

Polio "Plus"

Communication Training Workshop for SMNet Line Managers



Participants' Resource Manual

INTRODUCTION

UNICEF has been a longstanding partner in the campaign against polio in India and the Communication Strategy for Polio Eradication is now in its 7th year of implementation. It has been led at the community level by an increasing number of frontline mobilisation workers who go door to door every month encouraging parents to have their children under the age of 5 take Oral Polio Vaccine (OPV) during the National Immunization Days (NIDs) and Supplementary Immunization Activities (SIAs). The goal is to include **every child, every time** OPV is offered. The Social Mobilization Network (SMNet) - now an army of approximately 7,000 staff across the highest risk areas of Uttar Pradesh (U.P.) and Bihar - has become a renowned impetus in the polio eradication campaign, and a model for health communication efforts globally.

In further support of the Communication Strategy, this set of Resource Materials has been developed for the various levels of line management in the SMNet. It has a two-fold purpose:

- To accompany the Trainer's Manual for a Polio "Plus" Communication Training Workshop on Behaviour Change Messages toward taking OPV, four Health Care Practices to boost OPV immunization, Enhancing Communication Skills, and Developing an Advocacy Strategy
- To serve as a reminder of key messages that you can constantly refer to during the course of your work, especially in supporting, monitoring and backstopping activities at the community level

Each module reinforces the content of the Trainer's Manual so that you can easily follow the flow of information as it is presented during the workshop. In selected areas, information boxes have been added which detail relevant results from the 2010 KAP study. Backup IEC materials are also provided that you can use in combination with the Resource Manual. These materials have been carefully developed to include the essential messages for the achievement of the eradication goal, followed by maintenance and consolidation.

Table of Contents

Module 1

Behaviour Change Process 1

Module 2

Key Behaviour Change Communication (BCC) Messages for OPV 3

Module 3

Key Polio Plus BCC Messages for Routine Immunisation, Sanitation and Hygiene, Nutrition, Diarrhea Management and their Correlation with polio 11

Module 4

Enhancing Communication Skills 25

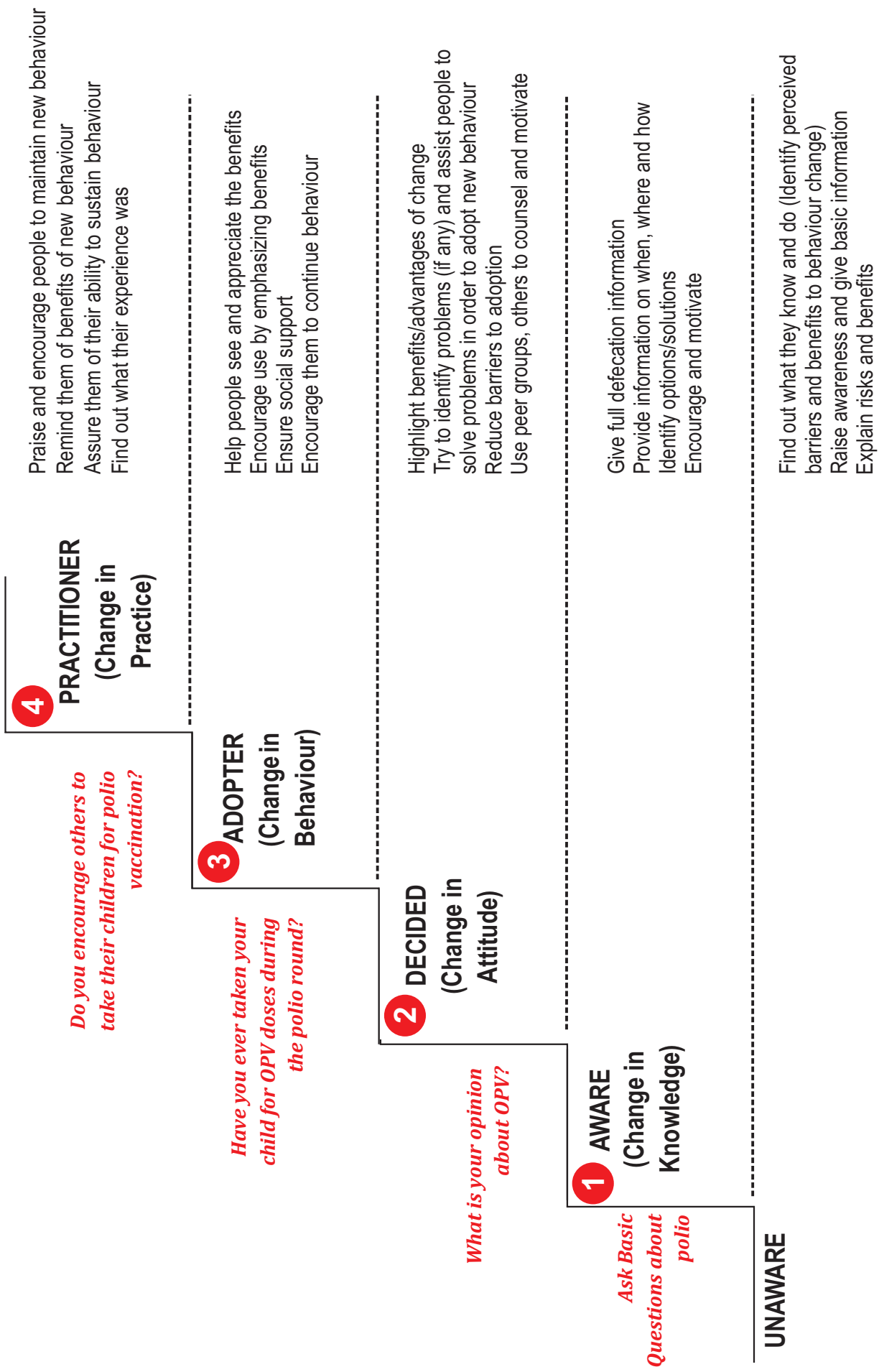
Module 5

Developing an Advocacy Strategy 35

Module 1: Behaviour Change Process

Four Steps of Behaviour Change

and Communicator's Action

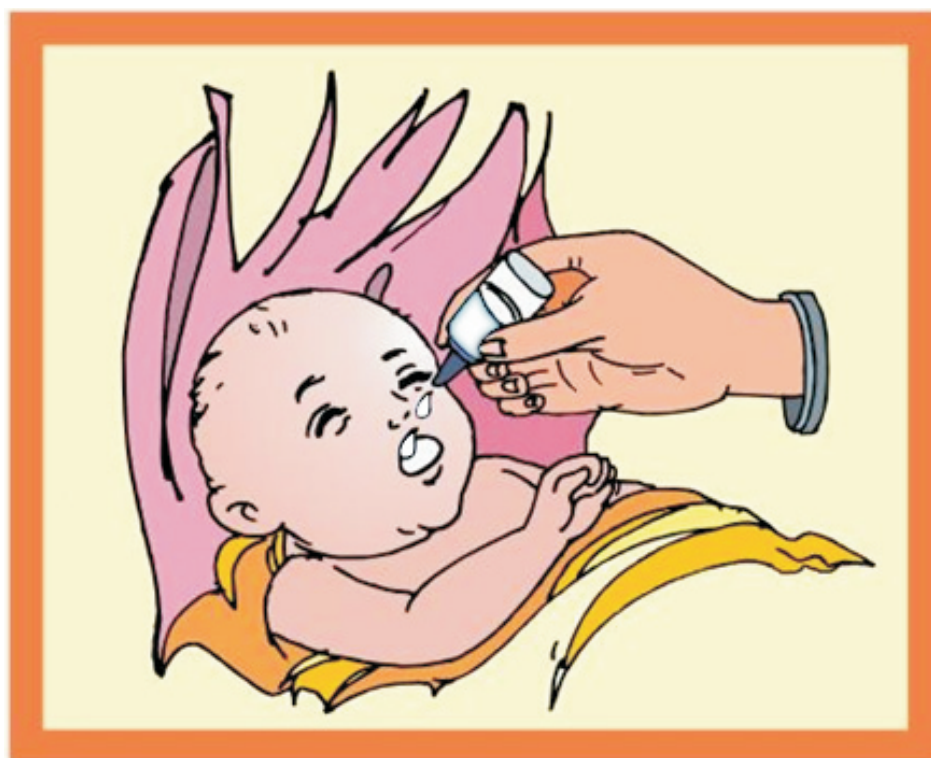


Module 2:

Key Behaviour Change Communication (BCC) Messages for Oral Polio Vaccine (OPV)

Key BCC message for OPV in general

**For best protection against polio,
your children up to 5 years of age
should be given
two drops of OPV
every time it is offered**



2010 Knowledge, Attitudes and Practices (KAP) Study Findings

- 97% of parents in High Risk Areas (HRA) and 86% among High Risk Groups (HRG) thought that polio can be prevented
- 89% of HRA parents and 69% of HRG parents mentioned OPV as the only prevention method
- 62% of HRA and 48% of HRG parents thought that polio could be cured

For whom is this message?

This message is for all parents and caregivers of children – up to 5 years of age in general, irrespective of caste, class and religion.

Why this message?

Polio is a viral infection which generally affects children below 5 years of age. The poliovirus affects the nervous system and can cause paralysis or even lead to death. Thus, children up to 5 years need to be given OPV every time it is offered. Oral Polio Vaccine (OPV) is the best method of preventing the spread of poliovirus.

Explanatory messages

1. Polio is an incurable disease.
2. Your newborn child must be vaccinated with two drops of OPV immediately after his/her birth.
3. You must ensure that your children up to 5 years of age have been given two OPV drops at every polio round until he/she turns five.
4. You should give OPV in each round because if you miss the rounds then chances of getting polio increases.
5. OPV is a safe vaccine and it is not harmful to take it multiple times.
6. Even if your child is suffering from minor ailments such as fever, cough, cold, diarrhea or some other illness on the day of polio vaccination, your child should still be vaccinated and it is safe to do so.
7. You should also encourage your elder children to take their brother/sister up to 5 years of age for OPV during the polio round.
8. You should also encourage your neighbours and relatives to get their children up to 5 years of age protected with OPV.
9. The symptoms of polio are the onset of fever and floppy limbs, or the inability to move. If you notice these symptoms in your child, report it immediately to the nearest health centre.

Key BCC message for OPV among underserved Muslim communities:

“Children are the future of tomorrow and parents have a responsibility towards their upbringing and good health.”

(Hadith 4292; Bukhari 5263)

You can demonstrate this by giving complete dosage of OPV drops to your child



For whom is this message?

This message is for parents and caregivers from underserved Muslim communities with children up to 5 years of age.

Why this message?

An analysis of refusal data shows that resistance to OPV is highest in underserved Muslim communities. Religious influencers are critical to bringing about acceptance.

Specific messages

1. Prophet Muhammad (PBUH) said, "Consider your body respect-worthy before it is inflicted with illness." (Tirmizi Kitabujjahad, Hadith 2255).
2. A good person should take care of their own and family members' health and not ignore it.

Key BCC message for OPV among HRGs

**Wherever you are,
wherever you go,
ensure your children up to 5 years of age
get complete dosage
by giving OPV
every time
to ensure best protection
against life-crippling polio**

2010 KAP Study Findings

- 99% of parents in HRA said they immunized their children under 5 years of age during the last polio round as opposed to 94% of parents in High Risk Groups (HRG) in migrant communities
- The differences were narrowed when asked if they intended to immunize their children under 5 in the next round: 99% for HRA and 97% for HRG

For whom is this message?

This message is for all parents and caregivers of children up to 5 years of age belonging to migrant communities like Nomads, Seasonal Labourers, and Slum dwellers.

Why this message?

The community is very receptive to immunization, but because of the mobile nature of the communities it is difficult to immunize the children.

Specific Explanatory messages

1. Even though you might be travelling during the polio rounds, if you have a child up to 5 years of age, you must ensure that he/she has been given two OPV drops every time.
2. You should not miss the rounds even if you are travelling because if doses are missed the chances of getting polio increases.
3. You can get your child immunized with OPV by the transit teams at bus stands, railway stations and important junctions/crossroads.

Module 3:

Key Polio Plus BCC Messages for Routine Immunization, Sanitation and Hygiene, Nutrition, Diarrhea Management and their Correlation with polio

**Poliovirus mostly attacks children with
lesser immunity,
hence to boost your child's immunity,
in addition to OPV,
adopt the following four care practices:**

**Routine Immunization,
Early and Exclusive Breastfeeding,
Good Hygiene & Sanitation
and
Diarrhea Management**

For whom is this message?

This message is for all parents and caregivers of children up to 5 years of age in general, irrespective of caste, class and religion.

Why this message?

Polio mostly attacks children with lesser immunity. Because the immunity is reduced, the child:

- does not have natural ability to fight diseases
- is affected by other deadly diseases
- is constantly suffering from diarrhea
- is exposed to fecal-oral disease transmission because of not practicing safe hygiene and sanitation practices.

Explanatory messages

1. Routine Immunization vaccinates and helps the child fight against polio and other deadly diseases.
2. Exclusive breastfeeding for the first six months helps in building your child's natural ability to fight diseases and infections.
3. You and your family members should wash your hands with soap at least four critical times to prevent the spread of diseases including polio:
 - a. after defecation
 - b. before preparing or serving food
 - c. before eating or feeding the child
 - d. after disposal of baby's feces
4. ORS and zinc supplement should be given immediately to control diarrhea. And also give polio drops if it is scheduled during that time.

Key BCC message for correlation of Routine Immunization and Polio

**Routine Immunization (RI)
protects against six deadly
vaccine-preventable diseases,
including polio**



For whom is this message?

This message is for all parents and caregivers of children up to 5 years of age in general, irrespective of caste, class and religion.

Why this message?

Routine Immunization is a safe and effective way of protecting your children against the six deadly vaccine-preventable diseases, including polio.

Explanatory messages

1. Early protection is critical. RI (timely and scheduled) is especially important in the first year of the child.
2. You must take your child for RI five times before his/her first birthday and follow the advice of trained health workers for timely immunization of your child.
3. If the child is not immunized he/she is susceptible to getting polio, measles, diphtheria, tetanus, tuberculosis, whooping cough, and many other diseases that can result in stunted growth, permanent disability, or may even lead to death.
4. You should keep your child's immunization card with you, safely, at all times, and get your child immunized regularly. Whenever the health worker/CMC/BMC asks for the immunization card then you should always show it to them.

**Poliovirus mostly attacks
children with lesser immunity,
hence breastfeed your child
exclusively for the first six months
to build your child's natural ability
to fight diseases and infections**



For whom is this message?

This message is for all parents and caregivers of children up to 5 years of age in general, irrespective of caste, class and religion.

Why this message?

Poliovirus mostly attacks children with lesser immunity. If the mother does not exclusively breastfeed, the child's natural ability to fight diseases is not developed fully. Thus, the child is more prone to being affected by polio and other diseases.

Explanatory messages

1. You should start breastfeeding within the first hour of your child's birth.
2. Your newborn child must be fed the thick yellowish milk - colostrum - as it is very nutritious and is essential in building your child's natural immunity against infections.
3. The first breast milk has all the required nutrients and water that a child needs to grow well. Therefore, do not give your child any other food or drink, not even water, honey, goat's milk, ghutti, etc.
4. Any other liquid or food may cause life-threatening diarrhea. Because of this even water should not be given to the child until 6 months of age.
5. Continue exclusive breastfeeding even if the mother is unwell until the time doctor instructs not to do so.
6. If your child is unwell, breastfeed the child more than normal days as the child will need more nutritious and easily digestible food.

Key BCC message for correlation of Hygiene & Sanitation and Polio

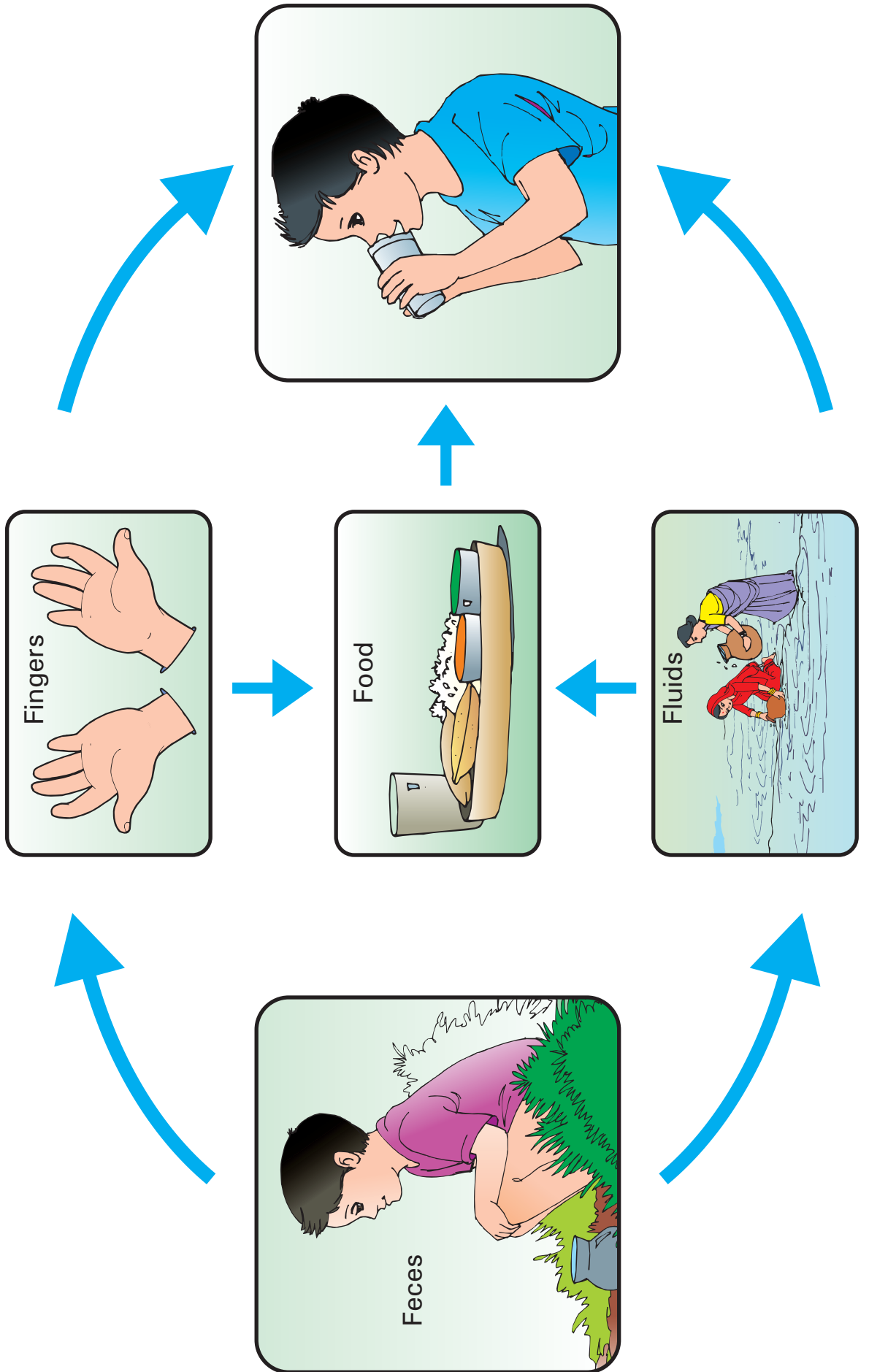
Poliovirus mostly attacks children with lesser immunity, hence you and your family members should wash your hands with soap at least four critical times to prevent the spread of diseases, including polio



2010 KAP Study Findings

- 66% of HRA parents and 56% of HRG parents are aware that washing hands with soap can kill germs and diseases causing microbes
- Only 37% of HRA parents and 23% of HRG parents know about the spread of the poliovirus through the fecal-oral transmission route

Fecal - Oral Cycle of Poliovirus Transmission



For whom is this message?

This message is for all parents and caregivers of children up to 5 years of age in general, irrespective of caste, class and religion.

Why this message?

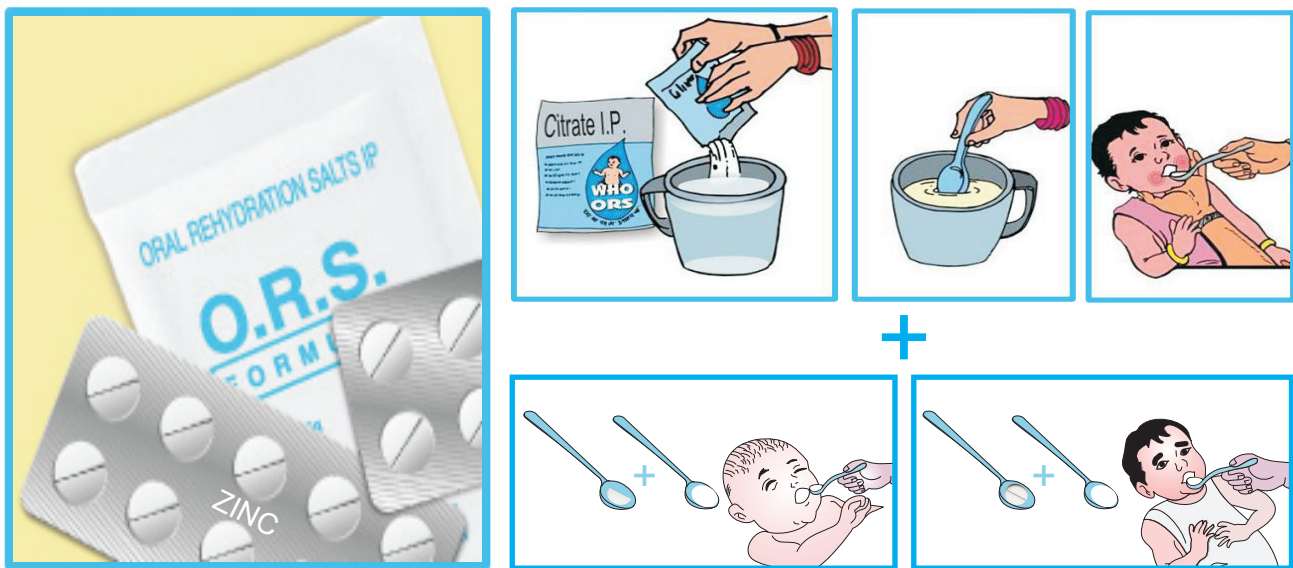
Polio mostly attacks children with lesser immunity. If children and their family members do not practice safe hygiene and sanitation practices, then they are exposed to the fecal-oral disease transmission route of spreading the poliovirus.

Explanatory messages

1. Poor sanitation and unhygienic practices including direct contact with stools can spread the poliovirus.
2. All your family members, including children, should wash their hands with soap at least four critical times so that you are safe from polio and other diseases:
 - a. after defecation
 - b. before preparing or serving food
 - c. before eating food or feeding the child
 - d. after disposal of baby's feces
3. Hand washing should be done with water and soap.
4. The feces of babies and young children should be safely disposed in toilets.
5. You and your family members should not practice open defecation.
6. Use a sanitary toilet for defecation.
7. Do not construct toilets close to hand pump/drinking-water sources.
8. Drink only safe water from identified safe drinking-water sources.
9. Store drinking water in a covered pot and do not put your hand or finger in drinking water. Use a ladle to take out water from the pot.
10. Keep your drinking-water source/hand pump surroundings clean and leak proof.
11. Food should be kept covered and do not allow flies to sit over food.
12. Fruits and vegetables should be properly washed before eating or cooking.

Key BCC message for correlation of Diarrhea management and Polio

Poliovirus mostly attacks children with lesser immunity, hence ORS and zinc supplement should be given to your child to control diarrhea



2010 KAP Study Findings

77% of HRA parents have heard about ORS and 63% of those within HRG
75% of HRA parents know how to prepare ORS and 59% within HRG
59% of HRA parents have used ORS in the past when their children under up to 5 years of age had diarrhea and 44% within HRG

- Knowledge of Zinc as a companion with ORS for treating diarrhea is very low with only 2% of HRA and 1% of HRG parents saying that they have heard about it

For whom is this message?

This message is for all parents and caregivers of children up to 5 years of age in general, irrespective of caste, class and religion.

Why this message?

Poliovirus mostly attacks children with lesser immunity. If the child is constantly suffering from diarrhea, then the effectiveness of the OPV given during an episode of diarrhea is reduced. This would make the child more susceptible to becoming infected with poliovirus.

Explanatory messages

1. For infants less than 2 months, the symptoms for diarrhea are change in consistency and/or frequency of stools.
2. Infants under 2 months who have diarrhea should be immediately given ORS and taken to a doctor or health worker.
3. If a child older than 2 months and up to 5 years defecates loose and watery stools three or more times in a 24 hours period then he/she is suffering with diarrhea.
4. If you notice blood in the stools do not delay in seeking advice from your health worker/doctor.
5. Because of dehydration, untreated diarrhea may lead to the child's death.
6. During diarrhea, to prevent dehydration give your child ORS till the diarrhea stops.
7. Prepare ORS solution by mixing the contents of one sachet of ORS in a clean container with one litre of safe drinking water. After each episode of diarrhea, give the child additionally half to one cup of ORS solution in small amounts, repeatedly. The ORS solution can be used for maximum of 24 hours and if not consumed within 24 hours then you must dispose of it.
8. Additionally, start and continue zinc supplementation at the same time as ORS for 14 days, even after the diarrhea has stopped, to prevent a relapse. If you stop the zinc supplement before 14 days the treatment will be less effective.

9. Children between 2 and 6 months should be given a half tablet of zinc every day by mixing it in a clean spoon with breast milk.
10. Children over 6 months should have one tablet of zinc every day mixed in clean water. Care should be taken that the tablet is completely dissolved before giving it to the child. Older children can chew it directly.
11. Children between 2 and 6 months with watery stools should be first breast-fed (more than normal) then given ORS solution and zinc supplement in a spoon.
12. ORS treatment for all children between 2 months and up to 5 years should continue until the diarrhea is finished. The zinc supplement should be given for a full 14 days.
13. During diarrhea, your child needs to be continuously breastfed and, if older than 6 months, then according to his or her age, he/she should be given food regularly. If the child is still being fed with mother's milk, the same should be continued.
14. While recovering he/she needs to have more food than usual to replenish the energy and nourishment lost due to the illness. This will make your child stronger and help OPV drops work more effectively.
15. Ask your health worker to provide you with zinc supplement.

Module 4:

Enhancing Communication Skills

Keys to Effective Communication

Barriers	Effect of barrier on communication	Ways to mitigate barriers
Different assumption	If the message is not clear, there might be a possibility that different people understand a particular thing in different ways.	You should try to give messages which are clear and specific, without use of abbreviations. Use appropriate words which are understood by the community
Different point of view	People do hold different opinions about the same subject because of their background, previous knowledge etc	You should appreciate and understand the opinion put forward by the receiver, so that he/she might not feel out of place. Try to see things from the other person's point of view and then deliver messages
Emotions	Strong feeling for a particular subject/ issue might induce subjectivity and hamper the reception of the message	While giving the message you should be sensitive about the feelings of community/family/ individual on the topic and accordingly deliver the message
Misunderstanding of Language	The message may get distorted if it is not provided in the language understood by the receptor	You should try to use local language and analogies as much as possible
Lack of attention	The message may not be transmitted properly if the receiver lacks attention	The messages to be communicated should not be too preachy. You should encourage questions to gain attention.
Poor clarity of speech	If the voice/speech of the sender of is not audible/clear then the messages may get distorted	Speak clearly and loud enough so that you can be heard well by the audience
Prejudice	If the sender has a preconceived notion about a subject, the message may get distorted	You should always have an open mind about the people with whom you are communicating

Conflicting body language	If the body language of the sender is not appropriate it might hamper the communication	You should always maintain eye contact keep your body posture upright don't make negative expressions while interacting with the community
Sending discouraging feedback	If the receiver is not able to understand the message, then he/she would provide negative feedback, which breaks the communication loop	When you get this kind of feedback you should not get discouraged but rather think of alternatives to overcome the barrier.
Cultural difference	The message may not be communicated properly if the sender and receiver are from different cultural backgrounds	You should try to give the message in the same context as the receiver.
Lack of trust	If the receiver does not have trust on the sender then the message may not get transmitted	Before giving the message you should build a rapport with the receiver
Too much information	If the message is overloaded with information then the receiver might not be able to comprehend and understand the message	Your message should be crisp and to the point. Break the information into shorter messages
Use of difficult words	If the message contains technical terms then the receiver might not comprehend the information.	Avoid using technical language. Use words/terms locally understood by the community.

2010 KAP Study Findings

CMCs are the most important HRA information source for Polio (78%), followed by Television (57%), Family Members (42%), Hoardings & Posters (32%), Vaccinators (29%) and AWWs (17%)

95% of HRA parents reported that the CMC visited their household in the previous month

CMCs also had very high ratings on Trustworthiness (97%) and Knowledgeability (93%)

80% of HRA parents said the CMC informed them of polio round in advance

Public Speaking

What is Public Speaking?

Public Speaking is speaking to a group of people in a structured manner with the intention to inform, influence, or entertain the audience.

Six W's for effective Public Speaking

Who are you speaking to? What are their interests, pre-suppositions and values? What do they share in common with others; how are they unique?

What do you wish to communicate? One way of answering this question is to ask yourself about the 'success criteria'. How do you know if and when you have successfully communicated what you have in mind?

How can you best convey your message? Language is important here, as are the nonverbal cues. Choose your words and your nonverbal cues with your audience in mind. Plan a beginning, middle and end. If time and place allow, consider and prepare audio-visual aids.

When? Timing is important here. Develop a sense of timing, so that your contributions are seen and heard as relevant to the issue or matter at hand. There is a time to speak and a time to be silent. 'It's better to be silent than sing a bad tune.'

Where? What is the physical context of the communication in mind? You may have time to visit the room, for example, and rearrange the furniture. Check for availability and visibility if you are using audio or visual aids.

Why? In order to convert hearers into listeners, you need to know why they should listen to you - and tell them if necessary. What disposes them to listen? That implies that you know yourself why you are seeking to communicate - the value or worth or interest of what you are going to say.

Essentials of Effective Public Speaking

Research a topic – Good speakers stick to what they know. Great speakers research what they need to convey their message.

Focus – Help your audience grasp your message by focusing on your message. Stories, humour, or other “sidebars” should connect to the core idea. Anything that doesn't need to be there should be edited out.

Organize ideas logically – A well-organized presentation can be absorbed with minimal mental strain. Bridging is key.

Employ quotations, facts, and statistics – Don't include these for the sake of including them, but do use them appropriately to complement your ideas.

Master metaphors – Metaphors enhance the understandability of the message in a way that direct language often cannot.

Tell a story – Everyone loves a story. Points wrapped up in a story are more memorable, too!

Start strong and close stronger – The body of your presentation should be strong too, but your audience will remember your first and last words (if, indeed, they remember anything at all).

Incorporate humor – Knowing when to use humor is essential. So is developing the comedic timing to deliver it with greatest effect.

Vary vocal pace, tone, and volume – A monotone voice is sleep-inducing

Punctuate words with gestures – Gestures should complement your words in harmony. Tell them how big the fish was, and show them with your arms.

Utilize 3-dimensional space – Chaining yourself to the lectern limits the energy and passion you can exhibit. Lose the notes, and lose the chain.

Analyze the audience – Deliver the message they want (or need) to hear.

Connect with the audience – Eye contact is only the first step. Aim to have the audience conclude “This speaker is just like me!” The sooner, the better.

Interact with the audience – Ask questions (and care about the answers). Solicit volunteers. Make your presentation a dialogue.

Obey time constraints – Maybe you have two minutes. Maybe you have 45. Either way, customize your speech to fit the time allowed, and respect your audience by not going over time.

Craft an introduction – Set the context and make sure the audience is ready to go, whether the introduction is for you or for someone else.

Exhibit confidence and poise – These qualities are sometimes difficult for a speaker to attain, but easy for an audience to sense.

Act and speak ethically – Since public speaking fears are so common, realize the tremendous power of influence that you hold. Use this power responsibly.

Module 5: Developing an Advocacy Strategy

DEFINING ADVOCACY

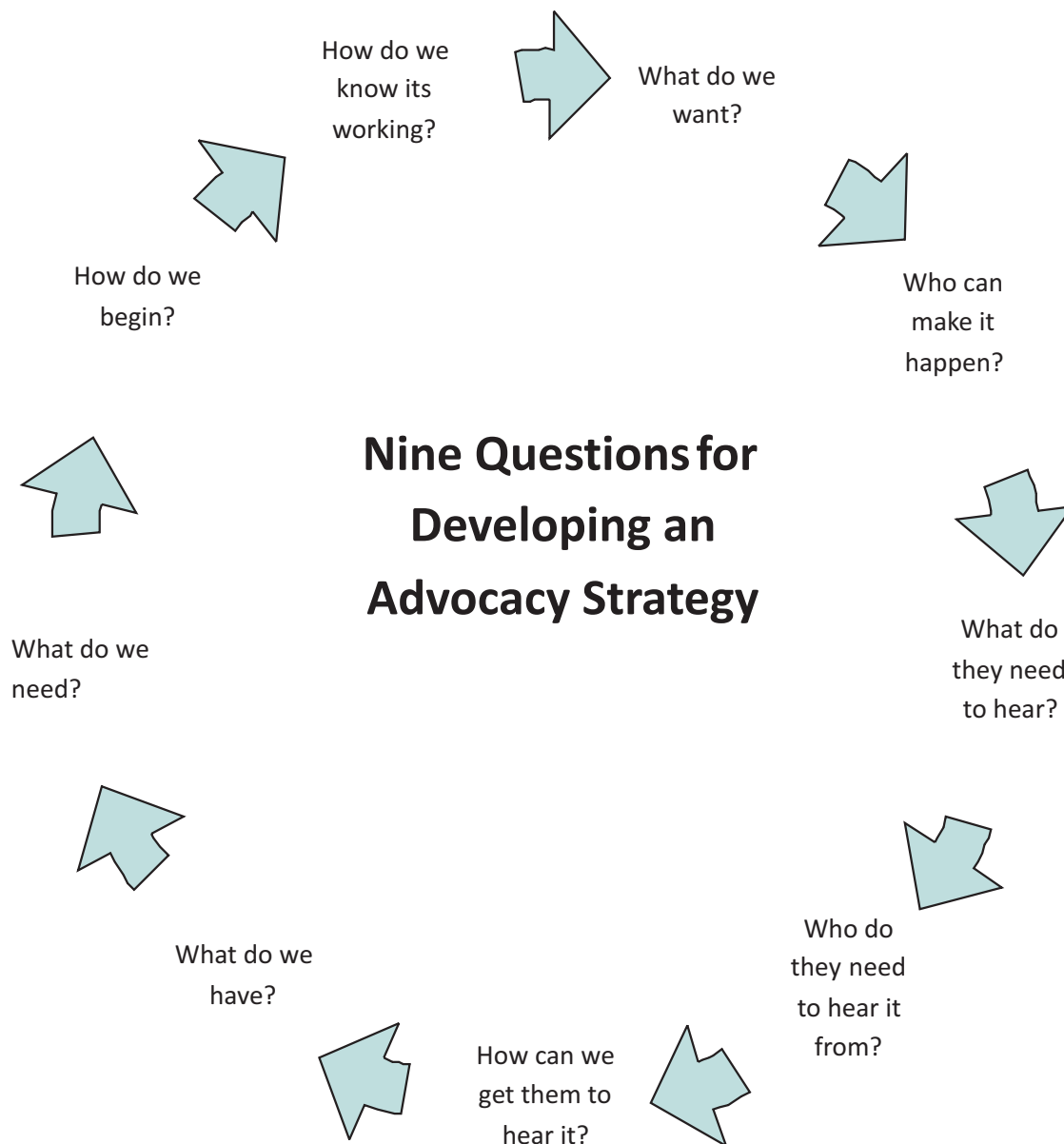
Advocacy is the deliberate process of influencing decision-makers and their decisions to support, at scale, the fulfilment of children's rights. Advocacy initiatives influence those decisions and support their effective implementation and enforcement. Advocacy involves delivering evidence-based conclusions and recommendations through direct engagement with decision makers and/or those who influence them.

As defined by UNICEF, "advocacy is a means of seeking changes in governance, policies, attitudes, power, social relations, and institutional functioning. Its goal can be to promote human rights, social justice, a healthy environment, or to further the opportunities for democracy by promoting children and women's participation. Advocacy requires organizing and organization. It represents a set of strategic organized activities and actions that, at its most vibrant, will influence the policies, practices and decisions of others".

ADVOCACY CAN INVOLVE...	ESPECIALLY WHEN IT...
Awareness raising, communications and media promotion	Creates an enabling environment for the effective implementation of policy changes to protect rights of children and women, as well as for voices to be heard at the highest level
Communication for Behaviour Change	Delivers persuasive, evidence-based and solution-oriented recommendations to decision makers and those who influence them
Public Information and Communication	Enhances the organisation's image, visibility and position in public by promoting its credibility and legitimacy
Campaigning and Lobbying	Creates and mobilises public pressure to influence decision makers to make changes in policy, practice or behaviour.
Social mobilization	Has the purpose of engaging society, especially the marginalized, as allies and partners in overcoming barriers to implementation/adoption of programs designed to protect children and women as key elements in promoting social change

NINE QUESTIONS AS A PLANNING TOOL IN DEVELOPING AN ADVOCACY STRATEGY

The nine questions highlighted below serve as an effective advocacy planning tool, leading to concrete answers and approaches for advocacy. They can be used in both long-term advocacy planning as well as for specific outcomes and initiatives. The first five questions help in assessing the external advocacy environment and the second four questions help in assessing the internal advocacy environment:



¹ The Nine Questions have been developed by Jim Schultz, The Democracy Centre. This tool has been used in advocacy and organisational efforts around the world in industrialised, developing countries, failed states and in urban and rural areas. It has been adapted for UNICEF's 2010 publication, **Advocacy Tool Kit and Guidance**.

SUGGESTED GUIDELINES FOR ANSWERING EACH OF THE QUESTIONS

1) What do we want?

Any advocacy effort must begin with a sense of what we want to achieve. To answer this, we need to understand the problems, issues and solutions. Among the solutions (or results), some distinctions are important. What are the long-term goals and interim outcomes? What are the content outcomes (e.g. policy change) and what are the process outcomes (e.g. building a sense of community/trust among participants)? These goals and outcomes can be difficult to determine, but need to be defined at the start, in a way that can launch an effort, draw people to it, and sustain it over time.

To know what we want, involves:

- Analyzing the situation to identify possible areas for advocacy
- Choosing priorities for advocacy

2) Who can make it happen?

Once we have a sense of what we want, it is necessary to understand who are the people and institutions you need to move? This includes those who have the actual formal authority to deliver the goods (legislators for example). It also includes those who have the capacity to influence those with formal authority (i.e., the media and key constituencies, both allied and opposed). In both cases, an effective advocacy effort requires a clear sense of who these audiences are and what access or pressure points are available to move them.

Knowing who can make it happen involves:

- Identifying stakeholders to understand who is involved
- Identifying who has power to make the changes
- Understanding how they can make it happen

3) What do they need to hear?

Once we have a sense of who/what the target audiences are, reaching these different audiences requires crafting and framing a set of messages that will be persuasive. These messages must always be rooted in the same basic truth, but should be tailored differently to different audiences depending on what the audiences are ready to hear. In most cases, advocacy messages will have two basic components: an appeal to what is right and an appeal to the audience's self-interest.

Knowing what they need to hear involves:

- Developing evidence-based messages that are tailored towards target audiences

4) Who do they need to hear it from?

The same message can have a very different impact depending on who communicates it. Who are the most credible messengers for different audiences? In some cases, these messengers are "experts" whose credibility is largely technical. In other cases, we need to engage the "authentic voices," those who can speak from personal experience. What do we need to do to equip these messengers, both in terms of information and to increase their comfort level as advocates?

Knowing who they need to hear it from involves:

- Mapping targets with influencers
- Strategically choosing messengers or communicators

5) How can we get them to hear it?

There are many ways to deliver an advocacy message. These can range from lobbying specific groups to wider campaigning. The most effective means can vary from situation to situation. The key is to evaluate them and apply them appropriately, weaving them together in a winning mix.

Getting them to hear it involves:

- Choosing appropriate mediums for message delivery
- Identifying opportunities in the decision-making process
- Lobbying and negotiating
- Working with the media
- Working with partners

6) What do we have?

An effective advocacy effort takes careful stock of the advocacy resources already there to be built upon. This includes past related advocacy work, alliances already in place, staff and other people's capacity, information and political intelligence. In short, you don't start from scratch, you start from building on what you've already got.

Knowing what we have involves:

- Taking stock of advocacy resources already in place that can be built upon

7) What do we need to develop?

After taking stock of the advocacy resources you have, the next step is to identify the advocacy resources you need that aren't there yet. This means looking at alliances that need to be built, and capacities such as outreach, media, and research, which are crucial to any effort.

Knowing what we need to develop involves:

- Identifying gaps in internal advocacy capacity to identifying gaps and develop ways to address them

8) How do we begin?

What is an effective way to begin to move the strategy forward? What are some potential interim outcomes that will bring the right people together, strategize about the larger work ahead, and create something achievable that lays the groundwork for reaching the advocacy goal?

Knowing how we begin involves:

- Setting goals and interim outcomes
- Developing and implementing an advocacy action plan

9) How do we tell if it's working?

As with any journey, this needs to be continually checked along the way. It is important to be able to make course corrections and to discard elements of the strategy that are not working once they are put into practice. The question is answered by monitoring and carefully evaluating the results of each of the earlier eight questions (i.e., are we aiming at the right audiences; are we reaching them, etc).

