

I. INTRODUCTION

This section of the Living Testimony Toolkit provides guidance for planning and implementing strategic communications activities for preventing and treating obstetric fistula, with the ultimate goal of improving maternal health outcomes. Designed for advocates working at the national, district, or community levels, this primer outlines a step-by-step process for stimulating action on obstetric fistula among decision-makers, opinion leaders, medical personnel, and affected communities.

Strategic communications enable advocates to:

- Mobilise communities;
- Raise awareness of the underlying social and economic causes of fistula;
- Identify solutions to prevent and/or treat fistula;
- Generate media attention;
- Engage health providers as key partners and as agents of change; and
- Enlist the support of key decision-makers and promote appropriate action.

This primer provides concrete steps, best practices, and illustrative examples for implementing communications and advocacy activities related to the prevention, treatment, and post-treatment support of obstetric fistula. Strategic messaging can be utilised to:

- Promote supportive legislation that addresses the social, cultural, economic, and political contexts of maternal death and illness, including obstetric fistula;
- Strengthen health system capacity to provide quality maternity care that is accessible, affordable, and culturally acceptable;

- Strengthen health system capacity to manage obstetric fistula sensitively and ethically, ensuring that care and treatment are subsidised and accessible;
- Raise awareness of sexual and reproductive health and reproductive rights to address obstetric fistula;
- Promote empowerment and reintegration of women into communities post-surgery;
- Address cultural beliefs and traditional values which prevent women from seeking maternal health care;
- Involve women who have lived with fistula as equal partners in the design, implementation, and evaluation of maternal health programmes; and
- Promote partnerships to share key lessons and catalyse action.

Strategic communications can be used to promote action on obstetric fistula at the national, district, and community levels – e.g. by national non-governmental organisations (NGOs) to influence legislation and policies, and by local organisations to improve the provision of services within their communities.

Communication efforts to influence policy dialogue and resource allocation decisions of national and local governments can draw on findings outlined in Living Testimony. Such advocacy efforts can create awareness about the magnitude of fistula and the broad scale of negative economic and human development outcomes not only for the women affected and their families, but also for their communities, districts, and countries.

II. THE STRATEGIC COMMUNICATIONS PROCESS

Strategic communications provides a well-defined, step-bystep framework for achieving the change and results that you are seeking to achieve (your advocacy or communications goal) – whether it be a modification in policy, behaviour, or resource mobilisation.

The key steps are:

Step 1: Understand the Local Context

Step 2: Determine the Goal and Objectives of Strategic Communications

Step 3: Define Outcomes, Outputs, and Indicators

Step 4: Identify Key Decision-maker(s) and Target Audience(s)

Step 5: Develop Strategic Messages

Step 6: Identify and Mobilise Methods for Disseminating Messages

Step 7: Execute Plan

Step 8: Monitor & Evaluate Plan and Adapt Based on Review

In developing your communications plan, start with Step 1 and go in order, being careful not to skip any of the steps. You need to establish your goal and objectives before you select a decision-maker. And you need to identify your target audience before you can develop your communication messages.

While it may be tempting to skip steps on the assumption that the answers are clear and obvious, this tends to be a mistake – following these steps ensures that you always know whom you are trying to influence, whom your audience is, and what your goals and objectives are. It is important to have agreement on these points among all key players in your advocacy campaign.



STEP 1: UNDERSTAND THE LOCAL CONTEXT

It is important to undertake an external scan of your environment to identify and understand the context in which you will be implementing your communications activities.

Some key questions to consider in this external scan:

- What other organisations are working on maternal health broadly and fistula specifically?
- How is fistula perceived by community members, health providers, policy makers, and other key decision-makers?
- What are the social, cultural, economic, and political contexts in which fistula occurs?
- What are the causes of obstetric fistula and what treatment options are available?

This needs assessment will help to frame your advocacy and communications activities within the context in which fistula occurs, including social and cultural norms and attitudes, the political setting, and the economic situation that often define women's lives. This scan should also identify and involve women living with fistula or post-surgery; they can identify the barriers for seeking maternal health services, and provide solutions for addressing these barriers.

The Campaign to End Fistula carried out needs assessments in 29 countries which provide useful information on communities' knowledge, attitudes, and perspectives on pregnancy, delivery, and fistula. The findings from these needs assessments are outlined in the Living Testimony publication, and can be accessed here.

Quantitative and qualitative data may be collected through surveys, interviews, focus group discussions, and literature reviews; in some cases, this information may already be available.



STEP 2: DETERMINE THE GOAL AND OBJECTIVES OF STRATEGIC COMMUNICATIONS

Once you have assessed the local and national context in which obstetric fistula occurs, the next step is to identify your broad goal or vision for change: what are you trying to achieve in the long term? The answer to this question will shape and guide all subsequent decisions related to your communications and advocacy plan.

Once you have identified your goal, you will need to develop well-defined, concrete, and measurable messaging objectives. These, along with your broad goal, are the most important components of a good advocacy plan. Your objectives must be doable and measurable. Objectives can promote behaviour change, policy change, or resource mobilisation.

- With a policy maker, an advocacy objective may be to enact laws, policy, and resource allocation to support high-quality maternal health services.
- With a health care provider, the objective may be to promote high-quality maternal health services and programmes to prevent and respond to fistula and negative maternal health outcomes.
- For affected communities and opinion leaders, the objective may be to promote cultural practices that ensure healthy pregnancies, deliveries, and follow-up care.



- Achieve passage of specific legislation this year to ensure that all women receive free maternal health services
- Mobilise a 5% increase in funding levels for maternal health and/or obstetric fistula services in the national budget
- Within one year, improve the quality of maternal health services in the district health facility.

Best Practices

Objectives should be SMART (Specific, Measurable, Attainable, Realistic, and Time-bound). Try to avoid vague objectives such as raising awareness. Increasing awareness is not an end in itself; rather it is a mid-point on the way to changing behaviour and promoting action.



STEP 3: DEFINE OUTCOMES, OUTPUTS, AND INDICATORS

Once you have identified your broad goal and measurable objectives, you need to determine what your outcomes, outputs, and indicators will be. These will help you assess your progress in achieving your goal and meeting your objectives. It is important to identify qualitative and quantifiable ways to measure progress and success early in the process, and to review and adapt these measurements throughout the advocacy plan (see Step 7).

The measurements can be a mix of outputs and outcomes:

An **output** is the actual work, services, or programmes that you are undertaking to move your advocacy and communications plan forward. They are the tangible results from the activities you are implementing. For example, an output can be: the number of newspaper articles or press releases you have generated relating to your broad goal and key messages, or the number of people attending your advocacy event or training session.

An **outcome** is the expected change or result you are seeking to achieve (e.g. an increase in knowledge of the causes of obstetric fistula). Immediate outcomes are the result of meeting the project objectives; long-term outcomes are the significant changes the project ultimately strives to accomplish.

An **indicator** is a tool that helps you and your organisation know how far your project is from achieving your goal and objectives, and whether you are headed in the right direction. It is the specific unit of information that tracks outcomes or outputs.



Best Practices

▶ Choosing the right indicator is essential for effectively evaluating your progress. The right indicator should be relevant, understandable, easily measured, and should provide reliable information.

STEP 4: IDENTIFY KEY DECISION-MAKER(S) AND TARGET AUDIENCE(S)

The next step in the strategic communications process is identifying whom you are trying to reach and influence. The decision-maker is the individual or group of individuals who can help realise your objectives. For example, if you are seeking an increase in the level of resources for maternal health or obstetric fistula, the decision-maker would be a high-level policy maker, perhaps the prime minister or president; if you want to improve the quality of maternal health services at the district health centre, your decision-maker would be the health facility's medical director.

One you identify your decision-maker, you will need to determine whether your decision-maker will be the target audience, or whether you will communicate with other audiences who have an influence on your decision-maker. The impact of messaging is greatest when you have clarity about whom you are targeting to help achieve your objective. Broadly speaking, target audiences can be classified into (a) decision-makers and opinion leaders; and (b) health service providers and communities affected by fistula.

Your target audiences are the people who can influence your decision-maker and help achieve your objective. Once you have defined your target audience, you must identify an individual or group of individuals in order to develop your outreach strategy. For example, if you have identified your audience as the government, you may target the first lady, the governor of your district, or a local assembly person in order to achieve your objective. Second, assess where this individual stands on your issue. Is the individual informed about maternal health issues? Will this person listen to you? Think about the particular beliefs or values that are held by this person. For example, would this person encourage a family member to give birth with a traditional birth attendant or at a medical facility? Then determine if your message is **sharing knowledge**, **building political will, or promoting an action.**

Decision-makers and opinion leaders can influence laws, policy, and cultural practices to create an enabling environment for high-quality maternal health service provision. This includes addressing the broader reproductive health and socio-economic environment that contributes to fistula, reducing stigma of fistula, and influencing behaviours that contribute to fistula such as early marriage and unattended delivery. Decision-makers and opinion leaders are also capable of mobilising the diverse stakeholders required in the fight against obstetric fistula. Based on Living Testimony's findings, sustainable prevention and treatment of obstetric fistula will depend on a multi-sectoral response from other sectors, such as transportation, education, finance, and health.

Other target audience groups are those who are affected directly and indirectly by fistula and poor maternal health outcomes, such as women living with fistula, their families, and the health and community service providers who serve them. These groups can demand, utilise, inform, and directly influence the day-to-day delivery of reproductive and maternal health services, including the treatment of obstetric fistula and reintegration of women with fistula into their communities. Women living with fistula, health counsellors, and community educators can educate community members about unattended deliveries and obstetric complications that can lead to fistula.

Once you define your target audience, you must next assess their values and biases, and address the barriers that will prevent them from listening to your message and achieving your objective. This will take into account their internal beliefs and values system, and reflect how they think about and view the world.



Best Practices

- ▶ In determining who your decision-maker(s) will be, be as specific and clear as possible it is better to identify 5 or 10 key legislators whom you can influence rather than all of parliament.
- Segment target audiences by demography, geography, or by other relevant categories. The narrower the better.
- Do not target the general public: it is not a specific, defined audience.
- ▶ The smaller the audience, the easier it will be to create focused communications activities.

STEP 5: DEVELOP STRATEGIC MESSAGES

In developing strategic messages as part of an advocacy and communications plan, it is important to assess the context both inside and outside your organisation. Consider what organisational resources and challenges may impact your advocacy plan. Such assets or risks might include financial resources, human resources, partnerships, etc. Additionally, it is critical to be aware of external factors that might affect your advocacy plan, including the political situation, cultural barriers, governmental policy and budgets, community beliefs and practices, and potential obstacles or opportunities.

Once you have completed this scan, the next step is to define your broad theme and specific messages. Your theme is the broad issue that you want to convey to your audience. Themes might include high rates of maternal mortality, causes of obstetric fistula, delays in getting appropriate and timely emergency obstetric care, or sites for fistula treatment and reintegration programmes.

A message is developed once you know whom you want to reach (your target audience), their beliefs and values, and the theme you want to address. It is critical that your messages resonate with your target audience. Relating back to your theme, consider your target audience's values on the issue, potential barriers that may prevent your target audience from listening to your message, and the broad vision or change that you are seeking. Once those three items are clear, consider your message.

Best Practices

- Start with the positive. People respond more effectively to messages that start with a positive, shared value, followed by a call to action.
- Each message statement that you want to convey should be clear, concise, and limited to one or two simple ideas or requests for action.
- Keep your language simple and avoid jargon or insider language.
- Provide personal stories that present a "human face" to the data and statistics.
- ▶ Be sensitive to the cultural, national, and religious context.



STEP 6: IDENTIFY AND MOBILISE METHODS FOR DISSEMINATING MESSAGES

Once you have made key strategic decisions related to goal, objectives, messages, and audience, you can begin identifying the how and what of your advocacy plan – the communications tactics that you will implement to achieve your objective. Tactics can include advocacy events and media outreach, and other communication channels such as radio programmes, television, local theatre groups, newspapers, magazines, the Internet, or other means of getting your message out to your audience.

Best Practices

Communications activities should hit target audiences a minimum of three times through different channels; for example, through email, in person, and through media coverage.

Identify Messenger/Spokespeople

You need to identify who is best able to reach your target audiences and who can persuade them in reaching your objective. A good spokesperson is critical to getting your message across: depending on the themes, messages, and audience, it may be a technical expert who is knowledgeable about the issues, or a woman or community member who has been directly affected by fistula. Women living with obstetric fistula serve an important role in raising awareness and sensitising communities to the causes and consequences of fistula. They bring a new voice and women's perspectives to advocacy for maternal health (e.g. identifying messages that will resonate in communities and the most appropriate communication channels for spreading these messages.)

Strategies for Working with Fistula Survivors

- Incorporate the voice of fistula survivors in the design, implementation, and evaluation of programmes.
- Build the capacity of fistula survivors to speak out on fistula and advocate for change in their communities-both nationally and globally.
- Provide women with a platform and opportunities to share their stories and to be heard.

The following strategies pursued by the Campaign to End Fistula highlight the critical role that recognised spokespeople can play in getting messages across to key audiences.

Working with recognised celebrities to raise awareness
Miss Ghana 2007, Frances Takyi-Mensah, has become an
advocate for resource mobilisation, awareness creation,
treatment, and rehabilitation for obstetric fistula in her
country. Her year-long project on obstetric fistula, entitled
'Miss Ghana @50 Campaign: Fighting Fistula Together"
was presented at the Miss World beauty pageant in
December 2008. The partnership between UNFPA and Miss
Ghana has contributed to commitment from powerful chiefs
and political leaders for the eradication of fistula in Ghana.

Working with fistula advocates

The UNFPA Kenya office supported the involvement and participation of fistula survivors, locally known as Ambassadors of Hope, in advocacy efforts within their communities. This effort culminated in one of the fistula

survivors participating in the Women Deliver conference held in London in October 2007.

Working with creative art and fistula advocates to communicate with communities

In collaboration with 'Cinéma Numérique Ambulant', sixteen educational sessions on obstetric fistula were organised in the Dosso and Tillabery regions in Niger. Attended by over 10,000 people, these sessions provided opportunities for community members to view films and dramatic presentations on the causes and consequences of obstetric fistula. In addition to the creative demonstrations, advocates who had received fistula treatment spoke about their experiences living with fistula, and the discrimination and stigmatisation they experienced. The fistula advocates reached out to parents and husbands in order to highlight the impact of abandonment on women living with fistula. The events provided opportunities for health workers and midwives to deliver information about the contributing factors for fistula and the advantages of well-monitored pregnancy and delivery.

Organise Advocacy Events

Advocacy events can engage policy makers and other key decision-makers through direct participation, and through strategic media coverage. Events organised by the Campaign to End Fistula and its partners to highlight the social, economic, and political impact of fistula have included:

Popular Tribunal on Girls and Women's Lives, Women's Dignity Project-Tanzania: Convening women affected with, or vulnerable to, fistula

The Women's Dignity Project (WDP) convened NGOs, experts, and political decision–makers to participate in a popular tribunal focused on issues affecting the welfare of women and girls: maternal mortality and morbidity, gender-based violence, and abuse of house girls. This tribunal combined personal testimonies from women and girls and concluded with statements by judges and political leaders outlining clear steps towards rectifying these abuses.

By creating national exposure to key issues underlying

women's health, especially through direct personal testimonials, commitments to ameliorate these harmful conditions were made by national decision-makers. For example, a senior leader of the national police force committed to improving the physical safety of women and girls.

Call to Action–South Africa: Building regional consensus and priorities around fistula among national decision–makers

The South Africa Conference on Making Motherhood Safer by Addressing Obstetric Fistula provided an opportunity for health care decision-makers and policy makers from 34 African governments to learn about promising practices in fistula prevention, treatment, and post-treatment support.

Decision-makers at the conference focused on drafting, negotiating, developing, and agreeing on a two-page document called the Johannesburg Call to Action, and a draft Regional Strategy for Obstetric Fistula Elimination in Africa. These represent essential guides towards mainstreaming fistula into the national reproductive health and safe motherhood strategies and programmes.

Outreach with Media

Media outlets such as radio programmes, television, local theatre groups, newspapers, magazines, and the Internet, can serve as key channels to make messages accessible and relevant to decision-makers, opinion leaders, community members, and other key stakeholders. The media can be a target group as well as a means to reach your audience.

Drawing on global experiences, key components of a strategic collaboration with the media can include:

- Building capacity to report on fistula and its broader socioeconomic impact through seminars and by facilitating access to women and communities affected by fistula;
- Working with media to produce and disseminate multimedia (radio announcements, television spots,

documentaries) to raise awareness about fistula, maternal health, and its social, political, and economic impact; and

 Engaging decision-makers in the production and dissemination of media where possible.



Strategies pursued by the Campaign to End Fistula and its partners to optimise collaboration with the media in the fight against fistula have included a combination of some, or all, of these components:

Building the media's capacity to report on fistula:

UNFPA in Senegal, UNFPA in Pakistan, and the Women's Dignity Project in Tanzania developed the media's capacity to cover obstetric fistula and maternal health more broadly through their media outlets. Their efforts focused on convening educational seminars for journalists and promoting interactive dialogues between journalists and women and communities affected by fistula.

Journalists acquired first-hand information about obstetric fistula; experienced the intensity of its real-life consequences

on women, families, and their communities; and gained knowledge about the multiple factors contributing to the pervasive prevalence of obstetric fistula. These experiences resulted in a series of audiovisual and written media productions that were distributed through a variety of media outlets, including print, radio, and electronic media.

Produce and disseminate multimedia to raise awareness about fistula and maternal health: Audiovisual media can bring to life the devastating consequences of obstetric fistula on women, families, and their communities. One strategy to involve media is to issue a press release. A press release is a document issued to media to announce a conference, launch of a publication, or any other significant event. In addition to attracting media attention towards the event, it provides an opportunity to promote your education and/or advocacy agenda by including your key messages (Click here for a sample press release.)

Examples from Tanzania and Pakistan demonstrate the power of broadcasting personal testimonies of women and communities affected by fistula to diverse target audience groups ranging from senior national government decision-makers to local communities.

In collaboration with filmmakers, a documentary about maternal death in Tanzania, Dead Moms Don't Cry, was produced and distributed to the population at large, policy makers, and villages. Dissemination to villages included working with community theatre groups to facilitate large village-based debates (approximately 300-400 people per session), which highlighted the reality of barriers faced by rural communities in accessing maternal health care. By involving journalists, these perspectives about health services and maternal mortality were shared with the rest of the country for the first time through the media.

In Pakistan, a documentary film was broadcast to political leaders, stakeholders, and policy makers. Key messages emphasised the importance of reducing adolescent pregnancies, increasing access to good obstetric care, and providing treatment to women with fistula.

STEP 7: EXECUTE PLAN

Now that you have made all the strategic communications decisions and have identified the key communications activities, you can begin implementing your communications strategy. Key factors and questions that need to be considered in the execution of your advocacy plan include:

- Timing and timeline: When, and over what time span, will you implement your communications activities?
 What existing opportunities (national days, scheduled conferences) can be leveraged?
- Assignments and roles: Who will execute your plan?
 You will need to identify and assign tasks to the
 individuals who will be working with you to carry out
 your communications activities. Will you be using paid
 staff, volunteers, or colleagues from partner agencies?
- Budget and other resources: How much will it cost to implement your plan, and how will you raise the funds?



STEP 8: MONITOR & EVALUATE PLAN AND ADAPT BASED ON REVIEW



As you begin to execute your communications plan, you will need to monitor and evaluate how well your activities are progressing towards your stated goal. The measurements can be both quantitative (e.g. how many news articles with your key messages appeared in national media outlets?) and anecdotal (e.g. whether you were able to secure a key spokesperson for your advocacy campaign). These indicators of success need to be reviewed throughout the implementation process so that you know whether your messages are reaching your audience, and whether your activities are having an impact. If your plan is not working, you can refine and revise your activities as needed.

CONCLUSION AND NEXT STEPS

Strategic communications is key to the success of your advocacy and communications efforts because it utilises resources (both human and financial) efficiently and ensures better outcomes. These steps are the foundation for the key decisions made when planning and implementing strategic communications activities for preventing and treating obstetric fistula, as well as improving maternal health more broadly.

Once you have made all of the strategic decisions, you are ready to begin your advocacy campaign. You can decide to work independently, or you can assemble a core group of partners who will work with you on the campaign's messages and activities.

For more information, download the following resources:

- The Spitfire Strategies Smart Chart 3.0
- UNFPA Media Guide: A Guide for UNFPA Country Offices on Communications, Media and Public Relations



COMMUNICATIONS AND ADVOCACY FOR OBSTETRIC FISTULA CHECKLIST

Below are some questions to consider when implementing an advocacy and communications campaign:

STEP 1: THE LOCAL CONTEXT	ACTIONS TO TAKE
What are your country's social and cultural attitudes and beliefs about the causes of obstetric fistula?	
2. What are the key organisations working on maternal health broadly or obstetric fistula specifically?	
STEP 2: GOALS AND OBJECTIVES	ACTIONS TO TAKE
STEP 2: GOALS AND OBJECTIVES 1. What is the broad goal are you trying to achieve?	ACTIONS TO TAKE

STEP 3: OUTCOMES, OUTPUTS, AND INDICATORS	ACTIONS TO TAKE
What are qualitative and quantifiable ways to measure your project's progress and success?	
2. Are the indicators you have identified relevant, understandable, easily measured, and do they provide reliable information?	
STEP 4: KEY DECISION-MAKER(S) AND TARGET AUDIENCE(S)	ACTIONS TO TAKE
What decision-maker(s) can make your objective(s) a reality?	
2. Is your decision-maker the same as your target audience?	
3. How can you reach your target audience and move it to action?	

STEP 5: STRATEGIC MESSAGES	ACTIONS TO TAKE
 How do you think your target audience will respond to your messages? 	
2. Do your messages reflect your target audience's values and core concerns?	
STEP 6: METHODS FOR DISSEMINATING MESSAGES	ACTIONS TO TAKE

STEP 7: EXECUTE PLAN	ACTIONS TO TAKE
 When will you implement your communications activities? What existing opportunities (national days, scheduled conferences) can be leveraged? 	
2. Who (staff, volunteers, or colleagues) will execute your plan?	
3. How much will it cost to implement your plan?	
4. How will you raise funds?	
STEP 8: MONITOR & EVALUATE	ACTIONS TO TAKE
How will you measure progress and your project's success?	
2. What qualitative and quantitative indicators will you identify to assess your progress towards your project objectives and goal?	