

Advocating Together

The Power of Alliances for Maternal Health



White Ribbon Alliance/Katy Woods

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This toolkit was designed by Shawna Dermer.

Abbreviations

CSO	Civil Society Organization	NGO	Non-Governmental Organization
FCI	Family Care International	PMNCH	The Partnership for Maternal, Newborn, & Child Health
GTR	Regional Task Force on Maternal Mortality Reduction	RMNCH	Reproductive, Maternal, Newborn, & Child Health
HIV	Human Immunodeficiency Virus	UNFPA	United Nations Population Fund
LAC	Latin America and Caribbean	UNICEF	United Nations Children's Fund
M&E	Monitoring & Evaluation	USAID	United States Agency for International Development
MDG	Millennium Development Goal	WHO	World Health Organization
MOU	Memorandum of Understanding	WRA	White Ribbon Alliance
NCD	Non-Communicable Disease		

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Introduction

Between 1990 and 2013, maternal mortality worldwide dropped by almost 50%. Despite this progress, women are still dying because they do not have access to functioning health facilities, qualified health professionals, or quality care. Every day, approximately 800 women still die of preventable causes related to pregnancy and childbirth, with 99% of all maternal deaths occurring in developing countries.¹ Although improving maternal health is a shared global agenda, inequalities persist across and within countries with regard to the ability to obtain quality care and equality of access.²

The health interventions needed to prevent or manage complications during pregnancy, childbirth, and the postnatal period are relatively straightforward and cost-effective. Over half (60%) of maternal deaths could be averted if all pregnant women in developing countries had access to high-quality antenatal care

and basic (but well-equipped) health facilities staffed by competent skilled birth attendants. Addressing the unmet need for family planning also has the potential to drastically reduce maternal mortality.³

Over the past decade, there have been numerous global, regional, and country-level initiatives, commitments, and calls to action in support of maternal health. The Millennium Development Goals (MDGs) have provided a global framework for governments, implementing partners, donors, and others to achieve progress in critical health areas. Yet MDG 5—Improve Maternal Health—still lags behind, with 90% of countries not on track to achieve their maternal health targets.⁴



Coalition to End Maternal Mortality

Civil Society’s Role in Improving Maternal Health

Civil society organizations (CSOs) have a crucial role in influencing policymakers and improving maternal health in their country and globally. CSOs are non-governmental, not-for-profit organizations that are independent from government and sometimes come together to advance common interests through collective action. CSOs include community groups, non-governmental organizations (NGOs), labor unions, indigenous groups, faith-based organizations, professional associations, and foundations.⁵

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By definition, all CSOs are NGOs, as they are not affiliated with government. However, in practice, the term “NGO” is used to describe non-profit organizations which seek to influence the policy of governments and international organizations and/or to complement government services.⁶

CSOs can frame issues, bring together constituencies, influence policy reform, and monitor international and national commitments towards maternal health. They can introduce social accountability mechanisms to enable communities to hold governments and providers accountable for the quality and availability of maternal health services. They can advocate for necessary policy changes and ensure that commitments translate into concrete action. In all of these ways, CSOs can help accelerate gains in maternal health by strengthening health systems and improving access to high-quality maternal health services before, during, and after childbirth.

CSOs around the world are making a difference in improving maternal health by implementing programs and providing direct services, but advocacy is challenging and complex. Advocacy for maternal health is further complicated when CSOs do not coordinate their efforts. Policymakers ultimately become recipients of numerous and different advocacy messages, asks, and demands – often from a separate organization with its own nuanced agenda. This can contribute to a fragmented maternal health advocacy climate, the duplication of efforts, and the waste of valuable resources.⁸

ADVOCACY is the process of building support for an issue or cause, and influencing others to take action in order to achieve policy change. Advocacy can also help to:

- Ensure that key decision-makers are informed about existing policies and their responsibility for implementing those policies.
- Ensure that sufficient financial resources are allocated for programs and services.
- Create support among community members and generate demand for implementing government policies.
- Inform the general public and opinion leaders about an issue or problem and mobilize them to apply pressure on decision-makers to take action at the grassroots level.⁷

Alliances Advocating for Maternal Health

Coordinating efforts and working with partners provides CSOs an opportunity to more effectively advocate for maternal health. Political advocacy is most effective when there is significant “people power” behind an issue. For this reason and many others, alliances are important enablers for successful advocacy.⁹

In various parts of the world, and depending on the particular organization, the meaning of the term “alliance” – or alternatively partnership, network, or coalition – varies greatly. Keep in mind, these entities may have vastly different structures and follow different rules and regulations. The following are three different types of partnerships and descriptions according to UNICEF.¹⁰

Networks

Networks have the advantage of creating free spaces that enable ideas, proposals, and experiments to emerge. With electronic communication, they can create communities of practice that lead to collaboration without the costs and time of travel.

Networks, even when structured, lack the formal decision-making that leads to accountability within organizations and between them. Their purpose is to introduce the power of ideas and practice that may lead to a more intentional effort at building advocacy strength.

Alliances

Alliances are formed around a common issue. They are usually ad hoc and will vary from loosely to highly structured. The participants in an alliance may disagree on some issues or have different priorities.

Alliances are rarely permanent, but a new alliance can be formed at various stages. After a policy is changed, for example, attention can focus on implementation, and next steps to further advance the effort may include forming an implementation alliance.

Alliances can demonstrate power in their aggregate, and “unlikely” alliances can create greater power. Decision-makers pay attention to such alliances. They suggest that different perspectives support a common objective.

Alliances are often short-term and pragmatic. But short-term alliances in no way diminish the significance of the work being done. In fact, they represent a powerful tool when organized with strategy and direction.

Coalitions

Coalitions, like alliances, work on joint actions. As a rule, they are more formal and have a decision-making process. The structure may well include staff which provide the driving leadership of the coalition.

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Coalitions create benefits for their members, but they can also drain organizational energy and human and financial resources. So the benefits must outweigh the costs.

Advantages for coalition members include essential ingredients for effective advocacy: Members are likely to receive information they otherwise would not have. Through connections, they may gain access to decision-makers they would normally have difficulty getting. Furthermore, they can build relationships that can be activated for other issues.

For the purposes of this toolkit, **alliances are defined as an organizational form of cooperation that allow different groups to work together to accomplish a common goal.** They can include organizations from within the same sector (e.g., civil society) or be multisectoral (e.g., civil society, governments, and the private sector).¹¹

Alliances that bring together partners for a common cause have proven to have significant impact across a range of global health and development issues.¹² There is now greater recognition of the power of alliances to bring together CSOs to support advocacy and accountability on maternal health.

Purpose of the Toolkit

Between 2012-2013, FCI completed a comprehensive mapping activity in a number of African countries to gather information on the maternal health policy environment (See box, below). The activity assessed the organizations, partnerships, and networks engaged in maternal health advocacy, as well as the advocacy goals, strategies, resources, and core messages being used.

The mappings were conducted in two countries,
Uganda and Zambia:

To read Uganda's case study, go to: bit.ly/UgandaMH

To read Zambia's case study, go to: bit.ly/ZambiaMH



Joey O'Loughlin

A key recommendation emerging from the mapping activity is for maternal health advocates to “speak with one voice,” a coordinated mechanism by which the growing and diverse body of advocacy organizations in a country can work together to promote synergy and advance a common message, agenda, and strategy. An umbrella organization for maternal health advocacy—an alliance—can provide such an opportunity.¹³



Richard Lord

The goal of this toolkit is to provide CSOs working to improve maternal health with the tools and guidance to more effectively and efficiently advocate for supportive policy change by working together as an alliance.

How the Toolkit Is Organized

This toolkit provides guidance for how to work with partners in a national-level alliance to advocate for maternal health policy change. Divided into three major sections, each provides steps CSOs can take in order to:

Section 1: Analyze the maternal health environment in order to decide if working with an alliance is advantageous;

Section 2: Work with an alliance by either joining an established alliance or creating a new one; and

Section 3: Plan advocacy activities taking into account the political situation and ways an alliance can effectively reach decision-makers.

There are links to resources in each section for additional information and helpful guidance beyond the scope of this toolkit. Case examples also further illustrate some of the advocacy concepts and approaches covered in this toolkit.

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Section 1: Analyzing the Maternal Health Environment

This section will guide you through an analysis of the maternal health environment, helping you to make an informed decision as to whether working with an alliance is an effective means for advocating for maternal health policy change. The steps you take will help you develop a better understanding of the factors preventing women from having healthy pregnancies and safe deliveries, and will help you develop an understanding of how your country's policies play a part in the health infrastructure, services, and programs meant to improve maternal health. You will be able to assess the possible gaps in policies and services, how other organizations and individuals are working to fill those gaps, and where there is duplication of efforts.

Understanding the big picture of the maternal health environment in your country will allow you to decide if working with an alliance to advocate for maternal health is the best strategy.

Step 1: Review the Status of Maternal Health

There are many country- and culture-specific reasons why women continue to die in pregnancy and childbirth; these reasons vary within countries, between urban and rural areas, and between economic and social classes. The first step in analyzing the maternal health environment in your country is to conduct a brief review of the current status of maternal health.



WHY DO WOMEN CONTINUE TO DIE DURING PREGNANCY AND CHILDBIRTH IN YOUR COUNTRY?

There is data available, from national and global sources, on the status of maternal health in your country. It may be helpful for you to review the status of maternal health so you are well informed on the most current facts and data sources.

Find out the direct causes of death for women during pregnancy and childbirth in your country. Look for key indicators of maternal health at both the national and sub-national levels related to the availability,

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accessibility, acceptability, and quality of care and services. The following is a sampling of relevant key indicators you may wish to collect (this is not an exhaustive list; you may want to find other key indicators or examine just a few of them):

- Maternal mortality ratio (per 100,000 live births)
- Population growth rate (%)
- Nursing and midwifery personnel density (per 10,000 population)
- Antenatal care coverage (% of at least one visit)
- Antenatal care coverage (% of at least four visits)
- Births delivered at a health facility (%)
- Births attended by skilled health personnel (%)
- Births by Cesarean section (%)
- Postnatal care visit within two days of childbirth (%)
- Total fertility rate (number of children per woman)
- Pregnant women receiving intermittent preventive treatment of malaria (IPTp) (%)
- Pregnant women with HIV receiving antiretroviral medicines for preventing mother-to-child transmission (PMTCT), including guidance on breastfeeding (%)
- Unmet need for family planning (%)
- Contraceptive prevalence (%)



Richard Lord

To find this information, explore your government's websites (such as the Ministry of Health or Population Welfare, Ministry of Women's Affairs, etc.). The following also provide information on some country-specific maternal health data:

- [The Demographic and Health Surveys \(DHS\) Program](#)
- [UNICEF Country Statistics](#)
- [Countdown to 2015](#)
- [The State of the World's Mothers 2014](#)
- [The State of the World's Midwifery 2014](#)

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Regional Task Force on Maternal Mortality Reduction (GTR)

The Regional Task Force on Maternal Mortality Reduction (GTR, acronym in Spanish) was established in 1998 to accelerate progress in maternal mortality reduction in the Latin America and Caribbean (LAC) region, where disproportionate number of deaths occur in poor, rural, and indigenous communities. Seeing that disparate efforts were not effective in tackling the region's high maternal mortality, UNFPA, UNICEF, USAID, the Pan-American Health Organization, the World Bank, the International Development Bank, Population Council and FCI founded the GTR to promote interagency collaboration and facilitate the adoption and implementation of policies and programs to reduce maternal mortality throughout LAC. The group, which now comprises 35 member agencies that range from multilateral organizations to CSOs, has become a regional leader in maternal mortality surveillance and promotion of evidence-based policies and programs.

Key Activities

- Defining regional priorities and evidence-based strategies to prevent maternal mortality, and disseminating these strategies to catalyze renewed political commitment to maternal health
- Developing maternal mortality surveillance and response guidelines, which help countries track, and subsequently prevent, maternal deaths
- Mobilizing global and national financing for sustainable maternal, newborn and child health programs
- Campaigning for improved access to skilled delivery care, and training midwifery leaders
- Raising awareness of maternal mortality in LAC, and generating and sharing best practices and lessons learned
- Leading the implementation of roadmaps to improve information and accountability in LAC countries

Key Results

- Improved interagency coordination for maternal health at the regional and country level
- Invigorated political and financial commitments to maternal health among governments and GTR member agencies
- Strengthened national capacity for emergency obstetric and newborn care in 13 LAC countries
- Contribution to global knowledge base through evidence-based publications and promotion of best practices
- Regional interagency contribution to the setting of global targets in maternal mortality

For more information on the GTR, visit: <http://gtrvidasmaternas.org>

Step 2: Assess the Maternal Health Policy Environment

Maternal health has been identified as a global priority both as a stand-alone issue and as part of the continuum of reproductive, maternal, newborn, and child health (RMNCH). Governments and organizations around the world have committed to improving maternal health and implementing supportive policies. It is likely that your country has a number of policies in place that are housed within specific government structures (i.e., ministries, cabinets, committees, etc.) with appointed policymakers responsible for their implementation.

With this in mind, the second step in analyzing the maternal health environment in your country is to assess the maternal health policy environment.

WHAT ARE THE SPECIFIC POLICIES AND GUIDELINES MY COUNTRY HAS ADOPTED TO IMPROVE MATERNAL HEALTH?

Each country's policies and guidelines may have distinctive names and may be categorized as either policies, guidelines, plans, schemes, curricula, frameworks, roadmaps, or strategies. Keep in mind that specific maternal health issues may also be contained within broader policies surrounding RMNCH. Do as exhaustive a search as possible of your country's current national policies related to maternal health, including a review of international or regional maternal health commitments your country has made (i.e., the MDGs and the *Global Strategy for Women's and Children's Health*).

If you are not sure where to find copies of these policies and commitments, you can start by reviewing your government's websites or reaching out to others who have more experience in the policymaking process (such as ministry contacts working in maternal health, other CSOs working in maternal health, WHO, UNFPA, UNICEF, etc.).



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Carefully review each document and consider the following questions:

- Are the policies current and up to date? Do any of them have a timeframe with an end date that is quickly approaching?
- Do the policies contain outdated information or information that contradicts best practice standards?
- Do the policies have gaps or items missing that you feel need to be addressed and included?
- Are there any particular policies in place of which you were unaware? Are these sound and helpful policies that have not been implemented?
- Are there new policies that have recently been passed but not yet implemented?
- Are there examples of policies successfully implemented in other countries that are applicable to your country's maternal health situation?



Joey O'Loughlin

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Zambia's National Road Map

Zambia's Road Map for Accelerating Reduction of Maternal, Newborn and Child Mortality 2013-2016 was launched with the objective to reduce maternal mortality to 162 deaths per 100,000 live births over a 10-year period through the provision of skilled attendance across the continuum of care and levels of referral.

The Road Map calls for:

- Increased budget allocation for maternal, newborn, and child health from both domestic and external financing.
- Revision of existing policies to ensure that maternal, newborn, and child health are effectively addressed.
- Improved health worker training, employment, deployment, and retention for better service coverage and delivery.
- Institutionalization of maternal death reviews.

The launch of the Road Map provides an exceptional opportunity for mobilizing maternal health advocates around a common policy framework. While it remains unclear whether there are strategies in place to implement the Road Map's goals, the Road Map highlights the need for targeted harmonized advocacy efforts in order to ensure the Road Map is fully implemented to improve maternal health in Zambia.¹⁴

WHO ARE THE DECISION-MAKERS WITHIN THE GOVERNMENT RESPONSIBLE FOR MATERNAL HEALTH IN MY COUNTRY?

Government decision-makers on maternal health are likely to be broadly grouped as follows:¹⁵

- Presidents and prime ministers
- Health ministers and their deputies
- Budgetary decision-makers (for example, cabinet, ministries of finance and planning)
- Ministers of related sectors and their deputies (for example, ministers of education, transport, etc.)
- Parliamentarians

The policymaking and policy implementation process is complex, but an understanding of how it works and the relationship between the government bodies is necessary to advocate for maternal health policy change and implementation. Pay particular attention to whether your country has a decentralized health system, as your national policies can be further endorsed and adopted at provincial, district, and other subnational levels, where specific policies can be developed in response to local needs.¹⁶

WHAT OTHER ORGANIZATIONS (AND INDIVIDUALS) ARE WORKING TO IMPROVE MATERNAL HEALTH IN MY COUNTRY?

The final part of your assessment of the maternal health political situation involves an understanding of the other organizations and individuals currently working on maternal health, whether focused on advocacy efforts and/or programs for direct services. A good place to start is to identify organizations that have planned, implemented, or funded maternal health or RMNCH initiatives.

Consider developing a list of these specific organizations. You can organize it using different categories, such as the following:

- Alliances, coalitions, and networks focusing on maternal health
- National-level and grassroots or local CSOs
- Faith-based organizations
- International NGOs
- UN agencies
- Advocacy groups
- Professional associations
- Research institutions
- Academic institutions
- Health facilities

What is the respective mission of each of these organizations? What are they currently working on (i.e., programs or campaigns)? Have any been successful in maternal health advocacy efforts?

Think of other influential individuals—maternal health champions—who have contributed their voice and/or influence to a maternal health cause. Are they affiliated with any particular organization? What has their impact been?



Richard Lord

Step 3: Select Your Maternal Health Advocacy Priority

At this point of your analysis, can you identify any common priorities or issues emerging from both government and CSO efforts to address maternal health? For example, do you see duplication of effort—or a lack of effort—in the strategies or priorities for improving maternal health in your country? Are there gaps in coverage of priority issues, geographical areas, provision of services, or communities served?¹⁷

Do you see efforts between the government and organizations that are contradictory to each other? Is there a difference in maternal health priorities amongst organizations?

And is there a lack of political will, community awareness, or availability of resources needed to address maternal health issues?¹⁸ Depending on this analysis, you may be able to identify one or more areas of maternal health as a key priority area for you to focus on.

WHAT POLICY CHANGE IS NEEDED FOR MORE WOMEN TO EXPERIENCE A HEALTHY PREGNANCY AND SAFE CHILDBIRTH IN MY COUNTRY?

Is advocacy needed to address your priority issue? Does a new policy need to be created or does an existing policy need to be revised?

Alternatively, do policymakers, decision-makers, and other leaders need to be held accountable for policies already in place? For example, does an existing policy need to be fully implemented and costed?

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Step 4: Decide If an Alliance Is Needed

Based on your maternal health environment analysis, you now need to decide if working with an alliance to advocate for your maternal health advocacy priority would be more effective than working alone. As you read in the introduction of this toolkit, coordinating efforts and working with partners provides CSOs the opportunity to more effectively advocate for maternal health. Political advocacy is most effective when there is significant “people power” behind an issue.¹⁹ At the same time, working within an alliance also has some disadvantages that need to be carefully considered.

Potential Advantages and Disadvantages of Working in an Alliance²⁰

Advantages

- An enlarged base of support.
- Safety in numbers for sensitive issues, especially for members who cannot act alone.
- An increased pool of knowledge and resources.
- A distribution of tasks among a larger group of people.
- Enhanced credibility and influence of the advocacy effort and of the coalition members themselves.
- Development of new leadership, especially if working with youth groups.

Disadvantages

- Increased time commitment to organize and manage alliance activities.
- Compromise on certain issues or strategies, particularly those considered controversial or politically sensitive.
- Potential power struggles between members (some groups may be larger than others and therefore more influential).
- Competition over funding (as an alliance gains credibility it may compete with its own members for funding and resources).
- Credit and visibility diminished (members of an alliance tend not to receive individual credit or brand recognition, as the alliance is credited with the work overall).

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The following are sample key questions to take into consideration when deciding whether or not to work as part of an alliance:

- Is **more attention (and a possible solution) to your advocacy priority** more likely if it is supported by an alliance of diverse individuals and organizations? Is maternal health accorded low priority on the national agenda, and will a highly organized effort raise its visibility?
- Are there **specific opportunities you foresee where your advocacy priority can gain the attention** and action required without substantial effort (i.e., could your issue be resolved with an “easy win”, or is it considered “low-hanging fruit”)?
- Does your **CSO have established relationships with the policymakers** who have authority to create the policy change? Or would you benefit from working within an alliance with members that have working relationships and a successful track record with policymakers and the government?
- Does your **CSO have the resources readily available** to develop an advocacy strategy and conduct activities by itself? (This includes the staff, funding, and expertise in policy advocacy and communications.) Or would you benefit from working within an alliance to pool resources and expertise?
- What other factors can you think of?

If you decide that working within an alliance is the right decision for your CSO, your next step is to move forward to read **Section 2** of this toolkit. However, if working within an alliance does not seem to be the right choice, there are many other ways you can consider working collaboratively with others outside of a formal structure. You are encouraged to seek out new and creative ways to work together in support of others for maternal health advocacy.



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Section 2: Working Together in an Advocacy Alliance

In your analysis of the maternal health environment in **Section 1**, you identified other organizations and individuals currently working on maternal health issues. Now that you have decided that working within an alliance is the right decision for your CSO, you need to revisit the list you developed with a fresh perspective.



White Ribbon Alliance/Katy Woods

If there is a maternal health advocacy alliance, coalition, or network already established in your country working towards advocacy goals similar to your own, you should strongly consider working with them (See **Working with an Established Alliance**).

However, if there is not an established maternal health alliance, you have the option of creating a new alliance to focus on the advocacy priority you have selected. Forming a new alliance requires significant time and resources, and should be carefully considered before moving forward.

Before you get started, remember that there will always be challenges in working within alliances—whether they are established or newly created. Particular obstacles to prepare for include the following:

- **Competing alliances.** It is critical to have open and honest dialogue with other stakeholders who may be conducting similar activities. Ensuring that efforts are complementary rather than duplicative will strengthen all efforts. Be open to merging or working collaboratively with a new alliance, or expanding the scope of your alliance to address issues that the new group wants to address.
- **Disagreement about advocacy goal or methods.** One of the biggest challenges of working in an alliance is ensuring that partners are in agreement with respect to goals and strategies of the alliance. It is important to find common goals, so work as collaboratively as possible to find an area of agreement. If an issue or method does not get broad support, perhaps that is an area best handled outside of the alliance.
- **Partners who commit to an activity but do not follow through.** Have open and honest dialogue with partners about what they can achieve given their work plans and available funding. Ensure that there are regular conversations and check-ins to discuss progress and address challenges as they arise.

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Working with an Established Alliance

If there is an alliance for maternal health advocacy in your country, this may be an opportunity for your CSO to join this existing alliance. This alliance may already have name recognition and members interested in your particular advocacy goal.

The following steps can guide you in working with an established alliance to achieve your advocacy goal:

Step 1: Approach the Alliance

Find out who is the best individual to contact within the alliance and reach out to that person. Indicate your interest in potentially working with the alliance and becoming a member.

Ask the alliance about its history and current projects. Learn more about its structure, who its members are, how decisions are made, and what is expected of new members.

If the alliance is not currently working on advocacy efforts that align with your goal, find out how this could potentially be addressed. Perhaps a working group or sub-committee could be formed.

Based on this outreach, decide if it makes sense for your CSO to join the alliance, provided they are open to new members.

Step 2: Join the Alliance

With your decision to move forward in joining the alliance, ensure that you follow the terms, conditions, and any bylaws provided by the alliance. You may want to prepare some materials for the alliance, including information about your CSO, about your issue of interest supported with evidence.

Step 3: Coordinate the Development of an Advocacy Strategy

Explore how the alliance can move forward with achieving your advocacy goal. Show how you can contribute towards their advocacy strategy as an alliance member.

As mentioned, if the alliance is not currently working on advocacy efforts that align with your goal, find out how this could potentially be addressed. Take the lead and propose the formation of a working group or sub-committee.

When the alliance is ready to move ahead, you will want to support and participate in the development of an advocacy strategy (see [Section 3](#)).

Creating a New Alliance

The process of establishing a new maternal health advocacy alliance in your country is no small feat and must be approached with careful thought and consideration. However, if you have the determination, passion, patience, and ability to lead from behind, your alliance has the potential for success.

There is a range of materials you are encouraged to review in order to learn more about developing and building alliances. The following are resources which highlight the power of partnerships in advocacy:

Building, Maintaining, and Sustaining National White Ribbon Alliances: A Field Guide

Created by the White Ribbon Alliance (WRA), this guide provides coordinating bodies, individuals, or groups with the tools and information necessary to effectively establish, manage, and sustain a national WRA. Although establishing a WRA in your country may not be your objective, this guide can still assist you by sharing ideas and insights into effective processes and experiences to promote maternal health worldwide. You can use the information and examples in the guide and adapt them to your needs.

Non-Communicable Diseases: Join the Fight

Created by The Non-Communicable Diseases (NCD) Alliance, this online advocacy toolkit aims to support civil society in national and regional NCD advocacy efforts. It compiles and showcases best practices, drawing from the experiences of NCD alliances across the globe as successful models of collaboration. It distills the recommendations and lessons learned, and offers concrete tips to help guide national and regional action. Although The NCD Alliance does not work in maternal health advocacy, their model and lessons learned are applicable to your work as well.

Mobilising Communities on Young People's Health and Rights: An Advocacy Toolkit for Programme Managers

Created by FCI, this toolkit is designed to assist program planners and managers in designing, conducting, and evaluating advocacy campaigns to advance the implementation of existing policies, with a specific focus on young people's sexual and reproductive health and rights. The toolkit is also based on the belief in the power of partnerships—partnerships between national and community-based organizations, and between adults and youth. Such partnerships can offer immeasurable benefits, including the chance to strengthen the knowledge and capacity of grassroots activists and to empower a new generation with skills and leadership qualities.

Advocacy Toolkit: A Guide to Influencing Decisions That Improve Children's Lives

Created by UNICEF, this toolkit provides a broadly accepted definition of advocacy and detailed steps, guidance, and tools for developing and implementing an advocacy strategy. The toolkit also outlines eight foundational areas that can help strengthen an office's capacity for advocacy, and covers several crosscutting aspects of advocacy, including monitoring and evaluating advocacy, managing knowledge in advocacy, managing risks in advocacy, building relationships and securing partnerships for advocacy, and working with children and young people in advocacy.

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There are a number of basic steps for establishing and launching an alliance:²¹

Step 1: Develop the Scope

WHAT IS YOUR VISION FOR THE ALLIANCE?

When getting started, you may want to develop a written problem statement including information on the issues and priorities a new maternal health alliance will address. You can also articulate a vision for the alliance, explaining its added value to the field and describing what the alliance will and will not do.²² Think back to the initial scan of your country's maternal health situation and the policy environment (**Section 1**) and link this vision with the problem or issue you wish the alliance to address.



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WHO ARE THE POTENTIAL MEMBERS OF THE ALLIANCE?

Refer to the list of organizations and individuals working to improve maternal health in your country that you developed in **Section 1**. Assess each of their strengths and possible contributions as potential alliance members. In order to do this, you may need to do a bit more research in order to determine which organizations share a similar mission and objectives, and to learn more about the scope of their work and reputation.

You may also want to seek out other organizations that work in related areas along the RMNCH Continuum, such as those advocating for people with HIV and malaria. You may also want to look for

potential members outside of the health sector who may be able to address some issues identified in your maternal health environment analysis, related to budget tracking or the policymaking process in general.

As you think through these items, consider what might be the criteria for membership in the alliance.

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HOW BIG SHOULD THE ALLIANCE BE?

There are advantages to keeping an alliance small—for example, you can more easily work together and agree on issues with a smaller group. However, the alliance may not be seen as representative of the issue if it doesn't include a broad array of members. At this stage, you should decide on whether it is more strategic to have a smaller, more focused group or a larger, broader membership. Either way, ensure that you are encouraging membership and representation from diverse maternal health stakeholders.²³



With the scope of the alliance in mind, you may want to consider reaching out to close colleagues at other CSOs or within government to have informal discussions about your idea to create a new alliance. This will help you see if there is enthusiasm, acceptance, and support of its potential establishment. This can also lead to increased buy-in and ownership of the alliance in the future.

You can organize an initial stakeholders meeting and invite the potential alliance members you have identified.

Step 2: Hold a Stakeholders Meeting

Develop an agenda and objectives for the stakeholders meeting and aim for highly participatory discussions. You could focus this meeting on the following topics:

- **Introduction:** Introduce yourself and the idea of the alliance. Provide background information from your maternal health environment analysis and share your vision for the alliance. Have all attendees introduce themselves and the organization they work for (if applicable).
- **Role & Function of the Alliance:** Discuss the anticipated role and functions of the alliance. Describe how the alliance would add value to the field of maternal health, including what the alliance will and will not do.

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- **Membership Roles & Responsibilities:** Discuss potential membership criteria and expectations of each member's roles and responsibilities. Share what opportunities and benefits you envision each member can potentially look forward to.
- **Consensus to Move Forward:** Honestly assess if there is agreement by the potential members in moving forward to establish an alliance. Be prepared to explore other ways in which stakeholders can creatively work together if there is no consensus in moving forward with the establishment of an alliance.

At the stakeholders meeting, potential members may be excited about the concept of forming an alliance, but may not be sure of how effectively the alliance will work and what impact it will have. Address these issues head on and work to foster group ownership, build trust, and employ strategies to help the alliance work as a unified body.²⁴

Consider developing a code of conduct to ensure mutual respect and responsibility from the very beginning. If this code is followed, member organizations can more easily be held accountable without finger-pointing and resentment. Remember that each member will have different strengths.²⁵

IS THERE CONSENSUS ON WORKING TOGETHER IN AN ALLIANCE?

If there is consensus to move forward with establishing an alliance, hold a discussion on next steps. You may want to start this discussion by asking the stakeholders if they feel any particular organization or individual is missing from the meeting and should be invited to join the alliance during this initial stage. As you do this, keep in mind that you want your alliance to be diverse—but committed. Aim for a broad membership with members who are committed to the alliance's vision and purpose.²⁶

A potential next step is the establishment of an interim core group or steering committee. You could ask for a number of volunteers representing some of the different interests of the member organizations to form this committee. You can develop terms of reference for the committee, including a process for ensuring that the committee is accountable and responsible to the broader group.²⁷ Bring all members together to discuss and collectively decide on the immediate priority tasks the committee will take on, such as the tasks outlined in **Step 3** and **Step 4**.

Be sure to establish an agreed means of communication with the membership at the meeting. Ensure you have all of the members' updated contact information, and decide how internal communications will operate so members receive consistent updates as needed.

Step 3: Agree on the Mission and Priorities

Either at the initial stakeholders meeting or immediately following it, an important step is to agree on the mission and priorities of the alliance. You will want to ensure that the alliance has a focused scope and mission and is adding value to the field.

At this point, and in conjunction with **Step 4** below, your committee can also work with the broader membership to develop consensus on how to tackle the next step of developing an advocacy strategy and setting achievable and finite advocacy goals and objectives that are agreed upon by consensus.²⁸ You will read more about developing an advocacy strategy in **Section 3** of this toolkit.

Step 4: Organize the Governance Structure and Decision-Making Process

Deciding upon and developing the alliance's governance structure and decision-making process is a major step in developing a solid foundation for the alliance. Some aspects of this structure can be temporary and allowed to evolve over time.

Complying with Your Country's Registration Laws

Before moving forward with the major aspects of your alliance's organizational development, be sure you understand your country's national and local laws and regulations regarding the operation of alliances. In some countries, it is required that you register the alliance as a legal body. Registration as a legal body usually entails applying for tax-exempt status and ensuring that your alliance is in proper legal form to receive state, federal, corporate, and foundation funds.²⁹

If it is not required in your country, does registering your alliance make sense? Will it make a substantial difference to operate without registration, especially in the beginning stages of your alliance?

Investigate the situation in your country so that you—in consultation with the other alliance members—can comply with your country's laws and decide what is right for your alliance.

WHAT KIND OF ORGANIZATIONAL STRUCTURE IS BEST FOR THE ALLIANCE?

Alliance members need to create, and revise as needed, an appropriate organizational structure. The structure needs to fit the overall goals and complexities of the alliance. There are different structural models for governance of alliances; your membership must choose which is most appropriate:

- **Simple affiliation** – this is the loosest form of an alliance with no formal structure or staff and depends on simple mechanisms such as technical working groups.

- **Lead partner** – characterized by one partner who assumes a strong, but not dominant, leadership role.
- **General contractor** – characterized by one partner who is the clear leader, decision-maker, and controller of funds, whose staff operates the alliance.
- **Joint venture company** – consists of partners who create a separate legal entity for the alliance and operates more or less independently, and it has its own staff and resources.
- **Secretariat** – consists of a quasi-formal alliance structure with its own staff, featuring a group of partners operating as equals.
- **Mixed cluster** – composed of a combination of two or more of the above such that an alliance develops a distinct model to fit its needs.³⁰

Another way to consider the structural development of your alliance is through organizational units, such as the following:

- **Coordinating body** – an alliance coordinator or host organization
- **Decision-making body** – representatives from alliance members forming an executive committee or core group
- **Committees** – specific task forces, working groups, sub-committees, organizing committees, etc.³¹

When choosing the alliance structure, keep in mind that it should help the alliance achieve its goals and allow members to divide up the work. Key questions to pose when deciding on a structure are:

- What work needs to be done?
- What kind of groups need to be formed to do the work (i.e., committees, task forces, working groups, sub-committees, organizing committees, etc.)?
- What are the roles and responsibilities of each group or committee?
- How does membership agree to manage and govern themselves and the groups within the alliance?
- Who will be in charge of which parts?
- Where are the members located? What will help the alliance work together as efficiently as possible?
- How will the alliance ensure good and timely communication between members and the decision-making body?
- Does the alliance need to hire staff? If so, for what functions? Where will staff be located or housed? Where will the funding to pay the staff come from?³²

The Uganda NCD Alliance

The Uganda NCD Alliance (UNCDA), the first national non-communicable disease (NCD) alliance in Africa, was launched in 2010 as a joint initiative of the Uganda Diabetes Association, the Uganda Heart-Research Foundation, and the Uganda Cancer Society, with support from the Danish NCD Alliance and the Danish International Development Agency. As a formal joint venture alliance between these three member associations, UNCDA's governance is guided by a set of by-laws. It is a legally registered NGO and holds an annual general meeting to discuss strategy and elect board members. The Alliance completed Uganda's first population survey on NCD risk factors in Kasese district.

UNCDA uses targeted advocacy and outreach to advance action on NCDs in Uganda and empower health care workers, people living with NCDs, and the public. It also provides direct services to patients and serves as a model for other countries to follow. Most recently, UNCDA has approached the government with a request to make NCD testing mandatory for citizens.

Key Activities

- Lobbying the government to ensure its recognition of NCDs as a national development priority
- Convening stakeholders by hosting meetings, recruiting new partners, and promoting the work of NCD NGOs
- Providing free screening, counseling, and referral services for NCD patients
- Launching media and education campaigns to highlight NCD risk factors, end stigma, and promote early screening
- Training health workers, survivors, and other advocates in NCD education, counseling, screening, advocacy, and patient support
- Supporting research and data gathering

Key Results

- Launch of a patient center providing screening, counseling, education, advocacy training, and other services
- Service provision to 2,000 patients, and formation of a Patient Solidarity Program uniting 600 NCD patients in a support network
- Improved NCD counseling and screening skills among community health workers
- Mobilization of Parliament's support and establishment of a Parliamentary Forum that lobbies the government to increase the national NCD budget allocation
- Collection and documentation of data on the NCD burden has helped the government start to prioritize NCDs

For more information, visit: <http://uncda.org>

WHAT KIND OF DECISION-MAKING PROCESS IS BEST FOR THE ALLIANCE?

Depending on your organizational structure, there may be an established decision-making process built in. In any case, a democratic decision-making process will help create ownership among members. Using consensus as a means for reaching agreement in core group and alliance discussions is necessary to move activities forward in a way that allows for collective acceptance of leadership decisions. The aim should be to reach a satisfying compromise among members (a win-win situation) rather than opposing viewpoints (a majority winning and a minority losing).

The key to a successful alliance is effective decision-making. Your alliance should strive for its process to be participatory and transparent while balancing the need to move things ahead efficiently and respond to emerging issues, priorities, and routine business.

Again, depending on your organizational structure, your alliance could consider ways to allow for rotations and changes in leadership. This provides a fresh perspective in the decision-making process and gives the opportunity to other members to take the lead and feel more ownership.³³

WHAT PROTOCOLS AND PROCEDURES SHOULD BE ESTABLISHED?

At a minimum, you will want to consider developing a Memorandum of Understanding (MOU) for your alliance. This letter of agreement amongst the alliance's membership can detail the following:

- Specific roles and responsibility of each member
- Areas of joint responsibility
- Fee or payment arrangements
- Duration of the agreement
- Recourse in the event that there is a breach in the conditions of the agreement³⁴



Richard Lord

Instead of an MOU, you may want to consider developing a constitution or set of operational guidelines for the alliance. A constitution is a system of laws and principles that prescribes the nature, functions, and limits of the alliance governance structure and membership (which may also be necessary for legal registration). Guidelines are statements which indicate the different policies or procedures your alliance will use to determine a course of action.³⁵

WHAT ARE THE FINANCIAL NEEDS OF THE ALLIANCE?

The alliance needs to discuss and identify how its financial needs will be met. Fundraising strategies can be discussed. For example, will there be dedicated fundraising, or possible joint fundraising opportunities among alliance members?

One way to ensure that resources are available for an alliance is to establish membership fees. Membership fees can be annual, semi-annual, or monthly, depending on your budgeting needs. There are advantages and disadvantages of establishing membership fees:

ADVANTAGES:

- Provides funds for the alliance
- Shows investment and demonstrated commitment from members
- Provides a shared identity
- Allows for measureable and quantifiable contribution

DISADVANTAGES:

- Marginalizes those who cannot pay
- Discourages involvement
- Accounting burden for relatively small amount of money
- Difficulties in accepting the funds if not a registered NGO³⁶



Richard Lord

Membership fees should not be prohibitive or limit participation in the alliance. Members can contribute in other ways, such as in-kind contributions, volunteer time, and providing other resources.

Step 5: Launch the Alliance

When you publicly launch your alliance, develop an information and external communications plan. You may want to consider drafting an information sheet about the alliance, or even establish a website and social media presence.



Once you launch the alliance, take time to assess your progress and make any necessary changes. Examine how your organizational structure and decision-making process are working. What improvements can be made?

Also, keep an open mind in recruiting new alliance members and in considering arrangements and partnerships between your alliance and others. Some groups may not necessarily need to be formal members of the alliance in order to contribute to its efforts.³⁷

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Section 3: Planning Advocacy Activities as an Alliance

Whether you have joined an established alliance or just recently launched a new alliance, the following section provides information and tips on planning joint advocacy activities.

As with any initiative, it is crucial that you map out a clear and comprehensive advocacy strategy. It is important that this is done transparently and with your alliance members, so that there is shared ownership and decision-making. Keep in mind that you are not necessarily starting from scratch here; all of the work you did in **Section 1** and **Section 2** of this toolkit will likely contribute to the task ahead of you.

There is a range of training and capacity building manuals and toolkits available, which can aid in developing your advocacy strategy. The text box includes easy-to-use resources that provide information and step-by-step guidance on aspects of planning an advocacy strategy, including monitoring and evaluation (M&E).

The Advocacy Progress Planner: An Online Tool for Advocacy Planning and Evaluation

Developed using Julia Coffman's Composite Logic Model, this tool is a project of the Aspen Planning and Evaluation Program at the Aspen Institute. This free online workbook will allow you to map out your specific advocacy strategy by guiding you through the process of clarifying your goal, objective(s), target audience(s), activities, and inputs. To access this tool, go to: <http://planning.continuousprogress.org/>.

The Spitfire Strategies Smart Chart 3.0: An Even More Effective Tool to Help Nonprofits Make Smart Communications Choices

Developed by Spitfire Strategies, this tool will help you in developing your communications campaign and assessing your strategic decisions to ensure the effectiveness of your advocacy and communications strategy. To access the tool, go to: http://www.smartchart.org/content/smart_chart_3_0.pdf.

Policy Advocacy for Health: A Workshop Curriculum on Policy Advocacy Strategy Development

Developed by PATH, this guide helps professionals lead workshops based on PATH's ten-part framework to assess policy advocacy options and plan strategic goals and activities. The accompanying participant workbook includes all worksheets needed to develop an advocacy strategy. To access the curriculum, go to: <http://www.path.org/publications/detail.php?i=2274>.

Straight to the Point—Advocacy

Developed by Pathfinder International, the Straight to the Point advocacy tools are intended for organizations that want to include in-country advocacy and public policy work among their programmatic strategies. Teams can use the tools to develop an advocacy initiative in three essential steps: setting advocacy priorities, assessing the political environment for advocacy, and mapping an advocacy strategy. To access the tools, go to: <http://www.pathfinder.org/publications-tools/publication-series/Straight-to-the-Point-Advocacy.html>.

As you develop your advocacy strategy, be sure to pay particular attention to M&E, as this is something you want to implement immediately. It can be especially difficult to measure the impact your efforts had on policy change, so M&E efforts are even more important. Keep your M&E plans simple and remember that advocacy is a process. Policy change often results from a complex interplay of multiple forces which cannot be easily traced back to any single advocacy effort.³⁸

Step 1: Identify Your Advocacy Issue

As you begin developing an advocacy strategy with your alliance members, your first step will be to clearly and concisely identify the issue you want to advocate for within the current political landscape. Your issue should be specific and concrete and clearly reflect the change you want to achieve.

You may need to compromise some of your original thinking around what you first identified as an advocacy priority in **Section 1** of this toolkit. Now that you are working with an alliance, there must be consensus on the best way forward.

HOW WILL CHANGE IN MATERNAL HEALTH BE ACHIEVED?

As described in **Section 1** of the toolkit, you identified the policy change for improving maternal health in your country. This policy change can be achieved through advocacy to update policies or by holding policymakers and decision-makers accountable for the implementation of established policies.

With this in mind, your alliance should decide exactly how the necessary policy change will be achieved. Examples can include any of the following:³⁹

- **Policy development:** creating a new policy proposal or policy guidelines
- **Placement on the policy agenda:** appearance of an issue or policy proposal on the list of issues that policymakers give serious attention
- **Policy adoption:** successful passing of a policy proposal through an ordinance, ballot measure, legislation or legal agreement
- **Policy blocking:** successful opposition to a policy proposal
- **Policy implementation:** proper implementation of a policy, along with the funding, resources, or quality assurance required
- **Policy monitoring and evaluation:** tracking a policy to ensure it is implemented properly and achieves its intended impacts
- **Policy maintenance:** preventing cuts or other negative changes to a policy

The Breastfeeding Promotion Network of India (BPNI)

The Breastfeeding Promotion Network of India (BPNI), founded in 1991, is a national network of organizations and individuals dedicated to fostering mother and child health through the protection, promotion, and support of breastfeeding. Within a year of its launch, BPNI organized the inaugural World Breastfeeding Week and secured its first lobbying victory, when Parliament passed legislation to regulate the marketing practices of baby food companies. Since then, BPNI has continued to work in policy advocacy, capacity building, social mobilization and monitoring and research, and is a recognized national and regional leader in the effort to promote breastfeeding.

Key Activities

- Monitoring the implementation of the Infant Milk Substitutes Act regulating the infant formula industry
- Launching the World Breastfeeding Trends Initiative (WBTi)— a web-based tool to track trends in breastfeeding action
- Training health workers in Infant and Young Child Feeding Counseling and educating policy-makers
- Creating and disseminating breastfeeding guides for parents
- Developing media campaigns that promote breastfeeding
- Organizing the annual World Breastfeeding Week

Key Results

Organizational Impact

- Named Regional Focal Point of South Asia for the World Alliance for Breastfeeding Action and the Regional Coordinating Office of International Baby Food Action Network Asia
- Awarded the title of “Strong Regional Advocate” at the WABA Global Forum in Bangkok

National and Global Impact

- Passage of the Infant Milk Substitutes Act in 1992
- Creation of Baby Friendly Hospitals where staff have been trained in breastfeeding counseling
- Over 80 countries have used the WBTi tool

For more information, visit: <http://bpni.org/>

Step 2: Define Your Target Audiences and Advocacy Message

As you continue mapping your advocacy strategy, you will work through developing your advocacy goals and objectives. As you do so, it is crucial that you pay particular attention to defining your target audiences and crafting your advocacy messages uniquely tailored with their interests in mind.

WHICH INDIVIDUALS OR GROUPS WITH THE POWER TO MAKE THE POLICY CHANGE SHOULD BE TARGETED?

As described in **Section 1** of the toolkit, you have already identified the various governmental decision-makers involved with the maternal health policymaking and implementation process in your country. Work with your alliance members to identify the correct target audience for your issue. Your primary target is the individual decision-maker or specific governmental structure (i.e., cabinet, ministry, or committee) that has the power to make the policy change you are seeking.



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WHAT MESSAGE WILL CONVINCe YOUR TARGET AUDIENCE TO MAKE THE POLICY CHANGE?

With your primary target audience pinpointed, your next step is to better understand them and what drives their decision-making so that you can craft your advocacy message to help them come to a decision. Consider their motivation and interests, as well as the information they need in order to be persuaded to act. Figure out how your alliance can help them advance their agenda along with yours.

As your alliance works to develop its key advocacy message, consider leading with “solution-centered” messages instead of “problem narratives.”⁴⁰ Make it easy for your target audience to act by telling them exactly what needs to be done. Your key action message should be simple, direct, and compelling.⁴¹

Complement your advocacy message with evidence. Support your solution-centered message with robust data that highlight the costs of action and inaction. You can also combine the evidence with compelling real-life stories and case studies; these illustrative examples have the power to turn facts and figures into compelling arguments for action.⁴²

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Keep in mind that a core part of your message should describe the alliance, its purpose, and membership, in order to impress upon your target audience that a diverse group has come together to speak in one voice for policy change.

As a new alliance, or a new member to an established alliance, it is important that you start small. As you build trust within the alliance and increase the resources and funding the alliance has to work with, your advocacy strategies can become much more complex. For example, your activities can focus on developing *new evidence* with which to hold your government accountable for policy change.

Accountability approaches can include budget analysis, health facility checklists and scorecards, verbal autopsies to analyze maternal deaths, and public hearings. In order to collect and analyze the information properly to undertake advocacy for accountability, your alliance may need to build its capacity and receive specific training.

Step 3: Design Your Activities

When designing activities for your advocacy strategy, your alliance should feel free to be creative but selective. One of the first things to consider is how you will deliver the advocacy message you crafted to your defined target audience.

WHICH APPROACH IS BEST TO DELIVER THE ADVOCACY MESSAGE TO THE ALLIANCE'S TARGET AUDIENCE?

The delivery of your advocacy message can be done directly or indirectly in a public or private manner:⁴³

- **Direct** approaches involve directly asking your primary target audience to take action. **Indirect** approaches involve influencing opinion through a secondary target audience such as the media, the public, or other actors.
- A **private** approach involves working quietly to make changes behind the scenes. A **public** approach generally means mobilizing broad support from the government and/or public through highly visible activities.

Your alliance may provide an expanded network that will be useful for the purpose of **directly** reaching your primary target audiences. Each member has its own relationships—both formal and informal—which may be advantageous in trying to directly reach the decision-maker that can make the policy change you desire.

Determine which members of your alliance have a direct relationship with the target audience and identify the nature of any such relationships. If it is a positive relationship, directly approaching the decision-maker **privately** may be an ideal first approach.

However, if your alliance does not have a direct relationship with the target audience, think of other ways you can approach them directly but **publicly**. For example, is there a formal mechanism or channel to offer input or comment on policies, such as public hearings? Are there other accepted forms of political dialogue your alliance can utilize?

If you find that you cannot directly approach your primary target, your alliance will need to think of ways to **indirectly** reach the decision-maker through a secondary target, which will likely be done **publicly**. Your alliance may also want to utilize a mix of both indirect and direct approaches as well as public and private approaches.

WHAT ACTIVITIES WILL SUPPORT AN EFFECTIVE DELIVERY OF THE ALLIANCE'S ADVOCACY MESSAGE?

As you move forward in designing your activities, take into consideration your alliance's expertise, capacity, and which methods will have the greatest impact. Based on your alliance and the political situation in which you are working, you have numerous options when advocating for maternal health.

As you design your activities, think carefully about their timing. There may be key opportunities—such as elections, important report releases, or national and global holidays (such as Mother's Day, National Safe Motherhood Day, International Women's Day, and International Day of the Midwife)—that could help draw attention to your advocacy message.

You may also be able to take advantage of existing policy discussions. Some of your greatest impact will come when audiences are already paying attention to maternal health. You do not necessarily have to carry out independently organized marches, rallies, or other community events to be effective or newsworthy.⁴⁴ Depending on your government's policy cycle, you will want to find out if there are any upcoming key moments appropriate for advocacy. For example, if policymakers are currently working on other legislation related to maternal health, you can use the opportunity to draw attention to your specific issue. If there are not enough resources being invested in maternal health, consider timing your advocacy efforts to coincide with when the government is developing its budget for the next fiscal year.



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WHAT RESOURCES ARE NEEDED TO CARRY OUT THE ACTIVITIES?

A key part of your advocacy strategy development is budgeting for each activity. Be sure to review your pool of resources and identify what each alliance member will contribute to the initiative. This could be human resources, funding, political and media connections, or expertise in advocacy, communications, or other technical areas. Identify what other resources are still needed, and consider joint fundraising.

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White Ribbon Alliance in Tanzania

The White Ribbon Alliance (WRA) in Tanzania was launched in 2004 at a highly public event endorsed by the First Lady. Over the past decade, WRA Tanzania has succeeded in numerous alliance advocacy wins for maternal health.

As one of its first advocacy efforts, WRA Tanzania launched a campaign seeking adequate numbers of qualified health workers and lobbied to increase the health budget. WRA Tanzania members developed an advocacy package which contained messages targeted to policy makers, development partners, health providers, families, and women. The slogan used in the campaign was from the Late President Mr. J.K. Nyerere's words "It Can Be Done, Play Your Part."

Key Activities

- Advocacy workshop for WRA members; identification of human resource crisis as critical issue
- Development of advocacy package (endorsed by 20 organizational members) targeting policy makers, donors, and families
- Media workshop and extensive media campaign regarding skilled birth attendants
- Conducting a survey to collect data on provider staffing
- Rally and launch of advocacy package at White Ribbon Day
- Forum on community midwives as a strategy to increase skilled attendance at birth
- Expansion of advocacy package and strategy to district levels

Key Results – Organizational Impact

- Membership expanded, particularly at the district levels
- Member commitments of funds and time for development and promotion of advocacy campaign
- Increased funding for WRA Tanzania activities

National Impact

- High-level policy champions took on the cause (former president)
- Improved curriculum regarding life-saving skills
- Government re-examining employment, deployment and retention policies⁴⁵

As you design and implement activities, be sure to document lessons learned. Your alliance should record lessons throughout the advocacy process and incorporate monitoring and evaluation into your advocacy planning.

Conclusion

Working as part of an alliance, especially if newly created, is an ever evolving process. Alliances, as well as other kinds of partnerships, can provide an effective platform for CSOs to come together and advocate for improvements in the quality, accessibility, and availability of maternal health services. Ground your efforts in knowing that what you are working to achieve has the potential to improve the health and well-being of women, their families, and communities.



White Ribbon Alliance / Katy Woods

Advocating Together: The Power of Alliances for Maternal Health

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PLANNING ADVOCACY
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CONCLUSION

¹ WHO. *Maternal mortality, Fact sheet N°348*. Updated May 2014. Available from:

<http://www.who.int/mediacentre/factsheets/fs348/en/>.

² PMNCH. 2011. *A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH)*. Geneva, Switzerland: PMNCH. Available from:

http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/.

³ Health Policy Project. *Maternal Health*. March 2014. Available from:

http://www.healthpolicyproject.com/ns/docs/Topic_MH.pdf.

⁴ *Ibid.*

⁵ WHO. *Civil Society*. Available from: <http://www.who.int/trade/glossary/story006/en/>.

⁶ *Ibid.*

⁷ FCI. *Making the Case for Midwifery: A Toolkit for Using Evidence from the State of the World's Midwifery 2014 report to Create Policy Change at the Country Level*. Preview Version, May 2014. Available from:

<http://www.familycareintl.org/en/resources/publications/110>.

⁸ FCI. Briefing paper based on the full report entitled: *Mapping Maternal Health Advocacy: A Case Study of Uganda*. 2014. Available from: <http://www.familycareintl.org/en/resources/publications/111>.

⁹ The NCD Alliance. *Non-Communicable Diseases: Join the Fight. An Online Advocacy Toolkit*. 2013. Available from: <http://ncdalliance.org/sites/default/files/rfiles/NCD%20Toolkit%20FINAL.pdf>.

¹⁰ UNICEF. *Advocacy Toolkit: A guide to influencing decisions that improve children's lives*. 2010. Available from: http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf.

¹¹ The NCD Alliance. *Non-Communicable Diseases: Join the Fight. An Online Advocacy Toolkit*. 2013. Available from: <http://ncdalliance.org/sites/default/files/rfiles/NCD%20Toolkit%20FINAL.pdf>.

¹² *Ibid.*

¹³ *Ibid.*

¹⁴ FCI. Briefing paper based on the full report entitled: *Mapping Maternal Health Advocacy: A Case Study of Zambia*. 2013. Available from: <http://www.familycareintl.org/en/resources/publications/112>.

¹⁵ WHO. *Stop the global epidemic of chronic disease: a practical guide to successful advocacy*. 2006. Available from: <http://www.who.int/chp/advocacy/chp.manual.EN-webfinal.pdf>.

¹⁶ FCI. *Making the Case for Midwifery: A Toolkit for Using Evidence from the State of the World's Midwifery 2014 report to Create Policy Change at the Country Level*. Preview Version, May 2014. Available from: <http://www.familycareintl.org/en/resources/publications/110>.

¹⁷ WRA. *Building, Maintaining and Sustaining National White Ribbon Alliances: A Field Guide*. 2006. Available from: http://pdf.usaid.gov/pdf_docs/PNADH636.pdf.

¹⁸ WRA. *Building, Maintaining and Sustaining National White Ribbon Alliances: A Field Guide*. 2006. Available from: http://pdf.usaid.gov/pdf_docs/PNADH636.pdf.

¹⁹ The NCD Alliance. *Non-Communicable Diseases: Join the Fight. An Online Advocacy Toolkit*. 2013. Available from: <http://ncdalliance.org/sites/default/files/rfiles/NCD%20Toolkit%20FINAL.pdf>.

²⁰ FCI. *MOBILISING COMMUNITIES ON YOUNG PEOPLE'S HEALTH AND RIGHTS: An Advocacy Toolkit for Programme Managers*. 2008. Available from: http://www.familycareintl.org/UserFiles/File/Anglo_Toolkit_June2008.pdf.

²¹ The NCD Alliance. *Non-Communicable Diseases: Join the Fight. An Online Advocacy Toolkit*. 2013. Available from: <http://ncdalliance.org/sites/default/files/rfiles/NCD%20Toolkit%20FINAL.pdf>.

²² UNICEF. *Advocacy Toolkit: A guide to influencing decisions that improve children's lives*. 2010. http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf

²³ The NCD Alliance. *Non-Communicable Diseases: Join the Fight. An Online Advocacy Toolkit*. 2013. Available from: <http://ncdalliance.org/sites/default/files/rfiles/NCD%20Toolkit%20FINAL.pdf>.

²⁴ WRA. *Building, Maintaining and Sustaining National White Ribbon Alliances: A Field Guide*. 2006. Available from: http://pdf.usaid.gov/pdf_docs/PNADH636.pdf.

²⁵ UNICEF. *Advocacy Toolkit: A guide to influencing decisions that improve children's lives*. 2010. http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf

²⁶ *Ibid.*

²⁷ *Ibid.*

²⁸ The NCD Alliance. *Non-Communicable Diseases: Join the Fight. An Online Advocacy Toolkit*. 2013. Available from: <http://ncdalliance.org/sites/default/files/rfiles/NCD%20Toolkit%20FINAL.pdf>.

²⁹ WRA. *Building, Maintaining and Sustaining National White Ribbon Alliances: A Field Guide*. 2006. Available from: http://pdf.usaid.gov/pdf_docs/PNADH636.pdf.

³⁰ Bill & Melinda Gates Foundation. *Developing Successful Global Health Alliances*. 2002. Available from: http://www.weforum.org/pdf/Initiatives/GHI_2003_GlobalHealthAlliances.pdf.

³¹ WRA. *Building, Maintaining and Sustaining National White Ribbon Alliances: A Field Guide*. 2006. Available from: http://pdf.usaid.gov/pdf_docs/PNADH636.pdf.

³² *Ibid.*

³³ *Ibid.*

³⁴ *Ibid.*

³⁵ *Ibid.*

³⁶ *Ibid.*

³⁷ UNICEF. *Advocacy Toolkit: A guide to influencing decisions that improve children's lives*. 2010. http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf

³⁸ WHO. *Strategies, tactics and approaches: Conducting and evaluating national civil society advocacy for reproductive, maternal and child health*. 2014. Available from: <http://apps.who.int/iris/handle/10665/100626>.

³⁹ UNICEF. *Advocacy Toolkit: A guide to influencing decisions that improve children's lives*. 2010. http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf

⁴⁰ FCI. Briefing paper based on the full report entitled: *Mapping Maternal Health Advocacy: A Case Study of Uganda*. 2014. Available from: <http://www.familycareintl.org/en/resources/publications/111>.

⁴¹ WHO. *Stop the global epidemic of chronic disease: a practical guide to successful advocacy*. 2006. Available from: <http://www.who.int/chp/advocacy/chp.manual.EN-webfinal.pdf>.

⁴² The NCD Alliance. *Non-Communicable Diseases: Join the Fight. An Online Advocacy Toolkit*. 2013. Available from: <http://ncdalliance.org/sites/default/files/rfiles/NCD%20Toolkit%20FINAL.pdf>.

⁴³ Pathfinder International. *Straight to the Point: Mapping an Advocacy Strategy*. 2011. Available from: <http://www.pathfinder.org/publications-tools/Straight-to-the-Point-Mapping-an-Advocacy-Strategy.html>.

⁴⁴ PATH Malaria Vaccine Initiative. *10 Tips for Successful Malaria Advocacy*. 2012. Available from: <http://www.malariavaccine.org/files/Advocacy-Booklet-FINAL-web.pdf>.

⁴⁵ WRA. *Building, Maintaining and Sustaining National White Ribbon Alliances: A Field Guide*. 2006. Available from: http://pdf.usaid.gov/pdf_docs/PNADH636.pdf.



45 Broadway, Suite 320 | New York, NY 10006 | email: contact@familycareintl.org