

SSFP Advocacy Strategy

1. Analysis / Issues:

Bangladesh is a poor country with 150 million people. About 48 percent of which are under poverty level mostly in rural areas with less access to health care. The need for health care services at levels in Bangladesh is pronounced. Less than 40 percent of the population has access to basic health care. Despite significant improvement in key health indicators—infant mortality, under 5 mortality, maternal mortality and fertility rates have all declined and immunization coverage has remained high – still, over 350,000 children die each year in Bangladesh from largely preventable causes and 12,000 women die from maternity related causes.

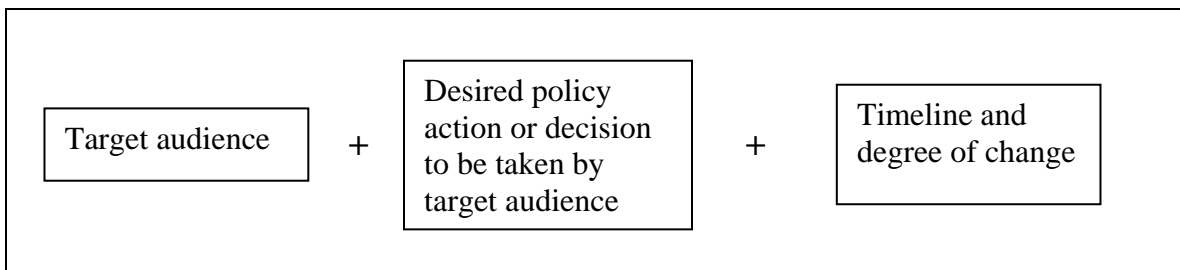
NGOs in Bangladesh provide health services to the poor and in areas where Government facilities are not available. These NGOs are mostly dependent on Donor support to run their clinics and if the Donor support is not available they will disappear. SSFP will help franchise organizations ie. NGOs to expand the range of health services, increase service coverage to the poor, and improve quality. SSFP will setup a mechanism for the clinics to recover greater costs, achieve more operational efficiency with emphasis on their sustainability, and increase client loads while still providing free services to a segment of the poor population. Health franchising is a new concept in Bangladesh.

The Smiling Sun Franchise Program (SSFP) aims to expand the availability of sustainable NGO-provided health services to support the Government to achieve its health targets. But there is difference in implementation strategy of SSFP and the GOB FP program i.e. SSFP follow clinic based services and GOB community based service delivery. The Government services are free but to become sustainable the franchisees receive services charges. There is lack of understanding and awareness of these issues and also about the SSFP in different levels of the Government. For addressing these issues this advocacy strategy has been designed.

2. Advocacy objectives:

Advocacy is a set of targeted actions directed at decision makers and other key stakeholders in support of a specific issue. SSFP advocacy objective shall contain the following three components: a target audience, the desired policy action or decision to be taken by the target audience, and the timeline and the degree of change.

Components of advocacy objectives



SSFP advocacy policy objective is as under:

- a) Awareness creation- Create awareness among (i) the Government Officials at National, District and Local levels and (ii) local community leaders on SSFP activities by March 2009.
- b) By Sept. 2009, convince policy makers that SSFP is providing superior, friendly and affordable health services in a sustainable manner.
- c) Within the project period influence policy makers as a means to make it understand that SSFP contributes in achieving health sector target through its services covering 64 districts of the country.
- d) Keep informed the Government at all level, share knowledge and promote USAID

3. Audiences:

SSFP will face two types of audiences—(a) Primary: These group will have the ability and authority to directly affect the advocacy objectives, and (b) Secondary audiences – people or groups who influence primary audiences.

Primary:	Secondary:
1. Ministry of Health and Family Welfare (MOHFW), 2. DGHS – National and field level, 3. DGFP – national and field level, 4. LGED – National level, 5. Local community leaders, etc.	1. NGOs, 2. Media, 3. Other Partners / donors , 4. Doctors/Nurse associations, etc.

4. Messages:

Advocacy messages can be written or spoken, and can be delivered in many formats. The following are formats that could be used as part of the advocacy campaign to promote SSFP:

Messages will be different for different audiences such as:

Target Audiences	Key Message	Messenger
A. National Level		
Secretary, MOHFW DGHS & DGFP	i) Policy support to SSFP program will help GOB to achieve health related MDGs and also increase coverage of health services to the remote areas where Govt. service is not available. ii) SSFP services are clinic based.	SSFP staff,
LGED	Coordinated service provision will increase coverage and improve health status of people of the city corporations, particularly the urban slums.	SSFP staff,
Media	Press release: In a short, catchy story that captures the key points, which will interest the media and build awareness of and support SSFP	SSFP staff, TV/Radio
B. Local Level		
Community Leaders, Local Govt. bodies, Religious leaders	Affordable and quality health services are available in SS clinics	Franchisees & their Staff,
District and Thana level officers of DGHS & DGFP	SSFP services are clinic based (including Satellite clinics)	Franchisees & their Staff

5. Activities

In advocacy, we will often have to invest in a variety of activities and cultivate a large number of contacts in order to cover a range of potential opportunities for influencing our target audiences. So it will be important to have a flexible activity schedule. Innovating and seizing opportunities that may emerge are critical for successful advocacy, even if we have to make changes to our original schedule to accommodate those. At present we will go with the following:

- a) Brief Policy Makers on SSFP activities/program components through face-to face meeting;
- b) Arranging for policy makers to visit clinic site which can be an extremely effective way to advocate, and document a problem and/or success story, that is visible. This will also provide a chance to get to know each other personally, exchange ideas, and build trust;
- c) Advocacy through TV/Radio;
- d) Make presentation to a group /workshop;
- e) Issue press release on major activities/important event;
- f) Develop Websites to widen audience;
- g) Weekly Newsletter
- h) Identify local groups who might have interest in SSFP and make contact, build relationship & get people involved.

Activity Scheduling

Objectives	Activity	Responsibility	Materials	Messages	Outcome	Timeline
Awareness creation National level	Brief the Policy Makers	COP, FM, PP&EM	SSFP one Pager / Ethical Guideline	Brief SSFP activities	Policy makers convinced	April, 09 to Sept. 2011
Awareness creation District & Local level	Joint Visit	SSFP Staff	SSFP one Pager/ News letter	Success Stories/Activities Performed by SS Clinics	Relationship established & Cooperation ensured	-do-
Awareness creation: National District and Local level	Use TV / Radio	Communication Specialist	Advertisement on SSFP in Radio /TV	SS Program activities / new services in SS Clinics	Increased client contacts at all service delivery points	-do-
Awareness creation: National District and Local level	Presentation / Workshop	FTST /FOT / FDT	Handouts/ Leaflets / Power point presentation	SSFP Health messages & interventions by SS Clinics	Increased client contacts at all service delivery points	-do-
Awareness creation: National District and Local level	Press release	Communication Specialist	Specific issue related to SS events /achievement	Specific accomplishment of SS Clinics	Increased awareness & support from Stakeholders	-do-
Awareness creation: National District and Local level	Dev. Website	RTA / IT Specialist / Communication Specialist	Success Stories/News brief and achievements	SS Clinic events, accomplishment and Trainings	Increased awareness on SS Clinic activities	-do-
Awareness creation: National District and Local level	Newsletter	RTA/ Communication Specialist	Information from SSFP network on its achievement	Updates SSFP accomplishment	Increased awareness & support from Stakeholders	-do-
Awareness creation: National District and Local level	Success Story	SSFP Staff/ RTA/ Communication Specialist	Important stories that demonstrates SS Clinics achievement	Happy stories & outstanding performance of SS Clinics Staff	Increased client contacts at all service delivery points	-do-

6. Advocacy tools and Channels:

Useful tools to identify main task in advocacy process are – stakeholder analysis and SWOT analysis. Stakeholders analysis helps to identify low interest, low influence, high interest & high influence groups in relation to SSFP issue and to identify the key people who have to be own over, influenced or simply informed.

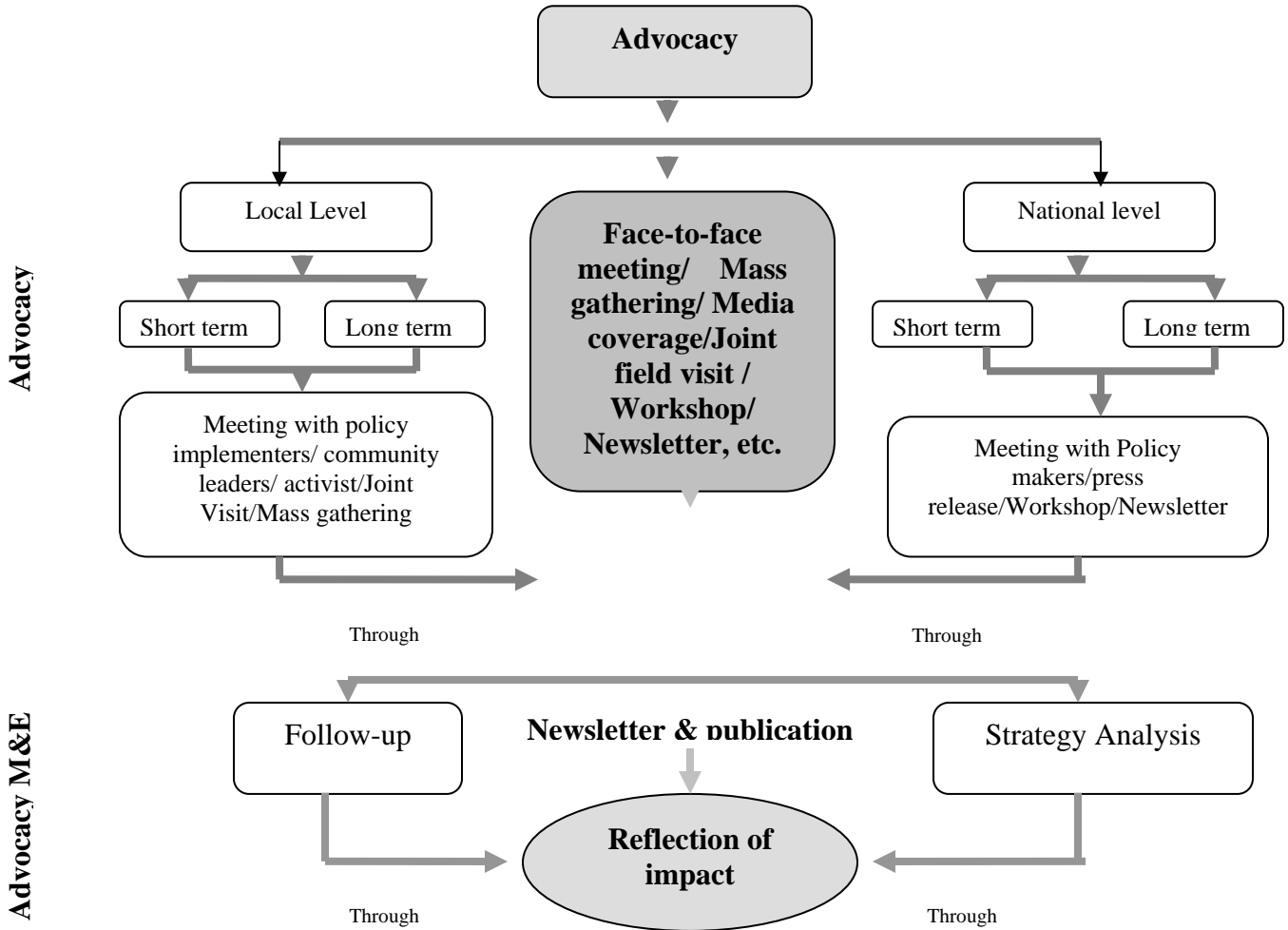
HIGH I N T E R E S T LOW	<u>High interest/ Low influence</u> Other health projects and implementers	<u>High interest/High importance</u> USAID Franchisees
	<u>Low interest/ Low influence</u> Health Organizations such as— Medical Associations, Medical Colleges/health training facilities	<u>Low interest/ High Importance</u> Government of Bangladesh, potential franchisees
	Low	High

Low interest and high importance group i.e. Government and potential franchisees will require a focused strategy to develop relationship with the SSFP. The advocacy tools shall include among others the following:

- a) Tools like -- Brochure, Policy brief, and Guidelines/office order from DGHS and DGFP, News Brief, etc.
- b) Meeting with all concerned at different levels (National, District and Local), Observation of different National/International days,
- c) Enlist national figures as advocate of SSFP;

- d) Media: The media is one of society's most powerful institutions and must therefore be a part of SSFP advocacy program. This will be a cost effective to reach the influential audiences. For media coverage following tools will be used:
- Press release
 - Press conference
 - Letters to editors of news papers
 - Newspaper & Magazine articles
 - Television and radio appearances
 - In-depth interview of FM/COP in subeditorial column of daily news papers
- e) Briefing session for the Secretary Health, DGHS, DGFP, and concerned senior officials of the MOHFW, DGHS, and DGFP.
- f) Participation in different Govt. Program, i.e. observation of different days - NID,HIV/AIDS, NTB, etc.
- g) Face to face meeting with CS and DDFP in district level.
- h) Face to face meeting with Chief Health officials of City Corporations.
- i) Distribution of SSFP Newsletter among concerned GOB officials at National, District and Upazila level.
- j) Participation of high officials from Ministry of Health in SSFP Membership Council/Advisory Committee.
- k) Representation of SSFP as member of GAVI – ICC meeting, GFATM – CCM and UBHPP Steering Committee meeting in the MOHFW.

Flow Diagram of Advocacy strategy



7. Monitoring and Evaluation:

Monitoring will show the progress toward achieving the objectives or if it is lacking behind. Whether target audience has been reached and or whether the advocates has influenced their actions? Evaluation will help in assessing any result of the advocacy strategy. To assess whether advocacy activities have achieved any change in its advocacy objectives - strong monitoring of key activities will be needed. Advocacy activities often need to be adjusted, revised and re-directed. Such changes, however, should only be made on the basis of monitoring and Evaluation. Evaluation will provide an important list of accomplishments, areas for improvement, and inspiration for the future.

8. Continuity:

The need for advocacy never ends. When one objective has been achieved, there is always another to tackle.