Tool 2

Creating a policy influence plan

Time: Generally takes 2-3 hours for one project.

Resources: Requires 3-6 large pieces of flip chart paper, marker pens and approximately 3-10 people participating. A facilitator can be helpful. Works best when an AIIM map has already been completed.

What is the purpose: After completing an AIIM stakeholder map, the next step is to refine ideas of how the project's work with these stakeholders might lead to changes in their attitudes and behaviour. This requires developing a policy influence plan. This can also be thought of as a 'theory of (policy) change'.[1] This means considering how the stakeholders initially engage with the project, whether and how they take on board the key messages, and finally how they internalise the issues to the point where they can even act on the project's behalf to spread the message themselves.[2]

The policy influence plan builds a deeper understanding of your project's impact and impact indicators (beyond assuming broad change to policy and practice). It should focus on challenges, such as: poor relationships between implementing institutions, politics, decentralisation, lack of capacity for key tasks, budget shortfalls, and the ongoing challenges of making headway in complex and sometimes impenetrable bureaucracies. It is important to recognise these realities and capture them in your planning. Developing a policy influence plan will ensure that your understanding of what constitutes impact recognises these very real constraints.

How to do it:

Fig 2: Policy Influence Plan (Theory of Policy Change)

[1] See Vogel, I 2012 A *review of the use of 'Theory of Change' in international development* for a comprehensive review of theories of change.

[2] MHIN has developed comprehensive guidance on developing and using theory of change for project development and impact evaluation. This differs from outcome mapping-informed theory of change, focusing on developing a project approach through a review of existing evidence, significant stakeholder consultation and the conceptualisation of potential causal pathways to achieving impact through implementation, fundamentally providing a framework that is measurable, thereby supporting process and impact evaluation.

The steps:

There are numerous ways to go about developing a policy influence plan, but we suggest using the following steps, which draw on Outcome Mapping:

1. Using your AIIM (from Tool 1) discuss the arrows that you have drawn, indicating where you want to move your key stakeholders. You are now going to flesh out the 'how' for each of these arrows.

2. Start to prioritise and group these stakeholders/arrows, listing them from 1 to 6. It may be helpful to use the sticker dots symbolising power and influence to inform this. Different people in the team may have different opinions about prioritisation, so ensure everyone is heard and has a chance to comment. You have limited time and energy, so selecting who to focus on is important. That is why it is limited to six. You are essentially creating a policy influence plan for each one. Stakeholders can be grouped together if, broadly speaking, the kind of outcomes you are looking for are similar and the strategies you will use to engage them are similar.

3. Put new pieces of flip chart paper on the wall or somewhere accessible, and appoint a scribe who has the marker pen.

4. On each piece of flip chart paper, list a different stakeholder or a different grouping of stakeholder. You could title one piece of flip chart paper for each AIIM quadrant group (four in total), or for each stakeholder type (e.g. donors, private sector, government), or for each key stakeholder. This will depend on the time/resources you have. We recommend one piece of flip chart paper for each key stakeholder (maximum of six).

5. Under the title of each stakeholder, create a matrix:

Desired behaviour change	What this looks like	How to achieve this
Expect to see		
Like to See		
Love to See		

6. Now (in the 'what this looks like column') describe the changes in behaviour you would: a) Expect to see b) Like to see c) Love to see.

   Write the behavioural changes in active language, describing what you would actually be able to see. For example, 'greater gender sensitivity' is a good outcome, but it is not clear what it would look like. What you would see if a stakeholder was showing greater gender sensitivity?

   These should be a graduated set of statements describing a progression of changed behaviours in a stakeholder. This distinguishes between three different levels of change:

   i. Changes we would ***expect to see***: the early positive responses to your work (such as attending meetings convened by the project, giving feedback on a publication).
   ii. Changes we would ***like so see:*** active engagement with what you are doing (such as inviting you to attend one of their meetings, asking for information on project-related issues).
   iii. Changes we would ***love to see***: deeper transformations in behaviour, which indicate that your messages have been completely internalised (such as appointing your project collaborator onto a standing committee, incorporating one or more messages from your project into a strategy document or taking a decision about resource allocation). These changes could also be more long term and may even take place after your project

has finished. The purpose of these changes is orientation – they provide the overall direction of change towards to broader vision.

The lines between the different changes are blurred, and it is a matter of judgement as to which change falls into which category. An 'expect to see' change in one context can be like to see in another.

7. Using the 'How to achieve this' column, identify what the project will do, and what others will do, to stimulate these changes. It may be helpful to draw upon some of the ideas below when thinking about how to achieve change:
    - Research
    - Involving users in your project governance
    - Developing, joining, strengthening a network(s)
    - Building/strengthening a partnership(s)
    - Working with the media (online, print, audio, visual)
    - Academic research communications (journals and conferences)
    - Digital communications (blogs, emails)
    - Publications (policy briefs, briefing papers, opinion pieces)
    - Negotiations
    - Events (public and private meetings)

8. As the team identify these behaviour changes, ask people to explain to the group the assumptions behind the behaviour change. Try to be realistic, think about access, budget and time constraints, for example, stating that the President will read your policy brief and allocate $1 million to mental health is not realistic. Encourage people to articulate the real life complexity of the change process.

Your policy influence plans are not static. It is worth revisiting them annually, or more frequently if things are changing rapidly, to assess whether project plans need to be revised.

What it might look like:

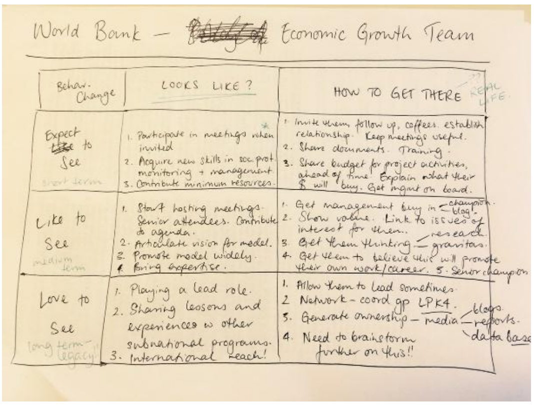

Image 2: Examples of Policy Influence Plans in action

More detail on creating a policy influence plan (if time allows)

Step 1: Analysing the current context

This first step is often overlooked, but helps develop a good baseline and thus a more accurate analysis of how change might happen and the impacts that might be possible. The depth of analysis done at this stage is project-specific. Some may wish to do a full-blown political economy analysis,[3] but for researchers testing innovations through small scale or pilot intervention projects, it may be more appropriate to limit the focus to understanding the relationship between knowledge from the project and policies they wish to influence. (See also two background notes from ODI's analytical framework, and using it to improve programming).

The key issues to consider are:

- *Knowledge and information*. What knowledge is currently used in debates around mental health? For example, is it knowledge from formal research; from past experience perhaps published as evaluations; is it widely shared opinions; or do ideas come largely from ideologies and beliefs? Which of these types of knowledge dominates?
- *Actors and stakeholders*. Whose voices are the strongest in debates on health locally? Who is currently seen as credible and why? What networks exist between different stakeholders? Are there stakeholders whose voices are marginalised? Who decides what knowledge counts, who arbitrates between contrary facts and opinions?
- *Knowledge intermediaries.* Are there actors who broker debates, bringing new ideas into the discussions, synthesising evolving understanding, and communicating with stakeholders? Are there other active disseminators, such as lobby groups, civil society organisations, press and media, who actively participate in debates around issues related to mental health?

For all of these three issues, consider:

- *Processes*. How does knowledge circulate? Is it written down, or is it oral? Is it public, or do critical debates and decisions take place in private networks behind closed doors? Does the political context[4] affect how knowledge of mental health flows around debates?

The point is to look for any major aspects of the current context that may affect how change happens, particularly the sorts of changes you might want to see as a result of your project.

Step 2: Developing your plan

The lines between the three levels of change (expect to see, like to see and love to see) are blurred and it is a matter of judgement as to which change falls into which category.

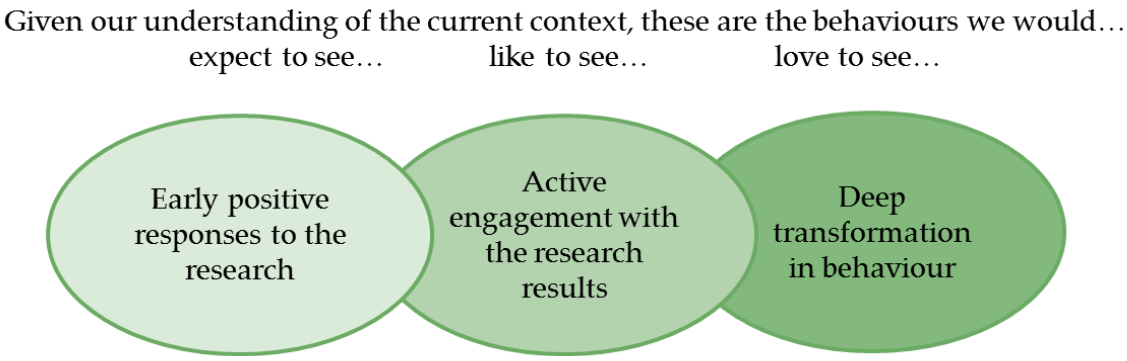

Fig 3: Using Outcome Mapping to develop a theory of (policy) change.

[3] See DFID's how-to note
[4] This does not necessarily mean party-political issues (though could include them): it means issues where the balance of power between stakeholders is an important consideration in how they act and how they relate to each other.

This example shows the way a project might set out the changes they would expect, like and love to see for one of their key stakeholders, in this case, key officials in the Ministry of Health:

Expect to see	We would expect to see that key officials in the Ministry of Health have all committed to involvement in the project, and show this by active participation in the project initiation workshop. In addition, these stakeholders agree to meetings with us when we approach them.
Like to see	We would like to see the Ministry of Health officials agree to meetings to explore the scope of scaling up our project in the current area and future districts. They listen to our progress/findings and seem interested.
Love to see	We would love to see the local Ministry of Health officials agree to endorse us for scale up and they begin to investigate committing some small government funds towards the future of the project. In addition and as a result of this, we would love to see sub-national regulations begin to change to reflect the improvements we are piloting.

You can present the plan in a table, as above. It is helpful to separate out your general statement of what the changes will look like (e.g. 'Department X begins to seek out emerging project results') from more specific indicators (e.g. 'Local collaborator is invited onto the standing committee for issue X'), which can be tracked. Dissecting the specific indicators of change, and ensuring that their sequence is logical, can be a helpful way of checking the overarching logic of the plan.

It is important not to assume that all 'like to see' behaviours (for example) have to happen at the same time across the different policy influence plans. Change in social processes is decidedly non-linear; people may block change for reasons that are not immediately clear, or they may suddenly get the point because of several things happening simultaneously. Most of this is outside your control. Developing different policy influence plans for different stakeholders helps you unpick the assumptions about how change happens.

If you have more time, a more in-depth matrix for your flip chart paper would be:

	General statement of change	Which stakeholders are involved?	Specific indicators
Current context:			
Expect to see: early positive response			
Like to see: active engagement			
Love to see: deep transformation in behaviour			

Table 1a: An initial policy influence plan

Step 3: Identifying the project's role, and checking assumptions

The final step would be to then – for each stakeholder – add in two columns: 'what will the project contribute' and 'what will others contribute' (so your flip chart resembles Table 1b below). You can add an additional piece of flip chart paper to the right, for more space if necessary. This helps you to look at the contributions made by your project and its team members, and contrast it with those made by others. The first column sets out what the project will contribute, and the second looks at what you are *assuming* about how others will contribute:

	General statement of change	Stakeholders involved	Indicators of change	What will the project contribute?	What will others contribute?
Current context					
Expect to see: early positive response					
Like to see: active engagement					
Love to see: deep transformation in behaviour					

Table 1b: A final policy influence plan

Having gone through these three steps it should now be possible to revise your project's policy influence plan to:

- refine your understanding of the different types of impact your project can have;
- be clear about the limits to what your project can achieve and what needs to be achieved through others; and
- develop some concrete indicators of the impacts of your project and the longer-term impacts of your work.

This tool is part of a Global Mental Health Policy Toolkit created in response to a report titled 'Global Mental Health from a Policy Perspective: A Context Analysis' produced by the Research and Policy in Development (RAPID) team at the Overseas Development Institute (ODI) for the Mental Health Innovation Network (MHIN). For more details visit: www.mhinnovation.net/