without vision is only passing time, vision without action is merely day dreaming, but vision with action can change the world"* (Nelson Mandela)

There are many ways of doing advocacy. We need a clear plan based on a sound analysis to help ensure that:

- Our approach is appropriate for our country context and the resources that we have available
- We can allocate and use our resources to maximum effect, exerting the most influence that we can and increasing the chances of our success
- The advocacy of different eye health organisations is coordinated, reducing duplication and increasing synergy – we are all singing from the same song sheet.
- What we do leads to the change we want to make
- The risks of doing advocacy are reduced to an acceptable level

## What should be in the plan?

We are recommending that you go through the planning process to produce three separate documents:

1. A **Position Paper** – a short document (one or two pages) that sets out your shared understanding of the problem of HReH in your country and what you believe and agree to be the solution. See Annex 1 for more detail.
2. An **Advocacy Strategy** – a more detailed document setting out what your advocacy objectives are, the approach you will take to influencing change, who you will be targeting and the key messages that you will use. The strategy will also set out how you are going to coordinate the actions, manage the risks and monitor & evaluate your progress. See Annex 2 for a template that you could use.
3. An **Action Plan** – setting out what actions you will take to engage and influence the audiences you have specified in your advocacy strategy. This will be a rolling action plan, probably setting out actions over the year ahead but with more detail on the first six months, to be updated every three months (or more frequently). See Annex 3 for a template that you could use in an Excel spreadsheet.

# Preparing for the planning process

Before you can start the advocacy planning process, you need to get together the three basic building blocks of any advocacy: people, information and resources.

## Come together

The first step you can take is to get together with the other eye care partners in your country who may be interested in doing advocacy together on HReH. At that initial meeting you can:

1) Discuss the IAPB Africa Advocacy Strategy for HReH and this How To guide.
2) Form an **HReH Advocacy Steering Group** and designate someone to act as Chair and be the contact point with the IAPB Africa Co-Chair and Regional Secretariat.
3) Map out a rough timetable for the planning process.
4) Estimate the resources required and available (including the seed money from IAPB) to plan and deliver the advocacy strategy and identify how the gap could be filled.

Subsequent meetings of the Steering Group can get into more detail to drive the advocacy planning forward, including mobilising financial contributions from IAPB members to match the seed fund and appointing an Advocacy Advisor on a consultancy basis.

You may also identify other persons whose commitment you want to gain or whose knowledge and skills you will want to draw upon. These you will want to either take part in one or more of the planning workshops or respond to consultation exercises.

## Where are you now?

Either before or soon after the first Steering Group meeting, you need to map out the current situation in your country regarding HReH:

1) At what stage is the government's HRH strategy?
    a) If the government is following the CCF process (see Annex 10), which of the five phases is it in?
    b) If it is following a different process, what process is it and how far along have they reached?
2) Who is coordinating the HRH planning process, and who else is involved?
    - There is probably a specialist unit within the Ministry of Health or Civil Service Commission that is supporting an HRH Steering Committee and possibly various sub-committees.
    a) What is the name of the unit, who works in it and leads it?
    b) Who are the members of the Steering Committee and who chairs it?
    c) What sub-committees are there?
3) Has eye-health been referred to or included in the HRH planning process?
    a) If no, why is that?
    b) If yes, how well have eye-health and the need for eye-health workers been addressed?

c) Is it being addressed at all five levels of the eye health system (community, primary, mid-level (allied eye-health professionals), optometry and ophthalmology)?

All of this information should be fairly easy to gather by consulting with your NECC or Ministry of Health contacts.

In addition, it would be helpful to compile the available facts and figures about eye health and the provision of eye care services in your country. If possible, it should be broken down to different districts and relating to different eye conditions.

## Recruiting expert help

We recommend that you hire a specialist consultant as an Advocacy Advisor to support you in developing and implementing your advocacy strategy. Their role[2] could include:

- Designing and facilitating the advocacy training workshop
- Advising the Advocacy Steering Group on the planning process
- Preparing and facilitating the planning workshops
- Writing up the Position Paper, Advocacy Strategy and Action Plans coming out of the planning workshops
- Undertaking additional research
- Drafting advocacy materials
- Organising advocacy events
- Collating advocacy monitoring information

IAPB Africa will be providing some 'training of trainers' for a small group of local advocacy consultants specifically to help teams in this process.

## Getting everybody up to speed

Before the planning process can properly start, it is likely that participants in the process will need some initial orientation and training on advocacy and the planning process that you will be following. Therefore you should organise a one-day A**dvocacy Familiarisation workshop**.

This would be suitable for between 6 and 18 Steering Group members and other key individuals to help them participate effectively in the advocacy planning. Your Advocacy Advisor can facilitate this workshop.

[2] A more detailed Terms of Reference for an Advocacy Advisor is given in Annex 4

# Planning Workshops – as simple as 1-2-3

We believe that three one-day planning workshops will be required to develop your advocacy strategy (although if you are unable to complete the tasks set out in each workshop, you may need to convene additional follow-up workshops to get back on track).

Each planning workshop will require the attendance and active participation of the Advocacy Steering Group. Depending on the make up of your Steering Group and the topic of the workshop, you may wish to invite additional persons to participate.

In addition to the three workshops, the planning process will also involve:

- Advocacy Steering Group meetings
- Individual action between meetings
- Consultation with selected stakeholders between meetings

## Steering Group meetings

The HReH Advocacy Steering Group will need to meet on a regular basis throughout the planning of the advocacy to:

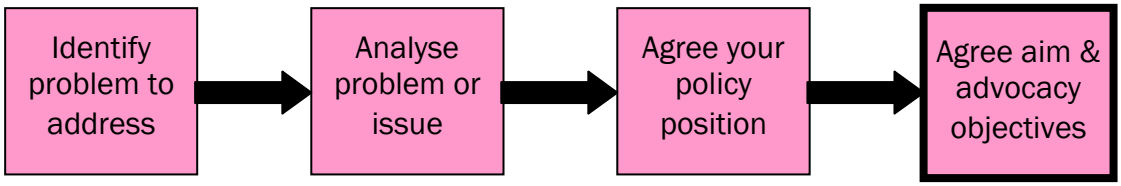
a) Plan the next Advocacy Planning Workshop, inviting others to participate as required.
b) Identify additional tasks required to help the team develop effective advocacy plans, and allocate these tasks to members of the team or others under their management.
c) Decide who should be consulted on what documents and review the consultation reports.
d) Agree each element of the advocacy strategy, taking into account feedback from the consultation reports.

Once the advocacy strategy has been developed and agreed, the Steering Group will meet regularly to:

e) Monitor the implementation of the advocacy plan, taking remedial action as necessary.
f) Update the rolling action plan.
g) Publish annual progress reports.

## Planning workshop 1 – Knowing what you want to change

Although your starting point is the overall objective "*The Ministry of Health to develop and agree an HReH strategy as an integral part of its overall HRH plan*", you still need to develop your analysis and objectives in more detail.




The purpose of this workshop is to:

a) To develop a country-specific analysis on the problem of insufficient or sub-optimal deployment of human resources for eye health and identify a list of recommendations, including some details on essential content of the

government's HReH strategy (leading to the development of a national Position Paper after the meeting).

b) To agree the advocacy objectives.
c) Map out and analyse the change processes that relates to the advocacy objectives (including where the decision is made, who decides on the strategy, and what influences that decision).

The ideal number of participants in the workshop would be 6 – 10.

A suggested programme for the day is:

| Start time | Min-utes | Description |
|---|---|---|
| 09:00 | 30 | Participants arrive for registration, coffee and informal greeting |
| 09:30 | 30 | **Welcome**, Introductions/ice-breaker exercise |
| 10:00 | 15 | Introduction to purpose and agenda for the day, Q&A |
| 10:15 | 45 | Present and discuss current situation and available research |
| 11:00 | 15 | Break |
| 11:15 | 90 | Problem Tree analysis[3] to map out the causes and effects of the core problem, which can be stated as *"Many people in our country are unable to access skilled and motivated eye-health providers".* |
| 12:45 | 60 | Lunch |
| 1:45 | 90 | Agree recommendations and select objectives |
| 3:15 | 15 | Break |
| 3:30 | 90 | Understand the change process: Map out the decision-making process that you need to influence and the forces acting for and against your objective. |
| 5:00 | | End of meeting |

A more detailed agenda will be prepared by the Advocacy Advisor, who will facilitate the workshop.

### Follow up

After the workshop, the Advocacy Advisor should write up the notes of the meeting, including the Problem & Solution Tree, to keep a complete record of the work done and the rationale for the strategic choices made.

The Advocacy Advisor should also write a draft Position Paper based on the output of the workshop, plus a separate document setting out the advocacy objective(s) that were selected. These drafts should be discussed by the Advocacy Steering Group and amended as necessary, before being sent out to selected Reference Persons and other stakeholders for consultation. Feedback should be collated by the Advocacy Advisor into a Consultation Report, which should be discussed by the Steering Group, who will amend the Position Paper as required before agreeing a final version. The Steering Group will also amend the advocacy objectives as necessary and agree a final version.

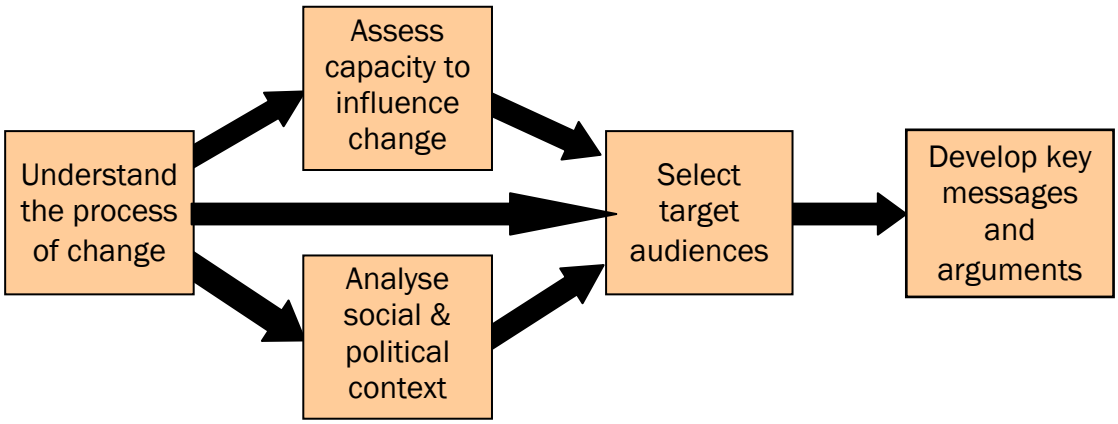
The final versions will be written up and circulated before moving onto preparation for the 2nd Planning Workshop.

## Planning workshop 2 – Identify the best influencing strategy

By this stage, you know your objective and you have done some research and analysis to understand the specific decision-making process that you want to influence. Now you

[3] See Annex 5

need to determine how you can best influence the decision-making process to achieve the result set out in your objective.




The first step is to assess your capacity to influence change and analyse the external context. Two of the best tools that can help you do this are a SWOT analysis[4] and a PESTLE analysis[5].

Following that, you need to do a Stakeholder Analysis[6] to map out the various stakeholders – both allies and opponents – and select which of them you should target to exert maximum influence on the decision makers.

> *Note that when doing the stakeholder analysis, it important to assess the stakeholder according to their real (and possibly hidden) position in relation to your objective. All stakeholders would be in favour of improved eye health. Most would also be in favour of increased provision of eye health services if money were no object. However, what you should be assessing is their attitude to your objective - the Ministry of Health to develop an HReH strategy. Many will be against this, even if they don't say so publically. For example, they may see an increased focus on eye health services as competing with other health issues for scarce resources; they may lack confidence in being able to develop a strategy or implement it; or they may be happy that INGOs are fulfilling immediate eye-care needs and don't want this to change. For the stakeholder analysis to provide us with a useful insight, we have to be accurate and objective in our analysis.*

Finally, once the audiences have been decided, you will need to develop your communications strategy – in particular defining your core message proposition[7].

The ideal number of participants for this workshop will be between 6 and 10.

A suggested programme for the day is:

| Start time | Min-utes | Description |
|---|---|---|
| 9:00 | 30 | Participants arrive for registration, coffee and informal greeting |
| 9:30 | 15 | **Welcome**, Introductions |
| 9:45 | 30 | Recap work done to date, especially the analysis of the change process. Introduction to purpose and agenda for the day, Q&A |
| 10:15 | 45 | Situation analysis: |

[4] See Annex 6
[5] See Annex 7
[6] See page 26 of Advocacy for Eye Health: A Practical Guide, Part 2: The Toolkit
[7] See page 25 of Advocacy for Eye Health: A Practical Guide, Part 1: The A&C Cycle

| | | |
|---|---|---|
| | | ▪ Group A does SWOT analysis of the networks ability to influence the government in your country.<br>▪ Group B does PESTLE analysis in relation to advocacy on HReH in your country.<br>▪ Results are displayed on the wall and the groups swap places to read and add to the findings of the other group. |
| 11:00 | 15 | Break |
| 11:15 | 90 | Analyse stakeholders using stakeholder analysis tool |
| 12:45 | 60 | Lunch |
| 1:45 | 90 | Select target audiences and your influencing objectives for them.<br>Set out influencing strategy on an influence map. |
| 3:15 | 15 | Break |
| 3:30 | 60 | Devise core message proposition, message guidelines and campaign narrative. |
| 4:30 | 30 | Conclusions and next steps |
| 5:00 | | End of meeting |

A more detailed agenda will be prepared by the Advocacy Advisor, who will facilitate this workshop.

### Follow Up

Following the workshop, the Advocacy Advisor should write up the influencing strategy (target audiences and messages) and insert it into the advocacy strategy paper.

The Advocacy Advisor should also be tasked with writing up the results of the SWOT, PESTLE and Stakeholder analyses to keep a complete record of the work done and the rationale for the strategic choices made.

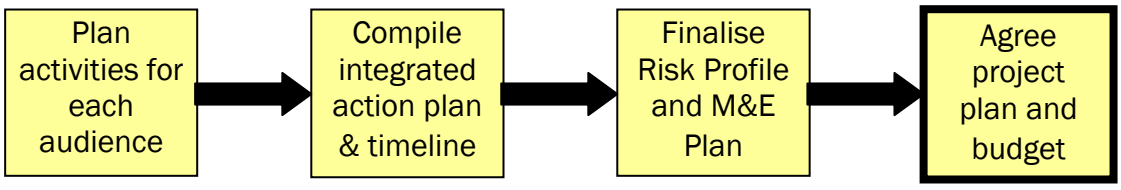
These should be shared with the Advocacy Steering Group for initial approval before being sent out to selected stakeholders for consultation, with comments being collated by the Consultant into a Consultation Report. This should be discussed at a further meeting of the Steering Group, with any changes to the influencing strategy being made as necessary.

The agreed (but still incomplete) advocacy strategy should then be circulated to participants in preparation for the 3rd Planning Workshop.

## Planning workshop 3 – Develop action plan and M&E process

Following the previous planning meeting and subsequent consultation, you now have agreed the bulk of the advocacy strategy – the aim, objectives, influencing strategy and agreed messages.

Now your tasks are to assess and manage the risks[8] of doing the advocacy, and turn your influencing strategy into a detailed action plan (including a monitoring and evaluation framework[9] and coordination processes).




[8] See Annex 8
[9] See page 35 of Advocacy for Eye Health: A Practical Guide, Part 1: The A&C Cycle

Up to 20 persons could participate effectively in this workshop.

A suggested programme for the day is:

| Start time | Min-utes | Description |
|---|---|---|
| 09:00 | 30 | Participants arrive for registration, coffee and informal greeting |
| 09:30 | 15 | **Welcome**, Introductions |
| 9:45 | 15 | Introduction to purpose and agenda for the day, Q&A.<br>Recap work done to date, especially the draft influencing strategy and the Consultation Report. |
| 10:00 | 60 | **Risk Management**: Identify and assess risks of doing the advocacy, devising ways of reducing risks as required.<br>Discuss and refine influencing strategy as necessary. |
| 11:00 | 15 | Break |
| 11:15 | 90 | Break into groups to develop **action plans** for engaging different target audiences[10], with a particular focus on the first 6 months.<br>Share action plans and compile onto a common timeline. |
| 12:45 | 60 | Lunch |
| 1:45 | 90 | Identify additional research, communications materials, resources and capacity building required to support advocacy. Integrate into timeline.<br>**Allocate responsibilities** and deadlines for each action. |
| 3:15 | 15 | Break |
| 3:30 | 90 | Agree **M&E** process and indicators together with reporting requirements and coordination process. |
| 5:00 | | End of meeting |

A more detailed agenda will be prepared by the Advocacy Advisor, whi will facilitate this workshop.

### Follow up

Following the workshop, the Advocacy Advisor will write up the complete Advocacy Strategy document, including the aim, objective, influencing strategy, messages, risk assessment, M&E framework and coordination processes.

The Advocacy Advisor will also be tasked with writing up the action plan in the form of a timeline. This will be in a single spread-sheet setting out the actions against each target audience, who is responsible, what the deadline is and leaving room for the responsible person to write in when the action was taken and what the outcome was.

Both these documents will be discussed at the Advocacy Steering Group before going through the agreed decision-making process for final sign-off.

[10] See Annex 9

# Annexes

## 1. Position Paper

The Position Paper should be a short document (ideally just 1 or 2 pages) that sets out your shared understanding of the issue and what you believe and agree to be:

Position Paper on HReH

a) Who you are and why you care
b) The extent of the problem – how it affects people and how many it affects in your country
c) The causes of the problem – taking a holistic view
d) Your recommendations for its solution – for each actor, listing the actions that need to be taken to resolve the problem

The Position Paper is developed as a result of your research and analysis early in your advocacy planning process. Keeping the paper short helps to ensure that you are clear and specific in what you say, which in turn makes it easier to understand and agree.

The recommendations could relate to a wide range of different actors. Although we might represent all these recommendations in our policy papers, we will not be pro-actively advocating on all of them – it would spread our efforts too thin, reducing the chances of making any real impact. Instead, we will focus our advocacy on a small number of recommendations, which we will set as our objectives.

## 2. Advocacy Strategy

The Advocacy Strategy is the core of your plan. Different organisations use different formats for advocacy plans, but we are recommending using the following template:

| | |
|---|---|
| A. Aim: | The ultimate impact that we want to contribute to.<br>• For example: *"Everybody who needs it has access to affordable eye health services staffed by professionals with the appropriate skills and resources".* |
| B. Objectives: | The specific changes that we are trying to make happen through our advocacy.<br>• For advocacy targeted at institutions such as government ministries, these are changes in either policy or practice. For example:<br>o Policy: *The Ministry of Health to develop and agree an HReH strategy as an integral part of its overall HRH plan*.<br>o Practice: *The zzzz training institute to train 500 ophthalmic nurses each year*.<br>• For advocacy targeted at people (individuals or groups), these are changes in knowledge, skills, attitudes or behaviours. For example:<br>o Knowledge: *Everyone with eye health problems knows where to go for an initial diagnosis.*<br>o Skills: *Primary health care workers are able to detect and treat simple eye health complaints and refer more serious cases to eye health specialists.*<br>o Attitudes: *Members of Parliament believe that investing in HReH is a cost-effective use of funds.*<br>o Behaviour: *Trainee doctors enrol on eye-health modules.*<br>• Objectives will be drawn from our list of recommendations (as set out in our position paper). Note that the examples above are just that – examples to illustrate the difference between types of objective. They are not recommended objectives to be copied.<br>• We could set a long-term objective together with some shorter-term intermediary or stepping stone objectives. |
| C. Influencing Strategy: | The approach we will take to influencing the decision makers to adopt the changes set out in our objectives.<br>• This usually specifies our target audiences and our influencing objectives with those audiences.<br>• This can also be represented in the form of an Influence Map. |
| D. Communications Strategy: | How we will communicate to our different audiences so that our advocacy is powerful and coherent<br>• This usually specifies our core message proposition, any secondary messages and our communications guidelines and protocols |
| E. Risks & Assumptions: | What assumptions have we made in developing this plan?<br>• How are we testing or monitoring those assumptions?<br>What risks are involved in doing this advocacy?<br>• How serious are those risks?<br>• How are we mitigating or managing the more serious risks? |
| F. Monitoring & Evaluation: | How will we monitoring and evaluate the progress of our advocacy?<br>• How will we use this information to determine our next steps, modify our plans as necessary, learn from our experience and be accountable for our actions? |
| G. Resources & Budgets: | What resources do we need?<br>• What actions do we need to take to increase our capacities?<br>• What is the budget for the advocacy? |
| H. Management & Coordination: | How are you going to manage and coordinate the advocacy campaign? |

## 3. Action Plan

Advocacy is unpredictable, so although your strategies should be reasonably fixed, action plans have to be flexible. It is hard to know what actions will be required in the future until you know how your target audiences react to your next set of actions and messages. Therefore, action plans are often set out in a separate document to the strategy as rolling plans. They may cover the next 12 months, but most of the detail is in the next 3 – 6 months and they are updated every 3 months.

| | |
|---|---|
| I. Action Plans: | What we are going to do to engage and influence the target audiences set out in the strategy.<br>• Usually stating who will do what action by which date<br>• Often broken down against each target audience<br>• Can be set out in a spread-sheet on a month-by-month basis |

The following format can be created on an Excel spread-sheet and used to set out planned activities on a month-by-month timeline, as well as keeping records of when activities have been completed and what the outcome was.

| Audience | Month 1 | | | | Month 2 | | | |
|---|---|---|---|---|---|---|---|---|
| | Planned activities | By who | By when | Outcome | Planned activities | By who | By when | Outcome |
| A | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| B | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| C | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

## 4. Advocacy Advisors - Terms of Reference

Below are some suggested terms of reference for hiring a local advocacy consultant to support your through the process.

| | |
|---|---|
| Background: | One of the main barriers to people getting access to eye care is the lack of trained and appropriately deployed eye health personnel. This situation is unlikely to change until governments adopt and implement a strategy for human resources for eye health (HReH) and Human Resources for Health (HRH) in general.<br>IAPB Africa has identified advocacy on this issue as its key strategic priority and is supporting its members to develop national advocacy strategies on HReH. It is providing an Advocacy Guide and Toolkit, an Advocacy Trainers Manual and a How To guide. It is also part-funding the cost of an advocacy consultant in each of the five priority countries. |
| Purpose of consultancy: | To support the development and implementation of a joint advocacy plan to get the government to develop and implement an HReH strategy integrated into its overall HRH plan. |
| Specific tasks: | **Phase 1 – Advocacy Planning**<br>1) To plan, prepare and facilitate a one-day 'Advocacy Familiarisation' workshop, utilising materials from the IAPB Advocacy Training manual.<br>2) To participate in Advocacy Steering Group meetings, supporting the Steering Group Chair to prepare the agendas.<br>3) To plan, prepare and facilitate the three one-day Advocacy Planning workshops, using tools from the IAPB Advocacy Guide.<br>4) To write up notes from each of the Task Team meetings and Planning Workshops.<br>5) To draft a Position Paper based on the outputs from Planning Workshop 1, receive feedback from the consultation, compile feedback into a consultation report, and revise the Position Paper as required by the Task Team.<br>6) To draft an influencing strategy (including an influence map) based on the outputs from Planning Workshop 2, receive feedback from the consultation, compile feedback into a consultation report, and revise the Influencing Strategy as required by the Task Team.<br>7) To draft the complete advocacy strategy and draft a rolling Action Plan document based on the outputs from Planning Workshop 3, revising them as required by the Task Team.<br>8) Additional research and other planning activities as required by the Task Team.<br>**Phase 2 – Implementation of the advocacy plan**<br>9) To be determined |
| Timeframe: | Approximately 14 days in Phase 1 over a period of approximately four months. |
| Person specification: | The Advocacy Advisor will need to have:<br>a) A good understanding of different approaches to civil society advocacy in Africa, the key factors for success and the challenges faced by advocacy networks and coalitions.<br>b) Excellent training and facilitation skills.<br>c) Good inter-personal skills, able to build productive working relationships with people in government, private and NGO sectors.<br>d) Good oral and written communication skills, able to write clear and concise reports.<br>e) Experience in policy research and analysis.<br>f) Fluency in English (and French/Portuguese as appropriate) |
| Terms & conditions: | To be determined. |

Please adapt these as necessary for your national requirements.

## 5. Problem & Solution Trees

Problem Trees are used to help analyse a situation or problem that you wish to address through advocacy or campaigning. It is also appropriate for developing integrated plans that include direct interventions alongside advocacy and campaigning approaches.

As a visual mapping tool, this is appropriate for using in a participatory approach. The tree has a trunk that represents the core problem, roots that represent the causes of the problem, and branches that represent the effects.

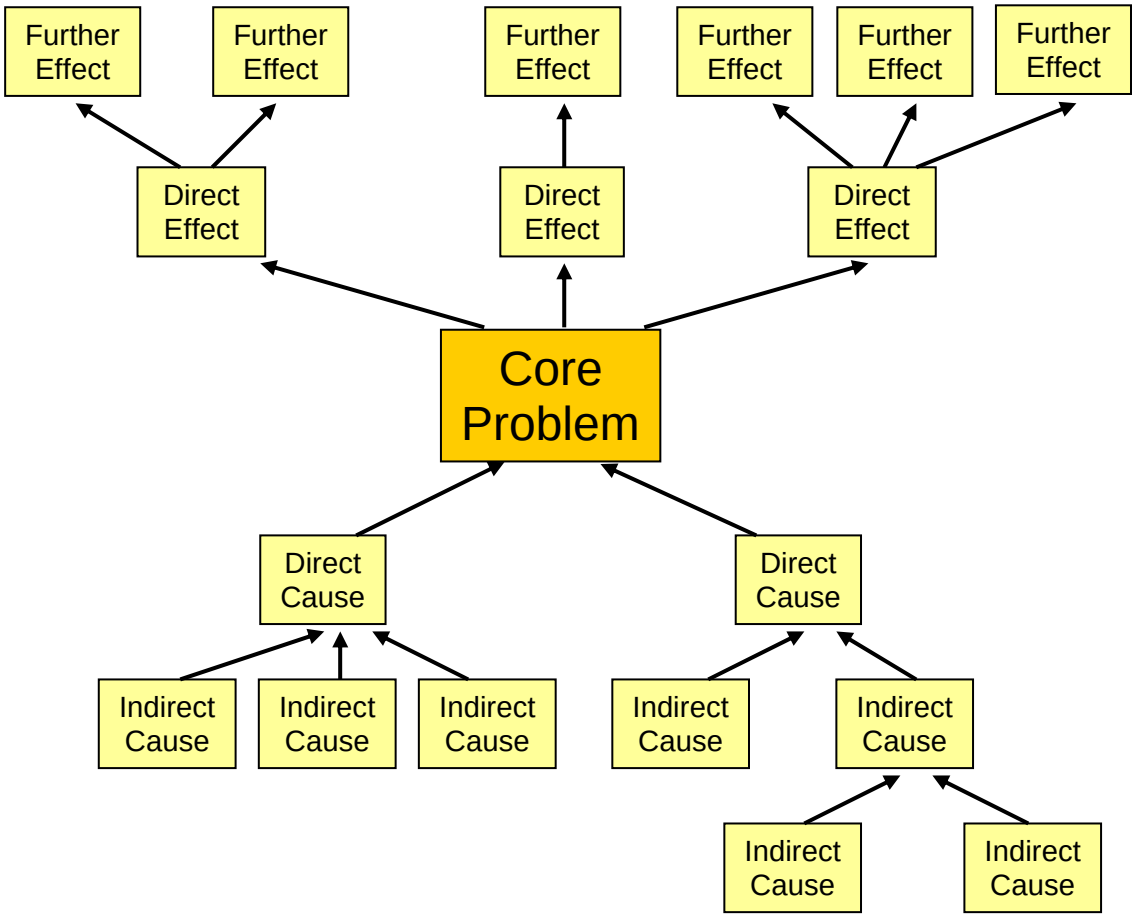



Figure 1: Problem Tree

The starting point is to identify and articulate the core problem that you want to analyse. This should be expressed simply and clearly as a problem as it is experienced by those affected by it. The problem can be either be defined broadly to act as a scoping exercise and to help you to identify an advocacy/campaign focus, or it can be defined narrowly to give you a detailed analysis and inform advocacy and campaign planning.

To create the tree, write out the core problem and all of its causes and effects onto Post-it notes and stick them onto a large piece of paper. Each post-it note should just express one very clear and specific factor, avoiding the use of jargon wherever possible.

The group should then negotiate and establish the relationships between the cards and how they should be placed. There is no hierarchy of importance in how the causes and effects are placed – the placement is all about what causes what, so that each link in the chain is intuitively obvious. The analysis comes from creating the structure of the problem tree, not the listing of causes and effects. When the group is in agreement with

the tree, with all aspects of the problem included and the relationships between the cards clear, the linking arrows can be drawn in to complete the tree.

You can then transform the Problem Tree into a Solution Tree, where the trunk becomes your main aim, the roots are solutions and the branches are the benefits that will arise from your aim being met.

To do this, you reverse the core problem to create the aim (cover the card with a new one with the aim written on it). Similarly you convert the effects to benefits, and causes to solutions, simply by reversing the wording on the card. The position of the cards should not be changed and new ideas should not be introduced without going back to the problem tree and updating it – it is easier to be objective when looking at the problem than when considering solutions.

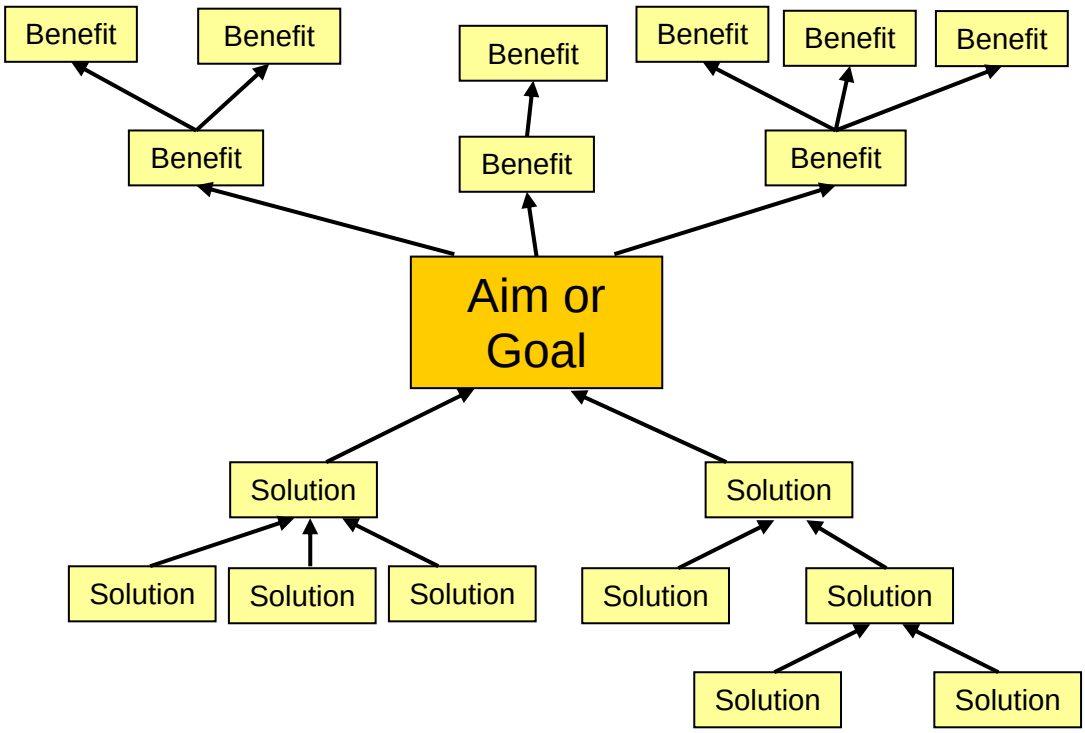



Figure 2: Solution Tree

From the solutions, you can identify the change recommendations that form the basis of your policy position. Some of these you may choose to be your advocacy or campaign objectives, and some may be objectives for other forms of intervention.

Figure 3: Example of a Problem Tree

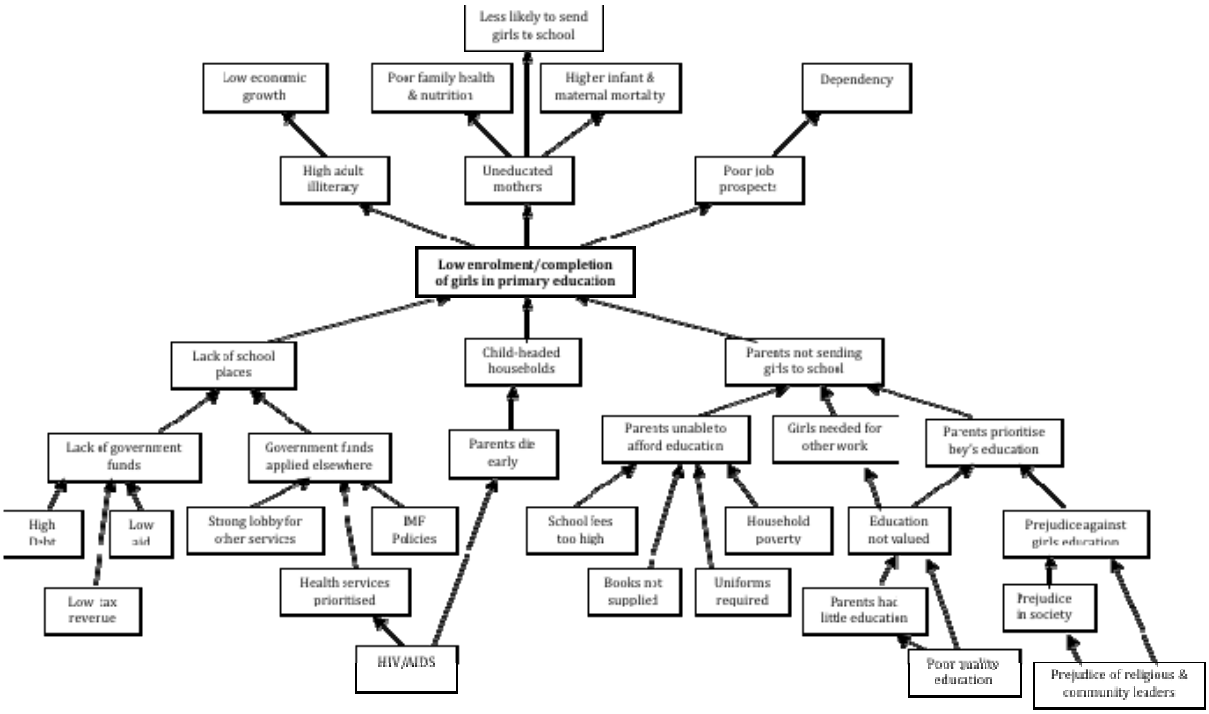
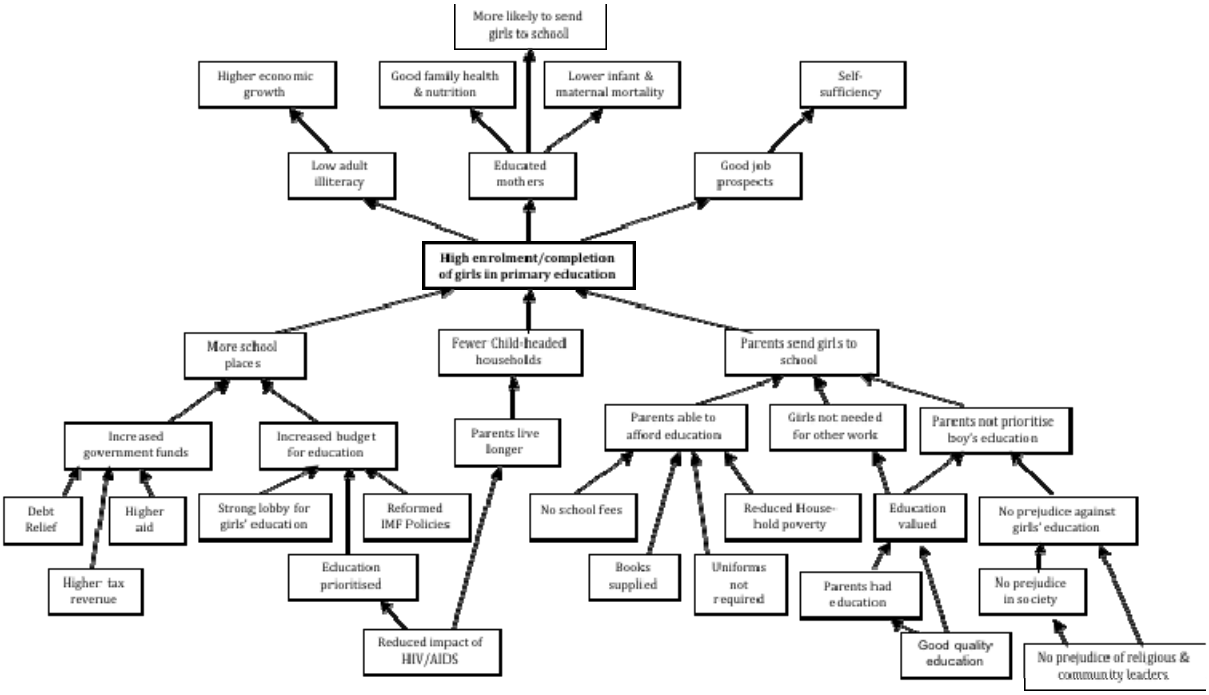



Figure 4: Solution Tree based on the example Problem Tree in Figure 3



## 6. SWOT Analysis

One of the key analytical tools available, a SWOT analysis can be performed at a variety of levels – for example, in organisational strategic planning, in issue campaign planning or in project planning. Typically displayed in a 2 x 2 matrix, SWOT stands for:

S = Strengths

W = Weaknesses

O = Opportunities

T = Threats

Strengths and Weaknesses are internal to the organisation; Opportunities and Threats are external to the organisation. In some circumstances, it may be more useful to substitute Constraints for Threats (making it a SWOC analysis).

Research or brainstorming can be used to generate the factors, which should be listed as bullet points in each box and then ranked according to their significance.

| Strengths | Weaknesses |
|---|---|
| Opportunities | Threats/Constraints |

Having ranked the factors, you should then consider how to utilise your strengths, minimise your weaknesses, take advantage of opportunities and counter any threats.

## 7. PESTLE Analysis

A tool often used in strategic planning is the PESTLE analysis. It provides a framework for looking at the external environment and mapping trends that may impact on your work.

PESTLE stands for:

- **P**olitical
- **E**conomic
- **S**ociological
- **T**echnological
- **L**egal
- **E**nvironmental

| |
|---|
| **Political**<br>List the political factors and trends in the country (including the government, legislature, judiciary and other government bodies, as well as other political movements and pressure groups). |
| **Economic**<br>List the economic factors and trends in the country (including GNP, debt schedules, sources of government income, main private sector employers, income distribution, etc). |
| **Sociological**<br>List the sociological factors and trends in the country (including demographic information, education and health statistics, employment rates, land ownership, media, etc). |
| **Technological**<br>List the technological factors and trends in the country (including information technology infrastructure, access to telecommunications and broadcast media, etc). |
| **Legal**<br>List the legal factors and constraints that are relevant to your advocacy work. |
| **Environmental**<br>List the environmental factors and trends in the country (including deforestation and desertification, pollution, drought/flooding patterns, wildlife, agriculture, etc) |

Having listed all the factors, you should then identify which of these may be significant to your work – either as opportunities or threats. You should then take account of these factors in your planning, and possibly do more research on the factors.

## 8. Risk Management

Advocacy and campaigning entails many risks. Whether we adopt insider or outsider tactics, we are challenging power structures and therefore risk retaliation.

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

Part of the management and coordination role is therefore to assess and manage the risks that we are facing.

### Risk Assessment

The first part of the process is to assess the risks that we face to produce a "risk profile". This should be started at the very beginning of the planning process and continually updated as the plan develops and is implemented.

To do this, all the potential risks are brainstormed so that a comprehensive list has been created. These potential risks are then ranked according to two factors: the likelihood of the risk happening and the impact it would have if it does. Those factors can be scored according to an agreed scale (usually 1 - 5). The scores for each factor as multiplied together to give an overall risk factor, with those risks having the highest scores getting the most urgent attention.

Risk Assessment Table

| Description of the risk | Impact of risk happening | x | Likelihood of risk happening | = | Overall risk factor |
|---|---|---|---|---|---|
| | | x | | = | |
| | | x | | = | |
| | | x | | = | |
| | | x | | = | |

### Risk Reduction

Assessment is only useful if it leads to some form of action. Starting with the highest ranked risks, we need to address three questions:

- What action can we take to reduce the likelihood of the risk occurring?
- What action can we take (either now or in the future as a contingency plan) to reduce the impact of the risk if it does occur?
- Is the risk still too high to continue with the advocacy campaign?

The risk management profile and our response should be documented and continually updated. It should form one part of the decision making and approval process, and will be a critical document in the event of any subsequent investigation or litigation.

## 9. Action Planning Template

The following template can be used for developing action plans for specific audiences before compiling them into a single integrated and timed action plan.

| Audience: | |
|---|---|
| Influencing objective:<br>(as defined in influencing strategy) | |

| Activity | Purpose of activity |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

The purpose of each activity should be specified, showing how it enables you to get closer to achieving the influencing objective for that audience. You cannot plan very far into the future – you need to know how your audiences are reacting to your messages and actions before you can determine what to do next.

## 10.Country Coordination and Facilitation (CCF)

*Governments could take many different approaches to develop their Human Resources for Health (HRH) plan. One of the more established and frequently used processes is the CCF, which is described below.*

In response to the urgent need for enhanced coordination of human resources for health (HRH), the Global Health Workforce Alliance, through a consultative process, has developed **Country Coordination and Facilitation (CCF) - Principles and Process** on HRH for an integrated health workforce response.

http://www.who.int/workforcealliance/countries/ccf/ccf/en/

The CCF approach requires establishing and supporting the necessary governance structures for intersectoral coordination and collaboration to plan, implement and monitor health workforce development and retention at the country level, while working through one national HRH plan. It also entails processes assisting priority countries to ensure that sustainable, motivated and skilled health workers are available to meet health care needs and working with partners to ensure that funding and technical expertise is available for programmes.

### CCF phases' description and recommendations

http://www.who.int/workforcealliance/countries/ccf/cffphases/en/index.html

#### PHASE 1: Establishment of HRH coordination mechanism


#### Description of phase

A stakeholder analysis is employed to identify related constituencies to be represented in the HRH committee with defined roles.

Developing close links with the other coordination mechanisms for health systems strengthening in the country.

Within or under the HRH committee, various sub-committees or technical working groups can be constituted on defined thematic areas according to the county requirements.

#### Recommendations

- The HRH committee should be inclusive, having adequate representation of all related stakeholder constituencies.
- The HRH committee should have defined roles and responsibilities.

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#### PHASE 2: Development of HRH situation analysis


#### Description of phase

The HRH situation analysis is comprehensive and based on a broad HRH trends, HRH production including pre-service training and professional development programs, current utilization of existing health workers and its determinants and health outcome

trends, along with the retention strategies, migration trends, and responsiveness to the emerging health needs.

The HRH situation analysis can be called as HRH profile while date for developing HRH situation analysis should be provided by National HRH Observatory.

### Recommendations

- The HRH situation should be conducted in a participatory manner, with engagement of relevant stakeholders.
- The HRH situation analysis should take into account the political, socio-economic, legal and organizational contexts in the country.
- The HRH situation analysis should identify how HRH goals and objectives contribute and fit into the national health sector strategy and plan.
- The HRH situation analysis should include an analysis of the response taken so far (what actions have been taken, and in particular who is doing what).
- The HRH situation analysis should include analysis of the gap in the strategies identified and implemented so far to improve the HRH management, the challenges.
- The HRH situation analysis should include the identification of the priority problem areas as well as the gaps in programming and support for it.

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## PHASE 3: Development of HRH plan


An evidence based, comprehensive, and costed HRH plan is developed for the country will engagement of all stakeholders, ensuring that it reflects the national needs and supply of health workers for the public sector services, the private sector and NGOs.

The plan covers all components of HRH such as training, recruitment, retention, performance, remuneration, equitable distribution, responsiveness and migration of the workforce.

The HRH plan is developed in consistency with the priorities in the overall national health strategy, need-based HRH priorities as well as the strategies recommended in the Kampala Declaration and Agenda for Global Action with an aim to achieve health goals and targets (e.g. the MDGs).

The related module of the OneHealth tool can be used for costing of the HRH plan.

### Recommendations

- The National HRH plan should refer to (and should be in line with) the national health policy and developmental plan with measurable, realistic and time-bound goals and objectives.
- The National HRH planning process should be consistent with the health system planning cycle.
- The strategies in the national HRH plan should refer to needs of the priority Health programmes in an effective and coherent manner.
- HRH plan should refer to the HRH strategies and needs of the related key stakeholders' (such as education sector, army, private sector, foreign affair department, labour department, staff associations, civil society etc.).

- The National HRH plan should include a risk assessment of potential barriers to successful implementation.
- The National plan should indicate the strategies for the key stakeholders in public and private sectors.
- The national HRH plan should prioritize cost-effective strategies, be affordable, and compatible with the overall health sector spending and macroeconomic constraints, such as the Mid-Term Expenditure Frameworks and similar.
- The National HRH plan should estimate how much it would cost to implement each of the HRH strategies and component areas.
- The National HRH plan should be combined with an operation plan that is time bond with specific interventions.
- The National HRH plan should estimate the gap between required resources and available resources, and indicate the potential sources.

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### PHASE 4: Mobilizing resources for HRH interventions


#### Description of phase

The HRH committee advocates for mobilizing additional resources from domestic budget and to explore funds from multilateral and bilateral partners.

#### Recommendations

- The country should develop a resource mobilization plan.
- Additional domestic resources should be mobilized.
- The partners and donors funds should be explored in line with their priorities.

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### PHASE 5: Implementing and monitoring the HRH plan


#### Description of phase

All stakeholders collaborate and facilitate the implementation of the HRH plan at the common platform of the HRH committee.

While implementing the plan, the country stakeholders collaborate to monitor and evaluate the implementation process by employing a unified framework of indicators.

#### Recommendations

- The National HRH plan should have monitoring and evaluation plan, with process and output indicators and a description of the monitoring mechanism.
- The monitoring and evaluation plan should specify the role of the key stakeholders and should be time bound with defined products.
- The stakeholders should provide accurate and transparent information to ensure support the monitoring process.