

3.7 Core function #6: Supporting advocacy

Advocacy should be a routine part of the sub-cluster's work as one of the six core functions. The section below introduces definitions, processes and examples to facilitate advocacy.

What is advocacy?

There is no single "correct" definition of advocacy or orthodox method. At the global level, the GBV AoR provides a definition for sub-clusters, featured in the box below. At the field level, sub-clusters will need to discuss this definition to create consensus on what advocacy means to them.

Advocacy is "a deliberate process, based on demonstrated evidence, to directly and indirectly influence decision-makers, stakeholders, and relevant audiences to support and implement actions that contribute to health and the fulfillment of human rights, specifically in regard to GBV in humanitarian contexts. Effective advocacy includes a mix of activities that educate, persuade, pressure, mobilize and monitor people and institutions that can make – or block – change.

— *Gender-based Violence in Emergencies Advocacy Handbook* (GBV AoR 2014)

One option to initiate advocacy discussions within the sub-cluster is to create a sub-working group (an advocacy task team). It can develop an advocacy strategy (see Chapter 4 on technical working groups). This group may be responsible for creating tools to identify and build consensus on priority advocacy issues, as well as tracking advocacy efforts. They also may draft advocacy messages or materials for endorsement by the broader coordination body. The group should include local women's groups and representatives so that they are engaged throughout the advocacy planning, design, dissemination and monitoring process. This group can make advocacy on GBV issues meaningful in the local context.

Benefits of coordinated advocacy

- Speaks with "One Voice", as a collection of organizations is more powerful than a single voice.
- Avoids backlash against a single organization or individual.
- Turns rhetorical commitments into policy and programming.
- Provides a platform for local voices, particularly women and girl's voices, to be heard by larger audiences.

Working with local organizations, including WLOs, DPOs and LGBTI organizations, is critical to the impact of advocacy. These groups should not be used only to extract quotes or personal stories. This work should entail meaningful participation throughout the advocacy process.

Minimum advocacy deliverables

This is a list of priority tasks when time and resources are extremely limited in the most acute phases of a crisis. Advocacy should not be limited to these deliverables.

- **Set of common "life-saving" messages:** The messages highlight two to three actions related to GBV response (in everyday language) to facilitate access to services and ensure protection for the affected population within the earliest days of crisis.
- **Talking points or key messages on GBV basics:** The talking points and messages aim to persuade stakeholders to prioritize GBV response and ensure the GBV guiding principles (safety, respect, confidentiality and non-discrimination) are respected by all humanitarians within the earliest days of crisis.

- **A one- to two-page advocacy brief:** The brief presents the key GBV issues in the context to donors and humanitarian leadership, and is updated regularly. (See the GBV AoR Advocacy Handbook for further guidance and template, and an example in Annex 19.) The brief is for use within weeks of the onset of crisis.
- **Talking points, chart or one-pager to promote GBV integration:** These items promote GBV integration in other sectors using the IASC GBV Guidelines as a tool to develop the product. For use as soon as possible.
- **Basic chart or template of an advocacy strategy:** Develop the strategy as soon as the GBV sub-cluster is established and able.
- **Regular, ongoing provision of talking points or key messages:** Provide talking points or key messages to the Protection Cluster, ICCG and HCT on key challenges and “asks” for GBV response. Timing will vary according to stage of crisis and needs, but could range from a weekly to monthly basis. The GBV coordinators should be empowered to produce these notes as needed, working from discussions and issues raised by coordination partners.

Step by step guide for conducting advocacy

The GBV sub-cluster will address an evolving range of advocacy issues and need to produce an evolving range of products during a crisis. For example, the GBV coordinator may have less than 24 hours to provide the Humanitarian Country Team with talking points, or the GBV sub-cluster may have months to plan events for the annual 16 Days of Action Against GBV. Regardless of the issue or mode of advocacy, the process for developing and conducting effective advocacy will be similar. Some of these steps, such as resource mobilization, may start earlier or overlap with other phases. It is important to note these steps are areas that need to be considered throughout the dynamic process of defining, re-defining and achieving the goal and objectives for each area of advocacy.


Steps for Advocacy Activities



- Gather and analyse information and evidence to understand the specific dynamics of GBV in the operational context. Key sources of information may include assessments of the humanitarian context, and analyses of gender, power and women’s protection.
- Conduct policy and political context analysis.
- Agree on policy position(s).

At the completion of Step 1, the issue should be focused and clearly explained. There should also be consensus among GBV sub-cluster members on a general, common position.

STEP
2



DEFINE GOAL AND OBJECTIVES

The goal of any advocacy by a GBV sub-cluster is to reduce risk, promote resilience, and support lasting solutions to GBV. This overarching goal may be broken down into more specific objectives, such as increased funding for a particular type of intervention or a change in a law or policy to improve access to services for survivors.

Objectives of advocacy in humanitarian contexts should be short-to-medium term, specific and measurable. Sometimes people use the term “asks” as shorthand for advocacy objectives. Throughout the response, it is important for GBV coordination members identify and agree on their “key asks”.

Once the objectives are defined, simple indicators should be chosen to measure progress towards meeting the advocacy objectives.

Examples of advocacy objectives	Indicator(s)
The national government provides more funding and training opportunities for local social workers providing GBV case management in X disaster-affected area to improve quality and access to services for the affected population.	<ul style="list-style-type: none"> • Percentage increase in government funding for local social workers in X disaster area • Number of government social workers trained in GBV case management in X disaster area from 2017-2018
Humanitarian Country Team supports negotiations and facilitates access for more international NGO organizations to provide specialized GBV services meeting minimum standards for quality care (e.g. psychosocial support, GBV case management, etc.) in X disaster area.	<ul style="list-style-type: none"> • Humanitarian Country Team agreement to facilitate negotiations/access (as reflected in HCT minutes) • Number of international NGOs providing specialized GBV services meeting minimum standards for quality care in X disaster area
The national government and humanitarian leadership create policies (e.g. codes of conduct, ministerial directives; strategies) that prohibit and prevent child marriage in disaster-affected areas.	<ul style="list-style-type: none"> • Ministry of Disaster Response issue directives prohibiting child marriage by staff and humanitarian responders, outlining consequences (Y/N) • Humanitarian Country Team adopts advocacy strategy on Ending Child Marriage (Y/N)

STEP
3 
IDENTIFY TARGET GROUP(S)

In this step, partners identify actors they wish to influence with their advocacy. The audience should consist of decision-makers and their influencers (formal or informal) who can bring about change.

Analysis in this step maps which decision-makers or implementers are already supportive, and those who are opposed to the change. Then, it should also consider to what degree each of them has willingness and ability to make change. It is critical that GBV sub-clusters understand and prioritize their audiences, in order to maximize resources.

Some audiences should be routinely considered when mapping and analyzing target audiences:

- Protection Cluster (including all the AoRs)
- Inter-cluster/sector Coordination Working Group
- Humanitarian leadership (HC/HCT, as a whole and individual members)
- National government, with focus on the relevant ministry and their leaders
- GBV service providers (international, national or local)
- Key representatives of the affected population (including local community leaders, religious leaders, women leaders, youth leaders, and leadership of organizations for disabled persons and aged persons)
- Donors

STEP
4 
DEVELOP MESSAGE



















Drawing on the expertise of the GBV sub-cluster members, or topical experts, messages should be carefully crafted to achieve the objectives. An effective message will be tailored to be expedient, credible and compelling to the target audience. If there is not sufficient expertise within the sub-cluster or resources are not available on the ground, coordination body members may seek advice or support from the GBV AoR's Policy and Advocacy Reference Group (PARG).

Messages should refer to accepted standards and principles, such as IASC, inter-agency and Sphere standards. Avoid jargon, particularly when communicating with non-GBV specialists.

STEP
5

**CHOOSE
COMMUNICATION
STRATEGIES**

In this step, partners identify the appropriate communication strategies or channels to deliver the advocacy message to the target audience(s). Different communication strategies may be adopted for various groups. For example, target a high-level visit by a donor delegation with an executive briefing packet. A variety of strategies are available to GBV sub-clusters. Strategies such as those listed here can be adjusted to fit different budgets, audiences and issues:

-  Bilateral meetings with target agencies/organizations
-  Group meetings
-  Seminars, workshops, special briefings
-  Public events around key dates on the special event calendar
-  Informal discussions at social gatherings
-  Legislative/parliamentary hearings
-  Fact sheets, one-pagers
-  Radio or TV interviews
-  Public debates
-  Posters, flyers
-  Contests to design slogans or songs
-  Letters to leaders, legislators, others
-  Press release
-  Presentations to HCT, ICCG or other clusters
-  Email messages, electronic mailing lists
-  Mobile phone messaging
-  Social media
-  Distribution of core guidelines or IEC materials

Not all communication strategies are formal, public or expensive. Sometimes the best strategy is an informal, private, one-on-one conversation over coffee, particularly if the issue or audience is sensitive.

Communication strategies and channels (public and private) must be chosen with a Do No Harm approach to ensure the rights of survivors and the affected population are upheld at all times. (See further information below on engagement with the media.)



Resource mobilization is not only about seeking funding for a particular advocacy event or product; it also includes recruiting allies and pre-existing human resources. It may be useful to conduct some initial resource mapping and mobilization prior to choosing the communication strategy. Create opportunities for partners to commit to funding advocacy efforts at different stages in the advocacy process. Having different strategies or channels for different budgets allows advocacy to continue and to occur in stages, regardless of how much funding is mobilized or when it is received. It also allows for a wider range of partners to contribute. For example, local NGOs may not be able to mobilize significant funding but can contribute in other ways.



Members of GBV coordination bodies should:

- Report on implementation of the advocacy strategy regularly at meetings.
- Reflect advocacy activities in their progress reports.
- Document implementation and share advocacy products as widely as possible so members can utilize them and magnify impact.
- Work together with other sectors, including Health and Child Protection, to develop and share advocacy products, as well as monitor their outcomes.

At the implementation stage (if not earlier), consider the target audience and whether advocacy may need to be adapted or translated into multiple languages. For example, English might be needed to raise advocacy with donors that could be funding future programmes, a national language could be essential for communicating with partners in-country, and a local language might be needed to engage key partners at the community level. Involving local organizations is essential to facilitating effective implementation of advocacy activities.

The sub-cluster should track how guiding principles are implemented during advocacy, particularly if affected communications are mobilized for implementation. The people affected by the problem lead some of the most powerful advocacy – as long as there are no security risks to those speaking out and the rules of informed consent are carefully followed. Consider if, when and how to engage with those impacted by violence and safely work with them to speak out, following all relevant professional and ethical protocols. (See the [GBV AoR Media Guidelines](#) in Annex 19)

If conducting advocacy in hostile environments, thorough risk assessments should be done when developing plans and strategies. Ensure that advocacy will not jeopardize the guiding principles (safety, respect, confidentiality and non-discrimination) that protect survivors and communities; also, protect GBV sub-cluster members and humanitarian agencies from negative repercussions, such as loss of humanitarian access.



Data collection is an ongoing activity throughout the advocacy process. It may include research to determine the position of an audience on an issue. It is important to maintain and share data related to GBV for development and monitoring of advocacy efforts. GBV coordination bodies may need to explain the guiding principles (safety, respect, confidentiality and non-discrimination) and deflect demands for GBV prevalence data or access to confidential survivor testimonies, which is not necessary to conduct successful advocacy.



Monitoring and evaluation should take place throughout the advocacy process. Routinely collect data on the indicators defined for each advocacy objective in Step 2, and analyse the data to identify progress and obstacles. Repeat the advocacy process to improve the outcomes. Evaluations should be developed jointly and shared with the GBV sub-cluster members. For example, part of a coordination meeting may be devoted to gathering feedback from partners on what went well, and what didn't go well, about a particular advocacy strategy or event. Evaluation sessions should result in narratives about what changes resulted from an advocacy effort, supported by evidence of successful advocacy or explanations about why results were not achieved.

It is useful to assign responsibilities for reporting on monitoring and evaluation indicators of the advocacy strategy to members of the GBV sub-cluster (rather than waiting until the evaluation stage). As much as possible, advocacy indicators of success should align with indicators and data collection methods already used by GBV partners (such as the HRP or action plan indicators routinely collected in 3/4/5Ws). Planning for data collection on advocacy in this way will help to avoid data collection fatigue and improve accuracy.



Lesson learned

In 2014, the GBV AoR researched advocacy messaging to devise its strategy and learned that choosing wording already used by target audiences is more effective. For example, when communicating with humanitarian leadership or donors answering these questions as part of the message will provide a familiar structure and language:

- What are the key life-saving GBV interventions for the specific emergency context?
- What are the needs/gaps that these interventions will address?
- Who will be the beneficiaries?
- What will be the results of the proposed interventions?
- What will happen if these GBV interventions are not funded or implemented?
- What are the cost implications?

Opportunities and entry points for advocacy

In a fast-paced humanitarian context, advocacy around key messages can take place on a daily basis. Once GBV sub-cluster members validate an advocacy strategy, every meeting is an opportunity for advocacy. This includes meetings attended by GBV coordinators, meetings attended by focal points the sub-cluster may appoint to attend other sector's meetings or working groups, and meetings that the coordination membership attends with its partners and interlocutors.

Every occasion should be taken to advocate with HC/HCT, the ICCG, local and national government, heads of agencies, Cluster Lead Agencies, protection-mandated UN agencies and senior managers in NGOs, with the aim of building their support and equipping them with key messages so that they can become part of the advocacy process.

Certain "key moments" should be used for advocacy. The GBV sub-cluster can make a calendar of important events that provide advocacy "hooks". (See the [Gender-based Violence in Emergencies Advocacy Handbook](#) for a list of key global days.) A number of key moments will also occur around the development and launch of country-level funding mechanisms, such as the HRP. Visits by high-level delegations are also opportunities for advocacy.

Advocacy in the early days of a crisis

At the onset of the crisis, advocacy is critical to laying the narrative foundations of the GBV response, which will guide interventions as well as resource mobilization. The level of attention on the crisis is likely to be high, and this opportunity should not be lost. However, this is when there are often the fewest resources and people available to mount an effective advocacy campaign.

If the turnaround time for an advocacy piece is very short or if the GBV sub-cluster is not yet established sufficiently to develop an advocacy strategy, GBV coordinators can rely on global sources and messages on best practices and needs in humanitarian contexts. After this phase, supplement these sources with information related to the specific context as it becomes available.

If a GBV sub-cluster is not activated at the onset of the emergency, key GBV messages need to be formulated by the Protection Cluster, the cluster lead agencies and international NGOs.

Resources and support for advocacy

The Policy and Advocacy Reference Group, within the GBV AoR, may be able to provide additional support for advocacy issues or campaigns. Working with the *Call to Action* initiative (see Chapter 2) is another opportunity and venue for advocacy that coordinators should consider.



Online tool

The companion resource for this section is the [Gender-based Violence in Emergencies Advocacy Handbook](#) (GBV AoR, November 2014). It provides more detailed guidance on creating advocacy strategies, and features tools and templates to use when conducting advocacy around issues or events. It also offers materials to facilitate training on advocacy for GBV partners or members of GBV sub-clusters.



Information
management

Important data the GBV sub-cluster should maintain for advocacy

- Number and types of organizations responding to GBV (international, national and local)
 - Public, secondary reports with analysis of gender and GBV in the context
 - Public reports on humanitarian assessments (inter-cluster and GBV-specific)
 - GBV service coverage statistics (e.g. number of GBV specialists or women-friendly spaces per 10,000 people; number of disaster-affected areas with services available for clinical management of rape and case management)
 - Inclusion of GBV interventions in HRPs or other types of response plans
 - Funding and costing for GBV response (programming and coordination)
 - Progress on indicators adopted by the GBV sub-cluster and the HCT Protection Strategy on GBV
 - Information about sector responses to GBV (e.g. in other cluster strategies)
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Engaging with the media

The media can be an ally and a resource for advocacy. Provide journalists with accurate information about GBV during an emergency; this offers an outlet for information that can be used in strategic ways to effect positive change. However, when media reporting on GBV fails to take into account basic ethical and safety principles, it can also put GBV survivors, their families and those who are helping them at risk.

First and foremost, the survivors' best interests should be protected over any other considerations. When working with journalists, it is therefore important to understand the significance of conveying appropriate messages, not only in terms of the ethical and safety issues associated with sharing information, but also because of the high level of exposure media stories can generate.

The GBV AoR developed *media guidelines* in 2013 for reporting on GBV in humanitarian emergencies to ensure survivor rights are protected. GBV coordination bodies can use these as written, or adapt the guidelines to their context or local language to promote responsible journalism from the beginning of a crisis. Experience in multiple contexts has shown that the GBV AoR Media Guidelines need to be frequently re-circulated both inside and outside of the GBV sub-cluster. Include the guidelines in information packets provided to new partners and circulate them widely when there is notification of an event with the media or a high-level visit. (See Annex 19: GBV AoR Media Guidelines.)

GBV coordination bodies need to be prepared for several key media-related issues:

- How do you respond when the media (or a donor) asks to meet with survivors?
- How do you respond when the media and donors ask to visit a clinic or other location where survivors might be receiving support?
- How do you communicate to the media that a survivor (especially a child or adolescent survivor) re-explaining his/her story can cause harm?
- How do you appropriately respond to the media's desire to meet with a child or adolescent survivor?
- How do you offer alternatives to the media if they are interested in meeting with survivors?

There are a variety of ways to engage with the media to convey compelling stories while protecting survivors. The most likely instruments are the press release and the interview.

Press release

A press release is a vehicle for alerting the media to an event, new data or a situation. It is a brief explanation of plans or ideas, meant to attract news coverage. News organizations are usually swamped with them and most are thrown away without being read, which is why agencies and organizations tend to send out press releases only when they have something very significant to say. For a press release to generate coverage, the information has to jump off the page.

Press statement

When someone is interviewed by the press or makes a statement to the media in person, it is known as a press statement. The press pursues getting the statement and is responsible for responding to inquiries after the statement is released.

Press conference

A press conference is a media event in which newsmakers (i.e. partners in the GBV sub-cluster) invite journalists to hear them speak. Often the press is also given an opportunity to ask questions.

Interviews

When reporters from the media ask a person questions on a certain topic – either for radio, television, newspapers or other print and broadcast media – it is referred to as an interview. If members of the GBV sub-cluster decide to give interviews on behalf of coordination partners, it is important to remember that not everyone will be good at interviews. It may be helpful to identify specific spokespeople within the coordination group. The spokesperson in an interview must prepare talking points in advance and know what to do if the interview starts to go in an unproductive or unethical direction. (See Annex 21: Handling controversy.)

Addressing unethical journalism on GBV

The GBV sub-cluster should track media coverage of GBV issues, not only to share with members of the sub-cluster (and, where appropriate, the wider community), but also to determine whether GBV issues are being covered appropriately. If journalists are not adhering to guiding principles when reporting, members of the GBV sub-cluster may decide to conduct media training or share guidelines with media. For example, journalists might be provided with the [GBV AoR Media Guidelines](#).

When unethical media coverage does occur, these incidents should be documented and the humanitarian leadership should be immediately informed. In some cases, GBV sub-clusters may wish to recommend higher level, follow-up or strategic actions, such as adoption of an HCT advocacy message or policy on ethical media coverage.



Informed consent is voluntarily and freely given based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. In order to give informed consent, the individual concerned must have all relevant facts at the time consent is given and be able to evaluate and understand the consequences of an action. They also must be aware of and have the power to exercise their right to refuse to engage in an action and/or to not be coerced (i.e. being persuaded based on force or threats). Children are generally considered unable to provide informed consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse. There are also instances where consent might not be possible due to cognitive impairments and/or physical, sensory or developmental disabilities. (IASC GBV Guidelines, p. 5)



Promising practice

UNFPA worked with international and local journalists in Syria to develop a [handbook](#) in English and Arabic for journalists that provides nine ethical principles and examples of responsible reporting on GBV. The handbook has useful information and examples that can be used for other contexts.



See Annex 19: GBV AoR media guidelines, Annex 20: Rohingya crisis GBV briefing, and Annex 21: Handling controversy