



## ADVOCACY PLAN

Our Advocacy Plan is based on the most widely used definition of advocacy:-

*to plead or raise one's voice in favour of; to defend or recommend publicly*<sup>1</sup>.

In other words, to stand beside, not to do for<sup>2</sup>.

### **Advocacy Agenda:**

To reduce neonatal mortality by the establishment of self-sustaining neonatal care training programmes in poorly resourced areas of the world.

### **Advocacy Ambition:**

What we are hoping for is best summarised by the term *capacity building* as defined, for example, by the Overseas Development Institute as:

*the ability to perform appropriate tasks effectively, efficiently and sustainably*<sup>3</sup>.

The emphasis is on the importance of local ownership and the understanding that participatory approaches are key.

NICHE's long-term involvement in all our training programmes reflects the principles expressed:

- *Don't rush: capacity building is a long-term process. It avoids delivery pressures, quick fixes and the search for short-term results.*
- *Stay engaged under difficult circumstances: the weaker the capacity, the greater the need.*

### **Advocacy strategy:**

We will use the key components of **impactful and effective**<sup>4</sup> advocacy to implement our strategy, as follows:

- Provide accurate and helpful information
- Frame arguments in a relevant way
- Partner with other organisations
- Engage senior leadership in the conversation
- Demonstrate a commitment to sound conduct and the greater good
- Offer positive and credible alternatives
- Invest in the long term process
- Recognise that our advocacy is a means to achieve our goal rather than an end in itself
- Believe that change is possible and inspire others to feel the same.

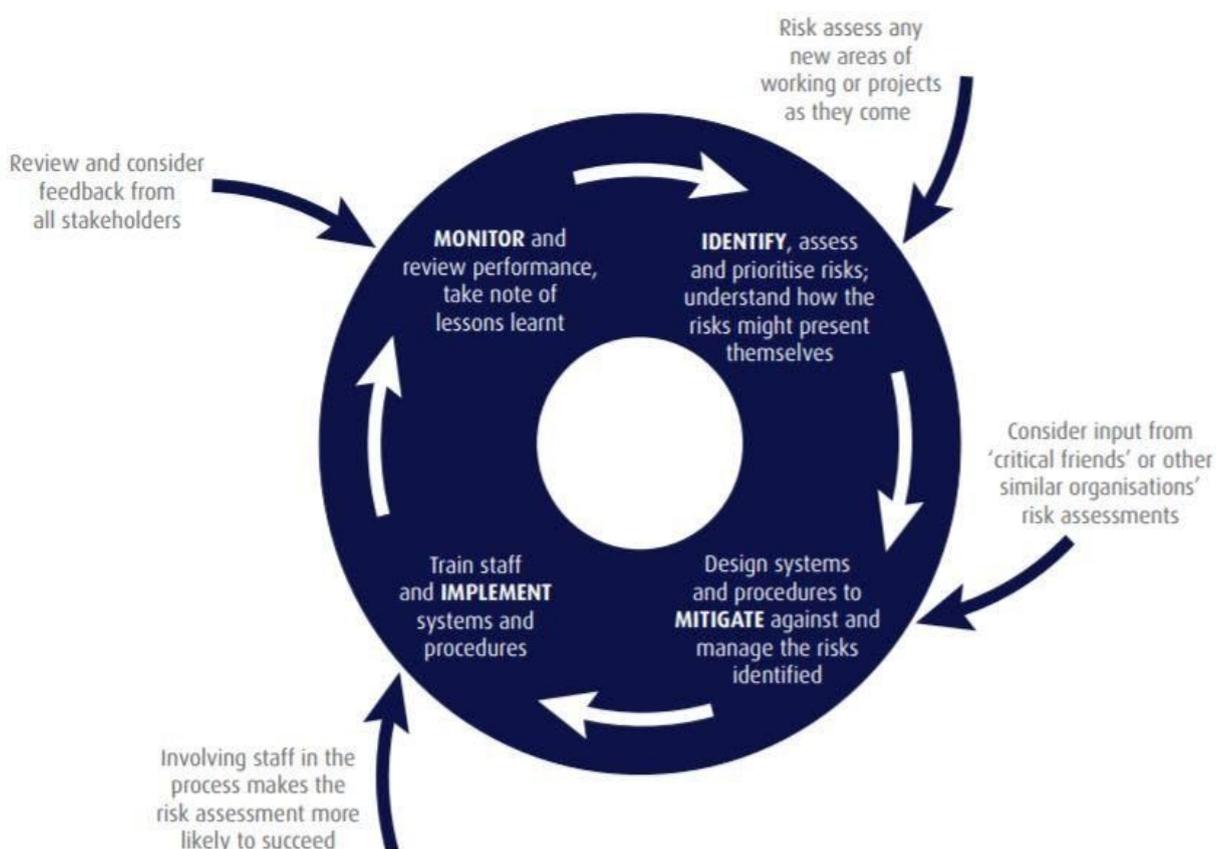
We will incorporate the following into the preparation and delivery of our courses:

- Empowering people
- Flexibility
- Acceptance of diversity
- Accountability

### Advocacy and risk factors

New projects will be risk assessed using the Risk Cycle recommended by the Charity Commission of England & Wales.

## The risk assessment cycle



The table below summarises areas of risks relevant to the advocacy undertaken by NICHE around our established training programmes. It is based on our application of the Systems Model of Baser and Morgan<sup>5</sup>.

	Local	Regional	National	International
<b>Beneficiaries</b>	Mothers/ babies/ families Health workers	Trained health workers	Sustainable training programmes cascaded nationally	
<b>Health sector (government/ religious/priv ate)</b>	Local clinic	Hospital/referral facility Training organisations	Nursing/medical organisations. Health Services Health Ministry	
<b>Development partners</b>	Local partners			UK and international donors
<b>Security</b>	Civil unrest Travel	Civil unrest Political flashpoints Travel	Civil unrest Travel disruption Pandemic	Travel disruption Pandemic
<b>Media &amp; communicati ons</b>	Local champions Local media			Publications, talks etc UK

#### Advocacy Characterisation:

Our take on advocacy is consistent with the definitions stated above, but we also believe that NICHE advocates should be:

*quiet, reformative and constructive – advocates who don't simply wag their fingers and cry foul but figure out new ways of addressing serious problems and making a significant difference<sup>6</sup>.*

#### References and Further Reading:

<sup>1</sup> Oxford English Dictionary

<sup>2</sup> Waterston T and Tonniges T *Arch Dis Child* 2001;**85**:180–182

<sup>3</sup> Working Paper 260 Capacity Development for Policy Advocacy: Current thinking and approaches among agencies supporting Civil Society Organisations, Monica Blagescu and John Young, Overseas Development Institute, London

<sup>4</sup> <https://www.womankind.org.uk/policy-and-campaigns/resources/women%27s-rights-advocacy-toolkit>

<sup>5</sup> Baser, H. and Morgan, P. (2008) *Capacity, Change and Performance Study Report*. (ECDPM Discussion Paper 59B). Maastricht: ECDPM. Retrieved from: <http://ecdpm.org/publications/capacity-change-performance-study-report/>

<sup>6</sup> Waterston T *Arch Dis Child Educ Pract Ed* 2009;**94**:24–28