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MINISTRY OF HEALTH - ETHIOPIA

Advocacy Guideline for Health

March, 2025

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Acronyms

BCC	Behavior Change Communication
CSOs	Civil Society Organization
EDHS	Ethiopian Demographic Health Survey
EPHS	Essential package of health services
FGM	Female Genital Mutilation
HEP	Health Extension Program
HEPHC	Health Extension and Primary Health Care
HEWs	Health Extension Workers
HSDP	Health Sector Development Plan
HSTP	Health Sector Transformation Plan
IEC	Information, Education & Communication
IPC	Interpersonal communication
MDGs	Men Development Groups,
MoH	Ministry of Health
MOU	Memorandum of Understanding
NCDs	Non-Communicable Diseases
NGO	Non-governmental Organization
NHPCS	National Health Promotion & Communication Strategy
PHC	Primary Health Care
PHCUs	Primary Health Care Units
PYDGs	Positive Youth Development Groups
RHB	Regional Health Bureau
SBCC	Social and Behavior Change Communication
SDGs	Sustainable Development Goals
SM	Social Mobilization
SMS	Short Message Service
SOPs	Standard operating producers
SWOT	Strength, Weakness, Opportunity & Threat
TWG	Technical Working Group
UHC	Universal health coverage
VHLs	Village Health Leaders,
WASH	Water, Sanitation, and Hygiene
WDGs	Women Development Groups
WHO	World Health Organization

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In addition, Ministry of Health would also thank the following participants from the Ministry, non-governmental organizations, universities and professional associations for their commitment to enrich this guideline.

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- Addis Ababa University, School of Public Health
- Ethiopia Public health Institute-**EPHI**
- World Health Organization-**WHO**
- Ethiopian Health Education and Promotion Professionals Association-**EHEPA**
- United States Agency for International Development-**USAID**
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Foreword

It is with great responsibility that we present the National Health Literacy and Health System Literacy Implementation Guideline. In an era of increasing access to information, ensuring that individuals have the skills to understand and navigate health systems is essential. Health literacy and health system literacy are key components of an effective and equitable healthcare system in Ethiopia.

These guidelines provide a structured approach to improving health literacy at all levels. They serve as a resource for policymakers, healthcare professionals, educators, and individuals, supporting informed decision-making and better engagement with the healthcare system.

Improving health literacy is not just about understanding medical terminology—it is about equipping individuals with the knowledge and confidence to access healthcare services, make informed choices, and actively participate in their own health and well-being. Strengthening health literacy will help reduce barriers to care, improve health outcomes, and enhance the overall effectiveness of the healthcare system.

I extend my appreciation to all those involved in the development of these guidelines and encourage their full adoption by all stakeholders. Their successful implementation will contribute to a more informed and health-literate society.
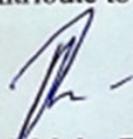
Dr Mekdes Daba

Minster of Health

Definition of Terms

Advocacy for health: a continuous and adaptive process of gathering, organizing and formulating information with a view to raising resources or gaining political and social leadership acceptance and commitment for a particular health goal or program.

Health Education: Any combination of learning experiences designed to facilitate voluntary action conducive to health.

Health promotion: The process of enabling people to increase control over their health and its determinants, and thereby improving their health.

Social Behavior change communication: communication-related processes and strategies to change individuals' knowledge, attitudes and beliefs. It is a component of broader social behavior change (SBC) processes that seek to achieve change in communities or environments.

Social marketing: Promotes and sells products, ideas, or services that are considered to have social value, using a variety of outlets and marketing approaches.

SECTION ONE :- INTRODUCTION

The national health system response shows that health service coverage increased from 50.7% to 90% in 2000 and 2019 respectively, the Universal Health Coverage (UHC) service coverage remains low at 43%. The possible factors that contribute to this situation include; low health literacy, financial constraints, geographical & service inaccessibility with uneven distribution of health resources, sub-optimal quality of care, shortage of essential health commodities and equipment at service delivery points[1] . Hence to alleviate these challenges, there should be a well-designed advocacy strategy which promotes health, improves access and quality of public health services at the individual and community levels through political commitment, policy and system support and social acceptance.

Health promotion becomes more relevant today than ever in addressing public health problems[2] . The Ottawa Charter for Health Promotion has been a worldwide source of guidance and inspiration for health promotion development through its five action areas: to build healthy public policy, create supportive environments, strengthen community action, develop personal skills, and reorient health services[3] . The National Health Promotion strategic plan (2021/2-2025/6) designed based on this guidance and inspiration. These are all advocacy, social mobilization and SBC actions.

The world health organization describes advocacy for health as a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program. Such action may be taken by or on behalf of individuals and groups to create living conditions conducive to health and the achievement of healthy life-styles[4] . Advocacy has been recognized as one of three major strategies for achieving health promotion goals[5] .

Advocacy is a continuous and adaptive process of gathering, organizing and formulating information into arguments to be communicated through various interpersonal and me-

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[1]. *HSTP II 2020/21-2024/5*

[2]. *The Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development. Geneva: WHO; 2016*

[3]. *Ottawa Charter for health promotion. First International Conference on Health Promotion, Ottawa, Canada. 21 Nov 1986.*

[4]. *Nutbeam. G., 1998*

[5]. *WHO, 1986*

dia channels, with a view to raising resources or gaining political and social leadership acceptance and commitment, thereby preparing a society for acceptance of the program[6]. The main goal of health advocacy is to facilitate change and the development of new areas of policy, in order to tackle unmet health needs or deal with emerging health needs in a given community[7].

Overall advocacy is key to unlocking the full potential of any public health initiative. All professionals working in the health promotion field need to contribute in advocating for healthier structure, political and social environments for all. This advocacy for health guide is developed to support the Ethiopian health system design, implement and monitor advocacy programs and initiates with the health system.

1.1. How to Use This Guide

The guide is organized in accordance with the advocacy framework and that can be used by any health program and at different advocacy level that needs to establish program-specific advocacy strategies. This guide includes sections on steps to conduct advocacy, advocacy strategies and tools for each level, as well as clear monitoring, evaluation, learning, and adaptation of advocacy works that any health advocate can use.

This Advocacy guide provides you with the information, instruction, and support on how to use your credibility as any social and health advocate and encourages the use of social and public health analysis throughout – both when developing advocacy goals and strategies and as part of risk mitigation.

The content of this advocacy guideline was developed by MoH in close collaboration with partners that specializes in advocacy groups. It has been made possible through the relentless efforts of the stakeholder developing advocacy and training materials for their clients that are accessible, informative, flexible, and comprehensive in nature. Finally, this advocacy guideline is intended as an advocacy resource

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[6.] *Nutbeam.G., 1998.*
[7.] *Health advocacy framework: strengthening health Advocacy in Queensland, 2011*

1.2. Rationale of the Guideline

This advocacy guideline addresses the longstanding challenges within the nation's health system. It acknowledges the necessity of multi-sectoral involvement to overcome these challenges, recognizing the collaborative efforts required from different stakeholders. The guideline represents a significant shift towards enhancing the quality, standardization, and skill levels of advocacy efforts in the country. Moreover, the guideline's adaptability allows it to be customized to suit the unique contexts and goals of diverse stakeholders, fostering a more inclusive and impactful approach to health advocacy across national, sub-national, and local levels.

1.3. Purpose of The Guideline

It is known that there are complex challenges such as lack of access to health services, inequity, infrastructure, financial, strategy and policy gaps in the health system of Ethiopia that needs different sectors involvement (including donors, implementing partners, civil societies, regulatory and law enforcement entities, media, and other stakeholders) decision makers commitment. In addition, to realize health in all policies, different advocacy efforts are needed. Hence, the Ministry of Health has developed this national advocacy guide to frame or to provide a general guideline and principles for users to help them on how to design, implement, monitor and evaluate advocacy interventions.

1.4. Scope of the Guideline

The scope of this advocacy guide is to serve as a standard for governmental and non-governmental organizations, donors, implementing partners (international and local partners), associations, the private health sector, social institutions, and other stakeholders in a variety of health programs at the national, sub national and local levels while aiming for advocacy goals. Any organization, regional health bureaus or lower health system, groups or individuals can adapt or customize this guideline to their own advocacy program context or goal.

Section Two:- Framework of AdvocacyStrategy

2.1. Principles of Advocacy

- *Clarity of purpose:* Clearly state aims and objectives of the health advocacy issues identified. And are able to demonstrate how we meet the principles.
- *Evidence-based:* An advocacy for health should be based on latest scientific and systematic research findings.
- *Confidentiality:* Personal information should be kept confidential and proper care should be in place.
- *People Centered Approach:* Community is a central part in the health advocacy interventions which will consider the rights and interests of people including those who can't voice their needs.
- *Empowerment:* Encourage and capacitate people or the communities to identify and speak up their health issues and take action.
- *Equal opportunity:* Engage and treat everyone. Make sure anyone who needs an advocate from our service can get one, and be treated fairly regardless of their culture, ethnicity, gender, disability, age and religion.
- *Accountability:* Ensure appropriate reporting and means of checking the whole health advocacy process and the outcome is established.
- *Transparency:* There should be mechanisms for sharing information and receiving feedback from all stakeholders without any discrimination. Feedbacks should be properly addressed.

2.2. Levels of Advocacy

Advocacy can be organized at different levels: -

A. National level

National level advocacy aimed to advocate for stronger political commitment, policy influence, drafting and implementing legislation and appropriate financing to ensure equity health services for all. Parliaments, media, national human rights institutions (NHRIs), private and government sectors, and donor agencies are all important players to implement successful advocacy.

B. Organizational level

Organizations are able to gather resources and focus energy towards a goal, thereby increasing the chance of making change and empowering lives on a large scale. Government, stakeholders, alliances could be the key to advocate health issues identified at each level. Advocacy organizations can take a role in health care policy by helping members understand initiatives that are being proposed, proposing initiatives themselves, and mobilizing action where public comment is called for. Also, can be done with stakeholders. stakeholders have a role in engaging and building relationships with the communities and groups and create opportunities for decision makers to hear from the people their decisions directly.

Decision makers can also handle issues required to make a high quality, efficient, and effective decision and can take a role by pulling together all the relevant data required to present the current situation, complications, implications, potential alternatives, and recommended next steps.

C. Sub-national level

Advocacy can be organized at regional, zonal, woreda and community level. National health related policies and registration cannot be implemented without commitment at subnational level. Various health programs require multisectoral engagement that also needs advocacy. Regional specific advocacy works have to be implemented by identifying those advocacy needs based on socio economic contexts.

Advocacy at community level can be organized when a range of factors hinders community's health seeking behavior and capacity to control over their health. On the other hand, advocacy at community level is important to promote acceptability and utilization of health services and products. To organize this level of advocacy, identifying and engaging influential leaders (religious leaders, community & clan leaders, etc.) is highly crucial for implementation.

Societal level advocacy can also provide a public face for a condition that may be poorly understood or has not gained adequate attention. This can be achieved through careful use of media outlets and educational materials.

2.3. Who Should Do Advocacy and Possible List of Advocacy Actors?

Anyone who has specific health concern about an advocacy on a specific goal can be an advocate. The health advocates take part in initiatives to improve community health and public access to healthcare.
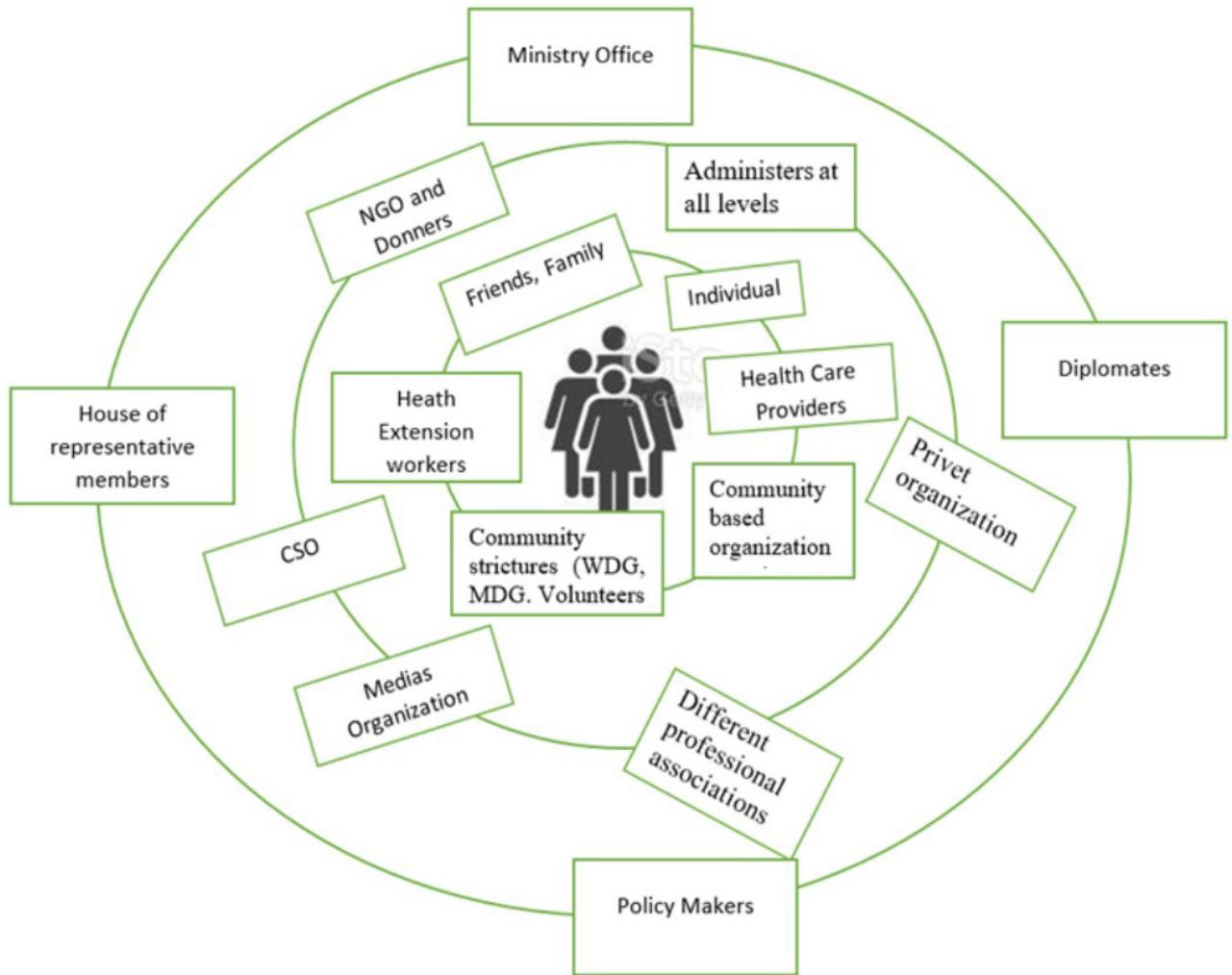
Fig. *Health Advocacy possible actors Diagram*

The community is at the heart of the diagram, reinforcing that the community should always be the central focus of any advocacy effort. The diagram demonstrates that the practice of health advocacy is not 'fixed'. Rather, health advocacy is subjective in that the type of health advocate, the method of advocacy undertaken, and the approach adopted

(i.e. whether the advocacy occurs at the individual, systemic or some other level) will be specific to the nature, circumstances and context of the issue being advocated about.

2.4 Framework of Advocacy

There are several advocacy frameworks and guidelines used by different organizations. For this guideline purpose the "A" framework is used. The framework is designed in six levels and sub-levels; these are:

1. **Analysis -** The first step in effective advocacy, starting with accurate information and in-depth understanding of the problem, the people involved, the policies, the implementation or non-implementation of those policies, the organizations, and the channels of access to influential people and decision-makers.

2. **Strategy -** The strategy phase builds on the analysis phase to direct, plan, and focus on specific goals and to position the advocacy effort with clear paths to achieve those goals and objectives.

3. **Mobilization -** Events, activities, messages, and materials must be designed with your objectives, audiences, partnerships and resources clearly in mind.

4. **Action -** Keeping all partners together and persisting in making the case are both essential to carrying out advocacy

5. **Evaluation -** a team needs to measure regularly and objectively what has been accomplished and what remains to be done.

6. **Continuity -** Articulate long-term goals, keep functional coalitions together and keep data and arguments in tune with changing situations. See figure below.
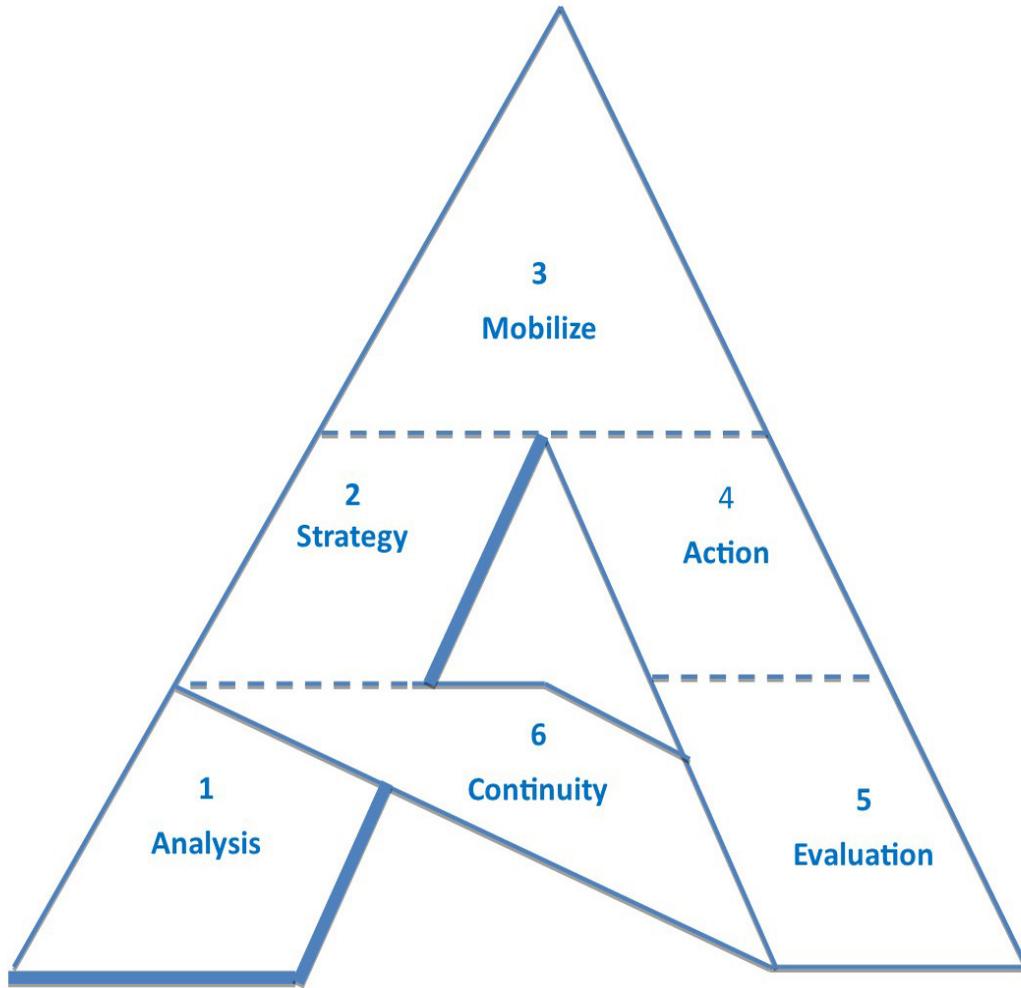
Fig .1 *«A» frame for advocacy framework, adapted from population communication service, Center for Communication Programs, John Hopkins School of public health*[8,9] ,

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[8.] *«A» frame for advocacy framework, from population communication service, Center for Communication Programs, John Hopkins School of public health*

[9.] *John Hopkins. Roll back malaria partnership advocacy for resource mobilization (ARM) for malaria guide, may 2015*

Section Three: Analyzing the Situation

A situational analysis is the first step in identifying the appropriate advocacy strategy goals and provides a baseline against which to measure progress. A situational analysis should include the national/regional or district health situation landscape (including data on the disease burden and bottlenecks to effective implementation) and a health problem, the people involved, the policies, the organizations and the channels of access to influential people and decision makers. At this stage, advocates should also gain an understanding of financing mechanisms that can assist national, regional governments and local administrations in funding their health program needs. As such, this section will provide tools that help advocates understand the advocacy landscape, challenges and bottlenecks, assets, and stakeholders.

3.1. Analyzing the gaps to plan advocacy intervention.

This section needs to assess the following and respond to major questions associated with the below issues and need to be clearly put in a systematic way.

A. What are the problems related to the advocacy issue?
For example, you may think of advocating about increasing the government budget for the health sector, or avoidance of establishment of alcohol and liquor selling facilities distant from education institutions or protection of young people from health affecting electronic sites/undesired social media or strengthening implementation of legislative actions for transport related accident reduction or you may plan to advocate for Early Marriage or Female Genital Mutilation (FGM) at national level, restriction is smoking, prohibition of alcohol promotion on mass media in your region or at your locality.

B. What are the existing policies that cause or relate to these problems and how are they implemented?
You can then explore the existing policy related to your identified public health issue, gaps, blocking the implementation of proclamations or laws, directives etc. What good opportunities do you have in the legal framework? What limiting situations and factors exist?

C. What type of policy change is needed?

(Legislations, proclamations, regulations, legal decisions, committee action, institutional practice, etc.?) Are you desiring a new policy? Are you expecting improvement of the existing policies/ Proclamations, or are you looking for strengthening of execution of the existing proclamations and laws in place? Which statements of the stated documents need improvement? What is the reason/s?

D. What are the financial and other implications of the proposed policy change?

How much financial source do you need for your advocacy? How do you generate the resource? What will you anticipate after the advocacy? What is the implication in terms of finance and other resources and accountability?

3.2. Stakeholders in policy change

- **Advocates and supporters: -** Think of institutions or individuals/celebrities, influential people, etc. / who can support your idea. Have a plan as to how you could engage them. Think of how to engage these entities in your advocacy work. Are you planning to do it by yourself, or do you need them to engage in the process?

    Example: If we want to create alcohol and Khat free school surrounding, advocates can be parents, education and health sectors, religious groups, school community, media professionals etc.

- **Opponents: -** You need to make a mechanism to identify the opponents for your advocacy activity due to considering your advocacy may bring breakage of existing norms, competing priorities, fear of the implications due to the advocacy work, and other reasons. Try to design a mechanism to reduce such risks by designing appropriate mechanisms.

    Example: If we want to create alcohol and Khat free school surrounding, opponents can be, those who have economic and financial interest (merchants, students of interest groups, rental house owners etc.)

- **Decision makers: -** Identification, approaching and working with decision makers is the most important aspect in advocacy work, as different issues will be decided by different decision makers. So, identifying decision makers helps facilitate and easily influence your advocacy issue and even bring decisions and change/s you aspire to.

> *Example:* If we want to create alcohol and Khat free school surrounding, decision makers could be, low enforcement body, mayor of the city)

- **Undecided or swing voters: -** These are the people whom you can use as an opportunity to strengthen your advocates and supporters by designing an appropriate strategy; or they may be challenging groups to your advocacy work unless you have a good management mechanism. Your advocacy work could also have a mechanism to reach these people to make them supportive to your advocacy work. Beware, if you neglect this group, they may reinforce the opponent group.

  > *Example:* If we want to create alcohol and Khat free school surrounding, undecided group can be those who didn't understand the situation.

3.3. How are changes in policies made at different levels

Based on your observations, document review, and other data, how do policies, regulations, proclamations, legislation, and other instruments that affect community attitudes and practices change? It is obvious that lengthy timing and procedures are required in the Ethiopian context. Knowing this and keeping it in mind will help you craft your advocacy work appropriately. Advocacy can be targeting national legislators to bring national legislation as well as local decision makers who can also make decision locally without any legislation.

3.4. Who and what influences the key decision makers

In order to respond to this query, you must conduct research on or have a thorough understanding of the many stakeholders involved in the Advocacy process. What do they enjoy doing? What do they do with their extra working hours? What are they most fond of? In addition, explore more on the following;

- **Whom do they believe?** Their families, religious affiliations, politicians, social groups etc.…
- **Who are their influential constituents/neighbors/ and coworkers?**
- **What arguments are they most likely to respond to?** Do they like politics, religious affairs, entertainment, like football, and other indoor and outdoor games, family issues, etc.?
- **What are their priorities, rational, emotional, and personal?** What do they like most for their internal satisfaction and life goal, entertainment likes and dislikes/ Theatre, films, music, reading, / etc.

3.5. Communication strategy for advocacy work

- **Channels to reach policy makers: -** From the assessment you made so far, what is the best modality to reach decision makers targeted to your advocacy work? Which media channel do the decision makers like/use more? How do we reach them? Or is it easier to connect them by meetings, print media? Or is it preferable to reach them through their influential people?

- **Credible message for policy makers: -** Once you choose the media or channel, how you craft your message for these people is also one of the critical issues to consider. Are you planning to design testimonials or stories, fact sheets, press release, Power Point presentations, audio and video messages, should be clearly thought of

Section four: Section four: Design Strategy

Every advocacy effort needs a strategy. The strategy phase builds upon the analysis phase to direct, plan, and focus on specific goals and to position the advocacy effort with clear paths to achieve those goals and objectives. It is not to say always designing a very complicated strategy, it could be a simple direction as to how the advocacy work is planned to be implemented. The following can guide the different issues that the strategy should focus on.

4.1. Establishing a working group to develop a strategy and plan activities.

Establishing a Technical working group (TWG) or a team that leads the advocacy work is the first step in the planning. In the analysis stage you have already identified the different stakeholders and coalition groups that you may target for your advocacy work. The main role of the working group is to support the advocacy work and contribute based on organizational specialization to your advocacy work. The TWG may have a term of reference to guide roles and specific responsibilities of members.

4.2. Identifying primary and secondary audiences:

Primary audiences for advocacy work are mainly decision makers, while secondary audiences could be those who directly or indirectly influence decision makers. Identification of your audiences may help design your advocacy messages to influence the different audiences, according to their priority needs and key benefits, so attaining the advocacy goals will be easy for you.

4.3. Developing SMART

- **Specific** refers to the issues the advocacy campaign addresses. For example, an advocacy campaign targeted to reduction of traffic accidents may have specific targets to pedestrians, drivers and annual vehicle checking facilities and law enforcement bodies. So, objectives targeted change in these specific groups could be set.

- **Measurable** refers to how much change is expected by the advocacy campaign, in percentage, in number, proportion, etc.
- **Achievable** refers to feasible and easiness to put into action. Can it be done in the proposed time frame? What are the limitations and constraints? This is based on your capacities and potential/financial, technical, technological and skill related/ ability. Your ambition should not be beyond the capacities and potentials you have in your locality.
- **Realistic** refers to consideration of constraints such as resources/human, logistics, personnel, cost, and timeframe/.
- **Time-bound** refers to the period to accomplish the stated objectives. It answers the question "When will the objectives set are accomplished?"

   Example: Goal: To create alcohol and Khat free school surrounding

SMART Objective:

   Objective 1 To increase the number school those make their school surroundings free from alcohol by 85% in the year 2028.
   Objective 2 To increase the number school those make their school surroundings free from khat by 85% in the year 2028.

Specific: - Target Population is Schools and the outcome is Making school surroundings free from alcohol

Measurable: - 85% of school surroundings free from alcohol

Achievable: - Assessment of the feasibility of your advocacy capacity to reach 85% of school surroundings free from alcohol?

Realistic: - Answer the question "How much is my capacity and resources to reach school administrators

Time bound: in the year 2028

Advocacy Guideline for Health

4.4. Positioning:

For instance, in an advocacy campaign designed to reduce road traffic accidents, different audiences could be targeted that engage in decision making. Few of the audiences could be; the regional presidents, the ministers, parliamentarians, legislative bodies, etc. You must understand the priorities for each and position your campaign trying all the necessary efforts to address their priorities and benefits in your advocacy campaign.

Example: If we want to create alcohol and Khat free school surrounding, compelling benefits or advantages can be

- Improve the health of the students so that so that their performance in education increases
- Reduce risky behaviors (risky sexual behavior, unintended pregnancy, addition and mental wellbeing, negative peer pressures, etc.)
- Produce healthy and productive young generation
- Reduces violence and crimes
- School free of hazardous wastes and chemicals

4.5 Follow a model or mechanism for policy change:

What is the mechanism and the different processes you anticipate in the policy change. You can design a model, steps or framework of change in policy or laws to guide the campaign team.

Evidence generation

advocacy plan
-advocacy workship
-media camaign
-pannel discussion
-press release
-community sensitazation
-Training
-Impementaion action plan
-establish task force
-commununity feedback mechanism

stakeholders and enforcement bodies are ready for implementation

Alcohol and Khat free school surrounding

4.6. Crafting advocacy's key messages:

After determining your aim, objective, and target audience, one of the most crucial things to consider is how to develop your advocacy's Key messages for them. The messaging we are delivering should be:
- Evidence based: it should be scientific
- Consistent in all the channels and media
- Call to action: should tell what the target audience should do or perform
- Communicate a benefit: the message should tell to the audiences what is the benefit of accepting the advocacy issue
- Should be audience centered

4.7. Identify your resources and plan to build a coalition and mobilize support:

with appropriate partners, coalition advocates, spokespeople and the media. Identify your competition. Map out all and design what roles could these specific partners contribute in your advocacy campaign, what resources could be shared, what kind of mechanism could be in place for partnering.

Example: If we want to create alcohol and Khat free school surrounding, the following actors can create a coalition:
- Ministry of education (can contribute: guideline on alcohol and Khat free school, lead and coordinate the implementation of the guideline, etc.)
- Health offices or the ministry of health (can contribute in finance and technical support, licensing, etc.)
- Law enforcement bodies (can take disciplinary measures)
- Parent-teachers association (can monitor the progress of the advocacy implementation, can contribute resources, etc.)
- School clubs and community (can aware and volunteer for the implementation of the guideline)
- Media (can aware the advocacy messages, investigative journalism, etc.)
- Religious leaders (can aware the community and ensure sustainability)
- Civil society (example: Ethiopian Public Association, Ethiopian Health Education and Promotion Professionals association, mental health societies, etc.) (can contribute resources and technical supports, etc.)

- Political parties (can support the legislation process, lobby, etc.)
- Ministry of Women and Social Affairs (MOSA) (can contribute resources, guidance and influence policies and guidelines)

4.8. Plan activities: that are the most appropriate for your intended audience:

While planning the activities the following important elements needs to be considered
- Activity lists
- Time frame
- Who is responsible person
- What resources are required for each activity
- Clear indicators and monitoring mechanisms
- Who are the stakeholders and participants or target audiences?

We may use the following template while we plan our activities

S. No	Activity	Estimated Cost	Persons Responsible and Their Affiliation	Timeline

Test each activity against your SMART objective by answering the following questions:

- How will the activity further your objective?
- How does it relate to what the decision-maker considers important?
- Is the activity needed to achieve your advocacy win?
- Is the activity SMART?
- Is the activity worth the time and money it will require?
- Who is responsible for communicating with your working group and keeping the strategy on track?

4.9 Refine positions to achieve a broader consensus:

Minimize the opposition or find areas of common interest as often as possible. Positioning your campaign with a brand or direction that is acceptable by the majority of the stakeholders, if possible, including the opponents, will give you an advantage in attaining your advocacy goal and objectives. Search a strategy where you can win the supports of your opponents, personify messages to win their interest, search for a strategy to increase your supporters.

Give the proposed policies/policy change an appealing name, easily understood and designed to mobilize support. You should think of engaging local leadership and community members in this process, to minimize oppositions.

Recruit speakers who are credible and draw a crowd, such as high-level ministers and celebrities. Also, consider the goals and language of audiences when designing the content of advocacy events; for instance, if you are recruiting the private sector, do not overwhelm them with technical data or heavy-handed appeals to finance your projects—instead cite returns on investment, productivity and benefits to the company. Also, consider the comfort zones of your audience and accommodate them accordingly, which may mean investing in a hotel meeting room and refreshments, especially for high-level leaders and executives (this is where developing partnerships with hotels may help, since a partner may donate conference facilities). Develop detailed scripts with talking points so speakers stay on message, and make sure talking points with clear "asks" are delivered to speakers well in advance of an event. Finally, develop and display signage and materials that include key "asks" or advocacy pledges.

Partnering with media is an important component of your advocacy strategy. Media can set the public agenda, which in turn can set the policymaker agenda. Just as politicians are regularly pressured by many people with their own agendas, journalists, too, face many influences, including editors, media advisories and other press coverage. Malaria advocates must think creatively about how to convince journalists to report on malaria. Most journalists will tell you that they want a story that is "newsworthy." Use the checklist below to determine if you have such a story. Generally, you may have a story that is newsworthy if you have at least three items on the list. Your story is newsworthy if…!
- Your story is about something that affects the public!
- It can be linked to a current hot issue or topic!

- You have a human-interest story to tell!
- You have new evidence on a current hot topic!
- You are calling for action!
- You are having a celebrity conveying your message.

Tips for building and leveraging media relationships:
- Develop a media list—create a list of relevant reporters' and editors' names and contact information. Who writes about health issues? Offer yourself as a contact and ask if you can send them information.
- Conduct press briefings— particularly during special events, hold a press briefing between experts.
- Develop a press kit. Include basic information about the advocacy issue, a list of resources, key messages, gaps, etc.
- Conduct site visits—Take decision makers and the media to program or event sites and introduce the media to experts and beneficiaries.
- Look for photo opportunities. A picture is worth a thousand words. If you have field trips, send photographs to the media immediately after the trip. Include captions describing each photo.
- Identify human interest stories. Think of how your initiative impacted ordinary people and tell it from their perspective.
- Be selective and creative. Don't bombard the media with letters and press releases about stories that are not news. Don't do what everyone else is doing. Think about unusual ways to tell a story about malaria.
- Train journalists. Organize workshops or informal meetings with journalists to explain the issues and hold story contests awarding the best stories about malaria.
- Build media coalitions. Make journalists part of a network. Be sure to support and recognize them.

Addresing difficult questions and rumours: The ABC technique

Aknowledge (Example)	Bridge (Example	Communicante
This has been Publi shed	But we also know That…	Give your key message
People Believe This	We are convinced	Give your key message

Section five: Mobilization and action

5.1. Mobilization:

Coalition building strengthens advocacy; events, activities, messages and materials must be designed to achieve your goals/objectives, audiences, partnerships and resources clearly in mind. They should have maximum positive impact on policy makers and maximum participation by coalition members, while minimizing responses from the oppositions. Below are the major focus areas that should be considered for advocacy mobilization

A) Develop an action plan, describing the situation, intended audience, the audience impacted by change, advocacy objectives, key activities and timelines and indicators to evaluate each activity.
  • Encourage all coalition to participate actively
  • Plan events incorporating credible spoke persons from different partners organizations
  • Develop schedule and sequence of activities for maximum positive impact

B) Delegate responsibilities clearly to coalition members to implement and monitor specific events and activities.

C) Network to enlarge coalition and to keep them together

D) Organize training and practice in advocacy

E) Identify, verify, and incorporate key facts and data to support your positions. Compile data/documentations which supports your positions which show the importance of taking actions.

F) Link your positions to the interests of policy makers

G) Develop required materials that will be used in the advocacy campaign like factsheets, print materials like posters, billboards, brochures, videos, or audio etc. While preparing your materials, consider the following.

- Present information in a brief, dramatic and memorable fashion
- Incorporate human interest and anecdotes into your messages
- Specify desired actions clearly
- Emphasize urgency and priority of recommended action

H) Plan for and organize news media coverage to publicize appropriate events, present new data, and credit key players

I) Rally visible grassroots support

Methods for campaigning and mobilizing: it is important for you to discuss them among organizations and stakeholders to come up with the ones that are more appropriate to your locality:

Method	Advantage	Challenge
Rallies and marches Groups of people walking through the streets	Getting noticed, showing strength, easy for a big group to participate (including children), bringing groups together, motivating supporters	Prone to be hijacked by more extreme groups
Public stalls and exhibitions Display of graphic and visual material on the cause you are advocating for	Raising awareness, building support locally	If it's not dynamic and engaging it could lack participation
High profile stunts unusual actions which draw media attention to your cause, such as street drama	Getting media coverage, raising awareness, having fun	Can go wrong and look unprofessional, if very controversial public might be hostile
Performances Concerts, theater	Outreach to new audiences, raising awareness, including the voiceless	Can go wrong and look unprofessional, if very controversial public might be hostile

Method	Advantage	Challenge
Public meetings People brought together for a debate	Involving the wider community, getting views and ideas from the public, holding decision-makers accountable	Possibility of disruption
Non-violent direct-action Occupations, disruptions, street marches, protests	Giving a positive voice and outlet for despair, forcing conversation	Could place targets or opponents against us if confrontational
Talks and Presentations Organized informative sessions	Raising awareness and understanding, getting conversations started, hearing from different stakeholders	Risk of getting boring and heavy if not made dynamic and fun
Petitions People sign petitions or a post-card to be posted to decision-makers	Putting pressure on decision makers by showing support, give large numbers of supporters a way to contribute easily	If impersonal, could be ignored by decision-makers (there is a need to register names and IDs)
Culture jamming (responding to challenges) Creatively subverting and challenging mainstream media messages that go against what you are working for. For example: fake adverts and news stories, pranks, spreading disinformation	Changing the public debate, challenging people and groups who act against our cause	Provocative, challenging, could be misunderstood
Social media campaigns Using social media websites to raise awareness, or sign petitions	Easy to set up, free (or cheap), flexible and responsive, can get many people involved	Might be perceived as impersonal, excludes those without internet

Recruit Champions/Ambassadors/ to Convey Messages

Create a list of leaders who can speak for your cause, including their names and contact information. Champions could include private sector leaders, philanthropists, tribal chiefs, celebrities, politicians, sports officials or any other influential public or private figure. A well-respected champion who believes in your advocacy issue can open important doors and raise awareness about your issue. That is the champion's most important job in this early stage of advocacy. The champion can help facilitate a meeting between decision makers so that more in-depth discussions and negotiations can take place. When recruiting champions, a personal investment can make a big difference. Having shared interests other than work can help. Building a relationship with them helps ensure that they stay committed when faced with competing requests for time and energy. Consider the following when brainstorming personalities who could become a champion:

- What links are already established with decision-makers?
- Who do you know who might know one of your decision-makers?
- Is the champion known and respected among them?
- What other potentially useful connections does the champion have?
- What does the champion know about the program and topic?
- How personally invested is the champion in the cause?
- Will the champion require remuneration, or will the time be volunteered?

Using Multi-media Approach

The multi-media can play a significant part in public advocacy work. Television, radio, press, and social media offer the opportunity to both reach decision-makers and influence wider public opinion. Your advocacy work should, therefore, treat the media as both a tool for advocacy, but also an influential advocacy target. When choosing the right media,

- Make sure you understand their role in the country:
- Which press is outspokenly critical of the government?
- Which radio stations are government-controlled?
- How many people have access to social media and in which environments?
- Which audiences are reached by which media and what's their style?

Examples of written media

Press releases: - are summaries of your story and provide key messages to get journalists' attention and hopefully prompt them to follow up.

Sample Press Release.

How well a press release is written is almost as important as the information it contains. Tips for writing a good press release:

- Use a compelling title. This is the first thing people see so make it compelling but also concise. Ideally, it should contain seven words or less.
- Start with a lead. This is your first paragraph. The most important information comes first (e.g., what, when and where), with supporting and background information in later paragraphs.
- Frame and bridge. Link the new information with something the readers know and care about to propel it into the public agenda. Follow the principles of what makes a newsworthy story, and be careful not to repeat misconceptions or contradict someone's narrative with numbers.
- Report and verify the facts. Make the press release evidence-based. Your credibility depends on the accuracy of the information.
- Make a statement. Include a quote from a key person that clarifies your position and frames the issue you are writing about.
- Keep it simple and elegant. Use action words and simple sentences with common language. Avoid adjectives such as "outstanding" or "interesting." Use the same formatting for dates, names, abbreviations, etc.
- Help the media recognize and find you. Use a media release template with your logo, tagline and business address. Include information about your organization and what it does, as well as a link to its website. Include contact information.

Human Interest Stories Getting an opinion-editorial (op-ed) published can grab the attention of various groups, including elected officials, business and community leaders and the general public. When evaluating op-ed submissions, newspaper editors look for pieces that are of interest to the public and exhibit originality of thought, timeliness, freshness of viewpoint, strength of the argument and expertise on the issue.

Sample Op-Ed. Tips for writing a strong op-ed:
- The topic should be timely and newsworthy.
- The author should have expertise on the issue and the issue should be of interest to the public.
- Pieces should express a single, clear point of view and be supported by facts and statistics.

- Writing should be powerful and appeal to a general audience.
- Pieces should end leaving a lasting impression and with a clear call to action.
- Pieces should be concise 700 to 1,000 words maximum. Try to share real-life stories of ordinary people or of celebrities who suffered from the identified health issue.

Telling a story

The story of one person with malaria can create a more lasting impact than the dry statistics of 300 million malaria cases.

While telling the story, weave in facts and figures about malaria. Bridge the story with your issue. Take it even further and include development issues. Emphasize the duty of the governments to mobilize domestic funds for malaria control. A tragic story alone will not always lead people to conclude that a change in the system is required, or that the government should do something about it. Without addressing accountability, the burden of malaria might be interpreted as a need for charity, or the blame might be put on the victims (e.g., more parents could protect their children from malaria if they tried harder). An effective story should connect an isolated case to evidence, as well as to policy interventions and resource mobilization. This can help non-expert audiences relate to complex public finance and public health issues[10].

Letters to the editor of a local or national newspaper or magazine – the letters page is often one of the most-read sections of a newspaper and a carefully worded letter of a few paragraphs can be particularly effective in getting across the main advocacy messages and a call for action.

Feature-length articles for newspapers or magazines – these always have a strong appeal on a personal level. They are often linked to an individual's personal story, a single topic and particular advocacy moments, but they do not necessarily need to relate to a current news topic.

Blogs written from a personal viewpoint or in the name of the leader of our organization for our organization's website or a media website

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[10.]*SNV Ministry of foreign affairs of the Netherlands advocacy manual influencing policies and budget to enhance opportunities for woman enterprises, 2018*

Background information for journalists on the issue is provided (on the basis that they may not have time to do in-depth research themselves).

Examples of spoken and visual media

Radio interview, Television interview, phoning in to a radio talk show
Radio or television programs, including producing regular programs in local languages, as well as storylines about the issue placed within soap operas or other popular programs.

Film footage on social networking sites illustrating how communities have been affected by an advocacy issue

Examples of relational media

Putting on a **breakfast or lunch** for journalists and inviting them to come and find out about an advocacy initiative.

Inviting a **journalist to an event** or to see what is happening in one of the communities affected by an advocacy issue. Organizing joint events with the media

Working through social media, alongside traditional media channels, to share stories and build relationships with key journalists.

5.2. Action:

Keeping all partners all together and persisting and making the case are both essential in carrying out advocacy. Recapping the messages and using the credible materials developed over and over helps to keep attentions and concern on the issue

A) Monitor and respond rapidly to other views and opposition moves. Be flexible. Some partners or activists or community groups may come up with ideas that may interfere with your advocacy pace, and you need to monitor those and give appropriate responses, so that fatigue from your advocacy team may not stop or reduce speed.

B) Carry out planned activities continuously and on schedule. You have to be always on your schedule and activities, otherwise people may lose energy. Therefore, it is very important to always try maintaining your schedule.

C) Establish a means to keep all coalition members informed of activities and the result. You should create a mechanism to do so, like conducting regular meetings, organize routine telephone calls, establish social media that connects the coalition like telegram and the like.

D) Develop and maintain media support with personal contacts, press releases, press conferences, and professional assistance. This motivates your team and helps you gain support from the different community groups and the beneficiaries.

E) Do not fear controversy and try to turn it to your own advantage. You might face controversy at any stage of your advocacy work, and this should not refrain your advocacy work. Rather you should get opportunities out of it and continue placing your agenda forward.

F) Avoid any illegal or unethical activities. Your advocacy strategy must have clear hierarchy and you need to avoid happening of any illegal activities from any individual or organization in supporting your advocacy work.

G) Hold policy makers for commitment. You can actively engage, facilitate participation in different events, and use of different platforms that are relevant to your locality and advocacy issue could help hold policy makers' commitment

H) Keep a record of successes and failures. This will help you learn from your experience and design better approaches that will enable you achieve your advocacy goal. It will also be a very good lesson for others to learn your process and result.

I) Monitor public opinion and publicize positive changes

J) Acknowledge and credit the roll of policy makers and coalition partners

Create Opportunities Consider events that might not be focused to your advocacy issue but can be framed in your advocacy context (e.g., business forums, sports tournaments), and national and international issue awareness days. Advocates can hold their-themed side events with influential speakers and include advocacy materials, signage, media, and other tools. Examples of advocacy opportunities to engage leaders include the following:

- Site visits to communities and community health centers; this is especially effective for parliamentarians who can see first-hand how malaria affects their communities

- Business lunches focusing on the economic and business burden of the problem.

- Awards ceremonies that recognize leaders in the fight against your advocacy issue. It is particularly important to create environments and opportunities for partners and leaders to network and discuss their malaria control issues. For example, a malaria-themed business symposium can highlight the economics of malaria and allow private sector and public leaders to network, or an event in the House of Parliament can encourage discussions about the toll of malaria on communities while Parliamentarians sign advocacy pledges to fight malaria nationally and in their communities and give public remarks.

- National and International Awareness Days Date Event like International Women's Day, World Sleep Day, World Health Day WAD,

Section Six: Monitoring and Evaluation

One of the most difficult aspects of rolling out an advocacy strategy or campaign is measuring its success. Monitoring and evaluation are also essential for accountability and for ensuring that lessons are learned so that future advocacy initiatives can be made better.

Monitoring is the measurement of progress towards the achievement of set objectives, noting which activities are going well and which are not. Evaluation is about judging the quality and impact of activities. Evaluation asks why some actions went well and others did not, and why some activities had the desired impact while others did not.

Advocacy efforts must be evaluated in the same way as any other communication campaign. Since advocacy often only provides partial results, an advocacy team needs to monitor and measure regularly and objectively what has been accomplished and what more remains to be done.

There are numerous ways of monitoring and evaluating advocacy work. Methods can be:
- Quantitative (e.g. case studies, stories, survey, questionnaires)
- Qualitative (e.g. statistics or trends that indicate a change over a time)
- Monitoring records of meetings, correspondence or conversations with target audience and the responses elicited.
- Tracking your key messages or notes are used by elected officials, other key influencers or the media.
- Carrying out surveys and interviews to determine the impact your actions have had and the recognition they have received.
- Monitoring the media and keeping track of coverage of your topic in the media.

6.1. Sustainability:

Advocacy is not a one-time activity. Therefore, there should be a continuous learning from the results and redesigning for better outcomes. in order to ensure sustainability, there should be a good knowledge management and documentation system.
What is knowledge management?

Knowledge management is about valuing and using the knowledge of insiders. In the sphere of malaria control, advocates are the insiders who have a lot to offer. As an advocate, you can use case studies to examine projects and other real experiences, and share the studies' evaluation results: what worked, what didn't, how did you do it, what would you do differently next time? Knowledge management also refers to getting stakeholders involved in the collection and interpretation of data.

Participatory evaluation is particularly important in advocacy resources, for local ownership and leadership. A meaningful, open Dialogue on important topics is a key part of knowledge management. That is because knowledge management is not just about improving efficiency. It also fosters societal learning: a change that traverses from the individual to the wider society. For example, a private company implementing malaria protection and education activities might start as a CEO's personal commitment and ultimately turn into a new business norm, producing significant social change in a community. Key Components that form the conceptual framework of social learning are:

- Effective, open communication and dialogue.
- Leaders or key stakeholders as facilitators.
- Knowledge transfer to wider societal groups.
- Collective thinking leading to collective practice.
- Lifelong, iterative learning.

Other strategies to increase sustainability include:
- Increase in community engagement and ownership
- Grassroot level advocacy or increasing health literacy
- Institutionalized the advocacy issue with relevant stakeholders such as youth groups, civil society, etc.

Annex 1: Suggested indicators for Advocacy M & E

S. No	Indicators	Alternative Source of data
1. Inputs		
1.	# of available supporting documents (advocacy guidelines, literatures, report documents, …),	admin report
2.	# of Trained Human resources available	admin report
3.	#Available Budget	admin report
4.	# Communication Channels/medias available	Admin report
5.	#SBC Materials available	Admin
2. Process		
1	#Individual communications, meetings/events for advocacy	admin report (records of meetings, correspondence/conversations with audience)
2	# resources mobilization activities conducted	Admin
3	# recruitment of individuals for advocacy (politicians, leaders, administrative bodies, funding agencies, influential community members, religious leaders)	Admin (records of activity)
4	# or type of media outlets identification activities	Admin (records of activity)
5	# of activities conducted for target audience identification	Admin (records of activity)

S. No	Indicators	Alternative Source of data
3. Output		
1.	#Number of leaders/influential person engaged through advocacy issue	Admin (records of advocacy events)
2.	#advocacy events/activities conducted	Admin (records of advocacy events)
3.	#Number of media participated (media who published the advocacy issue)	Admin report (records of advocacy events)
4.	#Number of released public information	Admin report (records of advocacy events)
5.	#Number of SBC Materials distributed	Admin report (records of advocacy events)
6	amount of budget mobilized	Admin report
7	#Number of actions taken by decision makers after advocacy	Admin report
4. Outcomes		
1	Change in Knowledge, Attitude and Practice	survey
2	Change in Policy/legislation, proclamation, standard and procedure,	Survey, desk review
3	Change in Social Norms	Survey
4	Change in gender roles	Survey
5	Change in Family Capacity (when an issue prevents a family to access health service information, adhering treatment, screening for health risks and the like.)	Survey
6	Change in Community Capacity	Survey
7	Increased the engagement of partners	admin report
8	Increased Resources Mobilization	admin report
9	ensured equity in the community	Survey
10	Increased universal health coverage (UHC)	Survey

S. No	Indicators	Alternative Source of data
	5. Impact	
1.	Decrease Disease burdens	survey /EDHS
2.	Improved Quality of life	survey /EDHS
3.	Decreased Mortality	survey /EDHS

Annex 2: Advocacy quality assurance check list

S. No	Components of framework	Recommended Activities	Yes	No
1	Advocacy goal	Advocacy goal setting		
2	situational analysis conducted	Problems related to the advocacy issue explored		
		Existing policy gaps (identified Legislations, proclamations, regulations, legal decisions, committee action, institutional practice, etc.) analyzed		
		Type of change needed (identified Legislations, proclamations, regulations, legal decisions, committee action, institutional practice, etc.) Identified.		
		The financial and other implications		
		The stakeholders associated with the desired change		
		How and what influences the key decision makers? The context of the communication structure relating to the desired change		
		Existing communication structure		
3	**DESIGN STRATEGY**	Primary and secondary audiences identified (pro, undecided and your competitors)		
		SMART (specific, measurable, achievable, realistic and time bound) objectives developed		
		working group to develop a strategy and plan activities. Establishing a technical working group or a team that leads the advocacy work is the first step in the strategy		

Advocacy Guideline for Health

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