



# Policy Advocacy for Total Market Approaches for Family Planning

Eastern Europe and Central Asia Regional Workshop

May 2014



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## Acronyms

EECA	Eastern Europe and Central Asia
EECARO	Eastern Europe and Central Asia Regional Office
MOH	ministry of health
NGO	nongovernmental organization
TMA	total market approach
UNFPA	United Nations Population Fund

## Background

The Eastern Europe and Central Asia (EECA) region is experiencing rapid changes in social, economic, and familial structures with countries in the region characterized by aging populations and declining fertility rates. Some countries are actively trying to increase their fertility rates, which can make family planning programs politically sensitive. At the same time, most countries have an increasing unmet need for family planning, with low use of modern contraceptives and high incidence of abortion. Unmet need for family planning is particularly high among many of the region's most vulnerable or traditionally marginalized groups, including young people, migrants, internally displaced people, refugees, and Roma. A July 2013 European and Central Asian regional review by the United Nations Population Fund (UNFPA) International Conference on Population and Development Programme of Action emphasized inequitable access to high-quality sexual and reproductive health services throughout EECA.

Exacerbating these access issues are significant challenges related to reproductive health commodity security in the region. Many countries experience frequent stockouts or insufficient supply of contraceptives in public warehouses and pharmacies. Often there are policies that limit the types of providers allowed to provide or prescribe certain types of contraceptives. These policies can make it difficult to access contraceptives in rural or hard-to-reach areas.

As the vast majority of countries in the region have transitioned to middle-income status, funding and support for reproductive health commodities and programs from development partners has diminished. Innovative tools and approaches are required to make effective use of limited resources and ensure more equitable access to sexual and reproductive health supplies and services. One strategy is a total market approach (TMA) for the reproductive health commodities market in the region.

TMA looks at what the public sector, commercial suppliers, and nongovernmental organizations (NGOs) can each do—leveraging the comparative advantage of multiple sectors and ensuring coordination among them—to safeguard a reliable supply of reproductive health commodities for family planning across population groups. It takes into account that not all population groups are able or willing to pay the full market price for such commodities, and it prioritizes subsidies or free supplies for those who cannot afford them. It segments the population, with public-sector resources often directed toward groups with the most limited access and/or inability to pay. This helps ensure that the entire population has access to a wider range of affordable, high-quality contraceptives, including marginalized or otherwise underserved groups. TMA is particularly useful for middle-income countries wishing to lower their dependency on development assistance for covering supplies of sexual and reproductive health commodities while ensuring access for all population groups.

In 2013, the UNFPA Eastern Europe and Central Asia Regional Office (EECARO) and PATH came together to host two regional workshops—in Kiev, Ukraine, and Sarajevo, Bosnia and Herzegovina—to support 20 EECA countries in the development of country-specific action plans for introducing TMAs for reproductive health.<sup>1</sup> More than 80 individuals representing UNFPA, ministries of health, ministries of finance, national health insurance programs, NGOs, and social marketing groups participated in the workshops.

Given an emphasis on pronatalist policies combined with a revitalized and growing fundamentalism as it relates to sexual and reproductive health throughout the region, at the conclusion of the workshops, participants identified a significant need for advocacy to increase political will and commitment for improving sexual and reproductive health. Advocacy was identified as essential for TMA action plans to be successfully

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<sup>1</sup>For more information on the 2013 workshops, see: <http://unfpa.org/webdav/site/eeca/shared/documents/TMA-Action-Plans/EECA-report-FINAL.pdf>

implemented among critical stakeholders in their countries. In May 2014, UNFPA EECARO and PATH organized a second regional workshop in Antalya, Turkey, to support participants in the development of advocacy strategies to strengthen the enabling environment and bring about the necessary political will, policies, and resources to support the introduction and scale-up of TMAs to address inequities in access to sexual and reproductive health in the region.

## Workshop overview

UNFPA EECARO, in collaboration with PATH, convened a regional workshop, Policy Advocacy for Total Market Approaches for Family Planning, May 27–30, 2014, in Antalya, Turkey. The workshop included 73 participants from 18 EECA countries: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Macedonia, Moldova, Romania, Tajikistan, Turkey, Turkmenistan, Ukraine, and Uzbekistan. Each country was represented by a team of two to six individuals from the following categories:

- Family planning or reproductive health programming division of the ministry of health (MOH).
- UNFPA country office, including advocacy and communications specialists.
- Ministry of finance or national health insurance program.
- NGOs, such as affiliates of International Planned Parenthood Federation or social marketing groups.

Country teams included individuals who had participated in the 2013 Road-Mapping a Total Market Approach workshop, as well as new participants with specific advocacy experience and expertise in sexual and reproductive health. A complete list of participants is included in Annex 1.

The primary purpose of the workshop was to increase the understanding and skills of participants to strategically plan advocacy activities to bring about policy changes in support of their TMA action plans.

Prior to the advocacy workshop, UNFPA and PATH conducted a brief survey (Annex 2) to better understand the expectations and needs of participants. Of the 17 countries that completed the survey, 15 indicated they had conducted advocacy activities since the 2013 workshops. For example, several groups had conducted one-on-one meetings with key policymakers to educate them about TMAs and advocate for components of their action plans to be included in key health-sector strategies and plans or to establish formal mechanisms to implement a TMA. Several countries received commitments in these meetings from policymakers and government officials to include funding for total market initiatives for family planning or to establish a TMA for family planning coordinating mechanism where one did not already exist. Most survey respondents indicated that while progress had been made since the 2013 workshops and positive meetings had been held, further skills-building and planning for coordinated advocacy efforts to ensure continued momentum and policy change would be necessary. Survey responses indicated broad interest in skills-building in the following areas: stakeholder analysis, policy analysis, advocacy strategy development, and advocacy partner development.

Specific objectives of the advocacy workshop were to:

- Differentiate policy advocacy from other types of advocacy.
- Identify the critical components of a policy advocacy strategy.
- Identify specific policy change solutions to support the introduction and implementation of TMAs for

“We have to be better equipped with advocacy skills in order to bring recently appointed health officials into the process and make TMA a priority field in their agenda.”

*Survey respondent*



family planning.

- Design tactics for influencing decision-makers, engaging a range of stakeholders, and developing partnerships.

The principal objective was for each country team to develop an advocacy strategy over the course of the workshop.

Prior to the workshop, country teams were asked to assess the policy environment for TMA in their individual country. Each country team came together to conduct a high-level policy landscape (Annex 3) to help them identify specific issues for advocacy and develop a comprehensive advocacy strategy relevant to their TMA action plan. Specifically, participants were asked to research the political/policymaking process in their country to make their strategies more focused and targeted. In addition to the policymaking process, teams assessed policies of relevance to family planning, reproductive health, and TMA. Each country team also analyzed the current environment around family planning and TMA to better understand who might be resistant or in opposition to change, as well as who might be effective spokespeople or champions for their desired change. Finally, an abbreviated stakeholder mapping was conducted to better understand who might already be working on the issues, as well as who could be a good partner in advocacy efforts. This assessment was enhanced by using UNFPA's Interest Group Analysis (IGA) software, a tool that helps visually analyze the position of key players (organizations, groups, and individuals) on development issues. All of this information is critical to have on hand when developing a strategy.<sup>2</sup>

Workshop participants were divided into four simultaneous break-out groups, two conducted in English and two conducted in Russian (with simultaneous interpretation for English and Russian). There were also opportunities to share and discuss across groups during “ideas exchange fairs” throughout the four-day workshop. A complete workshop agenda is included in Annex 4.

Each country team then developed a draft policy advocacy strategy intended to influence policy change to support the introduction and implementation of TMA to address inequities in contraceptive access in

### **Ten-part framework for developing a policy advocacy strategy**

The workshop centered on a ten-part framework for developing an advocacy strategy. This framework helps seasoned global health advocates and newcomers alike develop a policy advocacy strategy to reach specific outcomes and goals. Each part is an important component of a complete, focused advocacy strategy.

The ten parts include identifying the:

- Advocacy issue.
- Advocacy goals.
- Decision-makers and influencers.
- Decision-makers' key interests.
- Advocacy opposition and obstacles.
- Advocacy assets and gaps.
- Advocacy partners.
- Advocacy tactics.
- Advocacy messages.
- Plan to measure success.

### **Workshop groups**

#### *English*

- Bulgaria, Romania, and Turkey.
- Albania, Bosnia and Herzegovina, Kosovo, and Macedonia.

#### *Russian*

- Armenia, Belarus, Georgia, Moldova, and Ukraine.
- Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan.

<sup>2</sup> IGA software is available for download online: [https://onedrive.live.com/redir?resid=C3E71FC46C687763%211524&authkey=%21AGKX\\_GOJ7Iry41Q&ihint=folder%2c.zip](https://onedrive.live.com/redir?resid=C3E71FC46C687763%211524&authkey=%21AGKX_GOJ7Iry41Q&ihint=folder%2c.zip)

their respective countries.<sup>3</sup>

## Workshop highlights

The workshop opened with welcoming remarks from representatives of the government of Turkey, UNFPA, and PATH. Dr. Sema Sanisoğlu, Head of the Reproductive Health Department, Ministry of Health of Turkey, greeted participants and reiterated the commitment of the government of Turkey to ensuring sexual and reproductive health for all and the potential of TMA for family planning to help realize this commitment. Dr. Murat Özdemir, Director of the Antalya Health Directorate, was also on hand to welcome participants to Antalya and emphasized the need to continually strengthen the policy environment for family planning in the region in order to ultimately improve the service delivery environment, including the availability of reproductive health commodities, for all. Mr. Benedict Light, Senior Technical Adviser on Reproductive Health Commodity Security, UNFPA, commended the striking progress that has already been made in regard to expanded access to family planning in Turkey, as well as the pioneering progress of the region as a whole regarding introduction of TMA for reproductive health commodities. He indicated the importance of advocacy efforts to ensure sustainability of these recent advances.



Janet Vail, TMA Project Director, PATH, spoke about PATH's experience working with countries to introduce TMAs and the exciting promise of collaboration across EECA to introduce TMA for family planning. Kristy Kade, Senior Policy and Advocacy Officer, PATH, recognized that working in the field of health and development, everyone at the workshop is inherently an advocate, whether or not it is in their job title. She noted, however, that participants are often well-suited for advocacy but without the time or resources to be as deliberate or proactive as desired. She recognized the workshop for the unique opportunity it presented for participants to take dedicated time and collective action to pursue policy change

for TMA. All panelists emphasized the importance of partnership, including with decision-makers and policymakers who can commit the necessary resources or enact supportive policies, to ensure creative solutions to health problems reach those who need them most.

### The context and policy landscape in EECA

Following the opening session, Dr. Tamar Khomasuridze, Sexual and Reproductive Health Programme Advisor, UNFPA EECA, presented a session on regional family planning trends to inform the development of advocacy strategies. While presenting information on maternal mortality, fertility rates, and adolescent birth rates across the region, Dr. Khomasuridze remarked that economic growth in the region has not

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<sup>3</sup> The workshop curriculum and materials used in the workshops can be downloaded in English and Russian at (<http://eeca.unfpa.org/topics/total-market-approach>).



necessarily translated to improvement in health status or investment in human capital, particularly in regard to sexual and reproductive health.

Data show that access to sexual and reproductive health services and commodities in EECA is uneven. Marginalized groups typically face the greatest challenges in accessing these services and commodities. Dr. Khomasuridze presented data comparing adolescent birth rates (Figure 1) and unmet need for family planning of the general population of women ages 15 to 49 compared to that of the Roma population (Figure 2) in three sample countries. In Serbia, Bosnia and Herzegovina, and Macedonia, Roma women ages 15 to 49 have much higher unmet need than the general population of women of reproductive age. Roma women also have significantly higher adolescent birth rates than the general population; in the case of Bosnia and Herzegovina, nearly 18 times higher.

### Country strategy summaries<sup>4</sup>

By the end of the workshop, each country team had developed a detailed advocacy strategy to advance aspects of their TMA action plans. Country teams primarily concentrated their strategies on issues related to addressing inequities in accessing modern contraception in their countries, specifically identifying public policy changes that would support expanded access for vulnerable and marginalized populations, including adolescents and young people—a key tenet of TMA. These include, but are not limited to, the earmarking of limited public resources to specific segments of the population, as well as advocating for an overall increase in allocation or prioritization of government budgets for reproductive health and family planning programs generally. Country strategies also focused on updating essential drugs lists to include a broader range of modern methods intended to meet the contraceptive needs of diverse populations. Teams identified these lists as important policy instruments that determine procurement of drugs and medicines. Finally, several advocacy strategies focused on establishing policy guidelines or criteria to ensure those most in need are eligible to receive family planning commodities and services.

Throughout the course of the workshop, the various country teams came together as a whole to have an “ideas exchange,” a formal opportunity to share their evolving strategies with teams from other countries,

Figure 1. Adolescent birth rates per 1,000 women ages 15–19 years (general vs. Roma population).

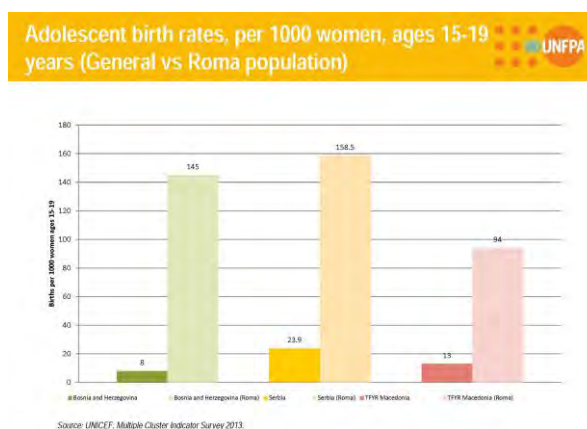
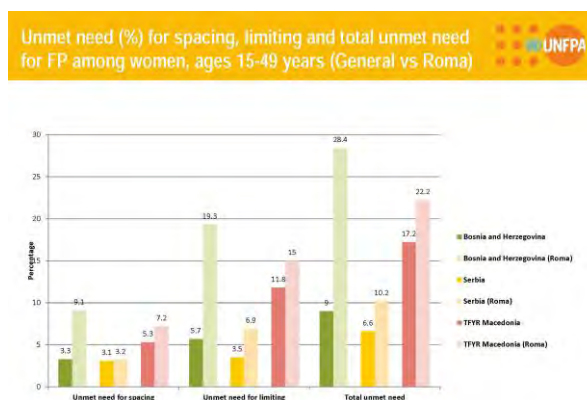


Figure 2. Percentage unmet need for spacing, limiting, and total unmet need for family planning among women ages 15–49 years (general vs. Roma population).



<sup>4</sup> Each country’s advocacy strategy is available on the UNFPA EECA website: <http://eeca.unfpa.org/topics/total-market-approach>.

solicit feedback, and ask questions. This platform for sharing and information exchange was a unique opportunity to learn from colleagues working in similar settings and on similar goals across the region.

The summaries below include highlights of the ten-part advocacy strategies developed by each country team.

### *Albania*

In Albania, condoms are subject to a 20 percent tax under an Albanian value-added tax law. To provide a better enabling environment for the social marketing of condoms, and enable more people can access condoms without cost as a barrier, the team will work with the Ministry of Health and Ministry of Finance to pass an amended law that removes the condom tax. To accomplish this change, the group will convene roundtables with experts, including representatives of the ministries of health and finance, UNFPA and other international organizations.

### *Armenia*

The Armenian team identified that vulnerable populations, including adolescents, poor families, rural women, and migrants, lack guaranteed access to modern contraceptives. They set a goal of inclusion of modern contraceptive methods within the government's basic package of free medical care and services for needy populations. To aid them in reaching this goal, the team is analyzing market segments to inform policymakers of the allocation required to support purchase and provision of modern contraception for vulnerable populations as part of the basic package. The country team will engage critical stakeholders, including pharmaceutical companies, to provide a private-sector perspective; the Ministry of Health division on procurement of medicines and medical supplies; and an NGO coalition on reproductive health and motherhood.

### *Azerbaijan*

Establishing a working group comprising representatives from the Ministry of Health, the Office of the Ombudsman, UNFPA, and other international organizations will be the primary method of changing policies to ensure more consumers have access to modern contraceptive methods in Azerbaijan. This group will convene to discuss the way that changes in the duties and services of nurses and family doctors can provide access to contraceptives for more groups.

### *Belarus*

Adolescents in Belarus have insufficient access to contraceptive methods. Recognizing this challenge, the team determined that a legislative framework upholding the rights of adolescents (ages 15 to 18) to give consent for medical interventions related to their sexual and reproductive health was critical. To make the case for this new piece of legislation with the National Assembly and the Ministry of Health, the team will use a variety of tactics. They will collect and analyze relevant statistical data, as well as analyze and share the experiences of other countries to provide evidence and recommendations on language to be included in the draft legislation.

### *Bosnia and Herzegovina*

Bosnia and Herzegovina has a national sexual and reproductive health policy that codifies the right to contraceptives for citizens; however, the Essential Drugs List, which guides procurement in the country, does not include any contraceptives and undermines this guaranteed right. UNFPA will join together representatives from the country's ministries of health to create a coalition to ensure the addition of at least one contraceptive on the Essential Drugs List before the end of 2015. Inclusion of contraceptives will ensure

that these commodities can be registered and then reimbursed by insurance, making it easier and more affordable to access contraceptives.<sup>5</sup>

### *Bulgaria*

To address the issue of vulnerable populations with limited access to modern contraceptives and family planning services, the team from Bulgaria will work closely with the Ministry of Health to develop and advocate for the adoption of a National Program on Sexual and Reproductive Health. This comprehensive program will clearly define the package of services and provision of contraceptives that should be made available to particularly vulnerable groups, such as youth and Roma, in Bulgaria.

### *Georgia*

To increase access to contraceptives by vulnerable groups in Georgia, the team will pursue updates to the National Law on Medicine and Pharmaceutical Activities. Currently there is no specific definition for “social products,” which are generally less-expensive contraceptives purchased for vulnerable populations. Updates to the national law will help define this term, as well as identify strategies and plans to ensure supply of these products at pharmacies.

### *Kazakhstan*

The team from Kazakhstan will work to amend the Guaranteed Volume of Free Medical Aid policy to ensure that provision of contraceptives for adolescents under age 18 is included. The change will be determined by a collaborative, interagency working group with representatives from UNFPA, the Kazakhstan Association on Sexual and Reproductive Health, and technical officials appointed by the Ministry of Health. This partnership and coordination will ensure a strong amendment that has support of key stakeholders.

### *Kosovo*

The Ministry of Health of Kosovo conducts an annual review of its Essential Drugs List as part of its sectoral health strategy. This year, a team will advocate to the MOH to ensure that contraceptives are permanently featured. Their strategy is to develop materials that describe the costs and benefits of ensuring access to contraceptives and provide technical perspectives from messengers such as UNFPA and the World Health Organization.

### *Kyrgyzstan*

Currently each of the ministries of the government of Kyrgyzstan has a different definition for “vulnerable populations.” In terms of contraceptives, vulnerable groups often have the most limited access. An interagency/intersectoral working group will be formed to develop a set of standard criteria to define vulnerable populations as it relates to the provision of government-funded contraceptives. This group will include representatives from the Ministry for Social Affairs, Ministry of Health, Ministry of Social Development, and the Mandatory Health Insurance Fund, as well as UNFPA and a number of NGOs.

### *Macedonia*

On an annual basis, the Ministry of Health develops the priorities and areas of focus for the national Preventive Health Care programs. A group of partners, led by UNFPA and working closely with the Department of Preventive Health Care, will work together to ensure that the program includes a budget line item specifically for the procurement of contraceptives for vulnerable groups.

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<sup>5</sup> Bosnia and Herzegovina is made up of two autonomous political entities: the Federation of Bosnia and Herzegovina and Republika Srpska, each of which independently performs constitutional, legislative, executive, and judicial functions. Each entity has an independent ministry of health.

## *Moldova*

AccessRH is a UNFPA-managed reproductive health procurement and information service that aims to improve access to high-quality, affordable sexual and reproductive health commodities, including reduced delivery times for low- and middle-income country governments. To increase access in Moldova, specifically for vulnerable populations, a group including UNFPA, the National Medicines Agency, and National Health Insurance Company will develop an action plan to ensure contraceptives are purchased by the government through AccessRH. This purchasing mechanism will be put into place through the creation of a national normative document that regulates the purchase of contraceptives for vulnerable groups.

## *Romania*

A variety of associations, such as the Family Doctors Association, Obstetricians and Gynecologists Association, and Roma Health Mediators Association, will be key partners in changing policy that regulates the provision of family planning services in Romania. These associations will join with the Sexual and Reproductive Rights Coalition and technical staff from the Ministry of Health to discuss and agree on the content of a ministerial order to broaden the definition of service providers at different levels of the national health care system who can provide family planning services.

## *Tajikistan*

To date, the low-income population in Tajikistan has not been able to consistently or easily access contraceptives purchased through public funds. To address this issue, the team will pursue an internal Ministry of Health order to disseminate contraceptives at the primary health-care level to those most in need. Ultimately, the aim is to ensure that public funds are allocated in the budget to provide a consistent supply of contraceptives to this group.

## *Turkey*

The National Essential Drugs and Service List is an important document that determines which services and commodities can be provided and reimbursed through Turkey's National Health Insurance Program. Currently the list does not include all registered family planning commodities and services. A group of key partners, including the Turkish Society of Obstetrics and Gynecology, Public Health Professionals Association, Turkish Family Health and Planning Foundation, Community Volunteers Foundation, and the Turkish Family Planning Association, will work together to ensure this change is adopted by the government.

## *Turkmenistan*

Collaboration and partnership, key principles of the TMA, will be central to efforts in Turkmenistan to determine the list of groups eligible for contraceptives through government-funded benefits programs. A variety of ministries, such as the Ministry of Health and Ministry of Social Security, in addition to UNFPA, the Institute for Democracy and Human Rights, and the Central Pharmaceutical Office, will each participate in a working group, bringing their various perspectives and technical expertise to the discussion. The working



group’s deliberations will be informed by data collected and analyzed by a smaller group of partners on access of vulnerable groups to contraceptives.

### *Ukraine*

In the past several years, the price of contraceptives has increased greatly in Ukraine. As a result, there is a lack of sufficient lower-cost contraceptives on the market. The team plans to establish a formal public-private partnership, working with pharmaceutical companies and/or drug importing companies to ensure that more affordable contraceptives are available. A detailed analysis of contraceptive costs and reimbursement schemes in neighboring countries will inform the new arrangement in Ukraine.

### *Uzbekistan*

UNFPA will work with the Ministry of Health to form a technical working group with experts from various MOH departments, as well as the Department of Social and Family Affairs, the National Research and Education Centers on Health, and other key stakeholders, to discuss ways to ensure equal access to high-quality sexual and reproductive health services and commodities for those living in rural areas. The work of this group will ideally lead to the creation of a new MOH policy that will address issues of quality and access to sexual and reproductive health products and services.

## Conclusion and next steps

Participants completed a final evaluation to share feedback on the workshop content and how they plan to incorporate advocacy into their work going forward. A majority of respondents indicated that they planned to and would be able to use the skills learned during the workshop over the next three months. Many indicated that to put the skills to use and their advocacy strategies into practice, continued support is needed. Most indicated that ongoing advocacy technical assistance—such as support to develop advocacy messages—and opportunities to continue to exchange ideas and share case studies across the region would be helpful. In addition, others noted financial support as critical. As political environments shift frequently, participants suggested it would be useful to reconvene to review progress, revisit their advocacy strategies, and revise as necessary, as well as incorporate participants from the private sector, including commercial-sector representatives.

Policy advocacy in the region is critical to ensure that necessary resources, policies, and political will are available to support, scale up, and sustain TMA for family planning efforts. This four-day workshop provided a unique opportunity to develop advocacy strategies to expand access to contraception in countries throughout the EECA region. Because of this workshop, countries in the region are now equipped with the tools to effectively advocate for improved policies, resources, and commitments to bring TMAs to their countries as a way to meet national family planning and reproductive health goals. This workshop provided a platform for ongoing sharing and support among country teams. Continued opportunities for facilitated information exchange and networking with colleagues will enhance country-specific efforts to bring TMAs to the region.

“I will apply these skills (learned at the workshop) in my job every day.”

*Workshop participant*

“I hope to be able to share with my colleagues these new tools, and I hope to identify resources to replicate this workshop for other NGOs involved in [sexual and reproductive health] advocacy.”

*Workshop participant*



## Annex 1: List of participants

### Workshop participants: Antalya, Turkey

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Sahetmammet Sahetmammetov  
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**Ukraine**

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Bogdan Pidverbetsky  
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Ministry of Health

## Annex 2: Pre-workshop survey

**A survey with Country Teams working on the introduction of Total Market Approach (TMA)**

*Note: Please send the filled questionnaire to [adelorenzi@path.org](mailto:adelorenzi@path.org)*

### I. Where we are after regional TMA workshop

Dear Colleagues,

As you are aware, TMA workshop participants indicated the need to advance policy advocacy as a key recommendation to EECARO and PATH as a follow-up action at the regional level. Based on this recommendation, EECARO sent a letter to your country's Minister of Health via UNFPA Country Office. Please provide us the relevant information related to the Minister's reaction to the EECARO letter.

The EECARO letter was sent to the Minister of Health on \_\_\_\_\_

The Minister's reaction is

Positive (please specify)

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Negative (please specify)

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Don't know

### II. Regional Workshop on Policy Advocacy: pre-workshop survey

a. Did you conduct advocacy activities since participating in the TMA workshop?

Yes  No

If "Yes":

What type of advocacy activities have you conducted?

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Please also list used tools/strategies

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If “No”, please describe why:

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b. Please list the two areas where you feel you need the most support or guidance to effectively conduct advocacy in support of your TMA plan:

- i. \_\_\_\_\_
- ii. \_\_\_\_\_

c. Which of the following skills do you hope to develop/build at this workshop? (Check as many as applicable.)

- Advocacy strategy development
- Policy analysis
- Stakeholder analysis (by using UNFPA Interest Group Analysis)
- Target audience identification/analysis
- Advocacy message development
- Advocacy communications materials development (i.e. fact sheets, policy briefs, etc...)
- Advocacy partner development
- Coalition building
- Other (please specify):

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## Annex 3: Pre-workshop assignment

April 2014

Dear colleagues,

**Thank you for registering for the Eastern Europe and Central Asia Regional Policy Advocacy Workshop for Total Market Approaches (TMA) for Family Planning hosted by UNFPA and PATH.**

During the workshop, as a country team you will develop a policy advocacy strategy intended to bring about policy changes that will support the implementation of your national action plan for TMA. Policy advocacy refers to the *deliberate process of informing and influencing decision-makers in support of evidence-based policy change*.

To use our time together efficiently, each country team needs to complete the two-part assignment in advance of the workshop. ***The assignment must be completed and submitted to UNFPA and PATH ([ndinello@unfpa.org](mailto:ndinello@unfpa.org) and [adelorenzi@path.org](mailto:adelorenzi@path.org)) by Monday, May 5.***

The work you do prior to the workshop will help you develop a more relevant and well-informed strategy during our time together. You will reference the information you gather throughout the course of the workshop to help you determine the focus of your strategy. For both parts of the pre-workshop assignment country teams should use the same priority area related to your national action plan for TMA. Each country team needs only to complete one assignment as a group.

**Part 1: Rapid policy landscape:** As a country team, review your national action plan for TMA and **identify one specific priority area** that could be addressed or further advanced through policy advocacy. Use the enclosed guide to research and answer a series of questions to assess the political environment for your selected priority area. Ari De Lorenzi, PATH Policy and Advocacy Offer, will be available via e-mail and Skype to provide any support in completing this section of the assignment. This exercise will provide you valuable information that you can refer to during the workshop as you craft your specific policy advocacy goal and other components of your strategy.

**Part 2: Interest Group Analysis:** This part of the assignment is to be completed using **Interest Group Analysis (IGA) Software**. IGA is a tool that takes users through a series of analytical steps to identify who influences selected issues, and why. It also helps users to understand how to leverage the support of these individuals to achieve the desired policy change. Natalia Dinello, UNFPA Political Environment Scanning Adviser, will be available via e-mail and Skype to provide any support using IGA. During the workshop she will also be available to support Country Teams to finalize the IGA results if necessary. The results from your IGA task will be used during the workshop to design approaches to persuade decision-makers to take action.

Most of the questions included in the rapid policy landscape and IGA sections can be answered through desk research and/or discussions with your colleagues. Informal interviews with key stakeholders and partners may help fill in any gaps.

If you have any questions or concerns, please do not hesitate to contact Ari DeLorenzi ([adelorenzi@path.org](mailto:adelorenzi@path.org)). Thank you and we look forward to seeing you soon.

## Part 1: Rapid policy landscape

### DEFINE YOUR SPECIFIC ISSUE

A. ISSUE AREA
Review the national TMA action plan you developed at the TMA workshop in 2013. Identify a specific issue or component of your plan that could be advanced or supported through policy.

### DESCRIBE AND ASSESS THE POLICY LANDSCAPE

B. POLICIES	
List three policies that impact the area you identified above and describe their relevance or how they impact your issue in two to three sentences. If possible, include a web link or bring a hard copy of the document or source to the workshop.	
<i>Note: Policies can include laws, standard treatment protocols, healthcare provider guidance, procurement guidance, government strategies, budgets, etc.</i>	
Name of policy	Relevance to your problem/issue

Describe the policy development process and how you or your organization can provide input into or influence this process.

*Note: Focus on the policy development process that is associated with the relevant policies you listed above. For example, if it is a law, focus on the parliamentary policy development process. If the policy is developed by a Ministry, note the process the Ministry uses to adopt new policies.*

### **C. EVIDENCE-BASE/HELPFUL RESOURCES**

List critical programmatic or technical documents or research that could support your position on your issue. Think about secondary, rather than primary, sources.

*Note: This could include documents your organization has already developed or a broad literature search; focus on using resources that already exist on your issue.*

<b>Type of document or evidence</b>	<b>Source</b>

**D. POTENTIAL PARTNERS**

List three major players or leading voices on your selected issue area. Think about organizations, interest groups, NGOs, private sector entities, multilateral organizations, or coalitions that are currently working on the issue.

*Note: Be as specific as possible. Where possible list their name, title, and organization or group.*


**E. OTHER**

Include any other information that you feel is relevant to your issue and the development of your advocacy strategy that was not captured above.

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## Part 2: Interest Group Analysis (IGA)

Part 2 of the pre-workshop assignment is to be completed using the IGA software, based on the information identified in Part 1.

To download IGA software, visit:

[https://onedrive.live.com/redir?resid=C3E71FC46C687763%211524&authkey=%21AGKX\\_GOJ7lry41Q&thint=folder%2c.zip](https://onedrive.live.com/redir?resid=C3E71FC46C687763%211524&authkey=%21AGKX_GOJ7lry41Q&thint=folder%2c.zip)

### Installation Instructions:

1. Using Windows' Add/Remove Programs (found on the Windows Control Panel of your computer), uninstall any prior version of the software ("Interest Group Analysis").
2. Unzip the contents of the attached zip file into an empty directory (i.e. right click on the attached file and then unzip it).
3. Click on the "Setup.exe" from that directory.
4. Once it is installed, when you first run it, select the "Ruritania.iga" file to start with to familiarize yourself with the latest version. You can then open a new project for your use.

*Note about IGA: If you happen to experience any difficulties in installing IGA, please follow the messages on your screen. To enable installation of IGA you may need to download and install publicly available Microsoft.NET Framework 2.0, which will take a couple of minutes.*

### IGA tutorial:

To prepare for leading the IGA exercise, UNFPA participants are requested to visit the *Interest Group Analysis: Thinking Politically* website on the UNFPA Intranet:

<https://www.myunfpa.org/Portal/?pageid=119>. In particular, please review the IGA Tutorial located in the left corner of the website to become proficient in using IGA.

**Once you have successfully installed IGA and gotten familiar with the software, begin a new file inputting information following the instructions that follow. Please only complete the sections identified below. Screen shots are included below to show an example of how IGA can be used with an example of the issue of female genital mutilation (FGM); this example is available as part of the IGA software.**



## 1. Issue Identification

In IGA section 1A input the specific issue you identified in the rapid policy landscape (Part 1.A. of the pre-workshop assignment). In the relevant columns also define the expected result and related indicator.

**1A. Issue Definition**

Click on the 'Add' button to define the issue, expected result and indicator.

Issue	Expected Result	Indicator	Notes
FGM is widely practised.	Reduction in prevalence of FGM by 10% by the year 2010	FGM prevalence.	<input type="checkbox"/>

## 2. Player Table

Next, you will note down the decision-makers and influencers for the issue you identified. Decision-makers are the people with the formal power or authority to make the desired policy change and/or their key advisors and staff. Influencers are individuals or groups who can have a compelling force on the actions, opinions or behavior of the decision-makers. Input the titles or positions of the decision-makers and influencers into the Player Table in IGA. In the relevant columns note the position and level of influence on your specific issue for each player.

**2A. Player Table**

Click on the 'Add' button. Enter player information. Indicate the position on the issue (extent of support, non-mobilized, opposition). Determine the level of influence of the players on the issue relative to other players. Assign a trump weight to the most influential player (optional). This can be done by clicking on the 'Trump' button above.

Position: Opposes (Red, Yellow) Supports (Green) Influence: Low (White) High (Black)

Player name	Level	Sector	Position	Influence
Health Ministry	National	Governmental	High Support	Medium
Grand Mufti	National	Religious	High Support	Medium
Christian Religious Leader	National	Religious	High Support	Medium
Medical Professionals	National	Professional	Non-Mobilized	Medium
International agencies	National	UN System	High Support	Low
Elders	Local	Social	High Opposition	High
Imams	Local	Religious	High Opposition	High
Barbers & Midwives	Local	Social	High Opposition	High
Media	National	Media	High Support	Medium
Girls	Local	Social	Non-Mobilized	Low
Mothers	Local	Social	High Opposition	High
Regional Media Bureaus	Regional	Media	Non-Mobilized	Medium
Ulemas	Regional	Religious	Low Support	Medium

### **3. Opportunities and Obstacles**

In the Opportunities and Obstacles table in IGA, note your initial thoughts on the opportunities for engaging each player (decision-maker or influencer) and any potential obstacles you might face by engaging them.

The screenshot shows the IGA software interface. The main window title is "File Step-by-Step Maps/Tables Help". The interface includes a navigation menu on the left with sections: "1. Issue", "2. Players", "3. Strategies", "3A. Opportunities & Obstacles", and "4. Impacts". The "3A. Opportunities & Obstacles" section is active, displaying a table with the following data:

Player name	Opportunity	Obstacle	Notes
Imams	Imams have a good network and outreach in the community.	Resistance to UNFPA's role in questioning their socio-cultural and religious practices.	<input type="checkbox"/>
Mothers	Mothers are closest to the target population.	The practice of FGM is deeply rooted in family values and beliefs about marriage and sexuality. These may be difficult to change.	<input type="checkbox"/>
Regional Media Bureaus	Regional bureaus can influence local media.	Bureaucracy may make them retain a non-mobilized position on the issue.	<input type="checkbox"/>

### **4. Print Report**

Once you've completed the Opportunities and Obstacles table in IGA, move ahead to the "Report" option. Select "Generate Report" and print out a report that captures the sections you completed so far. Please bring this print out (in particular the Current Players Position Map) with you to the workshop and attach it to this assignment when you submit to PATH and UNFPA. This print-out, in addition to the rest of the assignment, will be referenced and used during the workshop to support your advocacy strategy development.

## Annex 4: Workshop agenda

### Policy Advocacy for Total Market Approaches (TMA) for Family Planning: A workshop on policy advocacy strategy development

27-30 May, 2014  
Antalya, Turkey

**After this workshop, participants will be able to:**

- Differentiate policy advocacy from other types of advocacy.
- Identify the critical components of a policy advocacy strategy.
- Identify specific policy change solutions to support the introduction and implementation of TMA for family planning.
- Design tactics for influencing decision-makers, building on Interest Group Analysis (IGA) assessment of key decision-makers.
- Design tactics to engage a range of stakeholders and develop partnerships.
- Develop a 10-part advocacy strategy.

***Please note: each day will begin at 9:00 AM and conclude by 5:30 PM***

#### Tuesday, May 27: Introduction to Advocacy, Part 1

Session Title	Description
Opening Session	Welcoming remarks from UNFPA and PATH.
<b>Break</b>	
<i>Move into 4 separate workshop groups</i>	
Welcome and Introductions	Welcome, introductions, workshop objectives, agenda, materials, and logistics.
What is Policy Advocacy?	Definition of policy advocacy and how it differs from other similar concepts.
Introduction to the 10 Parts	Overview of the 10-part framework to develop an advocacy strategy.
<b>Lunch</b>	
<i>Reconvene in plenary room</i>	
Family Planning in Eastern Europe and Central Asia: Analyses for Policy Advocacy	A presentation and discussion on Family Planning trends and findings, for the evidence based advocacy and informed policy making.
<b>Break</b>	
<i>Move into 4 separate workshop groups</i>	
Part 1: Advocacy Issue	Selecting the right issue as a focus of advocacy efforts.
Summary and Closing	Summary of key points from the day.

### Wednesday, May 28: Parts 2-6

Session Title	Description
Opening Session	Review key points from Day 1 and agenda for Day 2.
Part 2: Advocacy Goal	Choosing the right policy change solution to address the advocacy issue.
<b>Break</b>	
Part 3: Decision-makers and Influencers	Identifying the key people or entities that have authority or influence over the issue.
Part 4: Decision-makers' Key Concerns	Analyzing the awareness and stance decision-makers have about your issue.
<b>Lunch</b>	
Part 4: Decision-makers' Key Concerns (continued)	Analyzing the awareness and stance decision-makers have about your issue.
Part 5: Advocacy Opposition and Obstacles	Identifying the opponents of your advocacy issue and analyzing their level of influence.
<b>Break</b>	
Part 5: Advocacy Opposition and Obstacles (continued)	Identifying the opponents of your advocacy issue and analyzing their level of influence.
Part 6: Advocacy Assets and Gaps	Taking inventory of your organization's strengths and limitations for advocacy work.
Summary and Closing	Summary of key points from the day.

### Thursday, May 29: Parts 7 and 8

Session Title	Description
Opening Session	Review key points from Day 2 and agenda for Day 3.
Ideas Exchange Fair	Opportunity to share with and learn from colleagues across the region.
<b>Break</b>	
<i>Move into 4 separate workshop groups</i>	
Part 7: Advocacy Partners	Choosing creative and strategic partners to join your advocacy efforts.
<b>Lunch</b>	
Part 8: Advocacy Tactics	Developing specific objectives and activities to achieve policy change.
Summary and Closing	Summary of key points from the day.

**Friday, May 30: Parts 9 and 10, Strategy Finalization and Sharing**

<b>Session Title</b>	<b>Description</b>
Opening Session	Review key points from Day 3 and agenda for Day 4.
Part 9: Advocacy Messages	Creating concise and compelling “calls to action.”
Break	
Part 10: Plan to Measure Success	Planning how to measure short- and medium-term outcomes.
Reviewing and finishing strategies	Time to complete advocacy strategies in country teams and prepare to report out.
<b>Lunch</b>	
<i><b>Reconvene in plenary room</b></i>	
Ideas Exchange Fair	Opportunity to share with and learn from colleagues across the region.
Closing Session	Workshop wrap-up, final evaluation and closing remarks.
Farewell Coffee Break	