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| **Summary Report** | | | |
| **Orientation workshop on AFP - SMART advocacy model**  **(August 12 -13, 2014 MOH/DSRSE, Dakar Senegal)** | | | |
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**I Introduction:**

The “Réseau Siggil Jigeen (RSJ) in collaboration with the Direction of Reproductive Health and Child Survival (DSRSE), the “Association pour le Bien Etre Familial (ASBEF) and “Action et Développement” (ACDEV), held from August 12 to August 13, 2014, at the DSRSE office in Dakar, Sénégal, a FP advocacy workshop on the model SMART CHART of the Advance Family Planning (AFP) project.

**II Objectives:**

The workshop aimed to help participants identify the whole process of advocacy to help achieve one of the commitments made at the London Summit by the Government of Senegal which is to increase by 200% the amount of the national budget allocated to the purchase of contraceptives (meaning from 100 million to 300 million cfa) by March 2015.

**III Participants:**

The participants were mainly from the Ministry of Health and civil society (see attendance list attached).

**IV Proceedings of the worksh**

The discussions during the two-day workshop focused on the 3 phases and the 9 steps of advocacy model SMART.

**A. The first day**:

It started by an opening session chaired by Dr. Chimera Diaw, Head of the Family Planning (FP) Division in the presence of Beth Fredrick, Deputy Director of AFP Baltimore, Modibo Maiga, Regional Director of Futures Group West Africa, Regional Coordinator of AFP for Burkina Faso and Senegal, and Alison Bodenheimer Responsible for francophone Africa AFP / Baltimore, as well as representatives of RSJ (organizers), ASBEF and NGOs ACDEV. This session provided a chance to Dr. Diaw to welcome the AFP Baltimore team and all the participants. The organizers (RSJ) conducted the presentation of participants, objectives and terms of reference of the workshop.

The opening session also allowed Dr. Diaw to thank the AFP project team for their continued and effective support, and RSJ since all these actions are part of the National Action Plan for Family Planning. It also allowed the president of RSJ, Mrs. Safietou Diop Fall to thank the DSRSE, AFP and other attending partners such as ACDEV and ASBEF. The importance of the AFP SMART model was highlighted during this session as well as the critical role it can play in assisting the PF advocacy actors in Senegal.

Following the opening session, the workshop started with a detailed presentation of the agenda by Dr. Diaw, then followed the various phases of the model AFP SMART.

**Phase 1** **"*build a* *consensus***" with its three components: (1) "*decide who to involve*," (2) "*identify SMART* *objectives*" and (3) "*identify the key decision maker*." An introductory statement on each component was done through a short presentation, followed by group work. Each group was working on a component. Then there were a debriefing session to share together the results of the 3 groups and receive feedback from facilitators. It emerged from this group work that the key decision maker to target is the Prime Minister (PM) for the AFP SMART model, in regards to the goal of increasing the FP budget. For “*who to involve”*, the consensus was on the Minister of Economy, Finances and Plan, the Chair of the Health Committee of the National Assembly and the Minister of Health. The work related to the AFP SMART model also resulted in the development of SMART objectives by each group respecting the characteristics of such a goal. It was recalled that the SMART objective for Senegal is "to ensure the increase of the budget allocated for purchase of contraceptives products by 200% by March 2015 according to the London Summit Declaration ". The presentation and discussions regarding the objective SMART allow a better understanding of the concept but also play an important role in estimating the probability of obtaining a Quick Win.

**Phase 2:** “*concentrate the efforts*" also consists of three components: (1) "*analyse the context*," (2) "*get* *to know the decision-maker"* and (3) "*formulate a good advocacy request*". Group work led to identifying external challenges and external opportunities listed in the box below (see box 4-1)

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| External Challenges | External Opportunities |
| * “Plan Senegal Emergent “(PSE) grants priorities to growth sectors * Health is about 5% of PSE * Socio cultural factors * Lobbying of certain religious groups * Late rains especially in rural areas * Failure to respect commitments by some decision makers | * Policy: commitment of the Government of Senegal to increase by 13-15% the budget allocated to health * Existence of a national FP action plan * The Ministry of Health (MOH) willing to increase the contraceptive prevalence rate from 12 to 27% by 2015 “ * The Health Minister is a woman, a health professional, with experience, expertise and leadership with a good position in the protocol order of the government. * The PF office that became a division |

During group work on step 2, related to “*getting to know the key decision maker*” (the Prime Minister), his profile, his concerns, his opinions on FP, his ability to act on issues related to FP were discussed. It was highlighted that “work” was his central value.

**B. The second day:** The second day of the workshop started with the summary of the activities of the first day, which was approved after some corrections.

The same pattern was used on the second day as well. The participants were organized into two groups, to first start with an exercise on step 6, to "*formulate the right request* of *advocacy*" from various perspectives. This exercise was done to point out the rational, emotional and ethical arguments that support the message to deliver to the decision maker. This reflection in small groups was followed, as usual, by restitution with all participants.

The presentation of the” *box of ideas*” allowed the participants to list any objections the decision maker may make, to anticipate with solid arguments to deal with his reluctance. Role play / simulations followed the feedback session to better understand an effective advocacy intervention.

The facilitators made some corrections on earlier drafts presented. These have focused on three points: (1) the rational arguments of the message which should consider the knowledge of the decision maker; the location, which should benefit from more research on the cost of contraceptives and their access to women; the particular importance of the commodity Security and commitment of the government were also mentioned by one of the facilitators. It was further suggested to add the high cost of contraceptives, estimated in billions fully funded by partners; (2) the emotional arguments to illustrate with personal stories and practical examples such as rural women who were asked if they used FP; they responded that it was obvious when one see them to know they are in good health and that is because they space their births; a girl succeeded in life because she used FP; religion which calls to ensure our family's well-being; Health has also been mentioned; The use of touchy and emotional images was raised but also for (3) the ethical arguments, the right for access to contraception notified in the law related to contraceptives was highlighted.

This session was followed by the presentation of the "*Guide to obtain quick wins*" which revolves around the following points of reflections: Have we chosen the right decision maker or key decision maker? Do we have the right message? Is the time appropriate?

Here too, after a short introductory presentation, the participants had to go to work in groups; but they were first oriented on “*formulating the right request*” by one of the facilitators. The method used to get people to make the right request was a practical case study where the two groups had to work on a SMART request, focused on five points that are: the name of our decision maker, his main focus, his anticipated objections and some answers to those objections, the SMART request and the goal or benefit to get from it. It was to design a “box of ideas” for the SMART objective. To guide participants, examples of objections were given. Participants were also reminded to always keep in mind the SMART objective to formulate the appropriate request.

Following that orientation session, participants returned to their respective groups to discuss and fill the box of ideas. After a short period of reflection, the groups returned to receive suggestions and feedback from facilitators and participants on the work they presented. It was suggested to them by a facilitator that it should be a relationship between the central value and the goal of the objective. A facilitator added that it would take a modest contribution from the government for those contraceptives to be available for all women who need it. It was also suggested that the implementers must focus on emotional values of the decision makers. Example: "we are in a poor country where everything is a priority of course, but we believe that man is the top priority for human resources, which is of high quality and can make the country grow". The sense of patriotism of the Prime Minister was also highlighted.

The next session focused on the message and the choice of who should be carrying the message. Here, the participants all understood that the messenger is as important as the message itself and we therefore should always make a strategic good choice on who should carry the message. For this purpose the participants had cited the characteristics of good bearer of the message, and cited some names of people who can carry the message. The table below has been filled following the brainstorming on the messenger.

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| Box 6.3 |
| Name of Carrier message (possible): Cheikh T. Cisse, Professor Moreau, Mazid Ndiaye ...  Some potential features:  - Knowledge in RH, FP/ Population..  - Be a good Communicator  - Experience in advocacy  - Charisma and eloquence  - Convinced to FP |

The participants discussed the right person to choose to carry the message and many of them think it should come from the group. One of the facilitators reminded them that the choice of the person must be objective and not emotional.

The working groups were then organized to role play and simulate advocacy with the Prime Minister (PM). Two participants were chosen in each group for the simulation.

Facilitators reacted after the simulation by the two groups with comments about what to avoid, and what should be emphasized during the transmission of the message. The facilitators suggested that the Prime Minister should always be addressed as the head of government. Some sentences should be avoided, like: "we know your emotion”, or “we are here to raise your awareness”; instead, say: “we are here to inform you”; it could also be useful to emphasize religious aspects, knowing the faith of the PM. It was also suggested to say: “women lose their lives” rather than: “women die”; the facilitators added that the non-contribution of Senegal in the purchase of contraceptives can be added during the advocacy. Another facilitator to add that we must always speak about the vision of the president.

The following suggestions were made:

- Avoid saying “as good Senegalese” when talking to the PM,

- Do not anticipate his response by saying that “I know you will say yes”,

- Present the advocacy team,

- Do not tell him that he must respect commitments,

- Focus on birth spacing,

- Emphasize the demographic dividend,

-Always keep in mind the central value of the PM,

- Always leave documents / supports to the PM.

**Phase 3:** on “*To succeed the change* “was initiated with step 7, of *preparing a work plan and a budget* and *assess progresses.* This work plan will allow assessing internal resources. The participants did this exercise, not as it was planned, in smaller groups, but with the whole group. They listed the challenges and opportunities that could be internal to the advocacy group that helped to complete the table below (see 7.1).

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| Internal challenges (7.1) | Internal Opportunities |
| * the weather * No religious expert in the advocacy team * Absence of certain experts * Organizational skills * Orientation /guidance of the advocacy person * Absence of the press | * Human Resources Quality * rich diversity * Experience in advocacy * Member engagement * Quality Human Resources * Rich diversity |

Facilitators, always following the same outline of the workshop, made their feedback in relation to the presentation of the work. There, it was suggested to make the goal of each activity in the work plan and to specify the purpose of the meeting with the Minister of Health provided in the schedule. It was recalled that the purpose of the meeting with the Minister of Health will inform him about the desire to advocate and discuss his commitment in London.

After this session, participants moved to step 8 of the third phase of the model for *measuring the success* of advocacy efforts.

To conclude this section on the work plan related to the SMART objective, facilitators presented with step 8, the three ways of measuring success are:

*• outputs (related to the process)*

*• results (which refer to the quick win obtained)*

*• The impact (which asks whether the quick win has improved the situation of the PF).*

Thus, one of the facilitators presented a number of outputs and outcomes that will help monitor and evaluate progress in advocacy because the results should lead to quick-win. This quick win must have an impact on the availability of contraceptives wherever the need arises. The final stage of Phase 3 is to *implement and evaluate.* Indeed it is to see if we are on the right track. Once the quick win is reached, the work must continue with a new goal to set. The day ended with an evaluation of the workshop by the participants, which also coincided with the closing of the workshop marked by words of thanks and encouragements to participants by the AFP team and the RSJ Director. A family photo has been taken to keep the pictorial memories of this workshop.

**Analysis and comments:**

Through our personal analysis it appears that the workshop was not only of great importance, but it was well prepared and very well conducted. The content of the AFP SMART program in relation to RSJ advocacy activities as well as the methodology and tools used seemed to me very appropriate. The experience of the facilitators helped in two days to provide an education that could be given at least in one week in other circumstances. The local, the working hours and especially the motivation and commitment of the participants surely contributed to the success of the workshop. The analysis of the workshop-evaluation by participants mentioned above will better assess their perception of the content and the conduct of the workshop. Judging by the results of the working groups and plenary sessions, one can say that the workshop will contribute to improving the implementation of advocacy in Senegal.