

Nutrition Advocacy Training

FACILITATOR'S TRAINING GUIDE

Strengthening Advocacy Capacity to
Scale Up Nutrition Investments and Outcomes in Uganda

March 2012





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ABBREVIATIONS AND ACRONYMS

| | |
|-------|-------------------------------------------------------------|
| BFHI | Baby Friendly Hospital Initiative |
| CAO | Chief Administrative Officer |
| DCC | District Council Committee |
| DEC | District Executive Committee |
| DHT | District Health Team |
| IEC | information, education, and communication |
| PMTCT | prevention of mother-to-child transmission of HIV |
| RDC | Resident District Commissioner |
| SMART | specific, measurable, attainable, realistic, and time-bound |
| SMS | short message service |
| TOR | Terms of Reference |
| USAID | United States Agency for International Development |
| VIPP | Visualisation in Participatory Programmes |

INTRODUCTION

Background to Nutrition Advocacy

Adequate nutrition is not only an indicator of development, but also a significant process for its achievement. Poor nutrition increases the burden of economic loss and disease by threatening people's health, reducing productivity, and shortening life expectancy.

A number of factors are responsible for the undesirable levels of malnutrition in Uganda. Underlying the immediate causes of malnutrition are inadequate supportive legislation, weak sector collaborations, poor health and nutrition infrastructure, changing gender roles and stereotypes, and inadequate community participation and engagement, among others. These are critical challenges that need to be addressed through an inter-sectoral approach guided by sector-specific roles and commitments with measurable indicators.¹

Nutrition advocates work to change institutional systems and structures as well as people's attitudes to reduce malnutrition. This includes implementing short-term activities to influence the national agenda and build sustainable solutions for long-term improvements in nutrition.

About the Facilitator's Guide

The training guide explores the nutrition advocacy processes needed to influence nutrition actions at regional, district, and community levels. It provides tools to improve participants' skills in engaging decision-makers to appreciate the need for urgent actions/decisions to improve nutrition outcomes.

Objective of Training in Nutrition Advocacy

This training aims to empower participants with advocacy and networking skills for improved nutrition outcomes at regional, district, and community levels. The training focuses on impacting skills that are needed to influence improvement of the implementation of nutrition interventions at community, hospital, and district local government levels. At the end of the training, participants will understand the dynamics of effective advocacy, be able to identify key decision-makers—and their influencers—through the planning process at the district level, develop appropriate (targeted) advocacy messages, form alliances to effectively communicate such messages, and follow-up/monitor them to ensure action for nutrition improvement. Having these skills is presumed to build the confidence of the personnel engaged in nutrition advocacy. The participants are expected to form part of a network that will lobby for increased nutrition investments at the district and community levels.

Course Participants

The primary target users of this training guide are nutrition stakeholders in various public, civil society, and private sectors. Due to the multisectoral nature of nutrition programming, participants from the local government departments of health, administration, budgeting and planning, agriculture, education, and gender are targeted.

¹ FANTA-2. 2010. *The Analysis of the Nutrition Situation in Uganda*. www.fanta-2.org/downloads/pdfs/Uganda_NSA_May2010.pdf

This guide is also useful to organisations wishing to improve their food and nutrition policies and programs through advocacy at local/programme levels, including:

- Health professionals, institutions, associations, and networks
- Researchers interested in promoting their food and nutrition related findings
- Programme managers who wish to influence their agencies and/or the public on nutrition and corporate social responsibility for nutrition
- Development and bilateral agencies, civil society organisations, and groups with potential advocates to improve health and nutrition
- Ad hoc groups that may be formed to address particular issues affecting nutrition
- Training institutions and schools that aim to promote nutrition through increased participation in advocacy

Training Facilitators

At least four facilitators should lead a single training lasting 5 days with 20 to 30 participants. The facilitators should have adequate knowledge of nutrition and be familiar with the nutrition situation in Uganda, the existing related policies, legal frameworks and guidelines, institutions, legislations, and processes relevant for the application of nutrition advocacy activities at national, district, and community levels.

Facilitation Methods

The facilitation guide places significant emphasis on adult learning principles, including the following.

- Learning is self-directed.
- The training should fulfil an immediate need.
- The training is highly participatory.
- The training is experiential (i.e., participants and the facilitator learn from each other's experience).
- Time is allowed for reflection and corrective feedback.
- A mutually respectful environment is created between facilitator and participants.
- A safe atmosphere and comfortable environment are provided.
- At the selection point for participants to attend the training, education levels and experience should be put into consideration so that participants with similar experience and education levels attend the same training session.

The facilitation techniques used in this guide include:

- **Presentations** (activities conducted by the facilitator or a resource specialist to convey information, theories, or principles)
- **Case studies** (descriptions of real-life situations used for discussion)
- **Role-plays** (two or more individuals enacting parts in scenarios as related to a training topic)
- **Group work** (participants sharing experiences and ideas or solving a problem together)
- **Brainstorming** (participants contribute ideas to a given session)
- **Buzz groups** and **participatory lectures** (the facilitator provides instructions as well as encourages participants to make active contributions/demonstrations during the session)

Sessions in this Advocacy Training Guide

The guide is organised into seven sessions that include:

1. Analysing nutritional problems and the operational environments that limit improvement of the nutrition situation
2. Developing advocacy issues and objectives
3. Mobilising support for nutrition advocacy
4. Understanding the decision-making process and audience identification
5. Developing and communicating nutrition advocacy messages
6. Following up and monitoring advocacy initiatives at district and regional levels
7. Developing nutrition advocacy action plans

Each session consists of:

- An overview
- Learning objectives
- List for advance preparation for the facilitator
- The time-frame
- A session outline (content, handouts and materials, training methods, time allocation)
- Lecture notes that should be shared with participants and handouts that appear in the Participant's Handbook, as applicable

Advanced Preparation

Selected participants should be requested at least 2 weeks prior to the training to collect area-specific information (e.g., demographic data, food security and nutrition related interventions, impact of the interventions) that will be used during the training.

The facilitators should arrive at the venue early to ensure it is clean and arranged as planned and to receive the participants. Before each session, facilitators should ensure the following are available:

- Equipment: computer, LCD projector
- Stationery: participant's handbook, Visualisation in Participatory Programming (VIPP) cards, flip charts, markers, masking tape, pens
- Copies of lecture notes, PowerPoint presentations, and video clips as required per session

Assessment of Participants' Knowledge of Advocacy

Assessment of participants' knowledge of advocacy is done at three different times: 1) in a pre-course test, 2) during daily recaps of the previous sessions, and 3) in a post-course test. The pre-course test is done after the introduction of the course objectives and expected outcomes. For both the pre- and post-course tests, participants tick the most appropriate response on the templates provided. The facilitators collect the filled-in templates; these should be corrected and returned to the participants after the post-course assessment. Copies of the pre- and post-course tests can be found at the end of this training guide.

Either the facilitator or a participant will lead a daily recap of the previous sessions. The participants will be asked to form a circle with the facilitator or participant standing in the centre throwing a ball outward. Whoever catches the ball tells the group lessons learnt from the previous day and throws it back to the centre. This is repeated until everyone in the circle has shared a lesson learnt.

Evaluation of the Training

Evaluations will be conducted daily to obtain feedback on the participants' level of satisfaction, knowledge, and skills acquired from the day's sessions. On the level of satisfaction, the facilitators will place smiley faces (images with different expressions: smiling, frowning, and neutral) on a table or floor in a private place (maybe inside the training room). The participants will be asked to place a bottle top on the smiley that best describes their level of satisfaction (satisfied = smiling, unsatisfied = frowning, and mildly satisfied = neutral).

To assess the knowledge and skills acquired from the sessions and the methodology used by the facilitators, participants will be asked to respond to the following questions.

1. What did you learn during the day that will be useful to your work? Why will it be useful?
2. To what extent did participating in this course develop your knowledge and competencies?
3. How will you use the knowledge and competencies you learned during this course in your work setting?

Duration and Time Frame of the Nutrition Advocacy Training

The training materials are designed for a training lasting 5 days. Facilitators may choose to shorten or skip some sessions and spend extra time on others depending on the participants' knowledge and skills, the objectives of the training, and the available training time. A generic training time table is provided on the next page.

Nutrition Advocacy Training Time Table

| Time | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |
|------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------|
| 8am | 8.00–9.00: Registration, welcome, opening remarks, self introduction | 8.00–8.30: Re-cap of Day 1 | 8.00–8.30: Re-cap of Day 2 | 8.00–8.30: Re-cap of Day 3 | 8.00–8.30: Re-cap of Day 4 |
| | | 8.30–9.30: Definition and principles of advocacy (Session 3) | 8.30–11.00: Target audience analysis and session summary (Session 5) | 8.30–9.30: Explore milestones in nutrition advocacy (Session 7) | 8.30–9.30: Developing nutrition action plans (Session 8) |
| 9am | 9.00–9.30: Introduction to the training objectives, time table and materials (Session 1) | 9.30–10.30: Definition of advocacy goals and objectives (Session 3) | | 9.30–11.00: Introduction to execution of advocacy plans (Session 7) | 9.30–10.00: Review of course objectives |
| | 9.30–9.45: Pre-course test (Session 1) | | | | |
| | 9.45–10.05: Group formation and expectations (Session 1) | | | | |
| 10am | 10.05–10.20: Tea break | 10.30–10.45: Tea break | | | 10.00–10.15: Post-course test |
| | 10.20–11.20: The nutrition situation and causes of malnutrition in Uganda (Session 2) | | | | 10.15–10.45: Closing ceremony |
| | | | | | 10.45–11.45: Tea break and departure |
| 11am | 11.20–12.20: The desired situation needed to reduce the nutrition problem and the desired enabling environment for programme implementation | 10.45–11.55: Selecting priority issues for possible nutrition advocacy and session summary (Session 3) | 11.00–11.15: Tea break | 11.00–11.15: Tea break | |
| | | | 11.15–12.45: Introduction to communication (Session 6) | 11.15–12.30: Leadership in nutrition advocacy and session summary (Session 7) | |
| 12pm | 12.20–1.20: Group work 1.1 | 11.55–1.45: Mapping coalition partners and soliciting nutrition champions (Session 4) | 12.45–2.00: Lunch | 12.30–2.00: Lunch | |
| | | | | | |
| 1pm | | | | | |

| | | | | | |
|------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------|--|
| | 1.20–2.05: Lunch | | | | |
| | | 1.45–2.20: Lunch | | | |
| 2pm | 2.05–3.05: Group work 1.1 continued | | 2.00–3.00: Initiating talks with decision makers (Session 6) | 2.00–3.00: Introduction to action plans (Session 8) | |
| | | 2.20–3.30: Starting interagency nutrition working groups and session summary (Session 4) | | | |
| 3pm | 3.05–4.05: Group work 1.2 | | 3.00–4.40: Advocacy exercise and session summary (Session 6) | 3.00–4.45: Developing nutrition action plans (Session 8) | |
| | | 3.30–5.10: Mapping the decision making processes (Session 5) | | | |
| 4pm | 4.05–4.45: Consequences of nutrition problems (Session 2) | | | | |
| | 4.45–5.00: Day's evaluation | | 4.40–5.00: Day's evaluation | 4.45–5.00: Day's evaluation | |
| 5pm | 5.00–5.30: Tea break | 5.10–5.30: Day's evaluation | 5.00–5.30: Tea break | 5.00–5.30: Tea break | |
| | 5.30–6.00: Facilitators' review session | 5.30–6.00: Tea break | 5.30–6.00: Facilitators' review session | 5.30–6.00: Facilitators' review session | |
| 6pm | | 6.00–6.30: Facilitators' review session | | | |

SESSION 1: INTRODUCTION

Overview

This training is highly participatory and is based on principles of adult learning. It is essential that participants get to understand the objectives of the training and the expected outcomes so they are most able to learn. The facilitators also need to take time to comprehensively introduce themselves to the participants as the participants introduce themselves to each other. Being familiar with the background, special interest, and ambitions of the participants improves interactions between the participants and facilitators. Given the diversity in knowledge and skills among the participants, this session is necessary to establish what the participants' knowledge of advocacy is so that appropriate training methodologies are adopted. To do this, facilitators will give each participant a pre-course test to check on their understanding of nutrition advocacy. Finally, the participants will form working groups for the entire training period.

Learning Objectives

By the end of this session, each participant should:

1. Know the group members with whom progressive training activities will be done
2. Understand the objectives of the training and expected outcomes
3. Take the pre-course test to establish his or her level of knowledge of nutrition advocacy

Advance Preparation

For this session, facilitators should get:

- Name tags for each participant that are colour-coded, one colour for each working group
- Copies of the pre-course test, one for each participant

Time

This session should take **1 hour 40 minutes**.

Outline of Session 1

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Content: Introduction of participants (including facilitators) | |
| Methodology: Introductions | Duration: 30 min |
| Establish rapport among participants. For example ask their names, where they come from, their employment background, one interesting experience they have had in advocacy, or other questions. Facilitators can select the most appropriate methodology for this. | |
| Content: Training overview | |
| Methodology: Overview of training | Duration: 30 min |
| Take participants through: <ul style="list-style-type: none">■ The training objectives■ The training timetable | |

Content: Pre-course test**Methodology: Pre-course test****Duration: 20 min**

Administer the pre-course test to all participants at the same time. The same test will serve as the post-course test.

Content: Group expectations, group formation and distribution of course materials**Methodology: Discuss expectations****Duration: 20 min**

Ask participants to state an expectation on the course. Record this on a flip chart. You can take another round if necessary. Post the flip chart somewhere where the group can refer to their expectations.

Divide participants into groups based on their operational areas, e.g. group 1: district level, group 2: facility level, group 3: community level.

- Use different coloured name tags to distinguish the area of operation (e.g., district = yellow, facility = red, community = blue).
- All participants with the same color name tag should belong to one group. Groups maybe formed based on the level at which a member operates/works or is interested in conducting advocacy.

Provide each participant with the Participant's Handbook. Explain that all the group and individual tasks are in the Handbook, which also has writing space. Ask them to write most of their notes in the Handbook, as appropriate.

SESSION 2: ANALYSING THE NUTRITION PROBLEMS AND THE OPERATIONAL ENVIRONMENT

Overview

An enabling environment, including sound policies, human and financial resources, logistics, structures, and legislation, is essential to sustainably improve nutrition outcomes. Leaders need to see the urgency of addressing nutrition problems and be committed to making appropriate decisions on resource allocation and establishing necessary nutrition structures and systems. Nutrition advocacy is needed to create awareness and persuade leaders to make appropriate decisions.

To be effective advocates, participants will need to:

1. Clearly and simply define and prioritise the nutrition problem(s) (i.e., the nature, magnitude, and distribution of) in their areas of jurisdiction
2. Describe what is being done and the gaps in the current level of operation to reduce the nutrition problems
3. Suggest adjustments/changes needed to be able to effectively implement programs that address malnutrition in the areas of jurisdiction.

In this session participants will work in groups to suggest up to four (priority) adjustments that are needed to improve the implementation of nutrition interventions at the community, hospital, and district local government levels.

Learning Objectives

By the end of this session, participants should be able to:

1. Define and prioritise:
 - a. The nutrition problems in their jurisdiction
 - b. Their root/structural causes
 - c. Possible interventions to address them
2. Highlight and describe the gaps in the current level of operation that may be limiting the impact to improve nutrition outcomes
3. Articulate priority actions and changes needed to improve the implementation of nutrition activities by those concerned

Advance preparation

For this session, facilitators should set up:

- The PowerPoint presentations PROFILES Part A and PROFILES Part B
- Video Clip 1: Namutumba UNAP video (6 minutes)
- A flip chart
- VIPP cards
- Pens/markers

Facilitators should also bring one copy for each participant of:

- Lecture Notes 1: Causes of Malnutrition: A Conceptual Framework for Uganda
- The Participant's Handbook

Time

This session should take **4 hours 55 minutes**.

Outline of Session 2

Content: The nutrition situation and causes of malnutrition in Uganda (or geographic area of interest) and identifying the main causes of identified (priority) malnutrition problems

Methodology: Presentation, notes, video

Duration: 1 hour

1. PowerPoint Presentation: PROFILES Part A

- Go through the **PROFILES Part A** presentation on the nutrition situation in Uganda (the Script is provided).
- Discuss the types of malnutrition problems identified in the presentation (if course is for a specific region, discuss malnutrition in this region).
- Let participants state the main forms of malnutrition and the size of the malnutrition problem, who it affects (it is better if you can compute the numbers affected), and when they are affected. Record this on a flip chart.

Notes:

- Main nutrition problems include overweight/obesity, micronutrient deficiencies (these can be specific), protein energy malnutrition (e.g., stunting, chronic energy deficiency), severe acute malnutrition (SAM), and low birth weight.
- Affected groups could include children, women, the elderly, people living with HIV (PLHIV), orphans, youth, and displaced persons and/or returnees.
- Malnutrition can be seasonal, with periodic outbreaks (e.g., of micronutrient deficiencies, like pellagra) or could affect people year-round.

Examples:

- District group: High levels of overweight among women and an increasing number of non-communicable diseases being reported
- Facility group: A seasonal high number of children with SAM coming to health unit; interventions are mainly to treat the children and educate their mothers on food preparation
- Community group: Seasonal cases of night-blindness among young girls; or, many school children go hungry the whole day when in school

2. Lecture Notes 1:

- Explain that each nutrition problems has numerous causes operating at different levels.
- Give a copy of **Lecture Notes 1** to each participant and discuss it with them. Emphasise the subdivision of causes into groups of immediate causes, underlying causes, and basic causes. Explain the use of the cause and effect/Fishbone analysis method to identify the causes at the different levels by asking the Five Whys of the existence of the problem at each level until there is no further reason for the existence of the problem.
- Ask participants to discuss the level of the causes that is addressed by most interventions to prevent malnutrition in a district.

3. Screen the Video: UNAP Namutumba (6 minutes)

- Ask participants to
 - Identify the nutrition problem in the video
 - Identify the causes of malnutrition identified in the video

Plenary Task: Ask participants to categorise the causes of malnutrition identified in the video into immediate, underlying, and basic causes and write them on a flip chart.

Content: Describing the desired situation needed to reduce nutrition problem and defining the desired enabling environment for programme implementation

Methodology: Plenary activities

Duration: 1 hour

4. Plenary Activities:

- Explain that food security and nutrition interventions should be focused on reducing, eradicating, controlling, or preventing the (identified) nutrition problem.
 - Ask participants to mention some of the interventions identified in the video clip.
 - Ask participants to look at the points written on the flip chart from the plenary task in Activity 3 and indicate what causes are being addressed by the interventions.
5. Allow participants to identify some more interventions they would suggest to address the nutrition problems identified in Namutumba District. Ask them to ensure the interventions are addressing causes at the different levels of Immediate, Underlying, and Basic.
6. **Plenary Activity:** Have participants brainstorm some of the limitations that are likely to affect the effectiveness of some of the interventions identified above (participants should use their experience of working at the district, facility, or community level).

Note: When conducting the discussion, make sure that participants understand that often constraints/limitations have to do with a lack of enabling environment, e.g. not having:

- A mechanism for coordination (and review)
- Appropriate legislation or policy
- Leadership commitment through interest and verbal expression and support of actions
- Nutrition activities in plans (district and sub-county plans)
- Resources for nutrition activities (e.g., human, financial, equipment/supplies)
- Relevant positions to support nutrition
- Enforcement of legislation/policy and accountability

Methodology: Group work

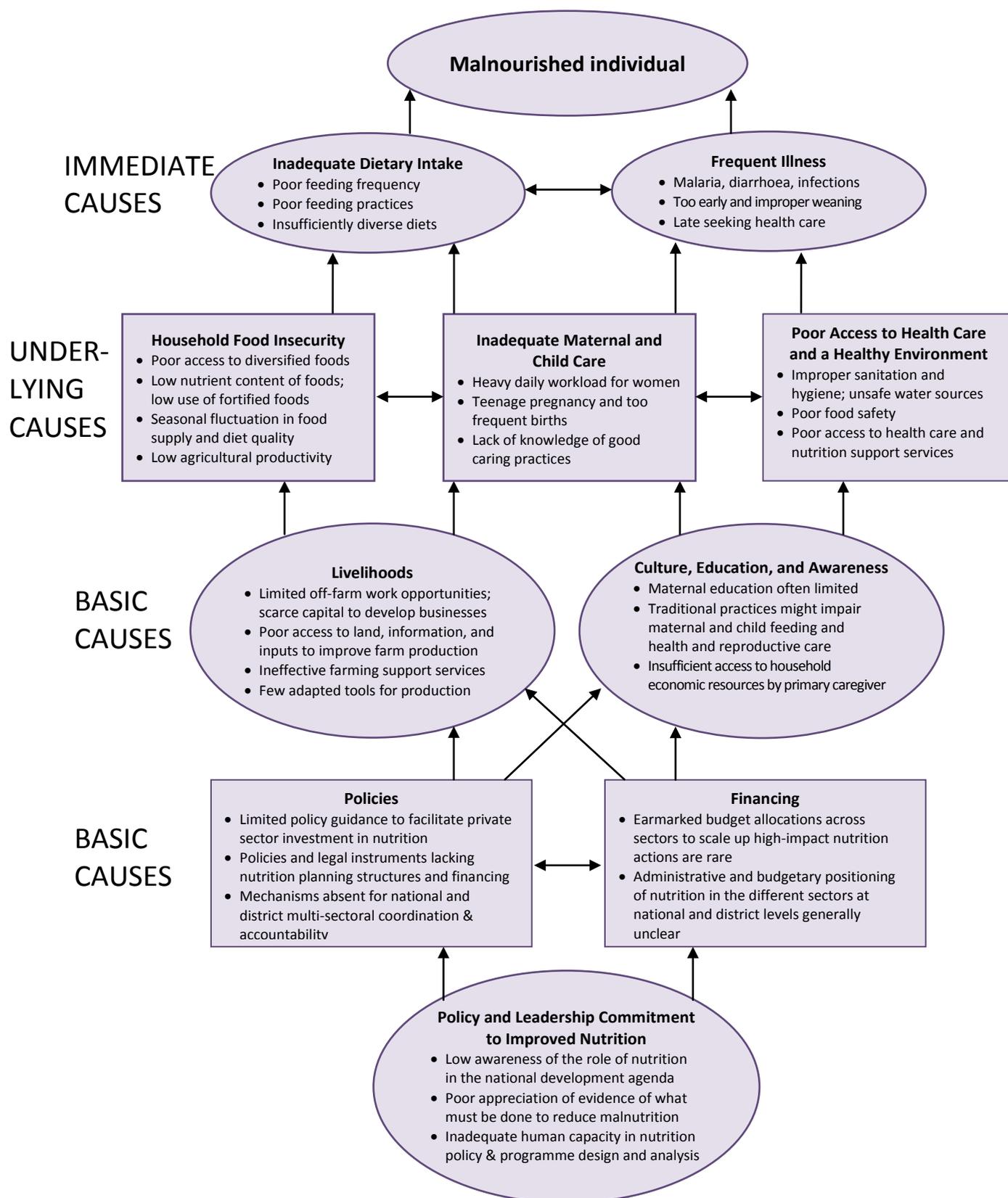
Duration: 1 hour

7. Group Work:

- In their groups, three group members should describe the operational area (the district, the facility, or the community).
- Have the groups highlight the nutrition problems experienced at the level of operation they are discussing. If they have data (e.g., demographics, nutrition problem, who is affected, where, when), they should share it with their group. Participants can record the nutrition problems in their Participant's Handbooks.
- Group members should agree on one nutrition problem at their level to share and work on as a case study and then provide the background data on the problem.
- Participants should then walk from one Group work area to another and discuss each group-specific case study. Participants should ask:
 - Why did the group choose to examine this case (provide some demographic data,

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <ul style="list-style-type: none"> ○ interventions, impact, and challenges)? ○ What does the group expect to learn from this case study? | |
| Methodology: Group work | Duration: 1 hour |
| <p>8. Group Work:</p> <ul style="list-style-type: none"> ■ Use one of the agreed problems and do a root-cause analysis. Ask what causes this problem, then follow the answers with discussing the Five Whys. ■ Identify two immediate causes, three underlying causes, and three root causes of the nutrition problem. ■ Divide a piece of paper on the flip chart into three columns, one for each of the cause types. Write each identified cause on a VIPP card and paste them on the flip chart under the appropriate column heading. ■ Discuss: <ul style="list-style-type: none"> ○ What the group members would like to see being done at their level to address the problem (related to the causes of the nutrition problem identified above) ○ What is actually being done now to address the nutrition problem (at that level) ○ Whether what is being done is having the desired effective or impact ○ The gaps or challenges/constraints being faced ○ What changes/adjustments are needed to improve the effectiveness of the interventions ■ Have the groups write four priority changes needed, one per VIPP card, display them on the flip chart, and be ready to discuss them with the rest of the groups. <p>9. Have participants walk from one group to the next and listen to each group present.</p> | |
| Content: Nutrition problems, if not addressed well, have functional consequences | |
| Methodology: Presentation | Duration 40 min |
| <p>10. PowerPoint Presentation: PROFILES Part B</p> <ul style="list-style-type: none"> ■ Go through the PowerPoint presentation PROFILES Part B. ■ Discuss the consequences of the levels of malnutrition. ■ Let participants ask questions or discuss the aspects related to the consequences of malnutrition. | |
| Content: Evaluation and summary | |
| Methodology: Brainstorm, review | Duration 15 min |
| <p>11. Brainstorm: Have participants brainstorm what they have learnt in the session and how the knowledge acquired has affected their thoughts/perception about nutrition problems.</p> <p>12. Review the session objectives and the extent to which they have been achieved.</p> | |

Lecture Notes 1: Causes of Malnutrition: A Conceptual Framework for Uganda



Source: UNAP 2011–2016, Page 9

SESSION 3: DEVELOPING ADVOCACY ISSUES AND OBJECTIVES

Overview

Advocates need to understand the difference between advocacy, lobbying, negotiation, education, social marketing, etc. They also need to understand the skills needed to carry out effective advocacy. Not all proposed changes/adjustments need advocacy; some issues will require sensitisation of the key decision-makers and/or simply an improvement of performance parameters of service providers. Because there are many competing needs that need their attention, many times decision-makers need to be convinced to see the urgency of taking action on nutrition. Decision-makers will, however, need to be made aware of nutrition problems and issues that affect the development agendas they are trying to pursue. Advocates will therefore need to identify issues that require advocacy interventions and are outside the control of the implementers. An advocacy issue is a challenge or situation that one seeks to persuade leaders/decision-makers to support its change. Many times the issues relate to the enabling environment to facilitate operation of interventions and include setting the appropriate policies/legislation (by-laws and ordinances), allocating resources for a certain cause (e.g., employing nutritionists in the district), and prioritising issues in district plans or agendas of politicians/leaders. Potential issues may need to be studied and clarified so all group members can understand them. The choice of issues should ensure inclusiveness of others who are working on or are interested in similar issues.

This session introduces participants to the process of developing advocacy goals and objectives for improved nutrition. An advocacy goal is usually what one may want to achieve with the advocacy, whereas an advocacy objective is (the sign post) outcome of the advocacy contributing towards the goal. For effective advocacy, SMART (Specific, Measurable, Achievable, Realistic, and Time-Bound) objectives are a prerequisite.

Learning Objectives

By the end of this session, each participant should be able to:

1. Understand the roles of advocates and the skills needed for effective advocacy
2. Clearly articulate the advocacy issue(s) that decision makers and duty bearers need to address to facilitate nutrition programming for improved nutrition outcomes
3. Develop an advocacy goal and objectives to be pursued in an advocacy effort in their areas of jurisdiction

Advance Preparation

Facilitators should set up the PowerPoint presentation PROFILES Part C and prepare for group work by becoming familiar with:

- Handout 1: Analysing the Nutrition Advocacy Issue
- Handout 2: Checklist for Selecting an Advocacy Objective

Facilitators should also bring one copy for each participant of:

- Lecture Notes 2: Definitions and Purpose of Advocacy
- Lecture Notes 3: Principles and Phases of Advocacy

- Lecture Notes 4: Advocacy Outcomes and Objectives

Time

This session should take **3 hours and 10 minutes**.

Outline of Session 3

Content: Definition of advocacy and the principles of advocacy and introducing the phases of an advocacy strategy (conducting advocacy)

Methodology: Brainstorm, presentation

Duration: 1 hour

1. Brainstorm:

- What does the term **advocacy** mean to you?
- What is the purpose of advocacy?
- When is advocacy needed?

Refer to **Lecture Notes 2** and ensure key aspects are discussed (make sure they understand the difference between advocacy and lobbying).

2. Presentation: Present **Lecture Notes 3** on the principles and phases of advocacy (you may read the notes with the participants or make a PowerPoint presentation from it).

Ask participants to give examples of when they participated in an advocacy exercise. Use one example to emphasise: what the purpose of the advocacy was, the phases that were carried out, the issues that were being promoting, and what lessons were learnt.

Content: Definition of advocacy goal and objective

Methodology: Discussion, presentation

Duration: 1 hour

3. Discussion: Use **Lecture Notes 4** to guide a discussion on the purpose of advocacy effort.

Examples of the purposes of advocacy are to:

- Create awareness (knowledge, show need for, interest, urgency)
- Get buy-in or support of the issue or decision on the issue
- Influence decision-makers for action in terms of, e.g., changing policy, positioning nutrition, financing, human resources
- Seek involvement in food security and nutrition issues
- Show the district council the urgency of addressing nutrition problems in the district.
- Have the council allocate (new) resources for employing a district nutritionist next year.
- Have the hospital midwives support the Baby Friendly Hospital Initiative (BFHI).

4. PowerPoint Presentation: **PROFILES Part C** : Present **PROFILES Part C** and ask participants to identify what the purpose was of the advocacy being done in the PowerPoint. Indicate that advocacy efforts should have well-articulated objectives. Objectives hope to state the situations we hope to see or observe from the advocacy effort.

Objectives must be SMART:

- **Specific**, (simply indicating exactly what needs to be done and by who)
- **Measurable** (a measurable or observable change can be seen)
- **Achievable** (by the target group)

- **Relevant** (it addresses issues that many associate with at the moment)
- **Time-bound** (we know when actions should be made, e.g., now, next budget period, or in the next district development plan)

Example: Persuade the district council to budget for nutrition interventions (community outreach and supplies for three sub-counties) in the 2012 district development plan.

- 5. Plenary Discussion:** Ask participants to remember the PowerPoint presentation **PROFILES Part C** and determine if they can identify the specific action needed, assess whether it was measurable, assess whether the action being sought is feasible and achievable, identify the action is relevant to the target group, and find the timing aspect.

Content: Selecting the priority issues for possible nutrition advocacy

Methodology: Group work

Duration: 1 hour

- 6. Group Work:** Participants should use **Handout 1** as a model for this exercise.
 - Using the case study groups created in **Session 2**, have group members review (and modify if necessary, depending on comments given during presentation to the class) the challenges/changes they identified as necessary to improve programming to address the identified nutrition problems.
 - Have the groups identify one or two advocacy issues each and indicate why they think it is an issue that needs advocacy.
 - Have the groups determine what the purpose of the advocacy would be
 - Have the groups list two or three objectives for such advocacy.

After answering the questions in **Handout 1**, have groups complete **Handout 2** to analyze the objectives chosen.

Content: Evaluation and summary

Methodology: Brainstorm

Duration: 10 min

- 7. Brainstorm:** Let participants share what they have learnt in the session and how the knowledge acquired has affected their thoughts/perceptions about nutrition problems.
- 8.** Review the session objectives and the extent to which they have been achieved.

Lecture Notes 2: Definitions and Purpose of Advocacy

Definitions

Advocacy: The act of supporting a cause or issue to achieve a desired result or an action directed at changing policies, positions, or programs and resource allocation decisions within political, economic, and social systems and institutions

Community mobilisation: The process of bringing together or empowering members of the community from various sectors to raise awareness on and demand for particular programs to facilitate change and development, taking into account the felt needs of the community

Information, education, and communication (IEC): Bridging the knowledge gap using different communication tools and various levels

Lobbying: A form of advocacy carried out by individuals, other legislators, constituents, or advocacy groups with the intention of influencing decisions made by legislators and officials in the government

Public relations: A planned and sustained effort to establish and maintain good will and mutual understanding or managing of reputation and perception and establishing good relationships with stakeholders

Social marketing: The use of marketing concepts, tools, and techniques to promote awareness on any social issue with the objective of positively changing individual behaviour

What is the purpose of advocacy?

- Providing information and creating awareness (educating the audience) among decision-makers on an issue (empowering people to make the right decision)
- Putting the issue in the social agenda (show how it fits with other interests/development initiatives)
- Building interest in an issue and having leaders want to do something about it
- Changing attitudes and perceptions on the issue and therefore opinions on an issue relating to nutrition
- Allowing for the inclusion of disadvantaged groups
- Persuading stakeholders on decisions on a particular nutrition issue
- Informing public debate (providing new information and ideas)

When is advocacy needed?

- When you want to encourage/influence a change in the way things are done or perceived
- When decision-makers do not seem to see the urgency to act in the desired direction
- When you want leaders to pay attention to certain issues of concern (or if they seem to be misrepresenting certain groups)
- When new policies are being made or are being reviewed and you want to influence the content
- When an issue is likely to be side-lined because of frequent changes in the budgetary, policy, and political arena
- When there is new leadership that may not be aware of the 'history' and you want to create/maintain that connection

Lecture Notes 3: Principles and Phases of Advocacy

Principles of Advocacy

1. Know your case (the nutrition problems and the issues both in the country and in the district/region) and document the facts.
2. Whenever possible, ensure that you are familiar with current policies in food security and nutrition in the country (or any related ordinances/by-laws in the district).
3. Know opposing cases and arguments and develop a strategy for countering them.
4. Coalitions are effective in presenting a united case. Ensure that each person has a clearly defined role and that communication within your group is timely and effective.
5. Know your resources (those who provide you with information and materials) and allies. Consult these people, inform them of your issues, and enlist their assistance.
6. Intervene at a level that is high enough to get the job done (where decisions are made).
7. Take a positive approach. Use positive documentation and give credit where it is due. Whenever possible, recruit those within the system to your cause.
8. Demonstrate to those in the system the ways your agenda contributes to the larger district/leadership or national goals (e.g., prosperity for all!)
9. Always be aware of the vulnerability of those within your group. People have other interests and sometimes they may choose those interests when it conflicts with your course.

Phases of an Advocacy Strategy

1. Have a problem you are trying to solve.
2. Identify an advocacy issue (an issue that requires intervention of leadership).
3. Set advocacy objectives.
4. Identify the audience and their information needs (what persuades them?).
5. Develop advocacy messages for the different audiences.
6. Communicate the advocacy messages (include the production of relevant materials and tools and training the different groups).
7. Follow up and monitor.

Make an advocacy action plan that will guide the process and identify the resources needed and scheduling/timing. Advocates will need to evaluate their activities after some time to see the effects and determine the lessons learnt.

Lecture Notes 4: Advocacy Outcomes and Objectives

State all the outcomes you would like to achieve with advocacy. Be as specific as possible.

Short Term

What is realistically achievable within the next year?

For example:

- Support for the BFHI by hospital in-charges
- Establishment of BFHI committees and a focal person in each facility
- An agreement (documented) in the District Health Team (DHT) to have all facilities be baby friendly
- A district-level agreement to include (the road map for establishing) BFHI in the district annual development plan

Long Term

If the advocacy effort is successful, what is the ideal condition in the long-run?

For example:

- All hospitals and health centre IVs in the district are baby friendly.
- The district has a district nutritionist who is a member of the DHMT.

State the Advocacy Goal

For example: All hospitals and health centre IVs in the district will have BFHI committees by the end of the year.

State the Advocacy Objective

For example:

All health units (the in-charges) in the district will support the BFHI (the issue was 'advocating for increased number of health units certified as baby friendly facilities in the district').

- **Create awareness** of all hospital in-charges and the DHMT on the role of the BFHI in reducing child morbidity, mortality (reducing neonatal and prenatal mortality, reducing cost of managing low-birthweight babies, linking with prevention of mother-to-child transmission of HIV (PMTCT) services/programs).
- **Create a coalition** of health workers and other service providers/individuals with a passion for the survival and health of children (at the district level).
- **Expand participation of (volunteer) mothers** in supporting the BFHI in the health facilities.
- **Influence the DHMT supervisory system** to include a review of hospitals' performance on the 14 steps of the BFHI.

Activities

For example:

- Provide information brochures to regional/district professional annual conferences on the implications of not having baby friendly hospitals and on child health and the advantages of the BFHI.
- Make presentations (where? to whom?) on BFHI and child health, including on costs of treating related morbidities.

Handout 1: Analysing the Nutrition Advocacy Issue

Address the following questions.

1. What is the issue that needs change/adjustment to have effective interventions to address nutrition problems?
2. Why does the issue need advocacy? (Can it be restated in a way that it needs advocacy?)
3. Who will be affected, negatively or positively, if the issue (that needs change) is changed? Why?
4. Have there been any previous advocacy efforts that tried to address the issue? Find out what strategies were used, who was involved, and what the results were.

Handout 2: Checklist for Selecting an Advocacy Objective

| Criteria | Objective 1 | Objective 2 | Objective 3 | Objective 4 |
|-----------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|
| 1. Do qualitative or quantitative data exist to show that the objective will improve the situation? | | | | |
| 2. Is the objective achievable, even with opposition? | | | | |
| 3. Will the objective gain the support of many people? | | | | |
| 4. Can you clearly identify the target decision-makers? What are their positions? | | | | |
| 5. Is the objective easy to understand? | | | | |
| 6. Does the objective have a clear time frame? | | | | |
| 7. How will the objective help build support from other organisations? | | | | |

Adopted from: Ritu R. Sharma. 1997. *An Introduction to Advocacy: Training Guide*. Washington, DC: Support for Analysis and Research in Africa (SARA Project).

SESSION 4: MOBILISING SUPPORT FOR NUTRITION ADVOCACY

Overview

Nutrition advocates working with other groups that have a similar cause are more effective than those working alone. A coalition of diverse groups interested and committed to improving nutrition has many benefits. For example, participating organisations and agencies can pool their resources, broaden the issues, eliminate duplication of service delivery, and build a broader constituency base for nutrition. Connecting with other organisations that are working on food security and nutrition issues is important so that policymakers—and the public—hear a unified message, which can generate more political sway than single agencies can. Failing to coordinate can confuse people and hinder advocacy efforts. Important allies could be institutions of higher learning, the media, community- and/or faith-based organisations, and consumer groups.

An influential political leader, senior personnel in health or agriculture, or other authority figure may support nutrition advocacy by using his or her expertise and professional contacts within his or her sphere of influence to facilitate communication of specific messages and advocacy initiatives or even influence decisions. A range of champions with varying degrees of influence can be used to facilitate decisions and institutionalise change at multiple levels.

Learning Objectives

By the end of the session, participants will have:

1. Mapped the individual and institutional partners that can be part of a coalition to advocate for nutrition in their areas of jurisdiction
2. Explored avenues and processes of building a coalition with potential partners in nutrition advocacy
3. Listed possible advocacy champions and developed a plan of recruiting and providing them with the tools/support to be effective nutrition advocates

Advance preparation

No advance preparation is needed for this session.

Time

This session should take **2 hours 50 minutes**.

Outline of Session 4

Content: Mapping coalition partners in the areas of jurisdiction and soliciting nutrition advocacy champions

Methodology: Brainstorm, plenary discussion

Duration: 1 hour 50 min

1. Brainstorm:

- What are advocacy coalitions?
- Why are coalitions important in advocacy?

Examples of answers:

- Support for organisation/facilitation
- Knowing some key decision-makers/influencers
- Mobilisation
- Technical assistance and finances

2. Plenary Discussion:

- Ask participants to give examples of coalitions they have seen or been a part of. Let them indicate what the advantages and disadvantages of the coalition were.
- Have participants discuss how such coalitions are approached or formed (including the tools and materials needed).

3. Brainstorm:

- Who is a nutrition advocacy champion (what does he or she do)?
- Who would be the best champions for nutrition advocacy?
- Give examples of possible nutrition advocacy champions in areas where participants work (or in Uganda).

For one of the proposed nutrition advocacy champions, discuss what makes them 'great champions'.

Content: Starting interagency nutrition working groups

Methodology: Brainstorm, plenary discussion

Duration: 50 min

4. Group Work:

- Identify possible groups/individuals to build a coalition in each group's area of jurisdiction (district, health facility, or community).
- Why did participants choose these group/individual? What would be their Terms of Reference (TOR), expected benefits, or shared vision?

Have the groups present their findings. This will help make participants confident they can start multi-agency nutrition working groups.

Content: Evaluation and summary

Methodology: Brainstorm, plenary discussion

Duration: 10 min

- ### 5. Brainstorm:
- Have participants indicate what they have learnt in the session and how the knowledge acquired has affected their thoughts/perceptions about nutrition problems.

Review the session objectives and the extent to which they have been achieved.

SESSION 5: UNDERSTANDING THE DECISION-MAKING PROCESS AND AUDIENCE IDENTIFICATION

Overview

To advocate effectively, it is necessary to be familiar with the **decision-making process** that needs to be influenced. Decision-making processes have a time frame, when they start and finish; critical points when key decisions are made; and formal (and informal) rules and procedures that govern how decisions are made along the process. Understanding this is fundamental to achieving the objectives of the advocacy effort.

In addition, one needs to understand the decision-makers and influencers (including supporters, organisations, or individuals who might argue opposing views) at different phases of the process. Informal interactions with the key decision-makers or their influencers may be necessary. An analysis of these decision-makers/influencers at different levels is necessary, including on their knowledge/understanding of the nutrition problems and beliefs of how to address the problems and the concerns and interest they may have before they take action.

This process will culminate into describing the **target audiences** for advocacy and eliciting/collecting nutrition-related information that may influence the different groups.

Learning Objectives

By the end of this session, participants should be able to:

1. Identify critical stages of the decision-making process that could influence decisions on the advocacy issues chosen
2. Identify the key decision-makers and influencers (partners and adversaries) at the critical stages of the decision-making process
3. Describe the information that each target audience would need to be reached with for them to act in favour of the issues identified
4. Understand alternative and informal advocacy styles and the opportunities to influence the target audiences

Advance Preparation

Facilitators should bring one copy for each participant of Lecture Notes 5: Steps in the Decision-Making Process.

Facilitators should also prepare for the presentation by becoming familiar with Handout 3: The Formal Decision-Making Process Hierarchy at the Local Government Level (Example of Uganda)

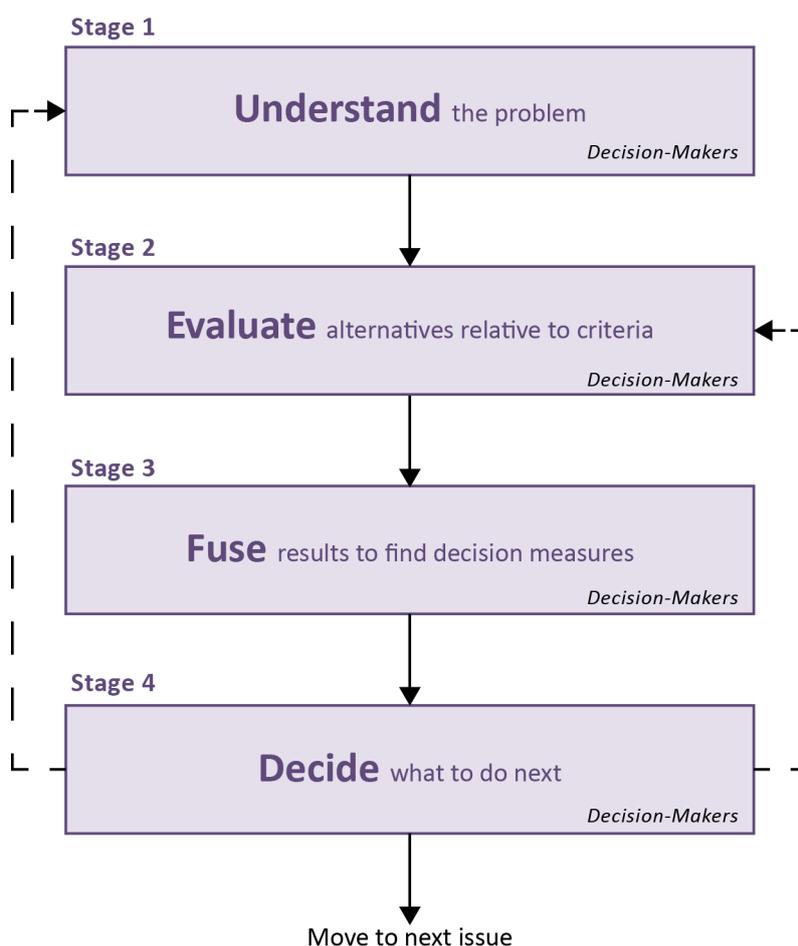
Time

This session should take **4 hours 10 minutes**.

Outline of Session 5

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Content: Mapping the decision-making processes | |
| Methodology: Presentation | Duration: 1 hour 40 min |
| <p>1. Presentation: Use Lecture Notes 5 to present the steps of decision-making. You can read through the relevant sections of the notes or make a PowerPoint presentation using the notes.</p> <p>Notes:</p> <ul style="list-style-type: none">■ There are key decision-makers and influences.■ There is always a process that includes steps.■ There is a time frame to the steps, and there are key decisions that have to be made at each step.■ There is information that decision-makers need or use to make the decisions needed. <p>2. Presentation: Use Handout 3 to present on the decision-making process at the local government level. (For more effectiveness, have someone who has worked at the district level present.)</p> | |
| Content: Target audience analysis | |
| Methodology: Group work | Duration: 2 hours 20 min |
| <p>3. Group Work: Have groups discuss the following questions. Discussion should be based on one advocacy objective (SMART) identified in Session 3.</p> <ul style="list-style-type: none">■ What is the decision-making process (when does it start and what are the steps)?■ Was is the timing of the different steps?■ Who are the actors/decision-makers at each step?■ What are the decisions made at each step (and who are the key influencers and other actors involved)?■ What key information is needed to support the decisions at each step? <p>Have each group present and discuss findings from the group work. (Highlight to the participants the need of knowing the decision-making process at each level of operation.)</p> | |
| Content: Evaluation and summary | |
| Methodology: Brainstorm, review | Duration: 10 min |
| <p>4. Brainstorm: Have participants indicate what they have learnt in the session and how the knowledge acquired has affected their thoughts/perceptions about nutrition problems.</p> <p>5. Review the session objectives and the extent to which they have been achieved.</p> | |

Lecture Notes 5: Steps in the Decision-Making Process



Stage 1: Decision-Makers Understand the Problem (Ideas)

How the problem/issue is framed is critical. The decision-makers will make the right decision (and compare the alternative solutions) if they understand the issue well. In addition, the issue must be on the agenda of the right decision-makers/or introduced in the decision-making process.

Stage 2: Decision-Makers Evaluate the Alternative Solutions/Paths of Decisions

Decision-makers consider different alternatives to address the problem/issue. The proposal is discussed and debated. They may use a preset criteria/method of choosing among alternatives or they may use 'gut-feeling' experience and prior knowledge. This type of evaluation may be inconsistent among the decision-makers. Some modifications to the solutions (or trading) may occur.

Stage 3: A Decision is Made (Approve, Reject, or Delay)

The proposal is formally approved or rejected. For example, a vote may be taken, decision-makers may reach consensus, or one or several influential decision-makers may reach a decision. Sometimes there may be delay in decision or the issue may be postponed until additional information or consultation is made.

Stage 4: Advance to the Next Level, Implement, or Return to a Previous Stage

If the proposal is approved, it may move to the next higher level of decision-making. For example, if the proposal is accepted at the highest level of decision-making, it will move to implementation. If rejected, it may return to a previous stage for alteration or reconsideration. Sometimes what to do next is decided by what is easiest to do or what is dictated from above. The goal here is to carry out activities that will lead to the best possible alternative with the time and resources available. The choice of what to do next can be:

- Work to gain consensus
- Perform more evaluation to reduce uncertainty
- Refine criteria
- Develop new alternatives
- Choose an alternative and document the deliberation and decision

Handout 3: The Formal Decision-Making Process Hierarchy at the Local Government Level (Example of Uganda)

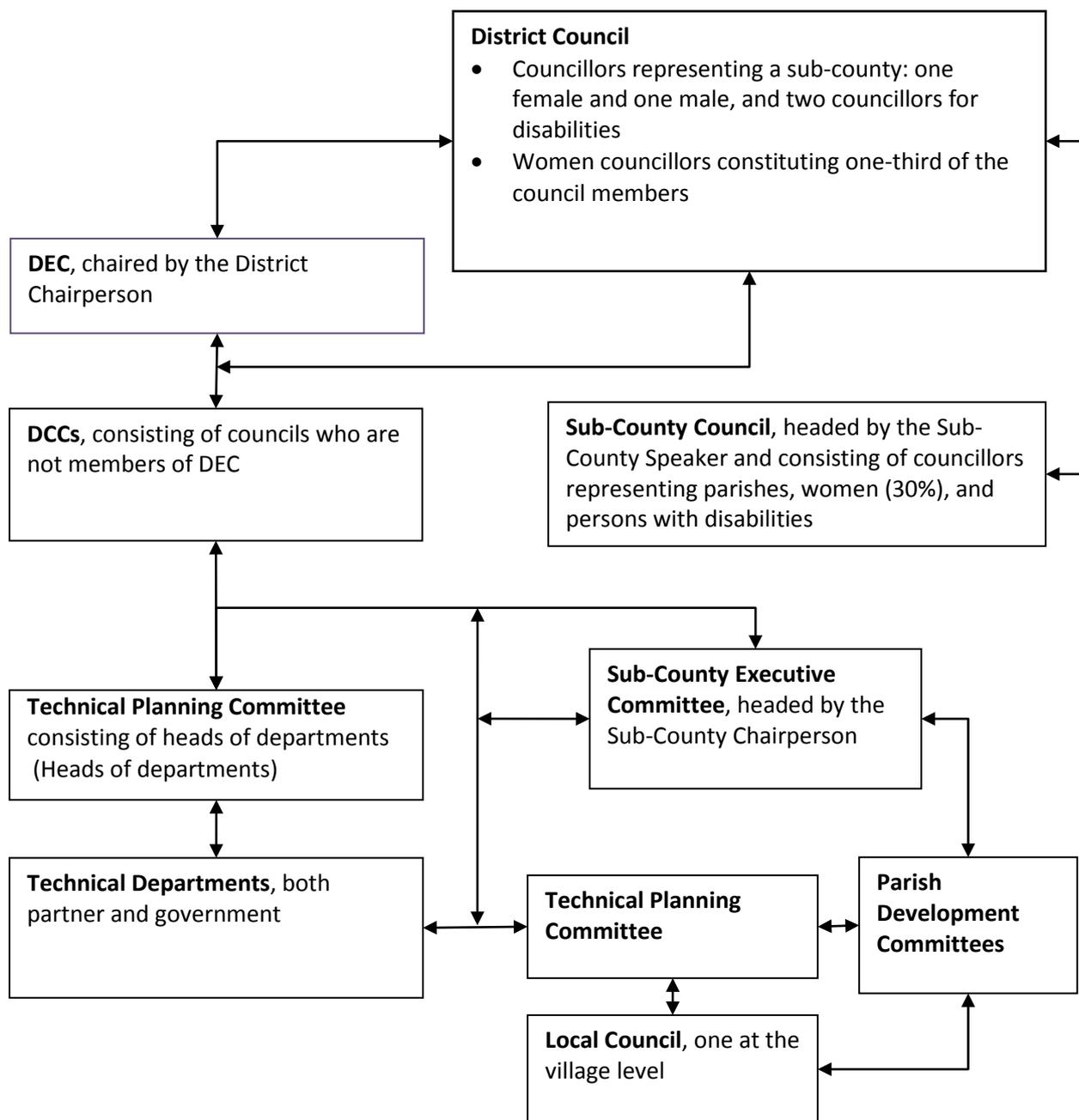
Though every decision-making process will contain elements of the stages outlined in **Lecture Notes 5**, each process will vary in its rules and procedures. There are key questions to ask to fully understand the process you are trying to influence, as listed below. These are the elements in creating a Policy Process Map.

- What organisation or policy-making body will make the decision you are trying to influence?
- What is the formal decision-making process for this institution?
- What are the steps in the formal process?
- When will each step take place?
- What are the informal workings or behind the scenes actions for the decision-making process?
- Who is/are the key decision-maker(s) at each stage?
- Which steps are open to outside input?
- Which stages in the process can you influence?
- How can you influence these stages?

The system of local governments in Uganda is based on a district as a unit under which there are lower local governments and administrative units. In rural areas, the local governments in a district include the district council and the sub-county council. In cities, the local governments are the city council and city division councils. In municipalities, the local governments are the municipal council and municipal division councils. In towns, the local governments are called town councils. In advocacy terms, a city is equivalent to a district, a city division is equivalent to a municipality, and a municipal division and a town council are each equivalent to a sub-county council.

The district council is the highest policy-making body with influence at the local government level. The key decision-makers in the formal decision-making process at the district level include district councils; the District Speaker and Deputy Speaker; the District Chairperson; the District Executive Committee (DEC); District Council Committees (DCCs); District Councillors; the District Service Commission; the Chief Administrative Officer (CAO); Resident District Commissioner (RDC); and the Technical Departments of Management and Support Services, Finance and Planning, Production and Marketing, Works and Technical Services, Health Services, Education and Sports, Natural Resources, and Community Based Services. The figure on the next page shows how local government entities and positions interact.

Levels of Decision-Making at the Local Government Level



SESSION 6: DEVELOPING AND COMMUNICATING ADVOCACY MESSAGES

Overview

Advocacy communication seeks to inform, persuade, and move decision-makers to action. Decision-makers/influencers are persuaded by advocacy messages, specifically the content of the messages, the way they are packaged and communicated, who is communicating them, and follow-up to and reinforcement of the messages. Therefore, advocacy messages must have the information (and data) that gets the decision-makers' attention. Key messages are short statements that are vivid and memorable and that clearly inform the audience on the nutrition problem, its effect on the population/society, why the nutrition problem is not effectively reduced, and what the decision-makers can do. Stakeholders/partners in advocacy must agree on the messages. Communication may include increasing the visibility of the advocates, having regular contact with decision-makers, and providing a clear and consistent message. It can be done using different channels, including the media, pictures/video, telephone/SMS, letters, e-mails, public testimony, pamphlets, face-to-face interactions, and field visits, among others. The communication channels depend on the target audience and what they are doing at the time. Communicators should be credible to the audience, well informed on the topic/issue, and eloquent.

Learning Objectives

By the end of this session, participants should be able to:

1. Assess the information needs for different components of good advocacy messages
2. Construct nutrition advocacy messages for the different audiences in their work jurisdiction
3. Package nutrition messages for the types of channels that can communicate to their target audiences
4. Communicate key nutrition advocacy messages

Advance preparation

Facilitators should set up the PowerPoint presentation PROFILES Part C and prepare for group work by becoming familiar with:

- Handout 4: Example of an Advocacy Message
- Handout 5: Assessing the Adequacy of Advocacy Messages

Facilitators should also bring one copy for each participant of Lecture Notes 6: Advocacy Communication.

Time

This session should take **4 hours 10 minutes**.

Outline of Session 6

Content: Introduction to communication

Methodology: Plenary discussion, presentation

Duration: 1 hour 30 min

1. Plenary Discussions:

- Ask what an advocacy message is. Note that a message is the statement of communication, to inform, say something, or call for attention. A message can consist of words, but could also come in other forms, such as sound/beat or color.
- Use **Lecture Notes 6** to define the aspects of decision-makers that need to be considered in developing the message and the characteristics of a good message. You can read the relevant sections of **Lecture Notes 6** or make a PowerPoint presentation using the handout.
- Explain the components of a good message, using **Handout 4**. Components could include:
 - A clear statement of the problem and consequences if nothing is done
 - The plausible or documented causes of the problem, including what is being done and gaps
 - The issue of what needs to be done, including what will happen if the issue is not addressed now
 - The action you are requesting from the audience, including the timing/urgency

2. Presentation: PROFILES Part C

- Ask participants to identify key messages in the presentation.
- Pick some of the messages and discuss what makes them good messages.

3. Presentation: Share with participants an example of a good advocacy message.

- Ask participants to evaluate the message example in **Handout 4**.
- Allow participants to discuss the message and what they have learnt.
- Discuss the different ways to present such a message, such as through brochures, a pamphlet, a presentation, or a song.

Content: Initiating talks with decision-makers

Methodology: Discussion, role play

Duration: 1 hour

4. Discussion: Explain to participants the process of communicating.

- Indicate that to communicate you need four things: the listeners' time/an appointment, a communicator, the message, and the channel of communication.
- Ask participants to note possible ways to get an appointment for advocacy with a key decision-maker, e.g., the CAO?

Note: Emphasise that when asking for an appointment, one must create interest on the issue and it must be short, catchy, and to the point and must create an interest to know more.

5. Role play: Take participants through the steps of requesting an appointment for advocacy.

- Ask four participants to form two pairs (e.g., an advocate and a CAO, an advocate and the Hospital Superintendent). For the purpose of this role play, the advocate has just attended the District Nutrition Advocacy Training.
- Plan meetings between each pair to initiate a talk on the issue of interest. Assume that there is less than 3 minutes available for this meeting.

- Divide participants the remaining participants into two groups and have the two pairs act out the role play, one pair for each group.
- Ask participants to comment on ways to improve the content, body language, and communication.

Content: Advocacy exercise (face-to-face presentations)

Methodology: Group work

Duration: 1 hour 30 min

6. Group Work: Have groups go through the steps of creating advocacy messages.

- Choose a prioritised objective.
- Define the audience (including influencers).
- Develop the appropriate messages (make sure they meet the criteria outlined in **Handout 5**).

Have each group present its messages to the rest of the participants. As each group presents, ask the other participants to comment on how to improve the messages for the identified audience (use **Handout 5** to evaluate the messages).

Content: Evaluation and Summary

Methodology: Brainstorm

Duration: 10 min

- 7. Brainstorm:** Have participants indicate what they have learnt in the session and how the knowledge acquired has affected their thoughts/perceptions about nutrition problems.
- 8.** Review the session objectives and the extent to which they have been achieved.

Lecture Notes 6: Advocacy Communication

Advocacy communication puts you in a position of ‘standing for’ or pushing for a particular action, position, or set of principles. In other words you are trying to persuade and argue for the position you are advocating.

Characteristics of Decision-Makers

Decision-makers:

- Are busy, have short attention spans, and resist change
- Want to connect with people and have a belief system
- Are poor listeners, as they are used to being the ones talking
- Do not like being preached or talked to
- Want to hear how you distinguish your issue from others (by providing facts, but in a way that they can understand)

Characteristics of Advocacy Messages

- The message should help meet the intended goal: a positive decision now!
- Get decision-makers to listen by telling them what they want to hear, i.e., what concerns or interests them.
- The entire message must be simple and concise, from beginning to end.
- First speak to the heart (i.e., decision-makers’ belief systems and interests) and then to the brain. Engage people’s passions and emotions before providing key information and reasons.
- State exactly, in a simple and understandable manner, what you want to be done. Make a specific request in response to a specific problem and provide a specific solution.
- Make a case for why action is necessary now. For example, address why action is necessary now even though the community has lived with malnutrition for years.

Elements of Good Communication

- Make eye contact with the person(s) you are talking to. It conveys interest and encourages the other person to show interest in your conversation.
- Stay in tune with your body language. It can communicate things you do not speak and much more than what you say.
- Speaking loudly gives a feeling of confidence.
- Practise and attend meetings/workshops to learn how others communicate effectively.

Handout 4: Example of an Advocacy Message

What catches attention?

- **Targeted shockers** (of the problem or of the consequences of status quo):
 - Recent numbers
 - New information
 - Visuals/pictures
- **Strategic interests** (something, e.g., a statement or picture, that the audience associates with)

The Problem

Malnutrition kills. Malnutrition kills five women every day in Uganda. Despite this established fact we have not done enough to prevent these deaths. Many children remain motherless and many homes remain without a key caregiver. Today five homes will shed tears and mourn their mothers—for some it is their daughters—all because we who could do something have not prioritised this as an urgent issue.

The Advocacy Issue/Solution

We need comprehensive programmes at the district level to address this problem. This has not happened yet because there is no forum at the district level to coordinate and mobilise people to reduce maternal deaths associated with malnutrition and we have not mobilised enough resources to implement comprehensive programmes in the districts.

Proposed Action 1 (Based on Our Objective)

You, the members of the district executive committee, were elected to do the best you can for the vulnerable members of our constituencies. If you save women's lives during your term in office, you will be proud that you did something for God and this country. We are therefore requesting that you establish a district forum on maternal health and nutrition with the motto 'every woman must live'. We request that one of you chair the forum when it is established.

Proposed Action 2 (Based on Our Objective)

We also request that one member of the district executive committee propose—and the rest of you mobilise your other colleagues to support—the inclusion of a budget line for maternal health and nutrition activities of not less than 25 million UGX in the district development plan for 2013. The 25 million UGX will be seed money to mobilise other partners to this course.

Handout 5: Assessing the Adequacy of Advocacy Messages

| | Message characteristic | Check | How to Improve the Message |
|---|----------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------|
| 1 | Is the problem simply stated for the target audience to understand and relate to? | | |
| 2 | Is the issue clearly and simply brought out for this target audience? | | |
| 3 | Is a specific solution to the issue (concerns) provided and justification made for why this solution was proposed? | | |
| 4 | Does the message let the audience/decision-makers know exactly what they should do? (Is it something under their ability to do?) | | |
| 5 | Has the case been clearly made as to why action or a decision is needed now? | | |
| 6 | Are there phrases that engage the audience's passions and emotions? | | |
| 7 | Is the message simple and understandable to the target audience? | | |
| 8 | Is the message clear and concise for the target audience (or are there words that add no value to the message)? | | |
| 9 | Will the message achieve the intended objective? | | |

SESSION 7: FOLLOWING UP AND MONITORING ADVOCACY EFFORTS

Overview

The nutrition advocacy process may take time before decision-makers appreciate the issues and start taking actions in the desired direction. It requires continuous reflection and review of the process. Keep notes on what goes smoothly and what does not work and why. Each step should be reviewed to determine whether it was implemented as originally designed and whether the intended results were realised. The key questions to answer in the follow-up or monitoring are:

- Was (were) the key issue(s) clearly defined?
- Was the most appropriate solution chosen?
- Which strategies worked?
- Were there adequate resources to carry out the plan?
- Was the most appropriate advocacy target audience chosen?
- Was the timing appropriate?
- Were the presentations effective?
- Were decision-makers convinced that change is necessary?

Responses to these questions should be documented and shared with coalition members. Supporters need to be kept aware of what is happening to keep interest high. In addition, where there are commitments or interest, periodic checks of progress/action and follow-up are needed. Always report to partners appropriately and in a timely manner.

Learning Objectives

By the end of the training participants should be able to:

1. Identify the kind of information (the questions to respond to) that different partners may need to be informed on to make the necessary decisions in the advocacy process
2. Discuss who will collect and report the information, when, and how
3. Design a monitoring plan to track their nutrition advocacy commitments and activities.

Advance Preparation

Facilitators should bring one copy for each participant of Lecture Notes 7: Benchmarks for Monitoring Nutrition Advocacy and prepare for the brainstorm activity by becoming familiar with Handout 6: Checklist for Monitoring Progress in the Nutrition Advocacy Process.

Time

This session should take **3 hours 45 minutes**.

Outline of Session 7

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Content: Exploring milestones in nutrition advocacy | |
| Methodology: Brainstorm | Duration: 1 hour |
| <p>1. Brainstorm: Discuss with participants how to monitoring progress.</p> <ul style="list-style-type: none"> ■ Discuss the importance of setting targets. ■ Read through Lecture Notes 7 and identify some indicators for monitoring progress in conducting advocacy. ■ Ask participants to look at Handout 6 for the milestones an advocacy group had developed. Discuss the usefulness of such a tool in monitoring progress in advocacy efforts. | |
| Content: Introduction to execution of advocacy plans and developing a follow-up framework | |
| Methodology: Discussion, group work | Duration: 1 hour 30 min |
| <p>2. Discussion: Examine why the execution of advocacy plans is a major challenge. Bring up the importance of:</p> <ul style="list-style-type: none"> ■ Monitoring and follow-up ■ A clear definition of what must be done ■ Well-defined roles ■ Feedback on performance ■ Institutional support, motivation, and leadership <p>Explain that effective follow-up requires:</p> <ul style="list-style-type: none"> ■ Regular reminders ■ Periodic checks ■ Monitoring statements by decision makers ■ Identifying windows of opportunity <p>3. Group Work: Have each group think of ways to make sure their ideas for advocacy are executed and ways of monitoring and keeping coalition members informed. Ask groups to present their ideas.</p> | |
| Content: Leadership in nutrition advocacy | |
| Methodology: Plenary discussion | Duration: 1 hour 5 min |
| <p>4. Plenary discussion: Discuss the importance of leadership in the advocacy effort.</p> <ul style="list-style-type: none"> ■ Who would provide the required leadership? ■ What is the role of the participants in the nutrition advocacy effort? | |
| Content: Evaluation and Summary | |
| Methodology: Brainstorm | Duration: 10 min |
| <p>5. Brainstorm: Have participants indicate what they have learnt in the session and how the knowledge acquired has affected their thoughts/perception about nutrition problems.</p> <p>6. Review the session objectives and the extent to which they have been achieved.</p> | |

Lecture Notes 7: Benchmarks for Monitoring Nutrition Advocacy

| Short Term | Medium Term | | Long Term |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Create the evidence base for decision-making. | Increase demand for nutrition interventions. | Strengthen institutional capacity. | Influence a sustainable policy. |
| <ul style="list-style-type: none"> ■ Increase professional dialogues on addressing malnutrition at various forums. ■ Carry out more operational research to address how barriers to nutrition programming can be overcome. ■ Facilitate contextual and evidence-based media coverage on nutrition issues. ■ Form multisectoral working groups to draft action plans. ■ Develop participatory, multisectoral, and budgeted strategic plans. ■ Develop advocacy tools that are specific to nutrition, such as the Uganda nutrition advocacy package. | <ul style="list-style-type: none"> ■ Assemble a critical mass of high-level nutrition advocacy champions, including politicians, country directors, and cultural and religious leaders. ■ Increase the number of forums on the need to address malnutrition at all levels. ■ Facilitate the inclusion of nutrition in central and district annual development plans. ■ Increase the contextual evidence-based media coverage on nutrition issues. ■ Increase the number of multisectoral demand-driven professional capacity-building forums. ■ Facilitate the allocation of resources at all levels to support nutrition. | <ul style="list-style-type: none"> ■ Restructure institutions to integrate nutrition into other sectors and at all levels. ■ Establish an institution for multisectoral coordination of nutrition interventions. ■ Review and update institutional curriculum to include nutrition. ■ Empower the community to foster demand for nutrition programs ■ Review and develop cross-cutting policies and guidelines with nutrition content. ■ Allocate specific resources, human and financial, for nutrition at all levels. ■ Cultivate high-level policy champions to regularly speak about nutrition. ■ Scale up nutrition interventions to achieve national coverage. | <ul style="list-style-type: none"> ■ Increase budget allocations specifically for nutrition at all levels. ■ Establish accountability forums for nutrition expenditures with high-level participation. ■ Facilitate strong national coordination for and monitoring, and evaluation of nutrition resources. ■ Put in place a strong decentralised response capacity to address malnutrition. |

Adapted from: BS Namugumya. 2011. *Advocacy to reduce malnutrition in Uganda: Some lessons for Sub-Saharan Africa*.

Handout 6: Checklist for Monitoring Progress in the Nutrition Advocacy Process

| Item | Excellent | Well done | To some extent | Poorly done | Needs redoing |
|-----------------------------------------------------------------------------------------|-----------|-----------|----------------|-------------|---------------|
| Were the key issue(s) clearly defined? | | | | | |
| Was the most appropriate solution to the issues chosen? | | | | | |
| Were the strategies effective in reaching the (critical number of) key decision-makers? | | | | | |
| Was the most appropriate advocacy target audience chosen? | | | | | |
| Was the timing of advocacy most appropriate (given the decision-making process)? | | | | | |
| Were messages short, simple, and easy to understand and relate to? | | | | | |
| Were the presentations (and communication channels) effective for the target audience? | | | | | |
| Were decision-makers convinced that change is necessary? | | | | | |
| Was follow-up with the decision-makers done? | | | | | |
| Were there adequate resources to carry out the advocacy plan? | | | | | |
| Were key partners/allies periodically informed of the process and outcomes? | | | | | |
| Did the advocacy team have a mechanism of monitoring progress and changing tact? | | | | | |

SESSION 8: DEVELOPING NUTRITION ADVOCACY ACTION PLANS

Overview

Effective advocates plan their activities and lay out appropriate strategies for reaching their target audiences. They think of the actions needed in the nutrition advocacy process, such as what will be done, when will it be done, who will do what (or the roles of the allies and partner agencies), and the materials and resources needed. Tactical details that are key to the advocacy process are identified and planned. Back-up strategies are prepared just in case the preferred plan fails. The plans include strategies for reaching non-supporters and also the initial preparatory actions (e.g., composing an advocacy working group). Timing of activities is critical, so nutrition advocates must select the opportune moment to put their plan into action. Action plans should indicate ways of raising the resources needed to conduct the advocacy and the indicators to monitor the activities and their outcome. Designing a nutrition advocacy plan during this advocacy training provides an opportunity for team work among participants as well as makes the training action and results oriented.

Learning Objectives

By the end of this session participants should be able to:

- Identify the strategies for conducting advocacy and activities that are needed to increase nutrition investments and scale-up of activities
- Describe the roles of the different advocacy partners and partnership, the timing of the activities, and the resources (and sources of the resources) needed to conduct the activities
- Develop workplans and associated budgets for conducting nutrition advocacy in their areas of jurisdiction
- Prioritise advocacy actions that are urgent based on their potential impact toward the improvement of nutrition

Advance Preparation

Request that each participant prepare a success story on how they managed to plan for nutrition to share with the rest of participants.

Bring copies of district development plans, the Uganda Nutrition Action Plan (2011–2016), the Health Sector Strategic Plan III, the National Development Plan, the Agriculture Sector Development, and the Investment Plan.

Time

This session should take **3 hours 45 minutes**.

Outline of Session 8

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Content: Introduction to action plans | |
| Methodology: Presentation | Duration: 1 hour |
| 1. Presentation: <ul style="list-style-type: none">■ Introduce participants to the action plan (what, who, when, resources) in the Participants' Handbook.■ Have participants plan the next steps to initiate advocacy activities in the areas they work. <p>Discuss key actions that may be needed immediately after the workshop (e.g., collect data, present to a few people interested in nutrition, create a database of possible partners, hold a first meeting with the District Health Officer/Hospital Medical Superintendent) and 3 months after the workshop (e.g., hold the first meeting of the working group to agree on key problems and issues).</p> | |
| Content: Developing nutrition advocacy action plans | |
| Methodology: Group work | Duration: 2 hour 45 min |
| 2. Group Work: <ul style="list-style-type: none">■ Have groups discuss next steps and fill out their action plans in the Participant's Handbook. <p>When they are done completing their action plans, have each group present on key actions for the next 3 and 6 months.</p> | |
| Content: Review course objectives | |
| Methodology: Group work | Duration: 30 min |
| <ul style="list-style-type: none">■ Ask participants to state one thing they have learnt in the course.■ Identify the sessions where most people learnt something and those where people learnt least. <p>See which participants' expectations were not met then discuss why they were not been met.</p> | |
| Content: Post-course test | |
| Methodology: Group work | Duration: 15 min |
| Administer the post-course test to all participants at the same time. | |

PRE-/POST-COURSE TEST

| Statement | True | False | Do Not Know |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|-------------|
| 1. In adult learning, participants learn from each other's experience. | | | |
| 2. Lobbying, negotiation, and advocacy refer to the act of supporting a cause to achieve a desired result directed to changing policies and programming. | | | |
| 3. Decision-makers favour messages that highlight the negative effects of malnutrition because they often do not recognise the human and development costs of malnutrition. | | | |
| 4. Malnutrition hinders health and economic development due to the negative impacts it has on health, education, and agriculture. | | | |
| 5. All issues that hinder the progress to achieving good nutrition outcomes can be addressed through advocacy. | | | |
| 6. SMART means 'sustainable, measureable, applicable, replicable, and time-bound'. | | | |
| 7. Advocacy is needed when there is new leadership that may not be aware of the 'history' of the problem and creating and maintaining a connection with that leadership is needed. | | | |
| 8. In advocacy, coalitions are effective in providing a united front. They ensure that people have clearly defined roles and that communication is always timely and effective. | | | |
| 9. Nutrition champions are necessary to provide messages in areas where nutrition is a salient issue. | | | |
| 10. Supporting the set-up of a baby-friendly community is an example of an advocacy goal. | | | |
| 11. Nutrition advocacy efforts requires systematic planning clearly indicating the objective, the target audience, the time frame of the advocacy, and possible constraints to advocacy | | | |
| 12. Media (audio, visual, and print) is the most effective channel through which successful advocacy can be achieved. | | | |
| 13. Nutrition advocacy require a one-off audience for decision-makers to appreciate the issues and take action in the desired direction. | | | |
| 14. Knowing your advocacy audience is essential in targeting and ensuring the effectiveness of advocacy efforts. | | | |
| 15. Nutrition advocacy is evidence based. There is power in information. | | | |
| 16. Strategic networking is necessary to create strong linkages for effective advocacy. | | | |