Advocacy Capacity Assessment Tool

Facilitator's Guide

USAID Version
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ACKNOWLEDGMENTS

Initiatives Inc.
264 Beacon Street (6th Floor)
Boston, MA 02116 USA
Tel: (617) 262-0293
Fax: (617) 262-2514
Email: info@initiativesinc.com
Web: www.initiativesinc.com

PATH
2201 Westlake Avenue, Suite 200
Seattle, WA 98121 USA
Tel: (206) 285-3500
Fax: (206) 285-6619
Email: info@path.org
Web: www.path.org

Cover photos: PATH/Will Boase

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ACRONYM LIST

ABH .... Advocacy for Better Health

ACA.............................. advocacy capacity assessment

CSO.............................. civil society organization

M&E .... monitoring and evaluation

MARPs.......................... most-at-risk populations

OCA.............................. organizational capacity assessment

TOR .... terms of reference

USAID.......................... United States Agency for International Development

PREFACE

The advocacy capacity assessment (ACA) tool was created for the USAID Advocacy for Better Health (ABH) Project by PATH and Initiatives Inc. in 2014. It is meant to help civil society organizations (CSOs) assess their current level of functioning in various aspects of policy advocacy. The assessment process reveals training and other technical assistance needs and enables the ABH Project and its subgrantees to jointly design and implement plans and activities to help strengthen core competencies in policy advocacy—which contributes to enhancing project results. The process, when it is repeated annually, can identify progress and additional areas for further development.

Advocacy for Better Health: Where everyone is accountable, everyone wins

USAID Advocacy for Better Health is a five-year, $20 million project implemented by PATH and Initiatives Inc. ABH aspires to more fully engage communities in the planning and monitoring of health and social services, while also enhancing the capacity of CSOs to represent citizen interests and conduct advocacy to strengthen health-related policies, budgets, and programs. Across 35 target districts and at the national level, more than 20 local implementing partners are mobilizing communities to demand and hold duty-bearers accountable for health-related goals and commitments—from the facility to the highest levels of decision-making.

Within the ABH Project, the ACA acts as an addendum to the Organizational Capacity Assessment Tool, developed by Initiatives Inc. and John Snow, Inc. The organizational capacity assessment (OCA) process guides CSOs in reviewing their overall organizational development and enabling them to define a capacity-building improvement plan based on self-assessed need.

Specifically, it examines functionality in the following areas: governance, administration, human resources management, financial management, organizational management, and project performance management.

The ultimate goal is to help local organizations develop into stronger entities positioned to source United States Government and other funding or an integrated Organizational and Advocacy Capacity Assessment (OACA) to continue and expand programs. To conduct an OCA, download the relevant materials at www.Initiativesinc.com.

This guide adapts the OCA process, tools, and approach and provides step-by-step instructions for those wanting to conduct a stand-alone assessment of their advocacy programming.

Although many ACAs exist, this tool's structure and process distinguishes it from others. It is intended to foster team building and organizational learning and the guided self-assessment by skilled facilitators instills ownership on the part of the organization for a capacity-building plan. Its ability to be used seamlessly in conjunction with an overall OCA ensures a holistic understanding of an organization's strengths and challenges.

ACA AT A GLANCE

Audience	Management and program staff from CSOs in the public or private health and social sectors interested in strengthening their organization's advocacy capacity.
Process	The ACA is a facilitated self-assessment to assist organizations to review their advocacy effectiveness. Key advocacy functions or components are defined along a continuum of four levels, ranked from 1 (basic) to 4 (strong) based on detailed criteria. Organizations agree on their status and develop plans to address gaps and/or strengthen areas.
Objectives	To build the capacity of organizations to (1) implement high-quality, results-oriented advocacy programs and (2) attract new resources in support of advocacy.
Components	Advocacy strategy development and implementation Policy and budget analysis and development Gathering and use of evidence Networking and negotiation with decision-makers Advocacy communications and outreach Partnering and coalition-building Community mobilization and empowerment Women, youth, and most-at-risk populations
Key Steps	1. Introduction 2. Assessment, Scoring, and Action Identification 3. Plenary Score Review and Prioritization 4. Action Planning 5. Wrap-Up 6. Final Report and Follow-Up
Facilitators	Facilitators experienced in advocacy and capacity-building guide the process, encouraging broad discussion and consensus-driven scoring and action planning.
Time Frame	Generally 1 to 2 days for the initial ACA and .5 to 1 day for repeat ACAs.

INTRODUCTION TO THE ADVOCACY CAPACITY ASSESSMENT TOOL

The advocacy capacity assessment (ACA) tool is designed to measure an organizations' overall advocacy capacity. The tool assesses in key capacity areas:

1. Advocacy Strategy Development and Implementation
2. Policy and Budget Analysis and Development
3. Gathering and Use of Evidence
4. Networking and Negotiation with Decision-Makers
5. Advocacy Communications and Outreach
6. Partnering and Coalition-Building
7. Community Mobilization and Empowerment
8. Women, Youth, and Most-at-Risk Populations (MARPS)
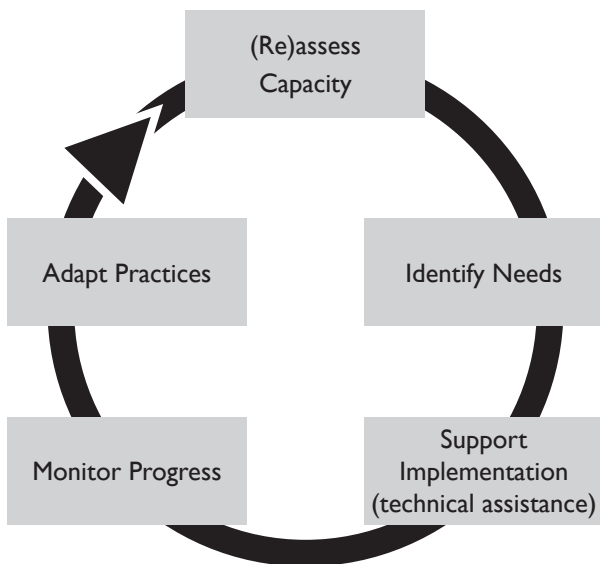
Not all areas will be relevant given the specific organization, project, or country context. ACA facilitators and organizations may adapt the sections as needed, including developing additional sections that examine an organization's technical understanding of a specific advocacy issue (e.g., immunization, family planning) as necessary.

Each of the current eight sections is broken down into four stages of advocacy capacity development ranked from 1 (basic) to 4 (strong). The scoring is intended to help the ACA facilitation team and the organization identify their key strengths in order to better inform current policy advocacy planning and implementation, while at the same time highlighting priority areas for organizational growth. In addition, it enables the team to document progress in key areas and monitor capacity improvement over time.

Recognizing that advocacy capacity development is a process, the use of the ACA tool results in concrete action plans to provide CSOs with a clear road map to strengthen their advocacy program. The ACA can be repeated on an annual basis to monitor the effectiveness of previous actions, evaluate progress in capacity improvement, and identify new areas in need of strengthening.

PREPARATION

Prior to conducting the ACA, the organization is provided with information describing the process and confirming the dates, a list of documents to have on hand to assist the process, guidance on which staff members should participate, and suggestions on the type of facility that might be needed for the plenary meetings.

APPROACH

The team: The ACA is implemented with a team of facilitators with skills in advocacy and capacity-building and CSO representatives from management and/or the advocacy program.

Time: The initial ACA takes one to two days to complete and results in an agreed action plan that maps priority areas and actions the organization will take to address gaps in advocacy capacity.

Steps: The ACA process is conducted in six steps, as noted below.

Step 1: Introductory Meeting. Overview of the process.

Step 2: Assessment, Scoring, and Action Identification. Determine current status of the organization's strengths and areas in which they want to improve.

Step 3: Plenary Score Review and Prioritization. Organizational review and prioritization of findings.

Step 4: Action Planning. Completion of the problem statements, actions, and responsibilities.

Step 5: Closing. Evaluation and next steps.

Step 6: Final Report. Documentation of findings, actions, and technical assistance needs.

SUPPORTING TOOLS

Tool	Description
Participant's ACA Tool	The participant and facilitator tools contain the matrix with all eight capacity areas. Each section has a continuum of scores, 1 (basic) to 4 (strong). Guided by the facilitators, the team discusses the descriptions of each section and then assesses the organization's stage of development against the continuum. This leads to a score for each section and overall score.
Facilitator's ACA Tool	This tool includes all of the same information as the participant ACA tool and adds probing questions that may be used to guide the conversations. Questions are asked, as needed, to help participants carefully think through their existing advocacy efforts. A list of possible verification documents (e.g., stakeholder mapping) is also included in the facilitator's guide. The verification documents are requested in advance or on-site to help validate advocacy competencies. The facilitator's tool is generally not provided to the participants during the ACA process but may be shared later upon request.
ACA Facilitator's Guide	This guide includes all the instructions, guidance, and tools (e.g., sample invitation letters, and tips for managing assessments to help a facilitator organize, implement, and complete the ACA process).
Scoring and Rationale Sheets	These sheets, completed by the facilitators, summarize the organizational representatives' justification for their ranking and note actions proposed for improvement. Scores guide prioritization, but the facilitators should help participants focus on the ranking definitions rather than the scores.
Score Sheet	On the score sheet, each ACA section is listed. Each section is assessed according to four stages of advocacy capacity based on detailed criteria. Those scores should be compiled to create an average score for the section. As desired, those scores can then be averaged for an overall advocacy score, although that is not necessary. This can be done in Excel or manually.
Action Plan	Facilitators use the information from the scoring and rationale sheets to define the areas for growth and actions. The organization reviews or adjusts the problem statement and builds on the suggested actions to define action steps, responsibilities, time frame, and possible technical assistance needs.

PREPARATION

The team leader should have an understanding of the ACA and required facilitation skills to take on the tasks outlined below.

The team leader:

1. Organizes and leads the ACA process.
2. Orients and maintains communications with the organization.
3. Prepares the facilitation team.
4. Uses the Team Leader Checklist (Appendix 1) to ensure readiness for the assessment process.
5. Leads the one- to one-and-a-half-day assessment process from orientation to closing, keeps the process on track and on time, and closes the meeting.
6. Finalizes and submits the final report.

COMMUNICATION WITH THE ORGANIZATION

The team leader:

1. Establishes contact with the organization to be assessed at least two weeks in advance and explains the process in detail. The leader emphasizes the self-assessment focus and the role of the facilitation team in guiding the process. S/he discusses with the CSO which categories of the assessment tool are appropriate to be used and an ideal group size to help the organization decide which staff members should attend. Finally, s/he discusses the preparation required in terms of documentation and logistics.
2. Adapts the ACA tool as appropriate and sends an introductory letter (Appendix 2) confirming the dates, timing, location, and logistics. Together with the letter, the facilitator should send the ACA section summaries (Appendix 3), which provide a list of documents that should be available for review at the assessment, and encourages organizations, as possible, to provide the materials in advance.
3. Clarifies the need for anonymous staff questionnaires (Appendix 4) to get comprehensive (participant and nonparticipant) views on their roles and understanding of the organization's advocacy work. Sends the questionnaires in advance and asks them to be returned prior to the assessment. This can be done individually by respondents to the facilitator's email, or agreement can be made for one person at the organization to collect and mail or email all questionnaires.
4. Reconfirms the meeting time and planned logistics (meeting space, provision of breaks and refreshments, etc.) and answers any outstanding questions and concerns one week before the assessment.

ORIENTATION MEETING WITH FACILITATORS

The team leader:

1. Describes the structure of the tool, the section contents, the role of the guiding questions to support discussions, and the suggested resource documents.
2. Ensures the appropriate resource documents, as well as hard and soft copies of the ACA participant and facilitator tools and compiled anonymous questionnaires, are distributed to the facilitators.
3. Explains that the role of the facilitator is to guide the discussion and help participants reach decisions on their current status, the scores, and needed actions using a participatory, nonjudgmental, and positive approach.
4. Encourages facilitators to take every opportunity to make participants feel comfortable and gain participant trust by avoiding an audit approach; explains scores are less important than actions and reminds them to keep in mind that the ACA is most importantly a self-assessment and opinions may vary.
5. Describes the process and tools for which the facilitator is responsible. These include facilitating sections, completing the scoring and rationale sheets, setting up action planning, and summarizing their sections for the final report.
6. Assigns co-facilitators to take notes of the discussions using the rationale sheets.

IMPLEMENTATION OVERVIEW

SUGGESTED AGENDA

Illustrative Agenda for an Initial ACA	
Day 1	
Morning	• Welcome, introductions, and review of process.
	• Begin group discussions of assessment areas.
Afternoon	• Group discussions continue.
Day 2	
Morning	• CSO team privately reviews scoring and rationale sheets (using track changes, if possible) to confirm scoring and notes compiled by facilitators.
	• Facilitators discuss and make necessary changes based on organizational feedback.
	• Action planning begins.
Afternoon	• Complete action planning and next steps.
	• Evaluation of assessment process.

DETAILED STEPS

Step 1: Introduction. The process begins with a meeting in which the CSO and facilitation team review the tool, process, and schedule (Appendix 5).

Step 2: Assessment, Scoring, and Action Identification. The objective of this step is to identify the organization's capacity level in each subsection of the ACA. Participants rank the organization along a continuum of 1 (basic), 2 (weak), 3 (adequate), and 4 (strong); provide a rationale for the selected scores; and propose follow-up actions. This step may be completed in small groups or plenary sessions. Facilitators record scores and justifications for the scores on the scoring and rationale sheet (Appendix 6). It is important to remember there is no such thing as a bad score! Scores are simply intended to help prioritize focus topics. Not all topics will be relevant given the specific issue or country context and/or may be a result of factors outside an organization's control. When determining action items, it is more valuable to focus on ranking definitions than the numerical score.

Step 3: Plenary Score Review and Prioritization. The CSO staff meet in private to review the scoring and rationale sheets. It is their opportunity to learn from each other by discussing and coming to consensus on the findings, set a priority for addressing each issue, and recommend potential actions to remedy problems or gaps. Priority levels—low, medium, and high—help the team to focus the action plan on the most important issues, as well as those that are easy to accomplish. Other problems may be deferred until the more pressing matters have been addressed.

Step 4: Action Planning. Led by the team leader, the organization completes and finalizes the action plan (Appendix 7) in plenary. The team adds their thoughts on the problem statement and recommended actions, assigns priority levels, adds deadlines and responsible parties, and identifies any technical assistance needs. The facilitator then shows the score sheet (Appendix 8) on the LCD projector or in paper form as a summary for the organization. Ideally, action planning is captured in real-time on one or multiple computers. However, if not available, action planning can be done using flipchart or printed worksheets and later typed up.

Step 5: Closing. Participants are asked to complete an evaluation (Appendix 9) and closing remarks are made by the facilitation team and the organization. The team leader leaves the action plan behind for the organization's review. S/he asks for it to be returned, if possible, within one week with any changes so that it can be included in the final report.

Step 6: Final Report. The final report is prepared by the team leader with assistance from the other facilitators and is presented to the organization within one week. This report summarizes the findings, actions, and technical assistance needs (Appendix 10). The version reviewed by the CSO should be returned to the facilitators within two weeks.

CONDUCTING AND IMPLEMENTING THE ASSESSMENT PROCESS

OPENING SESSION INTRODUCTION

The team leader:

1. Briefly explains that the objective of this meeting is to introduce everyone to the assessment purpose, process, and timeline and to refine the agenda.

2. Introduces the facilitators and asks participants to state their name, position, and role within their organization and state their understanding, expectations, and questions regarding the ACA.

OUTLINE THE ASSESSMENT PROCESS

The team leader:

1. Reviews in detail the assessment components and process. Shares the ACA overview (Appendix 11) so the sections are clear.

2. Reviews the one- to two-day agenda. The small group discussions start on Day 1. On Day 2, the CSO representatives review the rationale and scoring sheets (Appendix 6) for accuracy and sharing. The organization reports any inaccuracies to the facilitators and the final changes are made. Day 2 is also used to complete an action plan and close the assessment.

3. Explains that the methodology is a guided self-assessment that encourages active participation. Facilitators ask open-ended, probing questions to encourage group discussion and take notes on participant responses. These notes are later used for the action planning.

4. Emphasizes that scores are designed to set priorities for the actions and are not used to judge performance. The ability to identify areas to be addressed will strengthen the organization and, in subsequent years, enable it to view improvement and note where progress is still needed.

5. Asks the executive director if s/he would like to orient the facilitators about the organization—especially any major changes that had an impact on the organization's advocacy work within the past year or so—before the assessment starts.

6. Responds to any additional questions or need for clarification.

IMPLEMENT THE ASSESSMENT

The team leader:

1. Leads the relevant group discussions and/or ensures the assigned facilitator leads his/her sections and captures notes.

2. At the end of each day, reviews the sections to ensure they are completed and all rationale and action sheets are filled in. This is best done electronically.

3. Compiles all the rationale and action sheets after all sections are completed and makes copies for the organization to review independently of the facilitators.

4. Informs the organization that they can have time to review the scoring rationale and action summaries; their task is to make any desired revisions (electronically, using the track changes function, if possible) to the scores, actions, or rationale; prioritize the action items; and think about where they might want technical assistance. The organization should meet in private without the facilitators present. The private nature of the meeting encourages exchange of ideas among the staff about one another's responsibilities and challenges. This meeting usually takes place at the end of the first day or early on the second day.

5. The facilitation team and CSO meet after the review to discuss any desired changes to the scoring rationale and action worksheets; changes should be entered on the scoring rationale sheet, Excel score sheet, and action plan format.

6. Displays the action plan format (Appendix 7) using an LCD projector to assist the process. In the event there is no projector, the group may use one computer if visibility allows or break the group into small groups led by a facilitator and multiple computers to finalize relevant sections of the tool; alternatively, print the document and work from the hard copy. The actions should be generated by the team. Compile all items into one Excel action planning sheet.

7. Provides the action plan to the organization in soft or hard copy and explains how it can be sorted by date, person responsible, etc., to assist them as they manage the plan. Reviews the sorted version of the action plan to see if deadlines are overly clustered in one month if the group is unrealistic in their deadlines or if some people are overburdened.

8. Provides a copy or shows (as appropriate) the score sheet (Appendix 8) on the LCD projector and reminds them that the scores are helpful guidance for continuing to prioritize their action plan.

9. Explains that organizations may want to make further changes to the action plan and they are free to do so; it is their plan. Within ten days, the organization should send a copy of the revised action plan to the team leader. Although a copy of the action plan is included in the ACA report, this does not preclude the organization from making additional changes in the future.

10. States that a final report, including the action plan, will be sent to the organization first for review and then as a final copy.

11. Conducts the evaluation (Appendix 9).

12. Thanks everyone for their time.

FINAL REPORT

A report (Appendix 10) that includes a section-by-section description of the identified challenges and potential solutions, as well as the score sheet and action plan, is an appropriate product for the organization that was assessed. It provides direction to the CSO and any assistance that will be provided by the facilitation team's home organization. Facilitators should be requested to write up their own sections while their memory is fresh and provide it to the team leader for compilation and finalization. There may be others, such as donor groups, who would like the report; the organization should be consulted on any others with whom this should be shared. The organization should always have the opportunity to review the final draft before it is shared with a wider audience.

ACA NEXT STEPS

REPEAT ACAS

A repeat ACA is helpful to provide a record of organizational growth and to identify new areas to address. It also gives organizations an opportunity to celebrate their success. When doing a repeat ACA, remember that the process is not an external evaluation; the organization's participation in the process is key to its success. Recognize the previous assessment and results throughout the process. Ask the organization to reflect on what it has done since the last ACA, how successful it has been, and what else the organization wants or needs to do to move forward. Generally, repeat ACAs can be completed in one day or less, with the discussions taking place in the morning and the rationale sheet review and action planning taking place in the afternoon (if conducted alongside an OCA, it will likely take longer). Other considerations are as follows:

1. Review the previous ACA and, if applicable, other assessments for background information and discuss key priority areas with other staff/managers.

2. Communicate the schedule and any variation to the organizations.

3. Send staff questionnaires for the follow-up annual assessment.

4. Compare, after completing the scoring for a repeat ACA, this assessment to previous assessment scores to identify progress and issues.

FINAL ACA

The final ACA usually takes one day, and when it occurs depends on the length of the project. It gives both the organization and the project an opportunity to review progress over time and discuss remaining challenges and ways in which the organization can continue to monitor growth. The final ACA should result in an action plan and a commitment to continue conducting periodic self-assessments to identify areas of need and success.

SAMPLE SESSION GUIDANCE

ADVOCACY STRATEGY DEVELOPMENT AND IMPLEMENTATION

Facilitators use a detailed ACA tool that includes objectives, definitions, and probing questions to assist participants. Participants receive a tool with only the section components and definitions for each level.

The facilitator explains to participants that s/he will be reviewing their current status against the criteria in the four continuously more comprehensive definitions in each section. S/he emphasizes that the score is only a guide; understanding of current functioning and needed improvements is paramount and creates a collegial and supportive atmosphere to encourage participation and learning.

Using the example of advocacy strategy development and implementation (see below), the facilitators complete the following steps:

1. Orient participants to the overall advocacy assessment objective: to assess the organization's capacity to effectively manage advocacy programs to improve the quality, accessibility, and availability of health and social services.

2. Cite the advocacy strategy development and implementation section objective: to assess the organization's capacity to develop and implement advocacy strategies and adapt them to the ever-changing political environment.

3. Introduce scoring as a mechanism for prioritizing actions and reviewing progress over time, and help participants come to a consensus on their ranking. Ensure participants understand that scores matter less than the actual plan for improvement; do not make this a stumbling point.

4. If not done prior to the assessment, ask for and review the resources that support staff understanding of advocacy strategy development and implementation; this includes the organization's own statements and the anonymous staff questionnaires and an organizational advocacy strategy, which point to how well staff understand and comply with the guiding statements.

5. Ask a participant to read aloud, or the group to read silently, the four levels of criteria for advocacy strategy development and implementation. Explain that the standards get more rigorous as they approach the recognized best practice.

6. Ask them to describe how their advocacy strategy (if they have one) was developed and how it is currently used and understood.

7. Use any relevant checklist questions from the facilitator's tool to aid the discussion. These questions are meant as a reference if more information is needed. Ensure questions are asked in an open-ended manner and allow for in-depth discussion. Refer to the resources provided in discussions. Take notes during the discussion to help complete the rationale sheet (these should be edited later).

8. In summary, ask participants to suggest where their organization is in relation to the scoring criteria and to provide a rationale for their response.

9. Note their response on the scoring and rationale sheet.

10. Ask participants to state what actions are necessary to help them reach the next level and note them along with others articulated during the discussions in the action section of the scoring and rationale sheet.

Advocacy Strategy Development and Implementation

Section Objective: The objective of this section is to assess the organization's capacity to develop and implement advocacy strategies and adapt them to the ever-changing political environment.
Resources: Organizational advocacy strategy.

Advocacy Strategy Development and Implementation

1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
• No advocacy strategy or an outdated advocacy strategy.	• A current strategy, but it has not defined priority issues or SMART goals and objectives that are clearly linked to policy change/ implementation. • A current strategy, but it is not based on a community needs assessment and/or policy/stakeholder mapping. • A current strategy, but it does not include a detailed work plan that outlines targets, activities, partners, resource needs, and time frame.	• A current strategy that defines priority issues and SMART goals and objectives, is based on a thorough assessment and/ or policy/mapping, and includes a detailed work plan. • Implemented its current advocacy program/activities in accordance with its strategy. • A monitoring and evaluation (M&E) plan to measure program effectiveness and progress toward goals and objectives.	• A process for regularly consulting its strategy when making new programmatic decisions and updating its strategy to reflect changes in the political environment. • A systematic process for collecting data that measures the strategy's effectiveness and progress toward goals and objectives. • A process for regularly adjusting its strategy and advocacy activities given M&E data and learning.

Guiding Questions

Advocacy Strategy Development and Implementation

Subsection Checklist	Yes	No	NA	Notes
What has your organization been doing in the area of advocacy?				
Does your organization have a current advocacy strategy? If yes, what does it include?				
Who is involved in developing your strategy? What type of information do you use to inform your strategy?				
How do you use your strategy to make decisions about which advocacy activities you will or will not pursue?				
How regularly do you update your strategy and for what reasons?				
Do you have an M&E plan? What type of information do you monitor and evaluate?				
How do you know your activities are resulting in progress toward your goals and objectives?				
What examples can you provide about changes you have made to your strategy given shifts in the political environment or M&E information? How do you document these changes?				

FACILITATION TIPS

Facilitating meetings is a skill that requires a combination of diplomacy and control. At times, personal motives can sidetrack a meeting. The facilitator should use the following techniques if process or communication management is needed.

MANAGE THE PROCESS

Managing the Facilitators and Organizers

1. Difficulty in comprehension: Language or cultural variations.

   Response: Recognize differences and speak slowly and articulately. Set a model for others by gently asking them to speak louder, clearer, or slower. Avoid using words like "should" or showing emotions through your body language. Always check that people understand and are paying attention by reviewing their facial expressions and body language or by asking directly if anything needs repeating or clarification.

Managing Personalities

1. The dominator: One person uses a meeting for his or her personal forum on every agenda item.

   Response: Handle the situation by looking for a place to interrupt him/her, quickly summarize his point of view, and turn to the group and say, "Does anyone else have an opinion about this?" or "Denis, I'd be interested in your opinion about this."

2. The wallflower: Participant has good ideas but is shy or reluctant to share them in a group setting.

   Response: Encourage the person by stating "Florence, you've had experience with this in your last position. What can you tell us?" or "Maria, you were telling me about an idea you had last week. Why don't you share it with all of us?"

3. The complainer: Participant voices issues or negativity constantly.

   Response: Summarize the basic concern the person is griping about. Use neutral words such as "she thinks the policy isn't fair." Turn to the rest of the group and say, "What about this concern? Let's examine it. Does anyone else feel this way?" If no one else joins in, the group can often diffuse the griper and you won't have to take any additional actions. If the person is a chronic griper, have a private one-on-one conversation during the next break about what is at the bottom of his or her discontent.

Managing Group Dynamics

1. Side conversations: Two people hold a conversation that competes with the larger group's discussion.

   Response: Wait before making your next point. Sometimes that will cause them to stop talking. Call on someone who is sitting next to one of them. That will startle them enough to stop, without embarrassing them. If all else fails, say something like "hey, you two. You must have a good idea over there. How about filling the rest of us in?"

2. Quiet group: This can occur due to dominance by a few people, resistance, too much information, or too long a session.

   Response: Learn to read the group; don't prolong the discussion unnecessarily and be clear about what you want to say, but don't repeat without need. Ask someone else to summarize the discussion to see if it is clearly understood. Make people feel comfortable participating by verbal and nonverbal support. Keep your manner nonjudgmental. Encourage others to communicate, stop for breaks, and keep the discussion on topic. If you sense the stillness is due to the presence of the "boss," try to talk separately to him/her about encouraging input from all, or call directly on other participants to speak.

Managing the Meeting

1. Size of group: Either too large or too small.

   Response: Prior to the assessment, discuss with the CSO which categories of staff are appropriate for which topics and an ideal size. Make a draft schedule using the point person's input. Review the schedule during the meeting and explain that multiple groups assist in time management and ensure key people are correctly placed. Suggest a core group is used to cover most, if not all, topics, but bring in others as relevant for specific sessions. Sometimes all activities are held in plenary due to the size of the organization; this is the reality of the situation and is generally not an issue.

2. Scoring in advance: Too high or too low.

   Response: The organization receives the tool in advance and at times may agree on scores prior to the assessment or give themselves unjustified scores. The opening session should stress that this is their tool, and that their ability to identify areas needing improvement will strengthen the organization. Scores set priority for actions and are not used to judge the organization. In subsequent years, it will be helpful to see how the scores and organization improve and where progress is still needed.

   Even if the scoring was determined prior to the assessment, the facilitator should help the participants think through the rationale for the score, review documents, and use the facilitator's guide to challenge, in a helpful way, their thinking. The facilitator should set the ground rules for an open, honest, and nonjudgmental approach.

3. Addressing defensiveness.

   Response: Organizations like to be recognized and commended for what they do well. Most organizations are in a continuum toward meeting best practices and should understand that it takes time and understanding to meet the requirements of best practices. In other areas, there is always new information and practices that can make programs better.

   Acknowledge that they are doing well, but the program needs to meet national and international standards to evolve, be more effective in management and services, and be more attractive to donors.

4. Managing time: Over- or underestimating.

   Response: Develop a schedule and assign team leaders to keep the process moving; use a "parking lot" to place items that are not directly related to the discussion. If you have time remaining or can find time after hours, address the "parking lot"; otherwise decide together how to respond. Always keep the action planning in mind—this is critical and time-consuming—and work backward to assign time to other activities. Normally activities take more time on Day 1, until a rhythm is established.

APPENDIX 1: TEAM LEADER CHECKLIST

TEAM LEADER CHECKLIST

Preparation

1. Correspond with organization at least two weeks in advance   _____

    a.   List of documents to pull together for review (section summaries)   _____

    b.   ACA Overview   _____

    c.   ACA Tool   _____

    d.   Staff Questionnaires   _____

2. Compiled staff questionnaire responses   _____

Document Preparation

1. ACA Overview   _____

2. Participant's ACA Tool   _____

3. ACA Section Summaries   _____

4. Facilitator's ACA Tool   _____

5. ACA Schedule Worksheet   _____

6. Anonymous Staff Questionnaires   _____

7. Scoring and Rationale Worksheet   _____

8. Action Plan   _____

9. Score Sheet   _____

10. ACA Evaluation   _____

APPENDIX 2: INTRODUCTORY LETTER

Dear _____,

In order to prepare for the advocacy capacity assessment (ACA) that is scheduled for [insert date] _____, please share this email and attached documents with everyone from [insert name of organization] _____ who will be participating.

Please also provide us with the names and positions of those individuals whom you expect to participate in the assessment, as it would be extremely helpful for the ACA team to have this information in advance. If there are significant scheduling constraints that will prevent anyone from participating for the entire duration, please let us know.

Regarding logistics, it would also be helpful to discuss the requirements for the meeting room, your hours of operation, and whether an LCD projector would be available for use.

Please note that the following documents have been attached to this email for your review:

1. Overview of the ACA. This document outlines the basic structure of the ACA, provides a brief schedule of the two days, details which staff should participate, and lists the documents that will be needed.

2. Anonymous Staff Questionnaires. In preparation for the ACA, we would appreciate your assistance in distributing questionnaires to select staff (if relevant). Staff knowledge about the organization will be helpful in providing a picture of how widely known and understood the structure, policies, and procedures of your organization are. The attached questionnaires should be supplied to a representative sample of your staff, which should include both those participating in the ACA and those who are not. Please ask the staff members to reply to the questions independently of each other and return the questionnaire to [insert name of team leader] _____ [and her/his email] _____by [insert date] _____ so that the information can contribute to the assessment findings.

3. ACA Participant Tool. This is the tool that will be used during the ACA.

4. ACA Section Summaries. This provides guidance on what documents would be useful to have on hand during the ACA, as well as suggested participants.

We kindly request that you send the relevant documents to us three days prior to the assessment; documents should also be available at the assessment. Please let me know if you have any questions regarding this email.

Best regards,

APPENDIX 3: ACA SECTION SUMMARIES

Section	Suggested Facilitator and Participants	Objective	Related Documents
Advocacy Strategy Development and Implementation	Advocacy specialist and program manager/senior technical staff supervisors, and service delivery staff.	To assess the organization's capacity to develop and implement advocacy strategies and adapt them to the ever-changing political environment.	Organizational advocacy strategy.
Policy and Budget Analysis and Development	Same as above.	To assess the organization's ability to conduct policy and budget analysis related to their areas of concern and develop relevant solutions.	Policy mapping, policy or budget analyses, policy/budget recommendations, or copies of policies/budgets the organization has helped to develop.
Gathering and Use of Evidence	Same as above.	To assess the organization's ability to gather, use, and disseminate evidence to advance its advocacy agenda.	Advocacy strategy, needs assessment, evidence dossiers, fact sheets, and other advocacy materials.
Networking and Negotiation with Decision-Makers and Influencers	Same as above.	To assess the organization's ability to effectively identify, access, and influence decision-makers.	Advocacy strategy, stakeholder mapping.
Advocacy Communications and Outreach	Same as above.	To assess the organization's capacity to plan and implement communications and outreach activities in alignment with its overarching advocacy strategy.	Advocacy strategy, messages, examples of communication materials, and media outreach and coverage.
Partnering and Coalition-Building	Same as above.	To assess the organization's ability to partner with other organizations to advance its advocacy agenda.	Stakeholder mapping, memorandums of understanding, joint advocacy strategies, and examples of materials developed by a coalition or in partnership with other organizations.
Community Mobilization and Empowerment	Same as above.	To assess whether the organization's advocacy initiatives respond to and address community needs by reviewing how they involve community members in planning, decision-making, and implementation.	Advocacy strategy, community participation and/or mobilization plan, project activity or after-action reports, community mobilization or monitoring tools, community needs assessment, community action plans.
Women, Youth, and Most-at-Risk Populations (MARPs)	Same as above.	To assess the organization's systems to ensure that issues that impact vulnerable populations, including women, youth, and MARPs, are prioritized and effectively integrating into the advocacy agenda.	Advocacy strategy, community participation and/or mobilization plan, community needs assessments, project activity or after-action reports, community mobilization or monitoring tools, policy and budget analyses.

APPENDIX 4: ANONYMOUS STAFF QUESTIONNAIRE

As part of its continuing focus on advocacy, [name of CSO] is participating in an advocacy capacity assessment. It would help the process if you could spend ten minutes filling in this survey and send it back to _____ by _____.

Please indicate your position (check the appropriate function in the box to the right):	Technical _____ Administrative _____ Financial _____ Management _____	For Facilitator's Use

On a scale of 1 (strongly disagree) to 5 (strongly agree), rate the following statements by circling the number that best represents your response.

1.		My organization:	Strongly disagree	--------------------------------------			Strongly agree	
	A.	Engages in meaningful contact with our target decision-makers.	1	2	3	4	5	Networking and Negotiation with Decision-Makers
	B.	Effectively incorporates community perspectives and voices in our advocacy work.	1	2	3	4	5	Community Mobilization and Empowerment
	C.	Effectively incorporates the perspectives and voices of women and youth in our advocacy work.	1	2	3	4	5	Women, Youth, and MARPs
2.		I am:	Strongly disagree	--------------------------------------			Strongly agree	
	A.	Very familiar with how policies and budgets are formulated in this country.	1	2	3	4	5	Policy and Budget Analysis and Development
	B.	Very comfortable approaching decision-makers for advocacy purposes.	1	2	3	4	5	Networking and Negotiation with Decision-Makers
	C.	Very comfortable approaching members of the media for advocacy purposes.	1	2	3	4	5	Advocacy Communications and Outreach
	D.	Very confident I deliver strong and compelling messages to my advocacy targets when I approach them.	1	2	3	4	5	Advocacy Communications and Outreach

APPENDIX 5: SCHEDULE FRAMEWORK

Section	Facilitators	CSO Participants	Meeting Time	Meeting Location
Advocacy Strategy Development and Implementation				
Policy and Budget Analysis and Development				
Gathering and Use of Evidence				
Networking and Negotiation with Decision-Makers				
Advocacy Communications and Outreach				
Partners and Coalition-Building				
Community Mobilization and Empowerment				
Women, Youth, and MARPs				

APPENDIX 6: SCORING AND RATIONALE WORKSHEET

Section _____

Score	Justification	Recommended Action

Section _____

Score	Justification	Recommended Action

Section _____

Score	Justification	Recommended Action

Section _____

Score	Justification	Recommended Action

APPENDIX 7: ACTION PLAN

Name of Organization: _____   **ACA Dates:**_____

mm/dd/yyyy

Note: Enter participant names in space provided below the table.

Action Plan Monitoring Strategy (person responsible for monitoring progress of action plan):								
Section	**Issue**	**Action**	**Person Responsible**	**Technical Assistance/ Support Desired**	**Priority Level L/M/H**	**Timeline Date mm/dd/ yyyy**	**Follow-Up on Activities**	
							Status	**Date**

Participants

Organization: _____   Facilitators: Other:

_____

_____

_____

_____

_____

APPENDIX 8: SCORE SHEET

Assessment Area	Section	Average Score per Section	Overall Average Score for Advocacy
Advocacy	Advocacy Strategy Development and Implementation		
	Policy and Budget Analysis and Development		
	Gathering and Use of Evidence		
	Networking and Negotiation with Decision-Makers		
	Advocacy Communications and Outreach		
	Partnering and Coalition-Building		
	Community Mobilization and Empowerment		
	Women, Youth, and MARPs		

APPENDIX 9: EVALUATION

ACA Evaluation

Organization name: _____

Dates of ACA: _____

1. Did you participate in the entire ACA process?   Yes   No

2. If no, in which sections did you participate? _____

3. Do you feel the ACA process allows for a fair assessment of your organization?   Yes   No

4. Please explain your response: _____

5. Do you feel the members of your organization were adequately included in the assessment process?   Yes   No

6. Please explain your answer: _____

7. Do you feel the agreed action plan will help your organization address issues and grow?   Yes   No

8. What do you think worked well in this process? _____

9. What did you not like about this process? _____

10. What would you change in this process? _____

11. Other comments or suggestions: _____

APPENDIX 10: ACA REPORT OUTLINE

The report is a tool to help the assessed organization implement changes to build its capacity. It should summarize the ACA process, findings, and action plan.

1. BACKGROUND

Brief description of the organization and objectives for conducting ACA.

2. ACA PARTICIPANTS

Facilitators	Organization	Board	Others

3. ACA PROCESS

Describe briefly how the ACA was conducted:
- Dates and location of ACA
- General participation and response of staff

4. ACA FINDINGS

4.1.   ACA Quantitative Results

Analysis of scoring:
- Provide a graph with scoring by section.
- Denote areas of great strength and areas needing improvement.
- Add any clarification or explanation that might help the organization understand the reason for scores that may be particularly high or low.

ACA section scores

Section	Score
Advocacy strategy	2.4
Policy and budget analysis	1.8
Evidence	2.6
Networking and negotiation	2.6
Communications	2.3
Coalition-building	2.6
Mobilization and empowerment	2.0

Capacity: 1 = Basic   2 = Low   3 = Moderate   4 = Strong
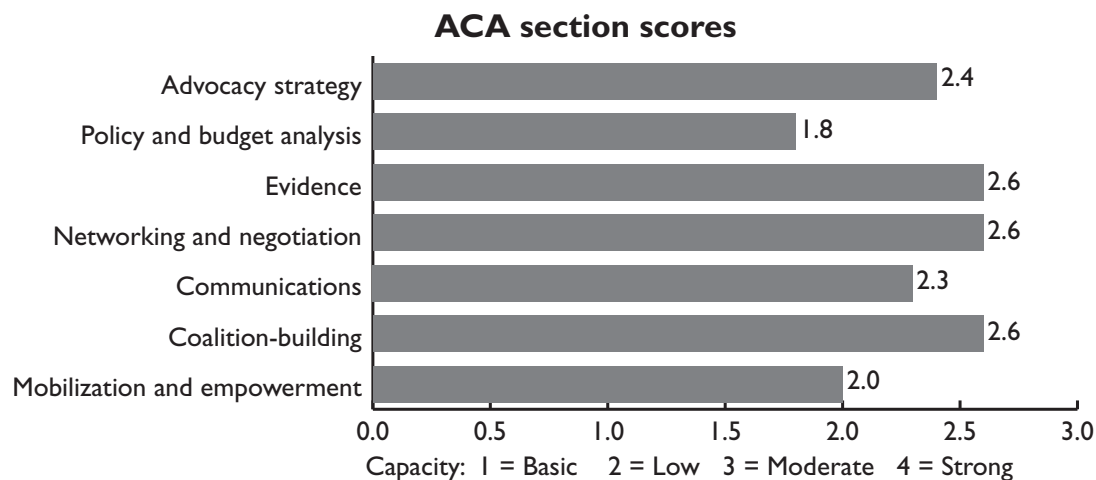
4.2.   Summary of Issues

Each of the eight sections should be limited to one or two paragraphs summarizing the scoring and rationale worksheets to complement and expand on the action plan and the partner's strengths and weaknesses:

- Provide statements about each section that qualify the score and the issue.
- Include any details that will help the organization be specific in its action plans.
- List areas of particular concern that should be prioritized.

4.2.1.   Advocacy Strategy Development and Implementation (Score:)

4.2.2.   Policy and Budget Analysis and Development (Score:)

4.2.3.   Gathering and Use of Evidence (Score:)

4.2.4.   Networking and Negotiation with Decision-Makers and Influencers (Score:)

4.2.5.   Advocacy Communications and Outreach (Score:)

4.2.6.   Partnering and Coalition-Building (Score:)

4.2.7.   Community Mobilization and Empowerment (Score:)

4.2.8.   Women, Youth, and Most-at-Risk Populations (Score:)

5. CONCLUSION

Briefly summarize the organization's understanding of the ACA and acceptance of the action plan as a tool for moving forward:

- Provide perspective for organizational success in meeting standards.
- Identify internal support that can facilitate progress.
- Reiterate any immediate assistance required to implement plan.

APPENDIX 11: ACA OVERVIEW

ACA OVERVIEW

The ACA Tool

The advocacy capacity assessment (ACA) is designed to measure organizations' overall advocacy capacity. The tool assesses capability in eight key capacity areas:

1. Advocacy Strategy Development and Implementation
2. Policy and Budget Analysis and Development
3. Gathering and Use of Evidence
4. Networking and Negotiation with Decision-Makers
5. Advocacy Communications and Outreach
6. Partnering and Coalition-Building
7. Community Mobilization and Empowerment
8. Women, Youth, and Most-at-Risk Populations (MARPS)

Each of the eight sections is broken down further into four stages of capacity development ranked from one, indicating basic capacity, to four, indicating strong capacity. The scoring will help the ACA team and the organization identify key strengths and priority need areas. In addition, it will enable the team to document progress in key areas and monitor advocacy capacity improvement over time.

Recognizing that capacity-building is a process, the use of the ACA tool results in concrete action plans to provide organizations with a clear road map for strengthening their programmatic impact. The ACA can be repeated on an annual basis to monitor the effectiveness of previous actions, evaluate progress in capacity improvement, and identify new areas in need of strengthening.

Preparation

Prior to conducting the ACA, the organization is provided with a letter describing the process and confirming the dates, a list of documents to have on hand to assist the process, guidance on which staff members should participate, and the type of facility that might be needed for the plenary meetings. A set of questions for staff is also submitted to the organization so that inputs on selected issues can be collected in advance of the ACA process.

Approach

The team: The ACA is implemented with a team of facilitators who ideally have skills in advocacy, meeting facilitation, and capacity-building.

Time: The initial ACA will take one to two days to complete and will result in an agreed-upon action plan that will map priority areas and the actions the organization will take to address gaps.

Steps: The ACA process will be conducted in six steps, as noted below.

Step 1: Introductory Meeting. The process begins with a meeting in which the organization and facilitation team review the tool, process, and schedule (Appendix 5) and identify subgroups for specific sections as needed (for a full list of suggested participants see Appendix 3).

Step 2: Assessment, Scoring, and Action Identification. The objective of this step is to identify the organization's capacity level in each section of the ACA. Participants rank the organization along a continuum of 1 (basic), 2 (weak), 3 (adequate), and 4 (strong); provide a rationale for the selected scores; and propose follow-up actions. This step may be completed in small groups or plenary sessions. Facilitators record scores and justifications for the scores on the scoring and rationale sheet (Appendix 6).

Step 3: Plenary Score Review and Prioritization. The organization meets in private to review the scoring and rationale sheets. It is their opportunity to learn from each other by discussing and coming to consensus on the findings, set a priority for addressing each issue, and recommend potential actions to remedy problems or gaps. Priority levels—low, medium, and high—help the team focus the action plan on the most important issues, as well as those that are easy to accomplish.

Step 4: Action Planning. Led by the team leader, the organization completes and finalizes the action plan (Appendix 7) in plenary. The team adds their thoughts on the problem statement and recommended actions, assigns priority levels, adds deadlines and responsible parties, and identifies any technical assistance needs. The facilitator then shows the score sheet (Appendix 8) on the LCD or in paper form as a summary for the organization.

Step 5: Closing. Participants are asked to complete an evaluation (Appendix 9) and closing remarks are made by the facilitation team and the organization. The team leader leaves the action plan behind for the organization's review. S/he asks for it to be returned within one week with any changes so that it can be included in the final report.

Step 6: Final Report. The final report is prepared by the team leader with assistance from the other facilitators and is presented to the organization within one week. This report summarizes the findings, actions, and technical assistance needs (Appendix 10).

Follow-up: While the action plan is usually completed at the end of Day 2, a revised/finalized action plan may need to be compiled by the organization in the days following the assessment process. The final action plan should be available no more than one week following the ACA, as it will be used as a road map for capacity development.

Final Report: Provides a section-by-section description of the identified problems and potential solutions, as well as the score sheet and action plan.

Repeat: It is recommended to repeat the ACA process on an annual basis to monitor organizational and program development, identify persistent or new problems, and establish new action plans.

ADVOCACY CAPACITY ASSESSMENT TOOL: FACILITATOR'S COPY

For Organizations Funded by USAID

ADVOCACY

Overall Objective: To assess the organization's capacity to effectively manage advocacy programs to improve the quality, accessibility, and availability of health and social services.

This tool specifically assesses organizational capacity in policy advocacy, roughly defined by the Advocacy for Better Health project as the deliberate process of influencing decision-makers in support of evidence-based policy change and policy implementation, including resource mobilization. It is important to share this definition with participants before applying the tool.

ADVOCACY STRATEGY DEVELOPMENT AND IMPLEMENTATION

Section Objective: The objective of this section is to assess the organization's capacity to develop and implement advocacy strategies and adapt them to the ever-changing political environment.

Resources: Organizational advocacy strategy.

Advocacy Strategy Development and Implementation

1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
No advocacy strategy or an outdated advocacy strategy.[1]	A current strategy, but it has not defined priority issues or SMART[2] goals and objectives that are clearly linked to policy change/implementation.	A current strategy that defines priority issues and SMART goals and objectives, is based on a thorough assessment and/or policy/mapping, and includes a detailed work plan.	A process for regularly consulting its strategy when making new programmatic decisions and updating its strategy to reflect changes in the political environment.
	A current strategy, but it is not based on a community needs assessment and/or policy/stakeholder mapping.	Implemented its current advocacy program/activities in accordance with its strategy.	A systematic process for collecting data that measures the strategy's effectiveness and progress toward goals and objectives.
	A current strategy, but it does not include a detailed work plan that outlines targets, activities, partners, resource needs, and time frame.	A monitoring and evaluation (M&E) plan to measure program effectiveness and progress toward goals and objectives.	A process for regularly adjusting its strategy and advocacy activities given M&E data and learning.

1. This section is intended to assess whether the organization has an overarching organizational advocacy strategy as opposed to individual project strategies.
2. Specific, measurable, achievable, relevant, and time bound.

Guiding Questions[3]

Advocacy Strategy Development and Implementation

Subsection Checklist	Yes	No	NA	Notes
What has your organization been doing in the area of advocacy?				
Does your organization have a current advocacy strategy? If yes, what does it include?				
Who is involved in developing your strategy? What type of information do you use to inform your strategy?				
How do you use your strategy to make decisions about which advocacy activities you will do or will not do?				
How regularly do you update your strategy and for what reasons?				
Do you have an M&E plan? What type of information do you monitor and evaluate?				
How do you know your activities are resulting in progress toward your goals and objectives?				
What examples can you provide about changes you have made to your strategy given shifts in the political environment or M&E information? How do you document these changes?				

3. For the advocacy section, it is not required that all guiding questions included for each subsection are asked; depending on participants' answers, not all questions may be relevant or necessary. Very often participants will be able to self-assess without needing to answer all of the guiding questions.

POLICY[4] AND BUDGET ANALYSIS AND DEVELOPMENT

Subsection Objective: The objective of this session is to assess the organization's ability to conduct policy and budget analysis related to its areas of concern and develop impactful solutions.

Resources: Policy mapping, policy or budget analysis, policy/budget recommendations, or copies of policies/budgets the organization has helped develop.

Policy and Budget Analysis and Development

1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
Not identified the policies/budgets that govern or impact its advocacy issue(s).	Identified relevant policies/budgets, but is unclear about its existing strengths or weaknesses.	Identified existing gaps in policies/ budgets and developed realistic recommendations to address them.	Effectively participated in and influenced the relevant policy- or budget-making process.
Not identified the steps in the policy- or budget-making process for its advocacy goals and objectives to target.	A general understanding of the policy- or budget-making process, but is unclear at what points it can effectively engage in and influence the process.	Completed a detailed mapping of the policy- budget-making process and is clear at which points it can engage and influence the process.	Regularly tracked policies/budgets for response to recommendations and updated its analyses accordingly.
			Developed and/or provided detailed comments/content that are included in policies and budgets.

4. Policies in the broadest sense of the word can include legislation, plans, strategies, agendas, frameworks, protocols, procedures, guidelines, regulations, budgets, and circulars. For the purposes of the Advocacy for Better Health Project, district policies such as District Management Improvement Plans, District Operational Plans, District Development Plans, District Implementation Plans, and the Budget Framework Papers are included.

Guiding Questions

Policy and Budget Analysis and Development

Subsection Checklist	Comments/Quality Notes
What policies affect your advocacy issues? What are their strengths and weaknesses? How can they be improved?	
What policy- or budget-making process are you trying to influence and why? What are the major steps in this process?	
How have you engaged in the process? How successful do you consider your efforts to have been?	
How have you helped to inform or develop policies or budgets?	
Have your recommendations or content been included in targeted policies or budgets? Why or why not?	

GATHERING AND USE OF EVIDENCE

Subsection Objective: The objective of this session is to assess the organization's ability to gather, use, and disseminate evidence to advance their advocacy agenda.

Resources: Advocacy strategy, needs assessment, evidence dossiers, fact sheets, and other advocacy materials.

Gathering and Use of Evidence

1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
Not collected evidence[5] to inform and support its advocacy agenda.	Semi-regularly collected statistics and general background information to inform and support its advocacy-agenda.	Routinely collected up-to-date evidence from a variety of credible sources to inform and support its advocacy agenda.	Conducted or commissioned current and credible research to influence its advocacy targets.
	Semiregularly packaged and disseminated statistics and background information to its advocacy targets.	Routinely packaged and disseminated up-to-date, credible, and varied evidence to its advocacy targets.	Consistently collaborated with researchers and programmatic experts to inform its advocacy.
		Semiregularly collaborated with researchers and programmatic experts to inform its advocacy.	Regularly monitored and evaluated the effectiveness of its evidence in influencing its advocacy targets and made adjustments as necessary.

5. Evidence may include but is not limited to literature reviews, key informant interviews, DHS surveys, census data, peer-reviewed journal articles, WHO guidelines, global standards and normative guidance, publicly available HMIS information, focus group discussions, and facility assessments.

Guiding Questions

Gathering and Use of Evidence

Subsection Checklist	Yes	No	NA	Comments/Quality Notes
How are your advocacy goals and objectives supported by documented evidence?				
What type of information or evidence do you use to support your advocacy agenda?				
What are your methods for collecting and updating your evidence?				
Who are the researchers and programmatic experts you work with on advocacy? How do you collaborate with them?				
How do you use the evidence you collect?				
How do you assess the impact of your evidence on your advocacy targets? What documented adjustments have you made given feedback?				
Are you able to provide a documented example of how your evidence has helped persuade a decision-maker to make a change?				

NETWORKING AND NEGOTIATION WITH DECISION-MAKERS AND INFLUENCERS[6]

Subsection Objective: The objective of this session is to assess the organization's ability to effectively identify, access, and influence decision-makers.

Resources: Advocacy strategy, stakeholder mapping.

Networking and Negotiation with Decision-Makers

1	2	3	4
The organization has:		The organization has:	The organization has:
Not identified the key decision-maker(s) and influencers relative to its advocacy agenda.	Mapped the key decision-makers and influencers, but has not identified their positions on the advocacy issue and larger interests.	Mapped the key decision-makers and influencers, including their positions and interests.	Routinely updated its mapping to reflect changes in the political environment and successful efforts to line up support.
	Occasional interactions[7] and communications with key decision-makers and influencers on its advocacy issue.	Mapped its opponents' positions, tactics, and influence and has developed mitigation strategies and messages.	Routinely been consulted by key decision-makers as a source of information on its advocacy issue.
		Regular and consistent interactions and communications with key decision-makers and influencers on its advocacy issue.	Routinely engaged with policy champion(s) to jointly strategize on how best to advance a shared goal.
		Identified policy champion(s)[8] and occasionally collaborated with them to advance a shared goal.	Successfully mobilized key influencers to strategically reach out to target decision-makers.
			Regularly monitored and evaluated its networking and negotiation tactics with key decision-makers and influencers and made adjustments as necessary.

6. Within the program management section, the term decision-makers is also used to describe duty-bearers—individuals who are accountable for the implementation of policies, programs, and resources, as well as individuals with decision-making authority. It is important to share this definition with participants before applying this subsection of the tool.

7. Includes both one-on-one and participation in larger group processes with decision-makers and influencers.

8. A decision-maker willing to actively champion a policy/budget throughout the process and work in consultation with the advocacy community to advance a shared goal.

Guiding Questions

Networking and Negotiation with Decision-Makers

Subsection Checklist	Yes	No	NA	Comments/Quality Notes
Who are the main decision-makers and influencers you are targeting to advance your advocacy agenda? Why?				
What are their positions and interests related to your issue?				
How and when do you engage with your key decision-makers and influencers? How successful would you describe your efforts? Do they view you as a resource?				
Have your target decision-makers and influencers taken desired action as a result of your encounters? How do you know?				
Can you provide an example of how you have adapted your strategies for engaging decision-makers over time?				
Who are your opponents? How do you work to mitigate their influence?				
Is your organization invited to participate by decision-makers in meetings or consultative forums? How frequently do you participate? What is your role?				
Does your organization sit on any government working groups or task forces? What is its role?				
Is your organization ever contacted by your target decision-makers? How frequently? For what reasons?				

ADVOCACY COMMUNICATIONS AND OUTREACH

Subsection Objective: The objective of this session is to assess the organization's capacity to plan and implement communications and outreach activities in alignment with its overarching advocacy strategy.

Resources: Advocacy strategy, messages, examples of communication materials, and media outreach and coverage.

Advocacy Communications and Outreach

1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
Not identified key audiences for its communication materials and activities.	Identified key audiences, but has not analyzed their unique interests, information needs, or preferred communication channels.	Assessed its key audiences' interests, information needs, and preferred communication channels.	Identified and trained specific spokespeople/messengers for its key audiences.
Not developed formal advocacy messages for use in its communication materials and activities.	Developed advocacy messages, but has not adapted them for different audiences.	Developed audience-specific advocacy messages and communication materials and channels.	A process for routinely monitoring and evaluating the effectiveness of its messages, materials, and channels and adapting them as needed.
Developed a limited set of communication materials and channels to advance its advocacy goals and objectives.	Developed a range of communication materials and channels to advance its advocacy goals and objectives.	Used social media to reach advocacy stakeholders, but efforts have not resulted in significant mobilization.	Implemented social media campaigns that have resulted in mass mobilization.
		Successfully produced and placed media materials (e.g., press releases, op-eds).	Successfully acquired high-profile media coverage and influenced the media narrative related to its advocacy issue.

Guiding Questions

Advocacy Communications and Outreach				
Subsection Checklist	Yes	No	NA	Comments/Quality Notes
Who are your advocacy audiences? What are their specific interests related to your issue? What are their information needs and preferred communication channels?				
What are your primary advocacy messages? Where are they documented? How do you adapt them for your different audiences?				
What type of communication materials and channels do you develop or use? How do they differ by audience?				
Who are your advocacy messengers/spokespeople? How do you prepare them?				
How do you engage with social media? How effective would you describe these efforts?				
Will you provide a specific example of when you achieved high-profile media coverage and influenced the media narrative on your issue? How did you do this?				
Will you provide an example of how you have adapted your messages or materials given M&E of their effectiveness?				

PARTNERING AND COALITION-BUILDING

Subsection Objective: To assess the organization's ability to partner with other organizations to advance its advocacy agenda.

Resources: Stakeholder mapping, memorandums of understanding, joint advocacy strategies, and examples of materials developed by a coalition or in partnership with other organizations.

Partnering and Coalition-Building

1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
Not identified groups to partner with on shared advocacy goals.	Mapped partner organizations with shared advocacy goals.	Regularly planned and participated in joint advocacy activities with core partners.	Developed and implemented a joint advocacy strategy with core partners.
	Participated in joint advocacy activities with partners on an ad hoc basis.	Jointly developed advocacy positions/goals in consultation with core partners.	Developed a coalition[9] of active organizations who routinely share information and implement joint advocacy and communications in support of a shared advocacy agenda.
		Coordinated advocacy messaging with core partners on shared goals.	Regularly assessed and addressed the effectiveness of its coalition decision-making processes, level of member engagement, and outreach to decision-makers.
		Routinely documented and shared advocacy information, outcomes, and good practices with core partners.	A large partner network that it is able to effectively mobilize at key advocacy moments.
			Strategically and successfully engaged diverse, nontraditional partners on key aspects of its advocacy agenda.

9. For the purposes of the program management section, coalition is defined as a group whose members formally commit to an agreed-on purpose and shared decision-making to influence an external institution or target, while each member organization maintains its own autonomy; the term does not apply to formal umbrella or network organizations. Coalitions can be short-term or permanent. The term coalition is often used interchangeably with other labels for collective action such as alliance, consortium, and working group. It is important to share this definition with participants before applying this subsection of the tool and to stress—for the purposes of this tool—that participation in coalitions must relate to furthering their advocacy agenda and does not relate to network or coalition membership more generally.

Guiding Questions

Partnering and Coalition-Building				
Subsection Checklist	Yes	No	NA	Comments/Quality Notes
Who are your core advocacy partners?				
How do you decide who you will collaborate with?				
What type of activities do you collaborate on with your partners? Will you provide specific examples?				
How do you communicate and ensure coordination with partners?				
Have you developed a joint advocacy strategy with partners? What was your process? How do you hold each other accountable?				
Have you strategically organized a coalition? For what reasons? How effective would you consider it to be?				
Will you provide an example of successfully mobilizing partners to conduct outreach to decision-makers at key moments?				
How have you engaged with diverse or nontraditional advocacy partners and for what purposes?				

COMMUNITY MOBILIZATION AND EMPOWERMENT

Subsection Objective: To assess whether the organization's advocacy initiatives respond to and address community needs by reviewing how they involve community members in planning, decision-making, and implementation.

Resources: Advocacy strategy, community participation and/or mobilization plan, project activity or after-action reports, community mobilization or monitoring tools, community needs assessment, and community action plans.

Community Mobilization and Empowerment

1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
Not actively solicited perspectives from or engaged affected communities in its advocacy programs.	Conducted activities to raise communities' knowledge of their rights and responsibilities.	Involved affected communities and leaders in its advocacy strategy planning and decision-making and integrated their views into program design and activities.	Provided advocacy tools and ongoing training to community members to enable them to more confidently and effectively engage with decision-makers.
	Used tools and organized forums to capture affected communities' perspectives on health and social services.	Consistently supported advocacy action plan development and implementation by affected communities.	Engaged affected communities in monitoring and evaluating the effectiveness of advocacy strategies, activities, and forums, integrating their views into program revisions.
	Integrated community-identified issues within its advocacy agenda.	Regularly organized forums (both in-person and virtual) that enable community members to advocate directly to target decision-makers and the media.	An active community network that it is able to effectively mobilize at key advocacy moments.

Guiding Questions

Community Mobilization and Empowerment				
Subsection Checklist	Yes	No	NA	Comments/Quality Notes
Do you involve community members in the design, implementation, and monitoring/ evaluating of your advocacy strategy? How?		___	___	
What tools do you use to support the community in monitoring health services?				
How does your organization's advocacy issues reflect the communities' concerns or needs?		___	___	
Do you involve the community in your advocacy activities? How?				
How do you support communities in developing and implementing action plans?				
What type of forums or channels do you arrange to support communities in directly advocating to decision-makers or the media? How effective do you consider these forums?				
How do you build the skills and confidence of community members to more effectively engage with decision-makers?				

WOMEN, YOUTH, AND MOST-AT-RISK POPULATIONS

Subsection Objective: The objective of this session is to evaluate the organization's systems for assessing issues that impact vulnerable populations, including women, youth, and most-at-risk populations (MARPs)[10] and effectively integrating these concerns into its advocacy agenda.

Resources: Advocacy strategy, community participation, and/or mobilization plan; community needs assessments; project activity or after-action reports; community mobilization or monitoring tools; and policy and budget analyses.

Women, Youth, and MARPs

1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
Not actively solicited perspectives from or engaged women, youth, and MARPs in its advocacy programs.	Mapped vulnerable groups, in particular MARPs, within its project areas.	Involved women, youth, and MARPs in advocacy strategy planning and decision-making and integrated their views into program design and activities.	Adapted advocacy tools and training to enable women, youth, and MARPs to more confidently and effectively engage with decision-makers.
	Conducted activities to raise communities' knowledge of the unique rights and responsibilities of women, youth, and MARPs.	Fostered the vocal representation and decision-making power of women, youth, and MARPs in community action plan development and implementation.	Engaged women, youth, and MARPs in monitoring and evaluating effectiveness of advocacy strategies, activities, and forums and integrated their views into program revisions.
	Adapted tools and forums to specifically capture the perspectives of women, youth, and MARPs on health and social services.	Ensured women, youth, and MARPs have visible and vocal roles in the advocacy forums that bring communities and decision-makers/media together.	Organized specific and regular forums to support action plan development and implementation by women, youth, and MARPs.
	Integrated issues identified by women, youth, and MARPs into its advocacy agenda.		Organized specific and regular forums (both in-person and virtual) that enable women, youth, and MARPs to advocate directly to decision-makers/media.
			Conducted specific policy and budget analysis through a women, youth, and MARPs lens.

10. Relative to the Advocacy for Better Health Project, this includes orphans and vulnerable children, commercial sex workers, and fishing communities.

Guiding Questions

Women, Youth, and MARPs

Subsection Checklist	Yes	No	NA	Comments/Quality Notes
What are the different populations you work with?				
Do you involve women, youth, and MARPs in the design, implementation, and M&E of your advocacy strategy? How?				
How does your organization's advocacy issues reflect the concerns or needs of women, youth, and MARPs?				
Do you involve women, youth, and MARPs in your advocacy activities? How?				
How do you support women, youth, and MARPs in developing and implementing action plans?				
What type of forums or channels do you arrange to support women, youth, and MARPs in directly advocating to decision-makers or the media? How effective do you consider these forums?				
How do you build the skills and confidence of women, youth, and MARPs to more effectively engage with decision-makers?				
How does your policy or budget analysis reflect the unique needs or interests of women, youth, and MARPs?				

ADVOCACY CAPACITY ASSESSMENT TOOL: PARTICIPANT'S COPY

For Organizations Funded by USAID

ADVOCACY

Overall Objective: To assess your organization's capacity to effectively manage advocacy programs to improve the quality, accessibility, and availability of health and social services.

This tool specifically assesses organizational capacity in policy advocacy, roughly defined by the Advocacy for Better Health project as the deliberate process of influencing decision-makers in support of evidence-based policy change and policy implementation, including resource mobilization.

ADVOCACY STRATEGY DEVELOPMENT AND IMPLEMENTATION

Section Objective: The objective of this section is to assess your organization's capacity to develop and implement advocacy strategies and adapt them to the ever-changing political environment.

Resources: Organizational advocacy strategy.

Advocacy Strategy Development and Implementation			
1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
No advocacy strategy or an outdated advocacy strategy.[1]	A current strategy, but it has not defined priority issues or SMART[2] goals and objectives that are clearly linked to policy change/implementation.	A current strategy, but it does not include a detailed work plan that outlines targets, activities, partners, resource needs, and time frame.	A process for regularly consulting its strategy when making new programmatic decisions and updating its strategy to reflect changes in the political environment.
	A current strategy, but it is not based on a community needs assessment and/or policy/stakeholder mapping.	A current strategy that defines priority issues and SMART goals and objectives, is based on a thorough assessment and/or policy/mapping, and includes a detailed work plan.	A systematic process for collecting data that measures the strategy's effectiveness and progress toward goals and objectives.
		Implemented its current advocacy program/activities in accordance with its strategy.	A process for regularly adjusting its strategy and advocacy activities given M&E data and learning.
		A monitoring and evaluation (M&E) plan to measure program effectiveness and progress toward goals and objectives.	

1. This section is intended to assess whether the organization has an overarching organizational advocacy strategy as opposed to individual project strategies.
2. Specific, measurable, achievable, relevant, and time bound.

POLICY[3] AND BUDGET ANALYSIS AND DEVELOPMENT

Subsection Objective: The objective of this session is to assess your organization's ability to conduct policy and budget analysis related to your areas of concern and develop impactful solutions.

Resources: Policy mapping, policy or budget analysis, policy/budget recommendations, or copies of policies/budgets the organization has helped develop.

Policy and Budget Analysis and Development

1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
Not identified the policies/budgets that govern or impact its advocacy issue(s).	Identified relevant policies/budgets, but is unclear about its existing strengths or weaknesses.	Identified existing gaps in policies/ budgets and developed realistic recommendations to address them.	Effectively participated in and influenced the relevant policy- or budget-making process.
Not identified the steps in the policy- or budget-making process for its advocacy goals and objectives to target.	A general understanding of the policy- or budget-making process, but is unclear at what points it can effectively engage in and influence the process.	Completed a detailed mapping of the policy- budget-making process and is clear at which points it can engage and influence the process.	Regularly tracked policies/budgets for response to recommendations and updated its analyses accordingly.
			Developed and/or provided detailed comments/content that are included in policies and budgets.

3. Policies in the broadest sense of the word can include legislation, plans, strategies, agendas, frameworks, protocols, procedures, guidelines, regulations, budgets, and circulars. For the purposes of the Advocacy for Better Health Project, district policies such as District Management Improvement Plans, District Operational Plans, District Development Plans, District Implementation Plans, and the Budget Framework Papers are included.

GATHERING AND USE OF EVIDENCE

Subsection Objective: The objective of this session is to assess your organization's ability to gather, use, and disseminate evidence to advance your advocacy agenda.

Resources: Advocacy strategy, needs assessment, evidence dossiers, fact sheets, and other advocacy materials.

Gathering and Use of Evidence

1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
Not collected evidence[4] to inform and support its advocacy agenda.	Semiregularly collected statistics and general background information to inform and support its advocacy agenda.	Routinely collected up-to-date evidence from a variety of credible sources to inform and support its advocacy agenda.	Conducted or commissioned current and credible research to influence its advocacy targets.
	Semiregularly packaged and disseminated statistics and background information to its advocacy targets.	Routinely packaged and disseminated up-to-date, credible, and varied evidence to its advocacy targets.	Consistently collaborated with researchers and programmatic experts to inform its advocacy.
		Semiregularly collaborated with researchers and programmatic experts to inform its advocacy.	Regularly monitored and evaluated the effectiveness of its evidence in influencing its advocacy targets and made adjustments as necessary.

4. Evidence may include but is not limited to literature reviews, key informant interviews, DHS surveys, census data, peer-reviewed journal articles, WHO guidelines, global standards and normative guidance, publicly available HMIS information, focus group discussions, and facility assessments.

NETWORKING AND NEGOTIATION WITH DECISION-MAKERS AND INFLUENCERS[5]

Subsection Objective: The objective of this session is to assess your organization's ability to effectively identify, access, and influence decision-makers.

Resources: Advocacy strategy, stakeholder mapping.

Networking and Negotiation with Decision-Makers

1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
Not identified the key decision-maker(s) and influencers relative to its advocacy agenda.	Mapped the key decision-makers and influencers, but has not identified their positions on the advocacy issue and larger interests.	Mapped the key decision-makers and influencers including their positions and interests.	Routinely updated its mapping to reflect changes in the political environment and successful efforts to line up support.
	Occasional interactions[6] and communications with key decision-makers and influencers on its advocacy issue.	Mapped its opponents' positions, tactics, and influence and has developed mitigation strategies and messages.	Routinely been consulted by key decision-makers as a source of information on its advocacy issue.
		Regular and consistent interactions and communications with key decision-makers and influencers on its advocacy issue.	Routinely engaged with policy champion(s) to jointly strategize on how best to advance a shared goal.
		Identified policy champion(s)[7] and occasionally collaborated with them to advance a shared goal.	Successfully mobilized key influencers to strategically reach out to target decision-makers.
			Regularly monitored and evaluated its networking and negotiation tactics with key decision-makers and influencers and made adjustments as necessary.

5. Within the program management section, the term decision-makers is also used to describe duty-bearers—individuals who are accountable for the implementation of policies, programs, and resources, as well as individuals with decision-making authority. It is important to share this definition with participants before applying this subsection of the tool.

6. Includes both one-on-one and participation in larger group processes with decision-makers and influencers.

7. A decision-maker willing to actively champion a policy/budget throughout the process and work in consultation with the advocacy community to advance a shared goal.

ADVOCACY COMMUNICATIONS AND OUTREACH

Subsection Objective: The objective of this session is to assess your organization's capacity to plan and implement communications and outreach activities in alignment with your overarching advocacy strategy.

Resources: Advocacy strategy, messages, examples of communication materials, and media outreach and coverage.

Advocacy Communications and Outreach

1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
Not identified key audiences for its communication materials and activities.	Identified key audiences, but has not analyzed its unique interests, information needs, or preferred communication channels.	Assessed its key audiences' interests, information needs, and preferred communication channels.	Identified and trained specific spokespeople/messengers for its key audiences.
Not developed formal advocacy messages for use in its communication materials and activities.	Developed advocacy messages, but has not adapted them for different audiences.	Developed audience-specific advocacy messages and communication materials and channels.	A process for routinely monitoring and evaluating the effectiveness of its messages, materials, and channels and adapting them as needed.
Developed a limited set of communication materials and channels to advance its advocacy goals and objectives.	Developed a range of communication materials and channels to advance its advocacy goals and objectives.	Used social media to reach advocacy stakeholders, but efforts have not resulted in significant mobilization.	Implemented social media campaigns that have resulted in mass mobilization.
		Successfully produced and placed media materials (e.g., press releases, op-eds).	Experienced successfully acquiring high-profile media coverage and influencing the media narrative related to its advocacy issue.

PARTNERING AND COALITION-BUILDING

Subsection Objective: To assess your organization's ability to partner with other organizations to advance your advocacy agenda.

Resources: Stakeholder mapping, memorandums of understanding, joint advocacy strategies, and examples of materials developed by a coalition or in partnership with other organizations.

Partnering and Coalition-Building

1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
Not identified groups to partner with on shared advocacy goals.	Mapped partner organizations with shared advocacy goals.	Regularly planned and participated in joint advocacy activities with core partners.	Developed and implemented a joint advocacy strategy with core partners.
	Participated in joint advocacy activities with partners on an ad hoc basis.	Jointly developed advocacy positions/goals in consultation with core partners.	Developed a coalition[8] of active organizations who routinely share information and implement joint advocacy and communications in support of a shared advocacy agenda.
		Coordinated advocacy messaging with core partners on shared goals.	Regularly assessed and addressed the effectiveness of its coalition decision-making processes, level of member engagement, and outreach to decision-makers.
		Routinely documented and shared advocacy information, outcomes, and good practices with core partners.	A large partner network that they are able to effectively mobilize at key advocacy moments.
			Strategically and successfully engaged diverse, nontraditional partners on key aspects of its advocacy agenda.

8. For the purposes of the program management section, coalition is defined as a group whose members formally commit to an agreed-on purpose and shared decision-making to influence an external institution or target, while each member organization maintains its own autonomy; the term does not apply to formal umbrella or network organizations. Coalitions can be short-term or permanent. The term coalition is often used interchangeably with other labels for collective action such as alliance, consortium, and working group. It is important to share this definition with participants before applying this subsection of the tool and to stress—for the purposes of this tool—that participation in coalitions must relate to furthering their advocacy agenda and does not relate to network or coalition membership more generally.

COMMUNITY MOBILIZATION AND EMPOWERMENT

Subsection Objective: To assess whether your organization's advocacy initiatives respond to and address community needs by reviewing how you involve community members in planning, decision-making, and implementation.

Resources: Advocacy strategy, community participation, and/or mobilization plan; project activity or after-action reports; community mobilization or monitoring tools; community needs assessment; and community action plans.

Community Mobilization and Empowerment

1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
Not actively solicited perspectives from or engaged affected communities in its advocacy programs.	Conducted activities to raise communities' knowledge of their rights and responsibilities.	Involved affected communities and leaders in its advocacy strategy planning and decision-making and integrated their views into program design and activities.	Provided advocacy tools and ongoing training to community members to enable them to more confidently and effectively engage with decision-makers.
	Used tools and organized forums to capture affected communities' perspectives on health and social services.	Consistently supported advocacy action plan development and implementation by affected communities.	Engaged affected communities in monitoring and evaluating the effectiveness of advocacy strategies, activities, and forums, integrating their views into program revisions.
	Integrated community-identified issues within its advocacy agenda.	Regularly organized forums (both in-person and virtual) that enable community members to advocate directly to target decision-makers and the media.	An active community network that it is able to effectively mobilize at key advocacy moments.

WOMEN, YOUTH, AND MOST-AT-RISK POPULATIONS

Subsection Objective: The objective of this session is to evaluate your organization's systems for assessing issues that impact vulnerable populations, including women, youth, and most-at-risk populations (MARPs)[9] and effectively integrating these concerns into your advocacy agenda.

Resources: Advocacy strategy, community participation, and/or mobilization plan; community needs assessments; project activity or after-action reports; community mobilization or monitoring tools; and policy and budget analyses.

Women, Youth, and MARPs

1	2	3	4
The organization has:	The organization has:	The organization has:	The organization has:
Not actively solicited perspectives from or engaged women, youth, and MARPs in its advocacy programs.	Mapped vulnerable groups, in particular MARPs, within its project areas.	Involved women, youth, and MARPs in advocacy strategy planning and decision-making and integrated their views into program design and activities.	Adapted advocacy tools and training to enable women, youth, and MARPs to more confidently and effectively engage with decision-makers.
	Conducted activities to raise communities' knowledge of the unique rights and responsibilities of women, youth, and MARPs.	Fostered the vocal representation and decision-making power of women, youth, and MARPs in community action plan development and implementation.	Engaged women, youth, and MARPs in monitoring and evaluating effectiveness of advocacy strategies, activities, and forums and integrated their views into program revisions.
	Adapted tools and forums to specifically capture the perspectives of women, youth, and MARPs on health and social services.	Ensured women, youth, and MARPs have visible and vocal roles in the advocacy forums that bring communities and decision-makers/media together.	Organized specific and regular forums to support action plan development and implementation by women, youth, and MARPs.
	Integrated issues identified by women, youth, and MARPs into its advocacy agenda.		Organized specific and regular forums (both in-person and virtual) that enable women, youth, and MARPs to advocate directly to decision-makers/media.
			Conducted specific policy and budget analysis through a women, youth, and MARPs lens.

9. Relative to the Advocacy for Better Health Project, this includes orphans and vulnerable children, commercial sex workers, and fishing communities.