

The CARE International Advocacy Handbook

THE CARE INTERNATIONAL ADVOCACY HANDBOOK

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1. Introduction

“CARE’s primary asset in the fight against poverty is the knowledge, ideas, and experience gained through its implementation of coherent programs that draw on rights-based perspectives and gender analysis; the strong connections within and across CARE and poor and marginalised communities, social movements, governments, civil society, academia, the private sector, foundations, and individuals (both activists and donors), and its strong capacity for ‘local-to-global’ advocacy.” CARE 2020.

Advocacy is integral to delivering CARE’s vision. This manual is a toolkit of approaches, techniques and additional resources to help CARE staff think about how to integrate advocacy into their work. It has been updated from its original 2001 version to take into account various developments in CARE, such as the programme approach and the focus on women and girls. It also recognises that CARE now works in a range of contexts, from fragile to middle income states, and with new actors. The manual is structured around an eight-step advocacy planning cycle and could be used to plan an initiative from start to finish or dipped into at any point during the process. It is key to remember that advocacy is not a linear process but a more complex one where plans have to be adapted when contexts change.

What is advocacy?

Often national and international policies to protect poor and marginalised communities are absent, ineffective or not implemented. CARE’s definition of advocacy recognises this and is as follows:

Advocacy is the deliberate process of influencing those who make decisions about developing, changing and implementing policies [in CARE’s case: to reduce poverty and achieve social justice].

- CARE’s advocacy might be focused on issues in the public (e.g. public service provision) or private (e.g. the rights of domestic workers in the home, or garment workers in factories) sphere. CARE and many other organisations have long argued for ‘private’ issues, such as female genital cutting, to become issues of public concern.

- Often the people we are working with interact mostly in the ‘informal’ sector or space. Part of our role as CARE is to facilitate or build bridges between people living in poverty and ‘formal’ institutions (e.g. local authorities and national government, parliaments, donors). The role of being a convener is, in fact, a central one for promoting dialogue resulting in pro-poor policies.
- At CARE, advocacy is the means by which we choose to influence decision-makers, or the tactics, while policy is the content, or the ask, the ‘what we want to change’. One cannot be done without the other.
- Advocacy and policy at CARE are targeted at power-holders above the household level.

Advocacy at CARE: key terms

What does ‘influencing’ look like?

Advocacy is about influencing those who make policy decisions. Decision-makers are generally those who have the ability to legislate, negotiate or set budgets relating to formal public policies (e.g. district and municipal officers, national civil servants, parliamentarians, ministers in national governments and international institutions such as the United Nations (UN)). Decision-makers are not necessarily always the ‘power holders.’ Their decisions can often be heavily influenced by those who hold formal and informal power in society including business, the media, religious leaders, and social movements amongst others. There are many ways to influence decision-makers and power holders, including outsider tactics of confrontation and public mobilisation, to insider tactics of lobbying behind the scenes. Advocacy can be done alone or in coalition. There is no one size fits all approach; each context will require different tactics.

What does ‘deliberate process’ mean?

Advocacy is a deliberate process, involving intentional actions. Therefore, before implementing advocacy strategies, it is important to be clear who the strategy is trying to influence and which policy it is attempting to change.

What does ‘developing, changing and implementing policies’ mean?

Often policies are outdated or non-existent, or deliberately block what we want to achieve, so legislative

changes are required. In other cases policies are perfect on paper but are not being implemented. In this instance advocacy might focus more on trying to get policies enacted. For example, in many countries there are now various provisions for gender equality under the law; however this does not necessarily mean that access to land titles for women is becoming easier. In this case, an intervention might mean partnering with a legal NGO to force implementation of the legislation through the courts. It could also involve partnering with a national radio station to raise awareness of non-implementation and encourage national debate.

What advocacy is not

Extension work

Encouraging households to change their agricultural or health practices is an important programming strategy used in many CARE programmes. However, extension work is designed to influence individual decisions made at the household level, not the behaviour or decisions of policy-makers that affect many households.

Information and communication

Advocacy intends to change or implement a policy issue. It will always need to be supported by tactical communications (e.g. strong key messages and relationships with influential journalists that power holders take notice of). Advocacy messages can have the beneficial effect of raising public awareness of CARE's work. However, general communications, e.g. case studies and photographs of projects, do not count as advocacy.

Informing the government about CARE

Building good relationships with decision-makers is an important way to lay the foundation for advocacy and build credibility. However, advocacy is not just about informing the government about CARE's programmes. In advocacy, information-sharing is used as a deliberate strategy to influence specific decisions of policy-makers.

Fundraising

The primary purpose of advocacy is not to increase CARE's funds. Some advocacy may involve asking policy-makers to allocate more resources for relief and development priorities, and sometimes this may benefit CARE. Additionally strong insider advocacy can position CARE to shape donor priorities. More often, however, it involves trying to influence a governmental agenda, corporate behaviour, a specific public policy, or the implementation of a policy.

Why advocate at CARE?

Our vision and mission acknowledge that innovative solutions will be needed to end poverty, and that influencing policy decisions should be part of our efforts to achieve lasting change. As set out in the programme approach, advocacy can be a powerful, complementary tool to other strategies, including service delivery, capacity-building, and technical assistance.

- As a rights-based organisation that seeks to focus on the underlying causes of poverty (which are frequently related to an absence or poor implementation of policies), advocacy can help us achieve more sustainable outcomes. Advocacy can shape future national, international, donor and private sector priorities, e.g. gender standards for emergency response.
- Advocacy helps us to respond to development threats and opportunities (e.g. cuts to national aid budgets, restrictive NGO laws, or supporting a new UN development goal on gender).
- Advocacy with multilateral organisations like the UN and the European Union (EU) can help set standards or targets which can then be used to hold governments across the globe to account, e.g. the Convention on the Elimination of Discrimination Against Women, or the Millennium Development Goals (MDGs).
- Advocacy can amplify the voices of women and other poor and marginalised communities by ensuring their voices are heard by power holders.
- Advocacy is about accountability. Those who have power, including governments should deliver on commitments made to their citizens, and business should deliver on their commitments to customers and the communities in which they operate. When this doesn't happen citizens can use advocacy to ensure power holders are accountable.

What change can advocacy bring about?

This manual captures a number of CARE's national and international advocacy efforts including:

- Scaling up water and sanitation in schools across Kenya to reach 20,000 children and a doubling of annual budgets for water and sanitation in schools.
- Lobbying for an International Mechanism for Loss and Damage to address the pace and severity of the impacts of climate change that can no longer be addressed by adaptation and mitigation.

The Three Key Elements Of Effective Advocacy



- Helping to bring about national legislation to combat violence against women in Bangladesh, by quantifying its cost to the national economy.

In recent years there have also been a number of international advocacy campaigns led by others that have sought to tackle some of the underlying causes of poverty, which are worth considering. They include:

The International Campaign to Ban Landmines (ICBL) began in 1991. Initiated by a small group of like-minded organisations (first by Medico and Vietnam Veterans of America Foundation, then quickly joined by Handicap International and Mine Action Group, and later Human Rights Watch the campaign quickly grew into a diverse coalition across almost 100 countries. The campaign continued to ensure monitoring and implementation until 2010, by which time there were more than 150 state parties to the treaty.

Jubilee 2000 was an international campaign to abolish the debts of poor countries by the year 2000. Emerging in 1997 from the UK Debt Crisis Network, it quickly gained momentum. The UK coalition was organised by a strong secretariat, which also facilitated the loose global coalition. Focusing on the G8s in 1998 (Birmingham) and 1999 (Cologne,) the campaign mobilised faith activists but also a wider audience. The campaign culminated in the 1999 debt relief deal in Cologne, which saw the clearance of an extra \$27bn of developing country debt.

The Treatment Action Campaign (TAC), which works toward universal access to treatment for HIV/AIDS, was

launched in Cape Town on December 10, 1998. It built a grassroots movement that went on to support and oppose the South African government, harass drug companies, educate the population, and challenge international policy. Once President Jacob Zuma came to power, the South African government ultimately transformed its policies toward HIV/AIDS treatment, and now 1.2 million South Africans are on anti-retrovirals (ARVs).

EXTERNAL TOOL

These examples are adapted from Brendan Cox, 'Campaigning for International Justice' 1991–2011, May 2011

What makes advocacy effective?

The three key ingredients of advocacy and policy-making are the politics, the evidence and the 'do-ability'. CARE's expertise is in pulling together a strong evidence base to underpin our advocacy. However evidence on its own does not achieve advocacy impacts (nor does the evidence have to come from CARE). The evidence needs to signpost policy-makers towards achievable policy solutions – i.e. be clear about the 'do-ability' of what CARE is advocating for. Finally, the political context is key. For example, there is no point lobbying a government for an increase in spending for a particular service near to a general election, as they will not be in a position to commit new funds; instead, consider how to incorporate the ask into a manifesto commitment of the main political parties.

Key conditions for a successful advocacy campaign

- **Functioning venue(s) for adoption:** the relevant legislative, legal, and regulatory institutions are functioning sufficiently for advocacy to be effective.
- **Open policy window:** external events or trends spur demand for the solution.
- **Feasible solution:** a feasible solution has been developed and shown to produce the intended benefits.
- **Dynamic master plan:** a pragmatic and flexible advocacy strategy and communications plan is ready for execution.
- **Strong campaign leader(s):** central advocates can assemble and lead the resources to execute the strategy and communications plan.
- **Influential support coalition:** allies can sway needed decision-makers and help the campaign leader to pursue the solution.
- **Mobilised public:** relevant public audiences actively support the solution and its underlying social principles.
- **Powerful inside champions:** decision-makers who can overcome the opposition support the solution and its underlying principles.
- **Clear implementation path:** the implementing institution has the commitment and the ability to execute the solution.

(From www.redstonestrategy.com)

How advocacy fits into CARE's theory of social change

Advocacy is well integrated in our CARE 2020 Program Strategy. The Strategy is based on CARE's wealth of experience gathered from 70 years of poverty-fighting work, our analysis of the strategies that drive positive social change, and our full commitment to addressing the most important factors inhibiting the fulfillment of rights – especially those of women and girls.

CARE's draft program strategy clearly states that at its root, poverty is caused by unequal power relations that result in the inequitable distribution of resources and opportunities between women and men, between power-holders and marginalized communities, and between countries. CARE believes that poverty cannot be overcome without addressing those underlying power imbalances. Advocacy plays a key role in addressing this injustice.

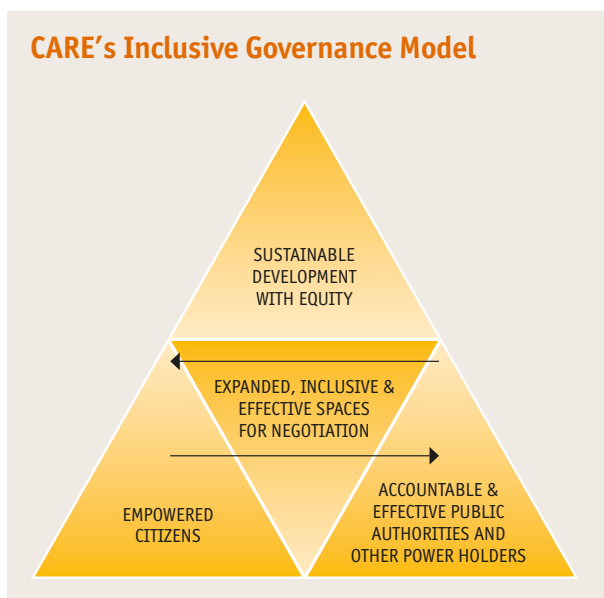
More specifically, the draft CARE 2020 program strategy¹ proposes three central roles for catalysing social change:

- **Humanitarian action.** In emergencies, we respond to save lives, with special attention to the needs of women and the most marginalized. Our humanitarian action includes preparedness and early action, emergency response and recovery, and encourages future resilience and equitable development. Action to reduce impacts and risks and to secure gains in development and equality must be increasingly CARE's focus given the growing magnitude, severity and number of disasters
- **Promoting innovative solutions for sustainable development.** Our programs trigger innovative solutions through essential service delivery, building capacities, building resilience for reducing risk, and empowering the most vulnerable, particularly women and girls. They are based on a deep, historical understanding of the drivers of poverty and social injustice in a particular context and tailored to the needs of the most marginalized. We have a special focus in the areas of sexual, reproductive and maternal health (SRMH) and freedom from violence; food and nutrition security; and women's economic empowerment. The evidence and learning from these programs is essential for our third role, which amplifies our impact.
- **Multiplying impact.** All our work seeks to impact in and beyond the communities in which we directly work. We use the evidence and learning from our humanitarian action and long-term development programs to influence broader social change. It is through this role that CARE can contribute to deeper and sustainable impact by documenting successful models, leveraging knowledge, advocating for replication and expansion of proven approaches, promoting pro-poor solutions, influencing power holders at all levels to change their policies and practices, and convening and brokering linkages between actors.

Advocacy is one of the most important strategies for multiplying CARE's impact beyond the communities in which we directly work. It is an essential strategy that complements others.

Also if power imbalances are at the root of poverty, then it is key to consider how advocacy can support more inclusive governance. **What does inclusive governance mean?** Governance is about the exercise of power in the management of public affairs. We believe that **if** citizens are empowered, **if** power holders are effective, accountable

1. The draft program strategy will be presented to the CI Board for approval in June 2014.



and responsive, and **if** spaces for negotiation are expanded, effective and inclusive, **then** sustainable and equitable development can be achieved. Significant change is needed in all three areas to achieve sustainable impact.

Advocacy is central to delivering each of the three components of social change.

1. In supporting the **empowerment of citizens**, especially of marginalised women and girls, the aim is to enable them to become active and demand their rights. This can be achieved through working in coalition with and strengthening the advocacy capacities of organisations and movements representing marginalised women and girls. CARE aims to be a supportive and empowering partner of such movements, learning from them as well as sharing our global capacity, experience and ability to work at global, regional, national and local levels. CARE might also support advocacy campaigns that tackle the structures and relations that can inhibit women's ability to actively participate in demanding rights, e.g. campaigning for better wages and flexible working conditions for women.
2. Advocacy is central to **making power holders more effective, accountable and responsive** to citizens living in poverty, and in particular to excluded women and girls. If public authorities and other power holders (such as the private sector) are accountable then people living in poverty will have access to better quality services and other public goods (and sometimes private sector goods such as decent wages).
3. Finally, advocacy can help to **promote the interaction between empowered citizens and decision-makers** by expanding formal and informal spaces for dialogue

and brokering relationships to ensure that the interests of poor and marginalised communities are served and that resources are allocated on a more transparent, accountable and equitable basis. This interaction needs to happen at local, national and international levels. In CARE our programmes often address the interaction between poor and marginalised communities and local authorities. CARE also works with communities and informal leaders, including religious leaders, to begin to transform social norms or practices that harm women. Advocacy can help to bridge the interaction at national and international levels, for example by facilitating dialogue between national coalitions and government ministers, or by supporting activists to attend international conferences to voice their concerns at the UN.

Whilst advocacy and inclusive governance efforts are targeted above household levels, CARE's overall approach to social change recognises that significant changes in power relations are also required at household levels. As an organisation that is committed to achieving gender equality and women's empowerment CARE seeks to increase women's individual agency AND change structural barriers in order to shift social and cultural norms, policies and key relationships in ways that allow women and men to step into new roles. CARE's advocacy can often contribute to addressing the structures, relations and agency of women above household levels.

This manual encourages the use of gender analysis throughout – both when developing advocacy goals and strategies and as part of risk mitigation.

Furthermore, gender equality movements and impact groups should be considered core stakeholders and wherever possible be engaged in defining advocacy goals and strategies. This will help make sure CARE's work adds to, rather than detracts from or duplicates existing movements.

2. The advocacy planning and implementation cycle

The diagram opposite represents the eight-step planning cycle which should be applied when designing and implementing an advocacy strategy.

It represents an ideal process where a programme or campaign integrates advocacy from the start (as the SWASH+ example we have included throughout this manual shows).

Often CARE undertakes advocacy to react to opportunities and challenges – e.g. advocating for stand-alone gender goals in the post-2015 MDG process, defending national aid budgets in the UK or US, or protecting remittance flows to Somalia. In these instances the cycle is still appropriate but needs to be accelerated. Less time might be spent on identifying the problem but more on defining policy asks and messages, or undertaking research to build up the evidence.

Time and resource constraints – such as the difficulty of getting key actors together to plan effectively – mean it is sometimes tempting to start at Step 7: Action plan and implementation. However, skipping key steps such as understanding the context and defining policy asks can seriously undermine the effectiveness of the whole strategy.

Finally, the steps are all clearly interlinked. Indeed, Steps 3 and 5 may appear to be the same thing. However the ‘goal’ (Step 3) should be the ambitious vision for change while the policy ask (Step 5) needs to be the practical policy change that the power holders and the context will allow at a particular moment in time.

The cycle should be consistently reviewed based on regular monitoring and evaluation of results, and of the political context.

This manual includes multiple CARE examples of advocacy to help illustrate different steps of the cycle. It also includes a case study on SWASH+, a water and sanitation programme that was scaled up across Kenya. This case study followed the entire advocacy planning cycle and is used throughout the manual to illustrate all eight steps.

CASE STUDY 1: SWASH+ Sustaining and scaling school water, sanitation and hygiene plus community impact

Inadequate water and access to sanitation in schools is part of the larger global water and sanitation crisis. The SWASH+ programme has worked to achieve sustainable and national-scale school water, sanitation and hygiene (WASH) in Kenya through applied research and advocacy. A learning pilot in 200 primary schools has since contributed to change in 20,000 schools nationally and the Kenyan Ministry of Education has doubled the yearly budget for water and sanitation in primary schools.

SWASH+ is a five-year programme funded by the Bill and Melinda Gates Foundation and includes CARE, Emory University’s Center for Global Safe Water, and Water.org. The research and advocacy efforts focused on improving budgeting for operations and maintenance costs, improving accountability systems with a focus on monitoring and evaluation, and more effectively promoting knowledge of WASH through teacher training and the national curriculum.

Advocacy objectives were developed through Problem Tree and stakeholder analyses. SWASH+ used outcome mapping to track progress against these objectives. Specific advocacy goals were to identify important policy intervention areas, work with policy-makers to update knowledge and identify learning gaps and then act as learning advisers to the relevant ministries.

Lessons learned include:

1. Having a rigorous evidence base creates credibility with policy-makers.
2. Significant time and follow-up are needed as well as having staff with appropriate skills.
3. The ‘ripeness’ of the external policy environment is crucial and can make or break efforts to affect national-scale change. Successful advocacy initiatives avoid being insular, focus on the external policy environment at the outset, assess data needs and stakeholder roles and responsibilities, and set reasonable objectives.

The Advocacy Planning And Implementation Cycle



STEP 1 The problem

The first step is to identify the policy-related problem that needs to be solved and its underlying causes – for example, policies might be absent, ineffective or not enforced.

Sometimes policy issues can be identified easily based on programme experience, e.g. a community scorecard process about a particular local service might highlight wider national budgeting problems. In other cases local civil society might be calling for changes to national legislation on domestic violence and request CARE support. CARE might also take proactive steps to identify problems and understand our added value (as happened when CARE supported the domestic workers movement

in Latin America – see case study. During an emergency, impediments to humanitarian access or lack of donor funding present themselves as immediate problems.

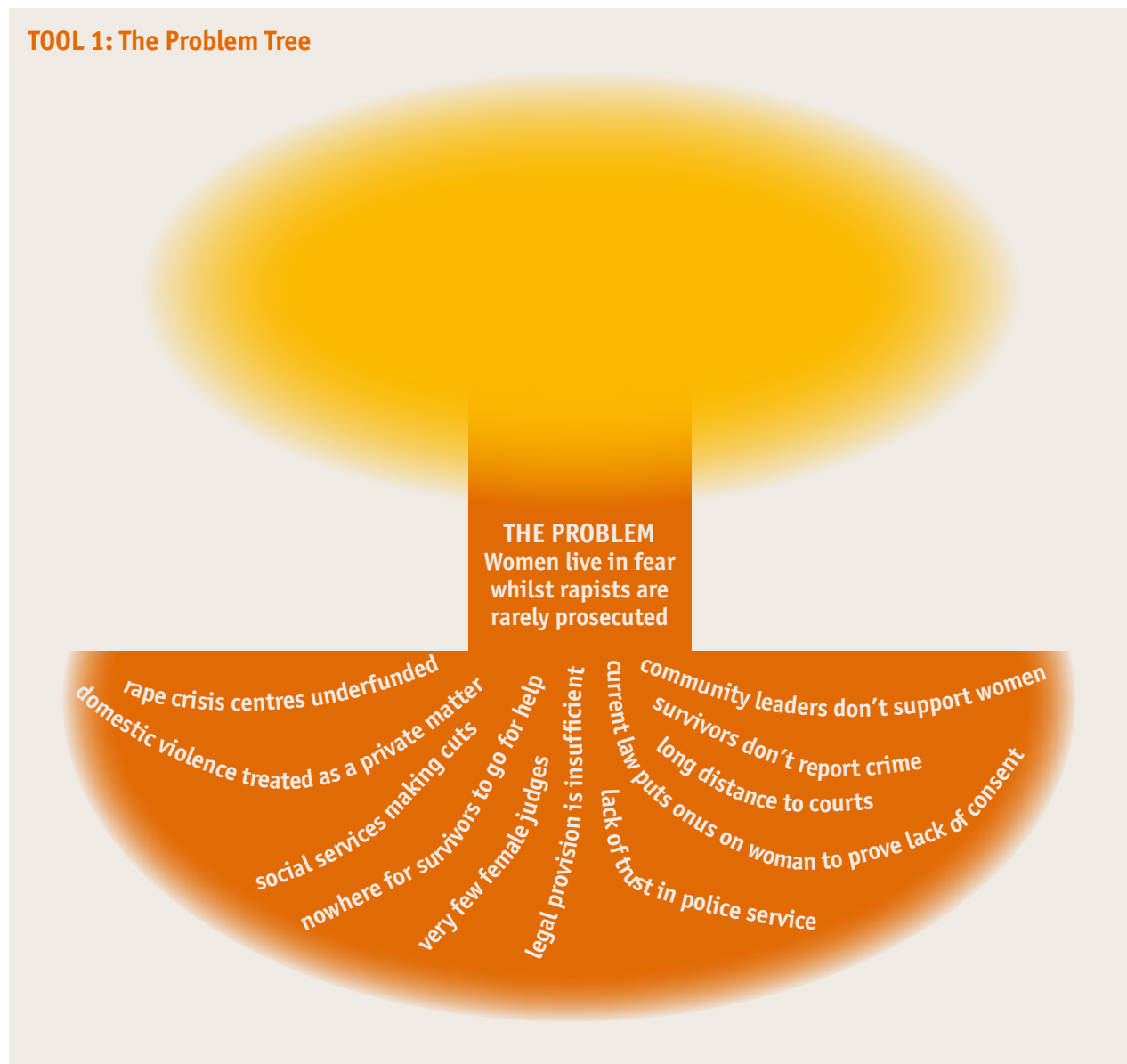
However it is best not to assume complete understanding of a problem as this can lead to ineffective advocacy. Using tools like the Problem Tree (see below) or Theories of Change will save time in the long run.

TOOL 1: The Problem Tree

Problem Trees help find solutions by mapping out the anatomy of cause and effect around an issue in a similar way to a Mind Map, but with more structure. This brings several advantages:

- There is more understanding of the problem and its sometimes interconnected and even contradictory causes. This is often the first step in finding win-win solutions.

TOOL 1: The Problem Tree



- It can help establish whether further information, evidence or resources are needed to make a strong case, or build a convincing solution.
- Present issues – rather than apparent, future or past issues – are dealt with and identified.
- The process of analysis often helps build a shared sense of understanding, purpose and action.

The policy-related problem or issue is written in the centre of the flip chart and becomes the trunk of the tree. The causes and consequences of the focal problem become the roots. The question of ‘why’ an issue is a problem needs to be repeatedly asked to find the root causes.

Discussion questions might include:

- Which causes and consequences are improving, which are getting worse and which are staying the same?
- What are the gendered nature of the problems identified?
- What are the most serious consequences? Which are of most concern? What criteria are important to us in thinking about a way forward?
- Which causes are easiest/most difficult to address? What possible solutions or options might there be?
- Where could a policy change help address a cause or consequence, or create a solution?

Once the problem, its causes and consequences have been identified, a context analysis is the next step. This will help to determine which causes or consequences to focus advocacy efforts on. After this, the Problem Tree can be used to develop an Objectives Tree, in order to help set the goals (see step 3).

CASE STUDY 2: SWASH+ How the Problem Tree helped SWASH+

In the developing world, a healthy school environment is often a second priority to learning, and school WASH is impaired by inadequate local government resources and accountability for WASH provision. While three policy objectives for SWASH+ were designed as a direct result of analysis of research findings – for example the need to increase maintenance budgets – the two other focus issues emerged from a Problem Tree analysis. This exercise helped to reveal the high level of variability in how effectively schools implement water and sanitation. To encourage performance, SWASH+ has advocated for improved monitoring and accountability systems, standardised monitoring systems, simplified monitoring tools, and an umbrella sustainability charter that will map progress against the National School Health Strategy.

SWASH+ also launched pilots on improving accountability and service-delivery models within the school to potentially identify on-the-ground solutions such as parent-led monitoring that can be brought to scale.

CASE STUDY 3 Working with the women’s rights movement in Latin America

In Latin America, CARE decided to take the proactive step of asking women’s rights organisations what they thought were the issues on which an INGO like CARE should focus its attention. Their answer was the rights of domestic workers, a gender and labour rights issue largely hidden from view in private homes. Nascent and resource-scarce domestic workers’ organisations welcomed support from an experienced organisation such as CARE. CARE supported partners in Peru, Ecuador and Bolivia to advocate for ratification of an International Labour Organisation (ILO) Convention, to guarantee domestic workers better pay and conditions. The ILO has since passed Convention 189, the first international standard to protect the world’s 100 million domestic workers.

STEP 2

The context

The Oxford English Dictionary defines context as ‘the circumstances that form the setting for an event, statement, or idea, and in terms of which it can be fully understood’.

It is difficult to decide which cause or consequence of a problem to advocate on without considering what is realistic and achievable within the circumstances. The context comprises both the political, economic and cultural landscape and the incentives for and relationships with and between decision-makers. Policy-making has to respond to crises and opportunities, to new actors and information, to the media, to citizens’ concerns and needs or to international legislation and global development agendas (e.g. new treaties or targets). Policy-making cannot happen in a vacuum. Others may have already started to engage with similar problems and it is important to learn from their experience.

For example, scientific evidence demonstrates that climate change is a reality, yet there is a global political deadlock when it comes to agreeing how to tackle it. The context – including the financial cost of tackling the issue, rising energy prices, an economic model that prioritises growth over environmental sustainability, and the protection of national interests – all contribute to a failure to resolve the issue. However, ever more extreme weather events, technological advances and litigation could be factors that start to shift the context in which change could happen.

CARE’s role in a given context also needs to be considered. For example, it may not be appropriate for CARE to front an advocacy initiative in a state that is threatening to expel CARE operations. The safety of CARE staff and partners must always be considered when undertaking any initiative. CARE also needs to consider how its role in any given context can impact upon our beneficiaries, and any advocacy initiatives should ensure that we ‘Do No Harm’ and that we fully consider the potential gender impacts. There are tools and staff across CARE that can help to undertake these analyses (see also Section 3: Managing risk, ensuring consistency, in this manual).

INTERNAL TOOL: GENDER ANALYSIS/‘DO NO HARM’
See CARE International’s Gender Analysis *toolkit* and also the *Good Practices on Gender Analysis*. Visit the CARE Conflict *wikispace* for more information on *conflict sensitivity* or *Do No Harm*.

All these contextual factors need to be weighed up against each other before deciding on any action.

TOOL 2: PESTLE analysis

It is helpful to break down the process of undertaking a context analysis into manageable chunks using a PESTLE analysis. This tool promotes a systematic understanding of the wider environment. It can also help to identify new issues and opportunities on the horizon; to create scenarios; and to develop a coherent vision.

PESTLE stands for: Political, Economic, Social Technological, Legal and Environmental factors or trends.



Political: What are the relevant political factors and trends in the country (including the government, legislature, control/lack of control over the judiciary, as well as other political movements and pressure groups)? Consider also how they are responding to relevant international standards (e.g. treaty commitments, membership of regional bodies).

Research what ministers and prime ministers/presidents are saying. Review their recent speeches and monitor whether they have made relevant commitments in electoral manifestos or government plans and whether they have delivered on these commitments. It is also worth reviewing relevant ministry publications such as policy papers to see what targets have been set, whether they are in line with CARE’s agenda and whether they are being met.

Party politics may also have a bearing on decision-making. It’s important to review relevant debates in Parliament to see whether there is agreement for the government’s position.² It’s also important to identify which political actors are likely to oppose CARE’s proposed agenda and to consider CARE’s response.

2. NGOs often subscribe to parliamentary monitoring services, e.g. in the UK, CARE International (CIUK) uses De Havilland to monitor Parliament’s coverage of development issues.

Economic: What are the economic factors and trends in the country (including where the government gets its money, the main private sector employers, income distribution and levels of poverty)? Resources are often contested, so it's important to analyse the main sources and levels of revenue for the government or in the sector CARE is targeting to chart budget trends and ultimately what is economically feasible. It's also worth considering potential capacity constraints for civil servants of service providers, as it is they that will have to implement the proposed changes.

Social: What are the relevant social factors and trends in the country (including demographic information, education and health statistics, employment rates, land ownership, media freedom, religious affiliations of different parts of society)? Consider the key factors contributing to poverty and gender inequality.

Technological: What are the technological factors and trends in the country (including information technology, infrastructure, access to telecommunications and broadcast media, etc.)?

Legal: What are the legal factors and constraints that are relevant to the advocacy work? CARE's proposed agenda is likely to have some legislative precedent, so it's important to review articles in the constitution, laws, policies and plans relevant to the issue. Reforms may have already been attempted, so it's worth analysing the history of these reforms and identifying current bottlenecks. It's also important to identify whether oversight bodies such as Human Rights Commissions or Ombudsmen have a mandate to take action, and whether indeed they are actually taking up cases relating to the issue.

Environmental: What are the major environmental trends in the country (including deforestation, pollution, drought/flooding, agriculture, etc.)? How much does climate change affect the issue on which CARE is considering advocating? If it is a factor, how can CARE's response take it into account?

How to use the PESTLE

1. List the external factors which could affect the cause or consequence of the problem identified in the above categories.
2. Identify which of these may be most significant – either as opportunities or threats. Think about how they affect women and men differently.
3. Agree on the five key trends that are most important for the issue.
4. Undertake further research on these five if needed.

Research and intelligence gathering

In addition to undertaking a one-off PESTLE or horizon-scan, it is important to keep abreast of the issues CARE wishes to advocate on, in case the context or key people change. Consider what others are doing – whether it's publishing new research on the issue, or feedback from recent government meetings. It's also worth considering developing a bi-weekly round-up of policy and research on the issue – start tracking the players and the reporting to help build CARE's objectives.

CASE STUDY 4: SWASH+

Why SWASH+ maintained an external focus

At the start of the project, SWASH+ was too inward looking, placing more emphasis on internal learning than on the external environment. SWASH+ government engagement was initially focused at the district level, which was helpful in grounding the programme in the local context but isolated staff from national efforts. This led to a delay in determining how best SWASH+ could influence and support similar existing government practice and budgeting and effectively contribute to already vibrant efforts for school WASH, for example from the Kenyan Ministry of Education, the UK Department for International Development (DFID) and UNICEF. In addition, SWASH+ did not hire any policy staff until the third year of the project because the initial focus was on building infrastructure and completing behaviour-change activities and training associated with the research trial. This delay in focusing on policy-influencing meant a steeper learning curve in forming vital relationships and gaining a full understanding of relevant governance systems. However, a policy advisor is now in place, located in the capital and accessible to policy-makers and there is a dedicated budget and ring-fenced time for other SWASH+ team members to make regular advocacy trips to the capital.

CASE STUDY 5

International politics and women's rights

In 2012 the annual session of the UN Commission on the Status of Women 56 failed to reach an agreement. It signalled a worrying trend in which women's rights were used as pawns in wider geopolitical battles. A small number of states blocked negotiations because of their frustration with what they saw as western-dominated UN politics, and argued that women's reproductive rights were a matter of national sovereignty. At the next UN annual meeting CARE took a strategic decision to ensure that CARE staff and partners from the difficult or blocker states attended the New York session to lobby their respective governments directly. Because governments felt that their citizens were watching them, they were less able to vote for regressive statements. In 2013 an outcome document on violence against women and girls was successfully passed.

CASE STUDY 6

Food Aid Reform: how CARE's role can influence the context

Since 1954, the US has relied on shipping US grain (in surplus at the time) on US ships in response to food crises around the world. In the 1980s, the US began selling its grain on the open market in developing countries to fund non-emergency programmes (a process called monetization). European countries stopped this practice a number of years ago. In 2006, CARE decided to phase out (by 2009) of selling US grain in open markets in developing countries to fund programmes (monetization) and walked away from \$45 million in US federal food aid. (CARE continues to participate in US emergency response programmes.) We did this because of the inefficiency of the practice (as much as a third of funding can go to transportation and administrative costs) and because we saw how selling US grain on the open market to fund long-term food security programmes can undermine the very small-scale farmers who hold the long-term solution to hunger in developing countries.

While this has meant a substantial loss in funding for CARE in the US, we believe it ultimately is of greater benefit to the people we exist to serve that we get the system right. CARE USA continues to lobby for reforms to the US Food Aid System, specifically calling for flexibility in our emergency response to ship US grain when necessary and to use local and regional procurement when appropriate and calling for an end to monetization. However, the farming and shipping lobbies are very powerful and have fought against these reforms. In recent years, however, policy-makers have begun to show stronger support for food aid reform. In 2013 President Obama's administration proposed significant reforms to the food aid system. While those reforms were not enacted, Congress recently passed five-year legislation that increases the resources that can be allocated for local purchase of food and increases the amount of resources available in cash, virtually eliminating the need to monetize US grain for non-emergency programme. CARE played a strong leadership role in advocating with partner NGOs for these reforms. Now, USAID is revising programmes to allow organisations applying for funding to use cash rather than US commodities – an extremely positive development that is the result of CARE's principled decision and persistent advocacy.

INTERNAL TOOL: GOVERNANCE

In addition to these light touch tools, colleagues working on governance work with program teams to undertake in-depth analyses of context, power and gender, as well as political economy analysis to inform strategic plans, to evaluate a particular sector, e.g. health, or to assess how communities might better interact with service providers at local levels. See the full range of tools: <http://governance.care2share.wikispaces.net/GPF>.

STEP 3 Defining the goal

Advocacy goals should state what policy CARE and partners want to change [create, implement, adapt, or revise], who will make that change, by how much, and when.

Like any programme or strategy, advocacy initiatives require clear and specific goals. The same is true when undertaking advocacy as part of a wider programme. In simple terms, goals are the specification of what an advocacy initiative should accomplish. Goals need to be SMART: specific, measurable, achievable, realistic and time-bound. They should clearly state what will change, who will make that change, by how much, and when. When goals are poorly articulated or ambiguous, it can be difficult to understand what the advocacy initiative is trying to achieve, to maintain focus and to evaluate efforts.

SMART advocacy goals

Advocacy goals should state what policy CARE wants to change [create, implement, adapt, or revise], who will make that change, by how much, and when. In the real world, it may not be possible to meet all these criteria, but considering objectives in this way is a good discipline. It may be more realistic to see SMART goals as something to work towards rather than a hard and fast rule. Consider these SMART objectives:

- During the next budget round in December 2014 the Minister of Finance will agree to allocate five per cent of the Health Budget on increasing sanitation for girls in schools. This will result in 20 per cent more girls attending school by 2016.
- In six months the G8, under the presidency of the UK, will draft and agree a resolution on preventing sexual violence in conflict that explicitly mentions survivor services, to ensure UN emergency funds prioritise (with benchmarks) the needs of women in conflict affected states in two years' time, in order to reduce the impact of sexual violence on women's lives.

While goals are an ambitious vision of change, policy asks (Step 5) are the concrete and medium-term objectives that must be met in order to achieve the goals. For example, CARE wants to contribute to a wider international coalition call to action to achieve full financial inclusion for 2.5 billion people by 2020. CARE has set a goal of linking one million members of informal savings groups to banks. Whilst CARE programming can achieve much of this scale (by extending the number of Village Savings and Loan Associations or VSLAs it facilitates), advocacy can help to accelerate progress and ensure it happens

responsibly. So, the policy ask or the ‘how’ is an advocacy initiative, known as the ‘Linking for Change Charter’ which is urging 100 banks, technology companies and others to sign a set of principles for responsible linkage by 2015.

The final or **impact goal** of an advocacy initiative is no different from a goal for any other CARE programme. Ultimately, changes in policy should translate into positive changes in people’s lives, reducing poverty and social injustice. Therefore a policy change is not the final goal of an advocacy initiative; it is a step that should lead to improvements in people’s quality of life. Impact or final goals should always refer to the problem that is being addressed, and clearly state what changes in people’s well-being are expected as a result of CARE’s efforts. It can be hard to do this (especially when undertaking reactive global advocacy, e.g. to achieve a stand-alone gender goal in the next UN Development framework) but the clearer we are about the changes we expect as a result of CARE’s efforts (even if it will only be realised at some point in the distant future), the better our ability to evaluate our actual impact.

Since advocacy goals should include the decision-makers who are expected to create, change or enact a policy, it is

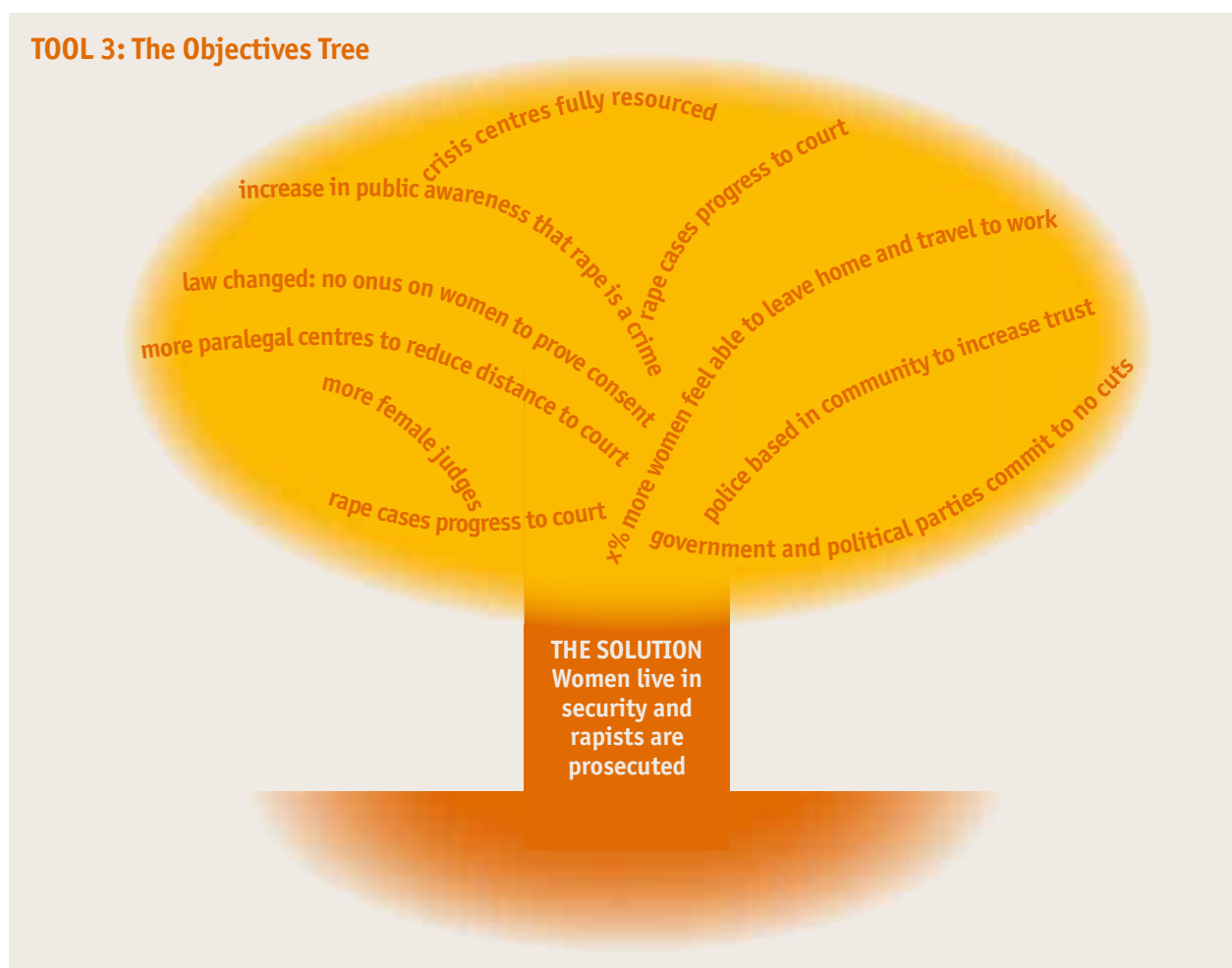
important to avoid goals that do not include the who. For example, a good advocacy goal would be the following: ‘By December 2020, the Ministry of Health will approve the use of permanent family planning methods.’ In contrast, the goal ‘Approve a family planning policy by December 2004’ does not include who is expected to take action, and should therefore be avoided.

The overarching goal and objectives should be considered once the causes and consequences of the problem that CARE is trying to address have been identified, and the context has been assessed.

The Problem Tree that has already been developed can be converted into an Objectives Tree (see below) by rephrasing each of the causes and consequences of the problem(s) into positive desirable outcomes – as if the problem had already been solved. In this way, root causes and consequences are turned into solutions, and key project or influencing entry points are quickly established. These objectives may be worded as objectives for change.

INTERNAL TOOL: GENDER

*It’s worth considering a **gender analysis** of the selected objectives.*



In addition, the following questions, adapted from Oxfam, are designed to help craft advocacy goals and objectives. While there may be an overall advocacy goal, some intermediate objectives might be needed to help assess progress towards the advocacy goal.

- Define the **advocacy goal** clearly
 - What policies need to be created, changed or enacted and what impact will they have on poverty reduction and the lives of people living in poverty?
- What needs to change in order to achieve this goal: what laws, policies or practices? **Develop more specific objectives for each of the changes identified.**
 - Is it an international, regional or national agreement or law, company or institutional practice or a mixture of these? Are all equally important to achieving the desired impact?
 - Are there several elements? How are they related? Could one either paralyse progress or act as a catalyst for change?
- What are the obstacles to change?
 - *Intellectual* Does the proposed change defy conventional wisdom or long-accepted truths? Is there a body of academic research going against this policy change? Are there valid counter-arguments? Is there uncertainty about the nature/impact of the proposed change?
 - *Political* Are there negative side-effects linked to this policy change? Are there clear losers, are they organised, do they have political clout? Who would gain from the reform, who are their allies, what clout do they have? What credit/reward will politicians get if they act on this?
 - *Financial* What is the cost/benefit analysis of the policy change? If it costs money, who will pay, are funds available or can they be raised? What are the costs of inaction?
 - *Practical* Is the policy change feasible? Under what conditions? How long will it take and is this length of time compatible with the needs of people living in poverty? Are interim solutions required for their protection?
- What are the political opportunities for change related to CARE's advocacy goal?
 - Are there any imperatives for reform, such as the renewal of international agreements, budgetary restrictions, or other?
 - Are there any existing reform processes that are relevant to this goal? What is their timeframe and who is pushing for or against?
 - Are there any major events, meetings at which this is on the agenda? If not, who can get it on the agenda?

- Are there new players that may lead to a change in direction? Are there any champions of reform who can lead others?
- What is the window of opportunity for securing change, for example a parliamentary session, budgetary process, international reform process, or other?

Five questions to ask when setting a goal

- **Important:** How important is this goal to the people that CARE is working with and have they identified it as a priority? Does it meet the strategic and practical interests of the people CARE is working with?
- **Achievable:** Is there a feasible solution to the goal that has been set and do people have the power to make the changes? Is there a process where key decisions could be made? Is the time right? Is the solution a long-term prospect that is ultimately possible?
- **Sellable:** Can CARE communicate this issue? Are influential people interested in it, and does CARE have evidence to back it up?
- **Added value:** Is CARE well placed to take on this issue? Are other partners already working on the issue, and does CARE have something to add? Would CARE have an impact working on the issue alone? Does CARE have a good reputation in this field already?
- **Organisational fit:** Does the goal fit within CARE's organisational objectives, vision and mission?

TOOL 4: Testing the rationale – 'Theories of Change'

Once the goal and objectives have been identified, it is worth testing the rationale, which will help focus on the causal links and intended impacts. A Theory of Change (TOC) explains the process of change by outlining causal linkages in an initiative. It is a specific and measurable description of a change initiative that forms the basis for planning, implementation and evaluation. It helps test assumptions, break down actions and evaluate outcomes. A traditional representation of TOC is 'If X ... then Y ... because ...'

For example, if district government officials and trained civil society groups could meet in regular fora to discuss progress in implementing electoral manifesto commitments, then democracy would be slowly strengthened at the local level, because it would demonstrate government acceptance of oversight.

INTERNAL TOOL: THEORIES OF CHANGE

Click [here](#) for more information on Theories of Change.

TOOL 5: Helping to prioritise – criteria analysis

Choices may have to be made when considering goals. If several possible policy options have been generated, they must be prioritised and the best option identified. One way to do this is by using criteria analysis, a simple mechanism similar to the decision-making processes we use intuitively when making choices between different options on a day-to-day basis.

Draw up a matrix which scores policy options against a list of agreed criteria. Then weight each criterion for levels of importance in the eyes of the decision-maker and calculate the ‘top’ policy. Think carefully about scoring decisions. Could the scores be evidenced if necessary? This is not about numbers or science – it is about judgement and qualitative debate.

Advocacy Goal	Goal 1	Goal 2	Goal 3
Likelihood of success	5	3	3
Achievable in timeframe	4	3	4
Cost	5	4	4
Our knowledge	5	4	3
Links to wider govt. agendas	4	4	3
Total (out of 25)	23	18	17

CASE STUDY 7 Shaping a G8 agenda

During the UK Presidency of the G8 in 2013, CIUK’s advocacy team worked closely with the UK government on its Preventing Sexual Violence Initiative. The initiative initially sought only to end impunity for crimes. CIUK felt this did not go far enough and aimed to broaden the focus of the G8 effort during a six-month consultation process. CARE lobbied for improved services for survivors and financial support for women’s activists working for gender equality. CARE also hosted a visit to a refugee camp so that decision-makers could see the challenges faced by survivors. The resulting G8 Declaration took these points on board and provides a more comprehensive international blueprint for tackling the issue.

CASE STUDY 8 Linking savings groups to banks

CARE has worked for many years facilitating Village Savings and Loans Groups (VSLAs). Through our extensive programming we have learned about the challenges and opportunities of the model, as well as the potential opportunities provided by new technologies and the private sector. To address the challenge of insecurity that VSLAs face when they save large amounts of money in the community we set ourselves the goal of trying to link mature savings groups to formal banks including Barclays and Equity banks. Working in partnership we have trialled new products and services for people living in poverty, such as group savings accounts and group pin codes on mobile phones, bringing social and business benefits.

CASE STUDY 9: SWASH+ SWASH+ goals

The SWASH goal was to scale up water and sanitation in 20,000 schools in a sustainable way. Applied research in three geographic clusters in western Kenya was used to gather evidence and identify policy priorities. Randomised control trials captured outcome, impact and sustainability data over three years. Additional quantitative and qualitative studies were also conducted: for example, it was found that diarrhoea decreased by 60 per cent in all children in schools that received a comprehensive package of WASH interventions. Research also identified gaps: for example that the prevalence of E. coli bacteria actually increased after new latrines were fitted because there was insufficient attention paid to latrine cleanliness and hand washing – things that need daily attention and more operations budgets. As a result of the research three major policy priorities were identified:

- Improve school-level budgets for operations and maintenance
- Establish monitoring and accountability systems for WASH services
- Improve the sharing of knowledge among all participants from parents, students, teachers and school administrators to government, community, and other development-sector participants.

STEP 4

Who can make the change?

Primary targets³

Primary targets are the people who have the power to make the changes needed to achieve the advocacy objectives. They are often known as decision-makers. It is vital to know who makes the decisions so as not to waste time or resources targeting the wrong people. For example, a gender focal point in a ministry is not generally the person who will have the power to decide how much money is spent on violence against women; this decision will lie with the treasury.

Primary targets are people not just institutions. Sometimes authority lies with a particular post, but it can also sit with particular individuals. The election of individuals who are sympathetic to a particular issue can often provide a major political window of opportunity.

It is important to look at what's really happening, not just who has the power on paper and to think beyond the usual contacts or targets.

Where objectives relate to formal policy processes, politicians and officials are likely to be the target. If they relate to social norms or customary law, then informal leaders such as religious figures or community leaders may be targets. Targets could also include the private sector or commercial companies.

Secondary targets or influencers

Where primary targets are difficult to persuade or even reach, it may be possible to access them through those who influence them. These people are the secondary targets.

It's worth being creative, as many politicians admit to having their minds changed by their families or a religious leader. For senior politicians, find out which advisors they trust. Influencers include: people to whom the primary target is accountable; advisors; local government or councillors; media; public opinion (think about how this is expressed – voter protest/media as a proxy etc.); personal contacts; celebrities; academics.

In thinking about which influencers to use, consider whether the methods are contributing to the aim. To build women's empowerment it may be better to focus resources

on women's groups rather than building relations with celebrities – or at least consider carefully which celebrities to work with.

Think about:

- How can this target help achieve the goal or objectives identified
- What resources or information would they need?
- When would their opportunity be?
- What motivates the target to act?
- Why would they listen to me?

Allies share our goals and have some power to influence our targets. It is possible to have more impact working through a coalition or network and galvanising wider civil society support for change. The easiest place to start is with organisations that are similar to CARE but it is vital to look more widely than this. It is worth seeking out 'unusual suspects' – people who also want to achieve CARE's objectives but for different reasons. However, they may cause problems too; if they do not share CARE's ultimate aim then they may accept compromises that CARE would not and might ultimately undermine what we are trying to achieve.

Opponents: Who stands to lose, and has the power to stop us achieving our objectives? Though it's very difficult to stop opponents, it's worth investing time in understanding their arguments and having counter-arguments ready. Understanding their strengths also provides some insight into the feasibility of achieving an objective or influencing a target, and the opportunity to re-prioritise if necessary.

Examining our opponents' obstacles to change can also help to refine or strengthen our objectives. It's worth considering why something might be opposed – it helps to build the case, or identify new research that might be needed to convince the unconvinced.

- Intellectual (e.g. anti-abortion)
- Political (contrary to official party policies)
- Financial (too costly for the government)
- Practical (the suggestion isn't achievable)

TOOL 6: Stakeholder mapping

This three-step exercise will help: 1) map potential targets, their level of interest versus their influence; 2) consider the amount of influence that CARE might have over them; and 3) evaluate whether they are supportive or opposed to CARE's goal and objectives. Start to prioritise once the first exercise is complete – consider selecting ten key targets with significant interest and influence and

3. Much of the text on targets is adapted from Womankind's 'Women's Rights Advocacy Toolkit' <http://www.womankind.org.uk/policy-and-resources/womens-rights-advocacy-toolkit/>.

assess in more detail CARE’s ability to influence them, and whether they might support or oppose. This will help to avoid long ‘wish lists’ of targets and instead to focus on how to actually reach them.

CARE’s role when engaging with stakeholders

Depending on the context in which the advocacy strategy is being defined, CARE’s role can vary from direct advocacy, which might involve directly lobbying government officials, to working with them to build their capacity, or joining a government delegation as a civil society representative. It might involve entering an already existing coalition, network or alliance, working through partners, or supporting national coalitions. CARE could play a more visible role (which might benefit our profile, or could carry security risks) or we could take a back seat and promote local organisations to lead the public advocacy. This can create trade-offs (e.g. less visibility might mean weaker relationships with potential donors and ministries in future). It is therefore essential for us to be clear about our added value and our role when considering ‘who’ we should engage with to achieve our goals and objectives.

Mapping decision-makers’ opinions

On a flip chart, write down the key opinions that the main decision-makers have about this issue. Different decision-makers may have different positions. Their responses can usually be put into the following six categories:

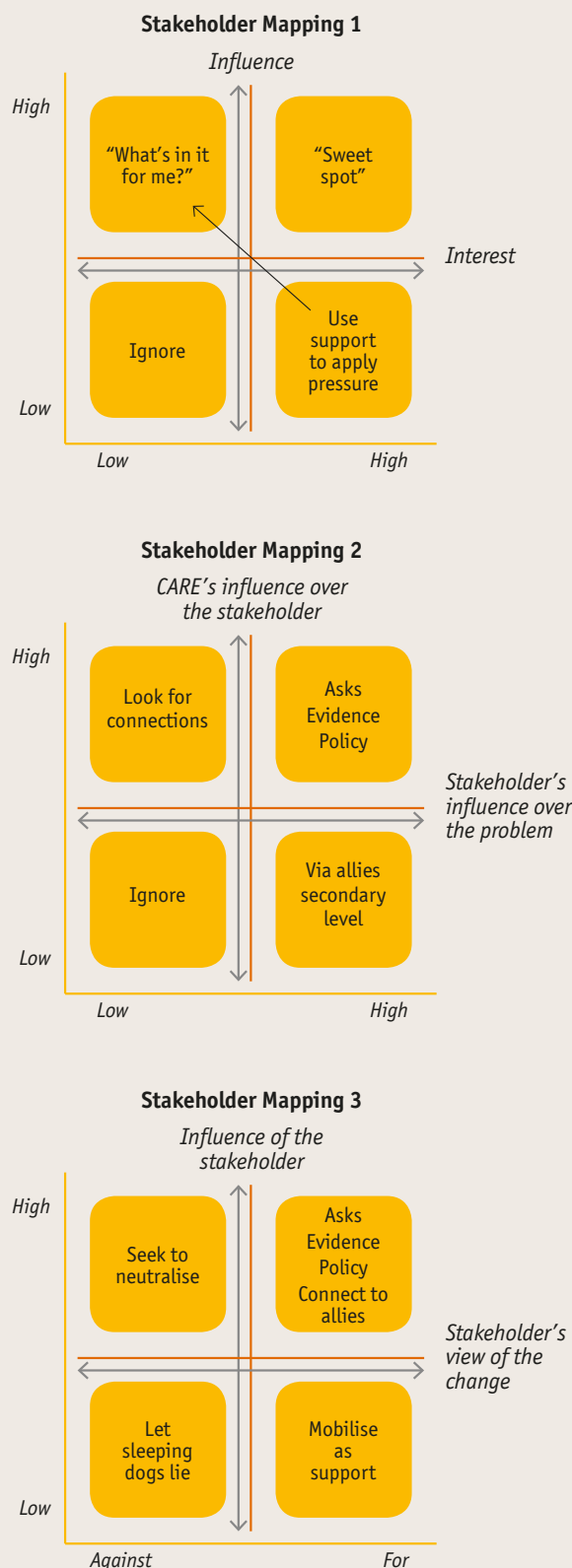
- **Not a problem** – There is no problem
- **Inappropriate** – It’s not appropriate for us to act on it – someone else (e.g. national government or donor) should act, or it is a family or personal matter
- **Unsolvable** – Nothing can be done about it – any solutions proposed will not work
- **Low priority** – There are too many other important issues and we do not have enough resources to address this one
- **Against self-interests** – I would not gain anything from acting on this – it might even damage my interests or lose support
- **Agreement** – Yes I agree with you

In answering the above it may help to consider: how polarised is the debate? How flexible are people in their opinions? Where is our position on the current spectrum? Are there influential actors who can move the centre of the debate towards our position? Can we re-frame the debate to move away from deadlock?

From *Womankind*

TOOL 6: Stakeholder Mapping

Who can make the change? Who can we work with? Who may be against us?



Who can make the change: different approaches that CARE has used

CASE STUDY 10

National to Global Advocacy in Afghanistan

Building on a long-term relationship in-country, CARE Germany facilitated the visit of three members of the Afghan Women's Network to the Bonn Conference on the future of Afghanistan in 2011. The visit enabled the activists to speak directly to a number of key political actors including Hillary Clinton, arguing that women's rights should not be traded away in the search for peace. The visit provided a fantastic networking and learning experience for our partners and their messages had a great impact on foreign ministers because they were able to hear about the issues directly.

CASE STUDY 11

Working with secondary targets

CIUK took a new young British Bangladeshi MP to see CARE's work in Bangladesh. The MP was the opposition spokesperson on international development and had an interest in the role of the private sector in development. CARE took her to see our work with garment factories and produced a short video, which CIUK used to help open doors with other companies with whom they wanted to engage. In addition CARE Bangladesh received significant coverage in the national press, given the young MP's high profile in the country.

CASE STUDY 12

Advocacy in an insecure environment – taking a back seat

CARE is committed to supporting and empowering the partners we work with, learning from them as well as sharing our knowledge and experience of working at all levels. Working with partners matters for reasons of effectiveness, legitimacy and sustainability. In Pakistan, CARE worked on an advocacy campaign with Rahnuma, a well-respected national family planning organisation. By working in coalition, we achieved a major breakthrough, with 16 parliamentarians from the four main provinces pledging their support for the inclusion of sexual and reproductive health (SRMH) needs in provincial policies. Working on SRMH can be highly sensitive (as it is sometimes perceived incorrectly as being an 'imposed' or 'western' agenda by some governments). It was therefore vital in this case, that public calls for change were led by a national family planning organisation. CARE kept a low public profile but provided resources, advice and captured the campaign learnings to share globally.

CASE STUDY 13

Taking the lead: the Child Nutrition Initiative in Peru

In Peru, CARE Peru played a lead role in creating and facilitating the Child Nutrition Initiative (CNI) to combat child malnutrition, which brought together 16 organisations including the Pan American Health Organization (PAHO), ADRA Peru, and USAID. The CNI played an integral role in advocating to make nutrition a central part of the government's fight against poverty, pooling technical and financial resources from different agencies, and acting as a cohesive body to evaluate government actions and secure political cooperation from elected officials. In particular, one of the greater successes of the CNI was securing a pledge from ten presidential candidates to reduce child nutrition in children under the age of five by five per cent in five years. Once President Garcia was elected, the CNI pushed for implementation of this pledge and the President even upped the targeted reduction to nine per cent with a priority for children under three. Thanks to the tireless efforts of the CNI and CARE Peru, malnutrition rates fell to 17.9 per cent between 2005 and 2010, and over 130,000 children under five are not chronically malnourished who would have been had rates not fallen.

CASE STUDY 14: SWASH+

Taking the insider track

In the case of SWASH+ in Kenya, initial stakeholder engagement and analysis included government representatives (from local to national levels) in key planning meetings. This slowly increased the credibility of the programme, for example through the presentation of learning results, and allowed SWASH+ partners to learn about the planned initiatives and the priorities of Kenyan government stakeholders. SWASH+ used a variety of tactics to collaborate with and influence government stakeholders, principally collaborative engagement with officials who needed quality information about what works in terms of student health and achievement. SWASH+ cultivated key champions in relevant ministries and in essence became a key 'advisor'.

Different levels of influence: national, regional and global

“Domestic questions of distribution will increasingly determine whether, as countries become better off, their people do too. At the same time, the West remains home to many of the world’s tax havens, the largest financial markets, and the large multinationals who control more wealth than many countries. And climate change, which will have a profound effect on living standards, respects no boundaries. So, to make a difference, NGOs will need to develop into influencing networks that are both nationally rooted and strongly connected internationally.”

Ben Phillips, Oxfam

Arguably much of CARE’s added value when it comes to advocacy is pushing for local and national-level changes in developing countries. This is because these changes are likely to have a more direct and immediate impact upon people living in poverty and because ultimately it is the state’s responsibility to reduce poverty. However in a globalised world, there are few issues which do not have global implications. And as a networked organisation that is present in both North and South, we can and should make every effort to better link our national and international advocacy.

Regional and global institutions matter because they can galvanise action and set global targets (from human rights treaties to the MDGs). Global and regional targets then have to be implemented by national governments and can be a powerful tool when pressing for national progress. In 1966, for instance, an objective was set to

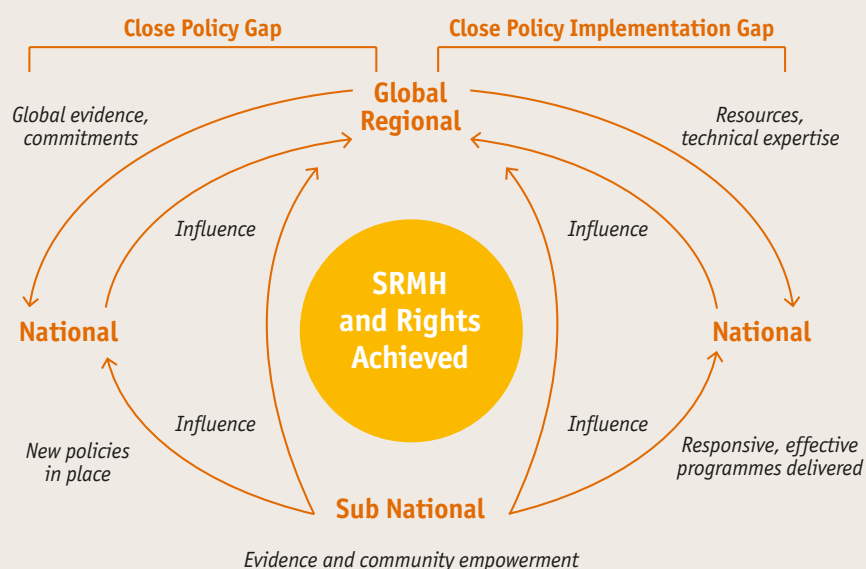
eliminate smallpox, a target that was achieved in 1977. In the 1990s, an estimated one billion people gained access to improved drinking water sources. The global use of ozone-depleting substances – such as CFCs – has been reduced to one-tenth of the 1990 level. These examples show that remarkable progress can be achieved within relatively short periods of time if countries decide to take collective action.

INTERNAL TOOL: INTERNATIONAL ENGAGEMENT

There is a CARE International (CI) Secretariat Advocacy Unit that can help CARE staff engage with international processes. Representatives coordinate CARE’s advocacy at the UN, EU and Geneva. The CI Secretariat coordinates CARE’s global advocacy work including cross cutting priorities like the UN post 2015 development process. Also CI members lead agreed global advocacy priorities on behalf of CI (currently Climate Change, Sexual and Reproductive Health, Women, Peace and Security and Food Security). Please check the CI intranet, Minerva, for up-to-date information on people and goals.

In this manual we have provided some introductory information on three international bodies. There are, of course, many more. We have chosen to cover the UN (because of its global membership and the range of roles it plays in tackling many of CARE’s priorities) and the EU (given it is the world’s largest aid donor, has a number of policy tools at its disposal to reduce poverty and increasingly has more decentralised power at a country office level through its ‘Delegations’). We have selected the African Union as an example of a regional body partly because it has a specific mandate to address regional security and poverty (unlike some of the other emerging bodies in other regions).

How Care Can Link Its Local-National-Global Advocacy



The UN

The three main bodies of importance to CARE are the General Assembly, Security Council and Human Rights Council. They are intergovernmental fora, which means they are made up of member states – rather than being UN agencies. Much of the work is the same as for national lobbying – identifying key individuals, building relationships, knowing opponents – except the context is more complex, especially as styles, protocol and attitudes to NGOs will vary greatly.

Depending on the body, NGOs can influence through written statements, oral interventions, participating in debates, interactive dialogues, panel discussions and informal meetings; organising ‘parallel events’; lobbying delegations, producing information for delegations, offering position papers. There are also human rights treaties and monitoring committees where NGOs can submit shadow reports and complaints on violations and engage with Special Procedures (independent experts etc). With the UN specialised agencies (the collective term for the various funds, programmes and agencies e.g. OCHA, UN Women, World Food Programme), it is valuable to build relationships both in the headquarters and in-country.

The UN CARE Advocacy lead can help build links with relevant officials at the right levels in the UN Secretariat. S/he can provide invaluable information on how and when best to input, for example into a consultation.

Top tips for influencing the UN

Be clear about the goal and what can be achieved

NGOs need to adopt a different approach when lobbying the UN. It is important to know that often UN decisions are made by consensus, so states will often seek to agree ‘group positions’ (e.g. Africa, Asia-Pacific, Eastern Europe, Latin America and Caribbean (GRULAC) and Western Europe and others group (WEOG) rather than act as individual member states. This can at times necessitate a creative approach to issues such as sexual and reproductive health where different regional groups often have opposing views. It becomes important to identify key states and regions that might be swayed to think differently.

It is also important to know the relevant mandates and voting processes of the different bodies – for example a Security Council Resolution is binding but a Human Rights Council Resolution isn’t. However it might be easier to get some consensus on an issue in the Council because agreements are made by consensus not majority voting. And, in the UNSC members have the right to veto. When petitioning for referral to the International Criminal Court or referring to human rights treaty obligations, always check whether countries have ratified the relevant legislation and what reservations and interpretive statements exist.

Finding the right people to work with

Identify the right people in government, both in capitals and their respective missions in New York or Geneva. Identify the right people in the Secretariat. Decide who is the right staff member to represent CARE at different stages – for example, sometimes lobbying is needed, at other times legal expertise. Working in coalition with other NGOs is a good way to pool resources and ensure that CARE is always represented.

Directing efforts at the right target

Find out which governments are sitting on the fence, and which particular individuals within a government or delegation. What/who might sway them? Find out who is chairing a meeting, acting as friends of the chair, or hosting/facilitating. Relationships with UN correspondents also worthwhile as a source of insider information and lobbying.

Finding out about the process

- When is a text being drafted?
- What time is best for intervention? Think about contact with delegates (before and after meetings, special sessions, social events).
- What are the past positions of states? Past action or sticking points?

Learn UN-ese

Most decisions are in the form of resolutions (or ‘decisions’ in the UN Framework Convention on Climate Change (UNFCCC)). Learning to navigate them is vital. Watch out for language such as ‘as appropriate’, which can nullify a paragraph or document, or ‘nationally determined’ which can undermine globally agreed standards.

Remember the value CARE can add

Many delegations like working with NGOs, especially smaller states that might not have the resources to devote to getting to know a UN body or process. Work with countries that aren’t represented on other fora and for whom the UN remains the primary tool of influence. Remember that CARE can say things and push for things that they might want to but can’t.

CASE STUDY 15

Shaping the next set of UN development goals

The UN is working with the international community to craft the next development framework after the MDGs expire in 2015. CARE is advocating for the new framework to include a stand-alone goal on gender equality as well as mainstreaming gender empowerment issues into every goal of the framework. CARE is also calling for the next set of goals to explicitly integrate environmental sustainability and climate change. To achieve these ambitious goals and in recognition that CARE is not alone in its calls, CARE is working in coalition with a number of other NGOs. It has contributed to joint policy papers and produced its own refined messages which CARE members and country offices have been sharing their governments ahead of key meetings. Once final negotiations begin in 2014 CARE will have to map which states are for and which are against our recommendations and design an appropriate lobbying strategy.

CASE STUDY 16 Shaping Climate Adaptation Funds

A substantial share of international climate finance is channelled through multilateral climate funds, such as the UNFCCC Adaptation Fund. Influencing the policies of these funds is important both to ensure practical and effective delivery on the ground and because the standards they set are often also adopted by other organisations. For example, CARE staff from three countries (Costa Rica, Benin and Kenya) submitted reviews of governments' project proposals to the Adaptation Fund based on in-country expertise on adaptation projects, in areas such as food security and coastal protection. These insights were appreciated by the Adaptation Fund Secretariat and Board and CARE subsequently delivered a presentation to the Adaptation Fund Board based on the participatory monitoring, evaluation, reflection and learning (PMERL) tool that was developed by CARE and partners. This included suggestions on how to strengthen participatory monitoring aspects in projects funded by the Adaptation Fund, which are currently implemented in 30 developing countries at a cost of US\$200 million.

The EU

The European Union is a complex arrangement of mechanisms that bind 28 member states together under the authority of common laws, a common parliament (European Parliament), common court (Court of Justice of the EU) and a common executive (European Commission). The overall political direction is given by the Council, where the sovereign interests of each member state are exposed and constrained by diplomacy and (where it applies) by qualified majority voting.

Within the European Commission, Development and Cooperation – EuropeAid is the Directorate-General (DG) responsible for formulating EU development policy and defining sectoral policies in the field of external aid, in order to reduce poverty in the world, to ensure sustainable development and to promote democracy, peace and security.

Collectively the EU – the 28 member states and the European Commission combined – provides more than half of global Official Development Assistance (ODA) (53 billion; 0.42% of Gross National Income (GNI) in 2011). It is the world's largest development cooperation and humanitarian aid donor and the main trading partner for most developing countries.

The EU, as the world's largest aid donor, also plays an important role in international fora and in agreeing the direction of development policy. In 2000 the EU played a leading role in forming the new global partnership around

the MDGs. The EU is also helping to shape the post-2015 development agenda. Commissioner Andris Piebalgs, head of the Commission Directorate-General for Development and Cooperation (DG DEVCO – EuropeAid), was a member of the High Level Panel on the post-2015 development agenda. The EU also has an influential position due to its enhanced observer status at the UN and membership of the G8 and G20. In addition the European Commission negotiates on behalf of all member states at the World Trade Organisation (WTO).

Top tips for influencing the EU

Prioritise working with the following EU actors:

- **desk officers (A-grades)** in Development and Cooperation – EuropeAid, the Directorate-General of the European Commission responsible for designing EU development policies and delivering aid through programmes and projects across the world;
- **officials in the cabinet** of the Development Commissioner;
- **staff of EU Delegations and Offices**, part of the European External Action Service;
- **members of the European Parliament** (MEPs), especially the chair, vice-chairs, political group coordinators and relevant rapporteurs in the Development Committee, or other relevant committees (e.g. International Trade, Environment);
- **foreign and development ministers**/heads of states/prime ministers of the 28 member states of the EU.

Influencing EU trade and aid policies

Understanding what is within the power of organisations is important when considering the ask. Beyond providing funding, organisations like the EU have significant political and trade tools at their disposal. When CARE published a report about how donors could better support women's political participation in Egypt, Yemen, Morocco and the Occupied Palestinian Territories (OPT) after the Arab Spring, we recommended that the EU include 'benchmarks' or 'measures of progress' on women's rights as part of its 'More for More' trade agreements with the Middle East and North Africa (MENA) region.

CASE STUDY 17: Influencing multilateral donor policy: ECHO Gender in Emergencies Policy Paper

In October 2012, CARE's EU Representation Office in Brussels was invited by ECHO, the European Commission's Directorate-General for Humanitarian Aid and Civil Protection, to contribute to a consultation on the development of a policy position on gender in emergencies. As gender equality, gender-based violence and humanitarian policy are all priority issues for CARE advocacy at EU-level, we took the opportunity to put forward CARE asks through a variety of channels: meetings with ECHO, written input, and a letter to the Commissioner.

We developed our asks in a number of ways. On gender in emergencies, as with other priority advocacy areas, CARE had existing documentation from which we could draw. CARE also has a number of gender and gender in emergency experts on staff, who were able to provide their perspectives, often drawing from experience in the field. Once the consultation documentation was published, we identified gaps in the EU policy proposed. We then highlighted key issues for ECHO to consider in order to strengthen the policy document, including both recommendations on broader issues and detailed technical input – again based on CARE experience. On broader issues, CARE asks included:

- The policy should provide a more explicit focus on addressing the special and critical needs of women and girls in emergencies.
- The challenge is to achieve a fundamental shift in ECHO's thinking and perception; as per our own experience, implementing this policy means additional work and resources and ECHO should be prepared to invest accordingly.

More technical asks included:

- ECHO should invest in multi-sector, multi-level sexual and gender-based violence (SGBV) prevention and response in humanitarian work. Integrating prevention and response to SGBV should be compulsory in emergency actions.
- ECHO should ensure roll-out and better use of existing guidelines, in particular Inter-Agency Standing Committee (IASC) guidelines.
- In July 2013, the ECHO Staff Working Document on Gender in Emergencies was published. We found that most of our asks were incorporated in the final document. CARE's Brussels office and European members now plan to follow up on the document's implementation.
- Overall, this experience highlights the need to seek windows of opportunity to influence policies in areas where CARE positions already exist and CARE can provide added value (e.g. gender in emergencies). When working with multilateral institutions and governments, it is important to keep abreast of planned policy documents in order to participate in consultations and influence them sufficiently as they are being developed.
- It also demonstrates the importance of CARE's field experience/evidence from the ground in adding weight to our asks: CARE's wealth of knowledge of implementing humanitarian programmes and addressing the specific needs of women in emergencies in practice gave CARE's asks particular legitimacy.

The African Union

The African Union (AU) is increasingly being viewed as a critical focus of civil society advocacy because it is playing an unprecedented and proactive role in addressing Africa's crises and is exercising leadership in global negotiations. African civil society has also become increasingly convinced that, in addition to grassroots advocacy, engaging in policy advocacy at the highest decision-making level on the continent is the best way to have a real and sustainable impact on poverty and injustice in Africa.

The AU system consists of several important policy-making institutions – notably the Assembly; Executive Council; Permanent Representatives Committee; Specialised Technical Committees; Economic Social and Cultural Council; Pan-African Parliament; Peace and Security Council; and the African Court on Human and Peoples' Rights. The AU Commission constitutes the bureaucratic and technocratic engine of the AU, and is therefore a key focus for any organisation wishing to engage on continental issue. Also of importance in the African institutional landscape are the New Partnership for Africa's Development (NEPAD); the African Peer Review Mechanism (APRM); and the Regional Economic Communities (RECs). Another important structure is the revitalised Joint Secretariat, bringing together the AU, United Nations Economic Commission for Africa and African Development Bank.

Gender is one theme around which there has been effective collaboration between the AU and civil society organisations (CSOs). For example, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa came into force because the Solidarity for African Women's Rights coalition (SOAWR) successfully lobbied for its ratification. The strategy, which combined creating a sense of outrage with constructive engagement, is widely viewed as a model for collective collaboration.

The main challenges to working with the AU are the existence of AU organs and initiatives and the gap between continental policy-making and national implementation. It is therefore key to be realistic about what is achievable and what is not.

As with the UN and the EU, CSOs collaborate with the AU through the AU bodies mentioned above, through lobby work with member states at national and Addis Ababa level and at the different fora (experts, ministerial and other capacity-building initiatives). NGOs should stay updated on activities of the AU by looking at the AU calendar of events and identifying lobbying opportunities;

analysing AU Summits and other decisions; knowing the countries that are influential and the countries that will be interested in the issues they propose to talk about (power analysis); identifying countries in the relevant committees so as to target advocacy etc.

Main bodies to lobby

- **The African Union Commission (AUC)** which gathers African heads of state twice a year (in January in Addis Ababa; in July elsewhere in Africa). It also convenes ministerial meetings on a regular basis (i.e. Ministers of Health and Foreign Affairs), shaping African input into global processes such as at the UN General Assembly (UNGA) and post-2015 deliberations; and also setting continental policy frameworks, which influence national policies. At the global level, the AUC is influential at the UNGA; and the language adopted at AU meetings makes its way (through the G77) into UN statements and outcome documents, such as the 'Outcome document of the special event to follow up efforts made towards achieving the Millennium Development Goals' as well as the post-2015 framework document. At the country level, policies are developed within AU policy frameworks. At the national level, NEPAD also reviews such commitments from AU leaders, and holds them accountable for their adoption at country level.
- **The AU organs**, for example the Pan-African Parliament, the Peace and Security Council, the Protocol on the Rights of Women.

Adapted from the Oxfam African Union Compendium <http://www.oxfam.org/en/policy/african-union-compendium>

CASE STUDY 18 The International Conference of the Great Lakes Region (ICGLR)

CARE has led a regional advocacy programme to tackle gender-based violence known as the Great Lakes Advocacy Initiative (GLAI). Working with grassroots civil society organisations and survivors in four countries, it seeks to address impunity for sexual violence using a range of tactics. In 2011 the International Conference of the Great Lakes Region (ICGLR) – a sub-regional inter-governmental body, made up of 12 countries – held a special session in Kampala to discuss sexual and gender based violence. GLAI countries had three months to influence the final outcome of the conference and sought to do so by ensuring that programme findings informed regional civil society positions and national level consultations. The Conference resulted in the agreement of a Declaration on 'Zero Tolerance for GBV' in the region and individual states committed to follow up, for example, with amendments to relevant national legislation. Eighty per cent of civil society proposals were captured by the 19 recommendations in the Declaration. The GLAI has subsequently tracked the commitments and is producing 'shadow reports' with civil society partners to hold states accountable. CARE learned that engaging in a regional advocacy opportunity:

- provided regional civil society organisations a shared agenda and a lever for lobbying national governments to fulfill their commitments to the Declaration.
- helped consolidate relationships with policy-makers and contributed to increased visibility for CARE and its partners.
- showed that grassroots advocacy can influence higher-levels of decision-making.

STEP 5 Policy asks and core messages

Crafting a good policy ask is possibly the most important, yet time-consuming and difficult stage of the cycle. It is often neglected as activity planning and report writing take over. Governments and other power holders are often unable or unwilling to take action, so asks must be as solutions-focused as possible to capture their attention. Policy asks are the specific, real-world actions that we want targets to take, in order to achieve our goals. They must be specific, measurable, achievable, realistic and time-bound.

When designing a policy ask, it's important to consider what is within the power of the target. For example there is no point only asking UN Women to increase the number of peace-keeping operations that protect women and girls because this is the responsibility of the Department for Peacekeeping Operations and the UN Security Council.

Similarly there is no point in having vague policy asks, such as 'donors must take a holistic approach to family planning programming'. This makes it too easy for targets to avoid taking action and it suggests CARE is not really clear about what we want to change or that we have not properly researched what is possible. Rather, if integrated

programming is the goal, then the ask might be that the most neglected aspect – perhaps free contraception – is more effectively funded.

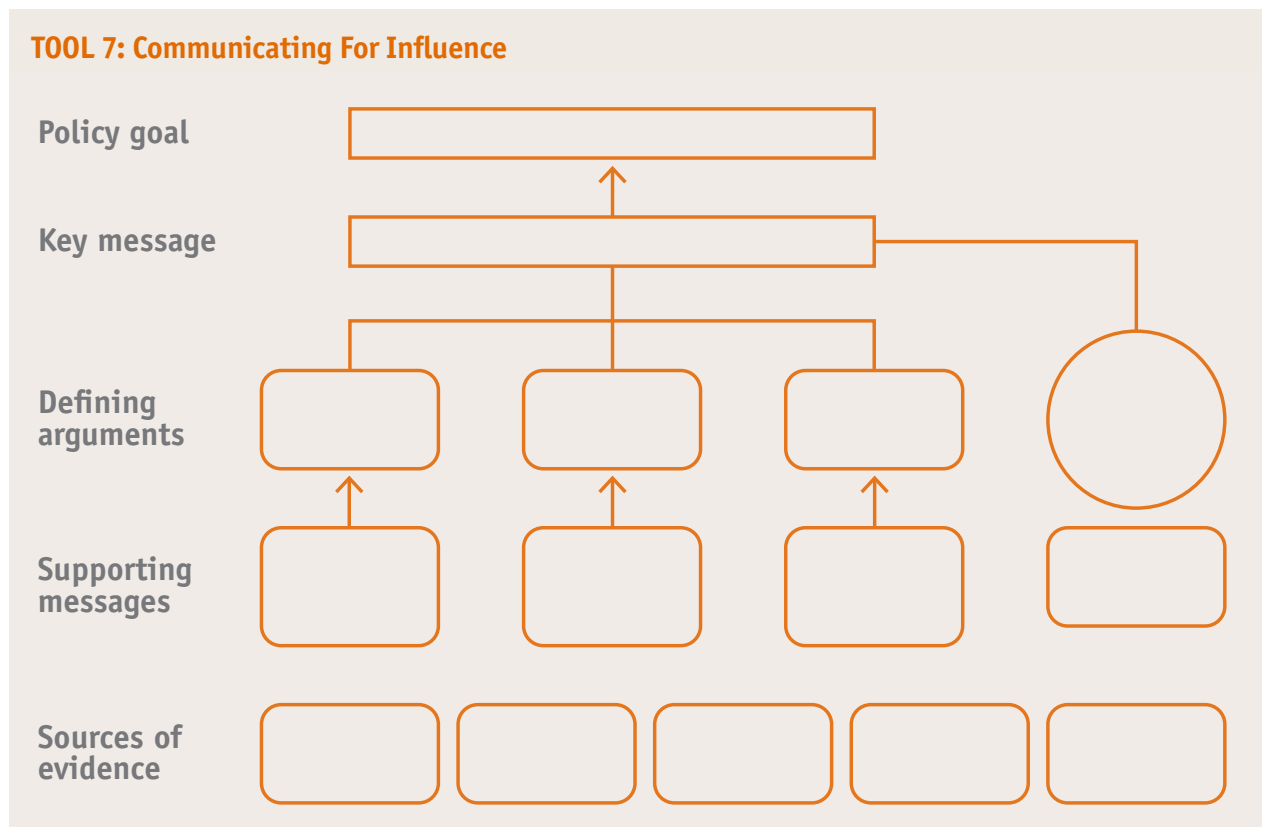
Statistics or targets are important when thinking about policy asks. Figures and perception survey results stick in people's minds. During the G8 IF campaign, UK NGOs identified a global funding gap of \$425million per year for investment in small scale agriculture, which enabled campaigners to urge governments attending the summit to make financial pledges to fill the funding shortfall.

It's important to think about budgets (setting them or shaping them); windows of political opportunity, such as setting targets in political party manifestos; changes to legislation; developing strong oversight bodies to improve implementation; whether new positions in ministries will further an issue; putting an economic value on something to convince treasuries that change is a good investment.

Communicating policy asks or messages

Sometimes an ask might be very technical – because it is a specific, time-bound action that officials might be able to take – but it will not necessarily capture the imagination of the media or wider public, whom it might be important to mobilise in order to put pressure on the officials. For this reason it's important to think about messaging asks for different audiences. Officials might need a very specific detailed position paper, for example detailing

TOOL 7: Communicating For Influence



Type of killer fact	Example (please click on the link for sources)
Big number: the single statistic showing the size of the problem	<ul style="list-style-type: none"> Armed conflict costs Africa \$18 billion a year A Eurozone breakup could cost the poorest countries \$30 billion in lost trade and foreign investment Remittances from overseas workers to developing countries are worth \$372 billion a year, 3 times the global aid budget
Juxtaposition to highlight injustice and double standards	<ul style="list-style-type: none"> It would cost \$66 billion to get everyone on the planet out of extreme poverty – 4% of global military spending A woman’s risk of dying from pregnancy-related causes ranges from 1 in 18 in Nigeria to 1 in 8,700 in Canada.
And absurdity can make a juxtaposition much more memorable	<ul style="list-style-type: none"> It is easier to trade in guns than bananas... bananas are subject to more regulations under EC rules than sales of AK47s Every EU cow receives over \$2 per day in subsidies, more than the income of half the world’s people
Surprising stats	<ul style="list-style-type: none"> More people die of road traffic accidents in developing countries than die of malaria Mexico is the second most obese country after the US
Humanising abstract issues	<ul style="list-style-type: none"> 12 million more children will go hungry by 2050 because of climate change
Human scale: statistics can be so big that we can’t comprehend what they mean; re-scale them to a size we can relate to	<ul style="list-style-type: none"> A child dies every four seconds from preventable causes. There are two bullets for every person on the planet

how a new gender marker applied during proposal writing stages could help improve NGOs’ ability to deliver gender sensitive programmes in emergencies. But to attract the attention of the media (to make sure the officials take action), the message needs to be punchier, for example: ‘Pitiful spending on gender in emergencies puts women at risk’, to show what the lack of funding is and why it’s a problem.

It’s also important to think carefully about having counter arguments ready in order to justify CARE’s position, and to consider who is best placed to deliver the message. Often governments are persuaded by unusual suspects: for example, when NGOs worked for an International Arms Trade Treaty they secured the support of the Defence Manufacturers Association – who also wanted a more level playing field. Working with a trade body meant that the government immediately sat up and listened.

TOOL 7: Communicating for Influence

When developing plans it’s worth remembering that it is much easier to engage and influence stakeholders if they have an on-going relationship with CARE rather than on a one-off interaction. Effective messaging also takes into account different audiences, purpose and therefore format and style of communication. The Communicating for Influence Tool can help shape the message. Start with the advocacy goal, then the key ask or message, then the arguments and evidence.

Consider using ‘killer facts’ in supporter communications. Oxfam’s Duncan Green describes killer facts as: ‘those punchy, memorable, headline-grabbing statistics that cut through the technicalities to fire people up about changing the world. They are picked up and repeated endlessly by the media and politicians. They are known as “killer” facts because if they are really effective, they “kill off” the opposition’s arguments. The right killer fact or graphic can have more impact than the whole of a well-researched report. See examples of killer facts from Duncan Green’s *blog* above.

CASE STUDY 19 CARE counts the cost of violence against women in Bangladesh

Many governments are unable or unwilling to address issues on moral grounds alone. As a member of a national coalition to tackle violence against women and girls (VAWG), CARE Bangladesh undertook a piece of research to quantify the cost of VAWG to the national economy and so help build the case for new legislation. The study found that when all quantifiable costs were considered, the total cost of domestic violence in Bangladesh in 2010 equated to over 143 billion taka (over US\$1.8 billion at current exchange rates). This amounted to 2.05 per cent of GDP, or the equivalent of 12.65 per cent of government spending that year – close to the total government expenditure for the health and nutrition sector in Bangladesh for that year. It helped convince the authorities to improve legislation on violence against women.

CASE STUDY 20

Establishing new banking principles with the private sector

Building on the success of a partnership that aims to link 5000 savings groups to Barclays bank accounts, we began thinking about how best to leverage the power of a global bank to scale up our work. CARE, Plan and Barclays agreed to launch a Charter to expand responsible banking for poor savers. The Charter, which sets out CARE's linkage principles, seeks to win support from 100 leading organisations and aims to ensure that at least five other banks provide new products and services for those living on \$1–2 a day by 2015.

CASE STUDY 21: SWASH+

How policy objectives led to concrete change

SWASH+ identified three broad policy objectives. From these a number of specific policy changes happened:

1. Identify, develop, and test innovative approaches to school – and community-based water, sanitation, and hygiene interventions that promote sustainability and scalability.

As a result the Ministry of Public Health and Sanitation developed a sustainability charter on WASH in schools to enhance monitoring and accountability by all stakeholders in different schools.

2. Provide and test an integrated safe water, sanitation, and hygiene-promotion programme in schools and communities that maximises impact, equity, sustainability and cost-effectiveness.

The Ministry of Education has adopted a WASH curriculum and materials for in-service teacher training.

3. Positively influence Kenyan government investments in school water, sanitation and hygiene by leveraging learning on sustainable, scalable, and effective approaches.

The government of Kenya has allocated \$3.4 million for sanitary pads for school girls in 2011 and funding for school WASH has doubled to \$840,000/year.

STEP 6 Resources

Before developing a budget and action plan for advocacy work, it is essential to make a realistic assessment of existing capacities, resources and gaps, and of potential sources of funding to support the work. This should include consideration of CARE's potential power to influence, which is critical to the success of any advocacy initiative. In addition, it is helpful at this stage to identify possible donors and/or funding opportunities to finance the project. Together, these activities will help to assess whether the overall strategy is realistic and achievable.

Analysing capacities and resources

The Nine Key Questions advocacy planning tool developed by Jim Schultz of the Democracy Centre (see Step 7 for link) suggests that: "an effective advocacy effort takes careful stock of the advocacy resources that are already there and upon which you can build. In short, you don't start from scratch, you start from building on what you've got."

Our resources can be both tangible such as physical and financial resources, and intangible, such as technological resources, contacts, reputation, and human resources including knowledge, skills, and motivation. A good way to identify both existing resources and potential gaps in capacity is to map out all existing resources, relationships, power and influence; and then analyse what can be used from the list to help achieve the advocacy objective, and what additional resources may be needed to ensure the initiative is a success.

The following questions, developed by WomanKind, are helpful for thinking through the types of power to influence that CARE might already possess:

- Could CARE create public embarrassment for the target?
- Does CARE have information and evidence that could be useful to them?
- Can we bring political support with us?
- Can we explain new concepts and make them look relevant?
- Could we help them comply with donors' wishes?

WomanKind has also developed a list of questions to consider when thinking about current resources and potential gaps before beginning to plan or budget for a particular activity. Here is a sample of their questions (a link to their full tool is provided below):

- **Human Resources**
 - Who will be available to work on the different aspects of the project?
 - Do the key people have the right skills and experience? If not, can you train them or get other people involved?
 - Do you have access to other people who can help? Do you have volunteers to distribute leaflets, campaign supporters to write letters, community members to attend meetings?
- **Partners**
 - What could potential partners deliver?
- **Information and Knowledge**
 - Have you been able to do enough research and analysis on the issue, on your objectives and solutions, and to identify your targets?
- **Relationships**
 - What relationships do you, your staff, volunteers and partners have which you will be able to use?
 - These may be among target audiences, influencers or in practical areas such as materials design or the media
- **Reputation**
 - Do you or your partners have a strong reputation among the target audiences, with the public or the media? If not, have you developed strategies and tactics to get around this?
 - Can you recruit influential spokespeople or celebrities to speak on your behalf?
- **Time**
 - Do you have enough time to implement your project efficiently?
 - Are there particular deadlines that you have to meet?
 - Are there external events that you wish to use, such as elections, national or local political meetings, government planning cycles or international summits?
- **Money**
 - What money do you have available for this advocacy project?
 - Where is the money coming from: your organisation, partners, other funders?
 - Roughly how much do you think you will need to implement the activities you are considering?

Analysing funding opportunities

It is important to research what donor resources and internal funds are available for advocacy, as opposed to other kinds of interventions. Some trends seem to indicate an increase in donor funding for advocacy and civil society strengthening efforts. However, often the best way to fund advocacy work is to include it as a component of a wider programme. As with many other organisations, advocacy work at CARE is largely (though not solely) funded through unrestricted resources. While we need to look to our existing resources as a starting point for funding advocacy work, we should deliberately develop more holistic programming that includes advocacy and proactively reach out to donors who fund advocacy, in order to cover the costs of advocacy activities and staff salaries.

To gain an overall understanding of funding needs and opportunities, it is important to consider (1) available internal funds: opportunities to fund the initiative within existing, funded programmes or from unrestricted resources; (2) the possibility of integrating the advocacy work into new proposals for larger programmes; (3) whether a new, stand-alone project proposal for a specific advocacy initiative needs to be developed.

The questions below provide practical guidance to help to identify the funding opportunities available:

- Are there already internal funds available to support the initiative? What existing programmes might already include and/or fund an advocacy component? Is there already funding to cover the salaries of key staff?
- What other programmes with similar themes are other colleagues currently developing for submission to donors? Could this advocacy initiative enhance a programme proposal by adding an element of longer-term, potentially sustainable impact?
- Would it be possible to integrate this advocacy initiative into the wider programme's donor proposal? Could advocacy staff time and other resources be included in the wider programme budget?
- If new funding needs to be identified, which donors have funded advocacy initiatives as part of relief and development programmes in this country/region? Besides multi – and bilateral aid, are there any individuals, private businesses, foundations, or any other groups interested in advocacy? It can be helpful to look into how other NGOs involved in advocacy have funded their work.
- What are the priorities for donors that have funded advocacy? Are they interested in particular issues

(i.e. education policy reform)? Are they interested in specific groups of the population (i.e. policies that affect women-headed households or policies that affect ethnic minorities)? Do they have a geographical focus?

- What type of advocacy initiatives have they recently funded? What amounts were provided to those initiatives?
- Is it possible to find out more about a donor? Who at CARE knows them and can help? Are there any other contacts that may facilitate access to a donor?

CASE STUDY 22

GLAI – fundraising for a regional initiative

Since 2009, CARE has been implementing the Great Lakes Advocacy Initiative (GLAI) in Burundi, Rwanda, Uganda and DRC (the latter from 2012), a programme which aims to hold states accountable for commitments to reduce sexual violence. Through continuous contact with the Norwegian Ministry of Foreign Affairs and the Norwegian Agency for Development Cooperation (Norad) as well as the Norwegian Embassy in Kampala, GLAI was funded on a year-to-year basis. Originally the initiative was to last for three years but CARE was able to convince Norad to extend the programme by aligning it to their broader focus on Women Empowerment Programmes. The donor was eager to build upon the earlier work CARE had done to develop national advocacy on sexual violence to achieve their wider ambitions for a new five-year Gender Equality and Women's Empowerment Programme.

CASE STUDY 23

Seeking national government funds in Bangladesh

CARE partnered with the Bangladeshi Government to implement the SHOUHARDO programme: a food security programme that used a wide range of interventions including providing maternal and child health services, sanitation, income generation, village savings and loans groups, as well as climate change adaptation. The Government of Bangladesh provided a portion of funding and technical support, ultimately enhancing the sustainability, effectiveness and reach of the programme (<http://www.care.org/work/health/children/shouhardo>).

OTHER EXTERNAL TOOLS

The full WomanKind tool from their Women's rights and advocacy toolkit, section 5: Strategy and Planning (pp. 55-6) is useful for thinking about existing resources and any gaps before developing a budget and action plan.

*National NGO platforms can be a helpful source of information on funding opportunities available to NGOs for different types of programming, including advocacy; for example **BOND (British Overseas NGOs for Development)** in the UK. Many countries have an NGO platform offering similar services.*

STEP 7

Action plan and implementation

Now that the problem and its causes have been identified, and the context, targets and resources assessed, it is time to start planning activities.

1. Identify outcomes and activities

The first stage of designing an action plan is to identify the outcomes and indicators for the advocacy goals that were specified in the previous steps. **Outcomes are the tangible changes that result from a set of activities, and contribute to the achievement of an objective.** They may be changes in the behaviour of people, organisations or partners. **An indicator is a piece of evidence against which progress can be measured** (VSO Participatory Advocacy p42).

At this planning stage, a great deal of information for developing a logic model or log frame is usually available. Log frames help users visualise the relationship between the goals of an advocacy initiative, and the proposed activities for achieving those goals.

CASE STUDY 24

Women, peace and security advocacy strategy: outcomes and activities

Women's participation and women's rights are often neglected in peace-making, peace-building, post-conflict governance and wider recovery and reconstruction processes, and drawing from the UN Security Council Resolution 1325, CI drafted a strategy on Women, Peace and Security. The aim was to involve the CARE members (CIMs) and country offices COs (starting with three priority countries, Uganda, Nepal and Afghanistan) in ensuring that governments change their policies in terms of the protection and participation of women in conflict and post-conflict settings. The strategy identified objectives and outcomes both for protection and participation. Taking the participation objective of the strategy as an example, one of the outcomes identified was to ensure that by 2014, bilateral and multilateral donor aid policy and wider political engagement strengthens and safeguards women's political participation in the Middle East region. In order to achieve this, one of the main activities was the launch of the Arab Spring Report on women's participation in the uprisings and follow up meetings with key donors and other actors at national, regional and international levels who could influence women's participation in the MENA region.

CASE STUDY 25

Sexual, Reproductive and Maternal Health (SRMH) advocacy strategy: outcomes and activities

The CI SRMH advocacy strategy focuses on accountability; Objective 2 is that international policies and funding (in the context of two to three global strategic processes) enable and support effective SRMH policies and practices that are comprehensive and community-based, reflect a human rights-based approach and include a strong focus on women's empowerment /gender equality by 2015. In the action plan to implement the strategy, one of the outcomes identified under this objective is that governments and donors increase investment in scaling up successful and innovative approaches to SRMH, in line with CARE priorities and approaches. The main activity for this outcome was for CI members and country offices to meet and influence key decision-makers for increased funding and prioritisation of effective SRMH policies and practices, with a special focus on the Family Planning Summit that took place in July 2012. As a result of influencing this summit CARE now sits on an international advisory body on social accountability for sexual health services and is also hoping to secure significant funding for further work.

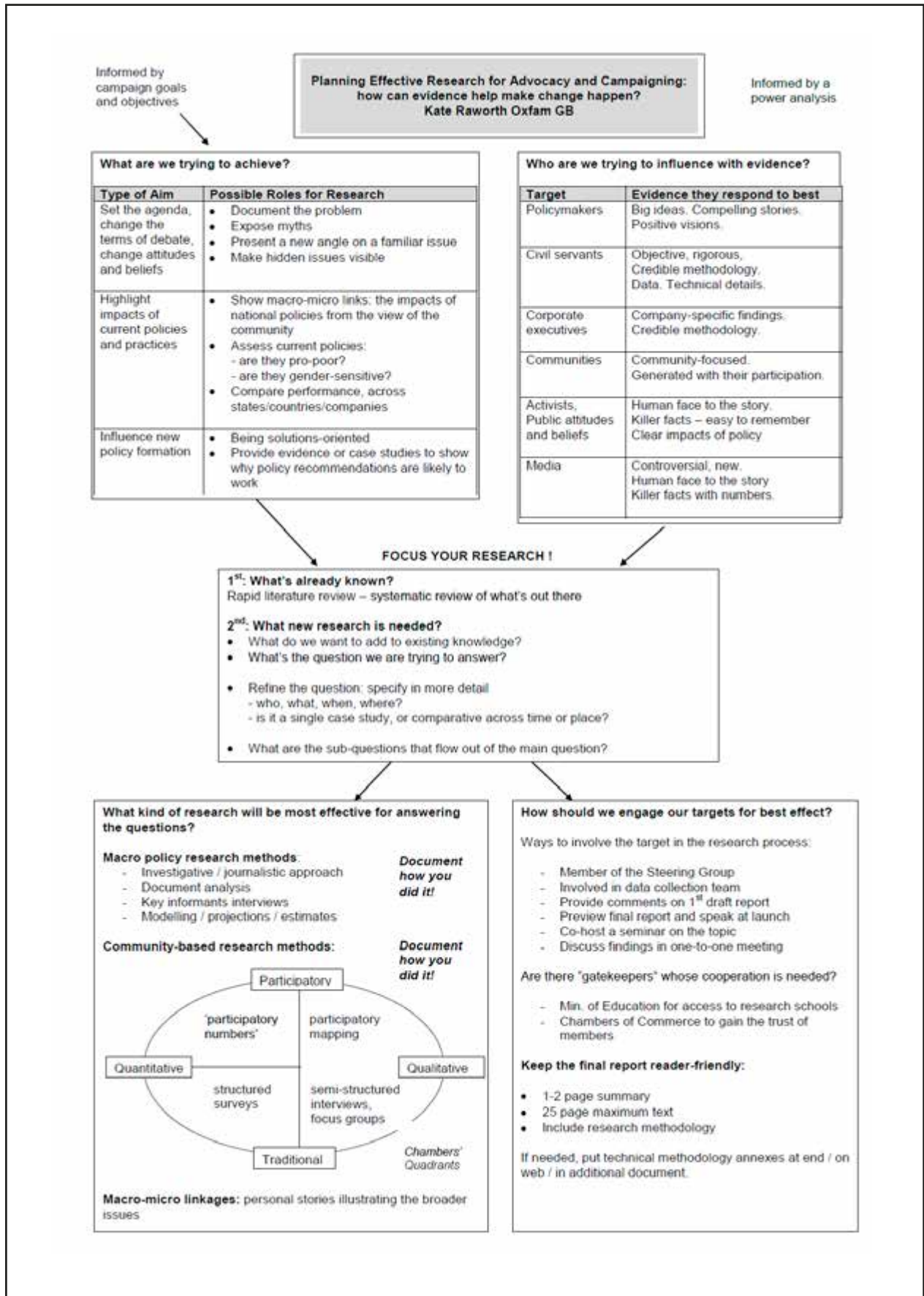
CASE STUDY 26

Syria advocacy strategy

The Syria regional advocacy strategy has set out five main thematic goals: (1) that the basic needs of women and girls be met; (2) that urban and camp refugees enjoy a higher standards of living during exile; (3) that greater and safer access is granted to humanitarian actors to provide needed relief supplies in Syria; (4) that adequate, timely and coordinated assistance is provided to the largest number of people affected by the crisis; (5) that the protection of civilians is prioritised both as a legal obligation and programmatic priority. These objectives seek to balance CARE's humanitarian imperatives, our capacity to influence on the ground and CARE's programmatic and advocacy priorities with a focus on women and girls.

TOOL 8: Planning Effective Research For Advocacy And Campaigning

This useful tool was developed by Oxfam to help produce good advocacy reports.



2. Choose the right advocacy methods and tactics

Though methods or activities may need to be changed once the advocacy initiative is implemented, defining them at the planning state helps to make sure the necessary resources are in place.

In advocacy, people often refer to certain categories of activities as tactics. Tactics are types of activities that support the strategy. Advocacy tactics are often chosen based on their level of risk, their cost, and their chances of success in the existing political environment. Advocacy strategies usually have to be adapted over time, so while it is important to have a sense of the range of activities to be undertaken, it's also important to keep a flexible activity schedule. Innovating and seizing opportunities that may emerge are critical for successful advocacy, even if it means changing the original plan.

Here are some specific advocacy tactics to consider:

a) Analysis and research to provide evidence

Having solid evidence is critical to support policy asks and to provide arguments to influence and convince the target audience. As an operational organisation with extensive programming experience, CARE is very well placed to document and explain the problem that we are trying to solve, to show what works and what solutions we have tested to address it, or what is the impact of a particular course of action that could be brought to scale.

Doing effective and useful research for advocacy requires careful thinking and planning early in the process. An effective research paper should:

- Be timely in addressing an issue – is the research agenda forward-looking?
- Provide new evidence and new solutions to addressing problems.
- Simplify complex issues/challenges. Bad papers are overly complex in both concepts and prose, good papers make the complex simple.
- Involve stakeholders from the beginning. Engage with targets/partners from the beginning. If they have buy-in at the start, they'll listen at the end.
- Be supported by a well-planned launch event and media plan.

CASE STUDY 27

Generating evidence from CARE Bangladesh's SHOUHARDO programme

SHOUHARDO, a comprehensive food security programme in Bangladesh, used evidence-based data to reveal a dramatic reduction in child stunting – over twice the global USAID average for non-emergency food security programmes – thanks largely to the gender empowerment components of the programme. This information was used to prove that gender empowerment was the single biggest contributor to a reduction in child stunting. The programme used this evidence to make the claim for the need to build gender-inclusive development policies at the local, national, and international level. CARE USA also used the research to help advocate for a continuation of the USAID budget.

CASE STUDY 28

Using social accountability to build evidence in Peru

In Peru, CARE has trained indigenous women to be 'social monitors' who observe health facilities and discuss with women their experience of the care they are receiving. Findings are shared with an Ombudsman, civil society groups and healthcare providers, and action plans are developed to address concerns raised. Evaluations have shown increased knowledge of women's rights; greater satisfaction with services; increased acceptance of cultural traditions; and a one-third increase in the number of births carried out in clinics after one year. This success contributed to citizen monitoring being institutionalised as national policy in Peru and has been shared with the UN Human Rights Council as an example of a rights-based approach to maternal health.

CASE STUDY 29

GLAI: using data to change how rape is reported in Uganda

In Uganda, data gathered as part of CARE's GLAI helped to convince the government to change the way that evidence of sexual assault was recorded in the country.

The amendment of the Police Form 3 (PF3), which used to register legal cases for survivors of rape, was an important step towards enabling increased access to justice for survivors in Uganda. Completion of the PF3, without which a survivor cannot proceed to court, originally required a police surgeon to carry out a medical examination of the survivor and sign off on the form. However, there were only four police surgeons in the country.

CARE was able to provide data about the levels of sexual assault in Uganda, using the information it was gathering for the UN GBV Information Service as evidence of the scale of the problem and the need for more health professionals to be able to examine those that had experienced sexual assault.

CARE's efforts contributed to the national advocacy campaign calling for an amendment of the form – to allow other qualified medical professionals to undertake the medical examination of a sexual assault. The campaign successfully resulted in an amendment to the form.

CASE STUDY 30

Securing a climate change loss and damage mechanism

As the scale and pace of climate change grows, people living in poverty are already feeling the impact of rising sea levels, melting glaciers and more frequent and extreme weather events. Although some of the effects of climate change can be adapted to, people living in poverty are finding it increasingly difficult to cope with ever-more intense and severe climate-related crises. Highly destructive storms, like Typhoon Haiyan in the Philippines, can cause widespread loss and damage to lives, sources of income and assets. Drawing on this and other evidence of loss and damage, CARE has repeatedly called for an international mechanism to deal with loss and damage from climate impacts under the UN Framework Convention on Climate Change, the only global forum that exists to tackle climate change. A combination of tactics were utilised ahead of the COP (Conference of the Parties) 19 climate change talks in Warsaw. These included the launch of a series of technical reports written jointly with WWF and Action Aid in the run up to the conference as well as high-profile media coverage and targeted advocacy by way of a letter from 100 like-minded national and international civil society organisations to key environment ministers. These actions combined with a conducive context (states were at a deadlock on other climate negotiations and saw the loss and damage mechanism as a potentially different avenue to explore) helped convince governments to act and create a loss and damage mechanism at the COP19.

b) Lobbying decision-makers

Lobbying is the main activity used to persuade the target audience to take a particular course of action. This can be done through direct approaches, for example face-to-face meetings with those that hold decision-making power (e.g. local authorities, ministers, heads of multilateral institutions, party leaders), or more informal contact (e.g. during a reception, in the corridor outside a negotiation room). It is also possible to participate in working groups or influencing bodies, such as parliamentary committees, UN working groups.

More indirect approaches can also be effective, such as reaching those who can influence the target (e.g. heads of relevant unions, corporate leaders, employers and even family connections). It is important to prepare for lobbying meetings, including being clear about the ask, agreeing an agenda for the meeting and doing any necessary follow-up.

Typically, policy briefings or letters should clearly state the messages and supporting arguments. They should be sent before lobbying meetings or made available during meetings or at other relevant events, or posted on CARE's website. A good policy paper should:

- Define and detail an urgent policy issue within the current policy framework which needs to be addressed.
- Provide clear policy options/recommendations that will address the diagnosis the paper has made.
- Give an account of the probable outcomes of the policy options set out.
- Indicate a preferred recommendation(s) and provide a strong argument to establish why this is the best possible action.

Blogs are increasingly being used to support asks, to keep them alive for a longer period of time than position papers and letters, and to reach a broader audience. A well-written blog should:

- Compete against the white noise by being forceful in argument.
- Be regularly updated with interesting content.
- Contain quality output so choose your interventions well.
- Establish a legitimate voice in the field by sharing research/evidence.

c) High-level visits to CARE projects

Given the high quality of our programming, showing our work to key decision-makers can be very effective in influencing them to take the action we are calling for.

CASE STUDY 31

High-profile visits to CARE programmes

These visits can help to create a more in-depth understanding of the issues and build strong relationships. CIUK helped to facilitate a visit of the UK Foreign Secretary Hague and UNHCR ambassador Angelina Jolie to the CARE-run Lac Vert refugee camp in the DRC. The visit was part of their work on the G8 Declaration on Preventing Sexual Violence in Conflict, which was originally solely focused on addressing impunity. The visit helped Hague and Jolie to understand that the needs of survivors are paramount and must be addressed if the international community is to secure any subsequent convictions. The visit also helped build strong relationships between CIUK and the UK Foreign and Commonwealth Office (FCO), and the media publicity generated was used by many CARE members. The country office was also in a strong position to approach the UK's Department for International Development (DFID) and the FCO for subsequent funding.

d) Campaigning

Promoting activism by supporters and the public is another useful way to influence the target audience. Public campaigns can help to create political will and put pressure on decision-makers. Activism includes supporting the establishment of activist groups (such as CARE Action Networks), writing letters and petitions, using technology to engage citizen actions, and organising demonstrations. Bear in mind that organising peaceful demonstrations requires extensive risk management and planning including liaison with authorities (e.g. police agreement is often required for a march or demonstration taking place in a public space). Using this approach requires careful planning, including developing asks and evidence, identifying which groups to mobilise, deciding on the most appropriate means such as web-based or telephone technology, creating support for the campaign, building alliances and managing the process.

CASE STUDY 32

CARE USA's CARE Action Network (CAN)

CARE USA's CAN mobilises over 200,000 volunteer advocates from across the United States to advance CARE's advocacy agenda and influence their members of Congress to support legislation that combats global poverty and promotes gender empowerment. Members of CAN participate in educational and awareness-raising events, contribute to media publications, lobby their members of Congress, and learn more about CARE's work through organised national conference calls, trainings, events, and the annual CARE National Conference on International Women's Day in Washington DC. CAN advocates have successfully contributed to the US Government's efforts to reform food aid, address child marriage, maternal health and gender-based violence, respond to emergencies and humanitarian needs and continue to provide a robust budget for international affairs and foreign aid.

CASE STUDY 33

Supporting other CAREs to build their supporter networks

CARE France and CARE USA engaged in an instrumental exchange and capacity-building partnership to help CARE France launch their own citizen advocacy network. CARE France staff and volunteer advocates attended CARE USA's annual National Conference and International Women's Day Celebration in Washington DC in March 2013 where they participated in lobby meetings with US members of Congress and met with key US policy-makers and advocates. In exchange, CARE USA staff and advocates spent a week with CARE France in Paris learning about the French political system, sharing best practices, meeting with French MPs and participating in key discussions with partnering organisations and colleagues.

CIUK has recently provided funding to CARE Peru to help them start to establish their own CARE Action Network of activists, and eventually, long-term supporters.

e) Building capacity and empowering others to take action

This approach is particularly powerful and relevant to CARE, given our extensive work with partners as well as our approach to empowering and giving voice to our beneficiaries and stakeholders. CARE has many experiences, for example, of building the capacity of the communities and activists with whom we work, and of bringing their representatives to major policy events.

CASE STUDY 34

Supporting Southern voices for climate change

The CARE-supported 'Southern Voices on Climate Change' programme works with national, regional and thematic civil society networks around the world to help advocate for climate policies that benefit people living in poverty and those who are vulnerable. A key objective is to build capacity for advocacy activities by linking up organisations and networks in selected developing countries through South-South and South-North alliances. Members of the Southern Voices programme are particularly active at their national government levels and at the annual UNFCCC COP meetings, where they advocate at the highest level for improved policies and programmes that promote environmental integrity and sustainable development in Latin America, Africa, Asia and the Pacific.

f) Using communications and the media

Using communications and the media is a powerful way to support CARE's advocacy work and influence the target. It can help bring public attention to the problem and get support for our recommendations. To be effective, the communications and media strategy needs to be an integral part of advocacy planning; having communications experts on the planning team will help to ensure this happens. Tools and tactics include developing press releases, reaching out and engaging with journalists, giving interviews, writing op-eds and using social media. This requires careful planning and clear strategies. Every choice of word, metaphor, visual or statistic conveys meaning, affecting what our target audiences will think and do.

You can find detailed advice, templates and examples in the CARE communication handbook. For detail on developing CARE messaging and CARE's communications principles, please see the CARE International Brand Standards.

g) Using social media

Social media is now an essential part of advocacy. It can help to build up information and research on issues, create networks of allies and can be used to reach policy-makers directly. Twitter in particular is becoming increasingly influential and is an ideal tool for raising awareness, sharing information, participating in discussions and influencing decision-making. Policy-makers have dramatically increased their use of social media including Twitter and Facebook as well as mobile technology. This underscores the importance of social media and the internet in educating policy-makers and galvanising them to support a policy or a policy change. CARE must therefore be tactical in sharing information on social media to ensure that our key messages reach decision-makers.

Communicating through social media on behalf of CARE is the primary responsibility of communications staff, but it is clear that other staff can add value and further our goals by providing timely, valuable information for advocacy purposes. For example, other CARE staff could use social media to deliver key messages for an event (e.g. the UN Commission on the Status of Women) or on one specific advocacy issue (e.g. women's participation in peace negotiations). This could also lead to media/fundraising opportunities or media interviews. CI Communications can support interested staff to engage in the use of social media, especially Twitter. For practical information, and a step-by-step guide on how to engage on Twitter, please refer to: **CARE Twitter Training Module for Emergency and CO Staff**.

The CI Secretariat has developed a social media policy to ensure that staff understand how to use social media on behalf of CARE; it is the responsibility of the Lead Member or CI Advocacy and Communications to inform staff about it. The new CI Secretariat Social Media Policy can be used as a guide for CARE offices looking to develop their own policy; the CI Secretariat policy applies to all CI Secretariat staff, including any staff deployed on behalf of the CARE Emergencies group (CEG).

CASE STUDY 35**Social Media – campaigning to end child marriage**

In the run-up to the International Day of the Girl on October 11, 2012, CARE USA and the Girls Not Brides Coalition launched a social media and advocacy campaign targeting members of Congress and former Secretary of State Hillary Clinton, encouraging her to make political and financial commitments to address the issue of child marriage. On September 12, 2012 CARE USA launched its own month-long campaign, including a new web page to raise awareness of child marriage and offer advocates and supporters across the country various opportunities to demonstrate their support for this issue and to call on Secretary Clinton to take action. As a result, supporters sent 11,000 emails to Secretary Clinton, and over 1,000 tweets to the State Department. There were nearly 100 million social media impressions, almost 400,000 tweets using the International Day of the Girl or child marriage hashtags, and 270 Facebook users downloaded CARE's 'Child Marriage Social Badge' (<http://twibbon.com/support/end-child-marriage>). CARE Action Network (CAN) advocates submitted opinion pieces to five local and national newspapers and hosted events in 16 states to complement the existing social media efforts. As a result, Hillary Clinton agreed to include child marriage indicators in the State Department's annual Human Rights Report and, in the spring of 2013, Congress adopted the Violence Against Women Act (VAWA) with language that ensures the US will prioritise efforts to combat child marriage globally.

3. Prepare a budget

The budget should be based on the advocacy strategy and activities (such as lobbying, media work, working with coalitions, and/or mobilising constituencies). Always include a line for unexpected expenses. Planning for such contingencies will allow for a flexible activity schedule and for changes, if required.

Budget categories

A budget for an advocacy initiative should include some, if not all, of the following categories:

- Salaries and benefits for staff
- Supplies
- Activities and events (conferences, briefings, lunches, meetings, press conferences, etc.)
- Printing and distribution (brochures, reports, fact sheets, press releases, promotional items, briefing materials, etc.)
- Communications (telephone calls, modem, postage, etc.)
- Office space
- Consulting services (policy research, public relations services, private lobbying, legal services)
- Training
- Travel
- Dues and fees
- Contingencies (unexpected expenses) and other overheads

STEP 8
Monitoring and evaluation

“What get’s measured, gets noticed.” Hillary Clinton

Monitoring and evaluation help keep an advocacy initiative on track, and assess the change it has achieved against its stated goals. Effective monitoring and evaluation require careful planning and are an integral part of designing an advocacy initiative. It is vital to establish what information is necessary for tracking progress, and how it can be obtained, before the strategy is implemented.

The advocacy indicators discussed in the previous step need to be **SMART: specific, measurable, achievable, realistic and time-bound**. These indicators can be used for monitoring and evaluation.

As discussed earlier, advocacy activities often need to be adjusted, revised, and re-directed. Such changes, however, should only be made on the basis of good monitoring data. For example, what new information has come to light through public events, meetings, newspapers and online media? Have political conditions changed since the initiative was first planned? Have the target audiences changed their opinions?

As with other CARE projects, **monitoring should focus on tracking outputs, activities and inputs**. For advocacy, **outputs** are usually changes in the knowledge, awareness and/or opinion of target audiences. They should be updated to include changes in your target audience's position, interest, opinion and knowledge about the policy issue.

It is also important to monitor **activities and inputs**. The more people there are who make up the target audience, the more important this becomes. It is important to keep a record of CARE's activities, and the learning from each activity that can make CARE more effective as an advocate. For example, it may be worth tracking new information about the target audience that will affect the message, or tracking activities that are successful against those that have struggled to hit the mark.

Monitoring the advocacy initiative may also contribute to the policy change itself. When a wide range of stakeholders, even policy-makers, are involved in monitoring an advocacy initiative, change might happen more quickly. Monitoring data offers an opportunity to discuss the status of policy changes with participants from the government, community, business and other sectors,

and that process may increase the support to the policy change you are trying to achieve.

The CI advocacy M&E and advocacy framework offers useful guidance (see Tool 9 below).

As with other projects, **evaluation** of advocacy focuses on **impact** and **effects**. Evaluations assess the extent to which the policy goals have been achieved, as well as the ultimate impact of these changes on the well-being of households and individuals. As with any other CARE project, advocacy initiatives need to demonstrate that they have had a positive impact on people’s lives. For this, baseline information is needed on quality of life before a policy change, as well as evaluation data on the extent to which lives have improved after a policy change.

There are a few important considerations for evaluating an advocacy initiative:

- The unique characteristics of advocacy make it necessary to think in new ways about how evaluations should be carried out. While policy-makers may approve new and favourable policies, or revise and change old ones, these **changes may take a long time to yield results that can be measured at the household level** (impact changes). This may have consequences for the timing of evaluations. Impact may need to be measured in a post-evaluation, after a certain period of time has passed rather than in a final evaluation of an advocacy initiative.
- Unlike our traditional programmes, policy reform often happens in a place far removed from where the

impact is sought. It is therefore difficult to attribute improvements in people’s well-being to CARE’s advocacy initiatives. As with other projects, it is better to acknowledge that many factors and actors contribute to improvements in people’s lives, and not just one.

Measuring impact rather than attribution should be the focus of any CARE project, including an advocacy initiative.

- **Measuring policy implementation faces some particular challenges.** While it is easier to assess if a new policy has been created, or an old one changed, making sure that a policy is being implemented can be difficult to measure. Often, policy implementation depends on many actors carrying out policies at the national, regional and local levels.

Examples of key questions for evaluating an advocacy initiative

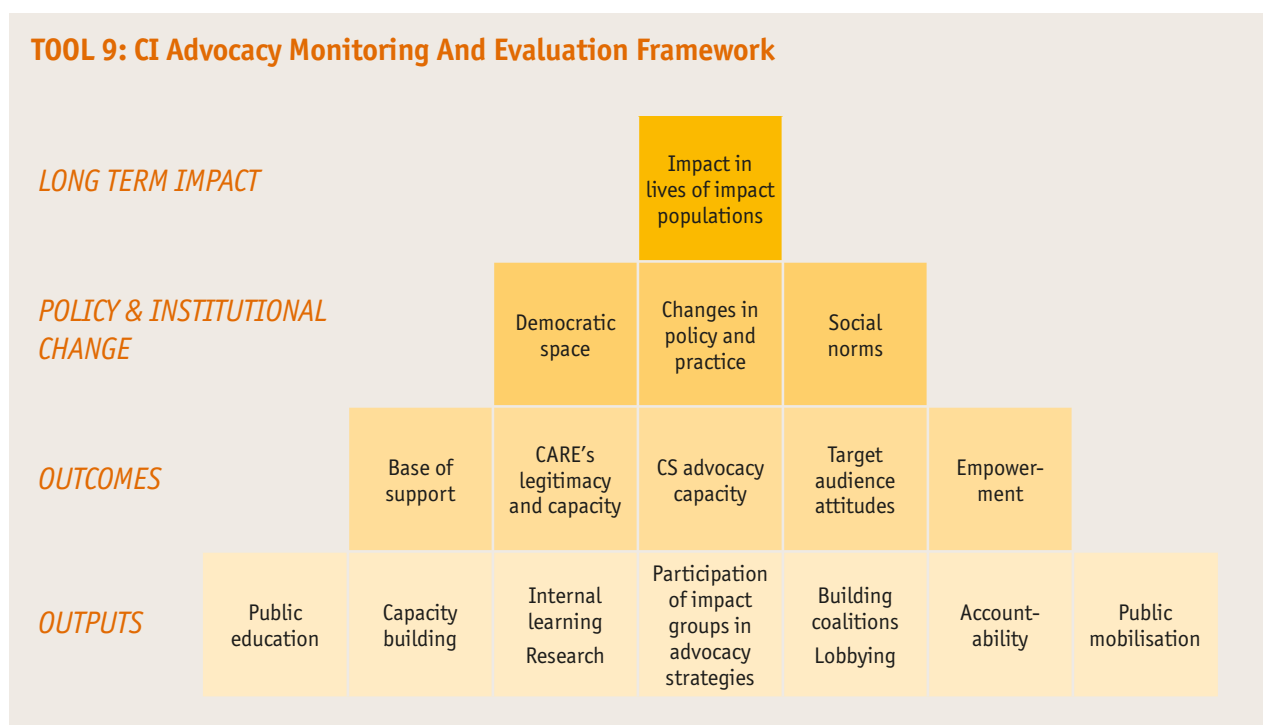
Evaluating impact:

- Have policy changes resulted in improvements in people’s quality of life? Why/why not? Is there data to support these findings?
- Have policy changes contributed to protecting, promoting or expanding people’s rights?

Evaluating effects:

- Has the policy change occurred, or are the prospects better than they were before?
- Have new policies been approved, or outdated/adverse policies changed? Are policies enacted at the national, regional and/or local levels? Why/why not?

TOOL 9: CI Advocacy Monitoring And Evaluation Framework



- What factors enabled/hindered the success of policy change, that is, the creation, reform or enactment of policies?
- Were bills or proposals formally introduced in the legislature or other government body or were informal decisions made?
- Who made final decisions that enabled/hindered the policy change?

Evaluating your strategy:

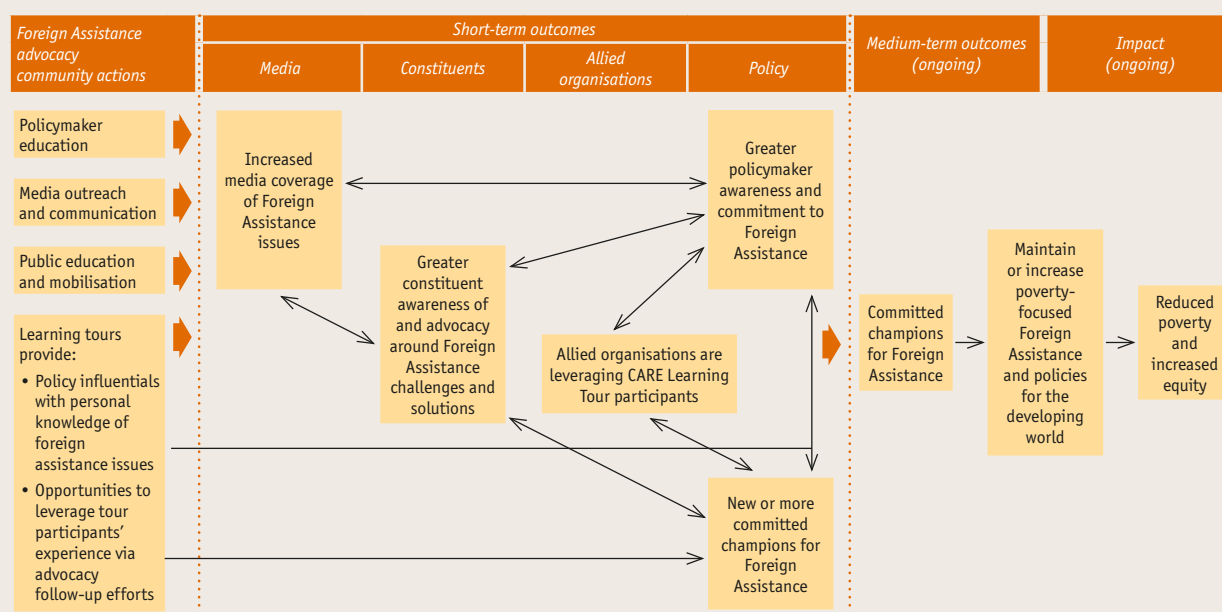
- Were appropriate primary and secondary audiences selected? Were the advocacy targets changed along the way? Why/why not?
- Did the advocacy messages change the target audiences' opinions on or knowledge of the policy issue? Which messages were most successful, and which failed to convey the point?
- Did the advocacy initiative have an appropriate role? Could other roles be more effective?
- Did CARE advocate in coalition? What were the benefits/drawbacks for advocating in coalition?
- Were the voices of those most impacted by the problem included/considered?

CASE STUDY 36: SWASH+

How SWASH+ used flexible learning to aid M&E

The initial SWASH+ project design focused on testing the safe water system in 180 primary schools. In year 3 of the project, partners realised that this narrow focus would not yield adequate information about how well the national government's methodology for giving central grants to a limited number of primary schools in each district would work. The partners added a trial of tracking the government methodology closely in 18 primary schools. Results revealed that districts did not have capacity to review or follow up on individual school planning and that schools themselves require significant support in planning for WASH improvements.

TOOL 10: CARE USA Learning Tours: Revisited Advocacy Logic Model



CASE STUDY 37

The learning tour scorecard

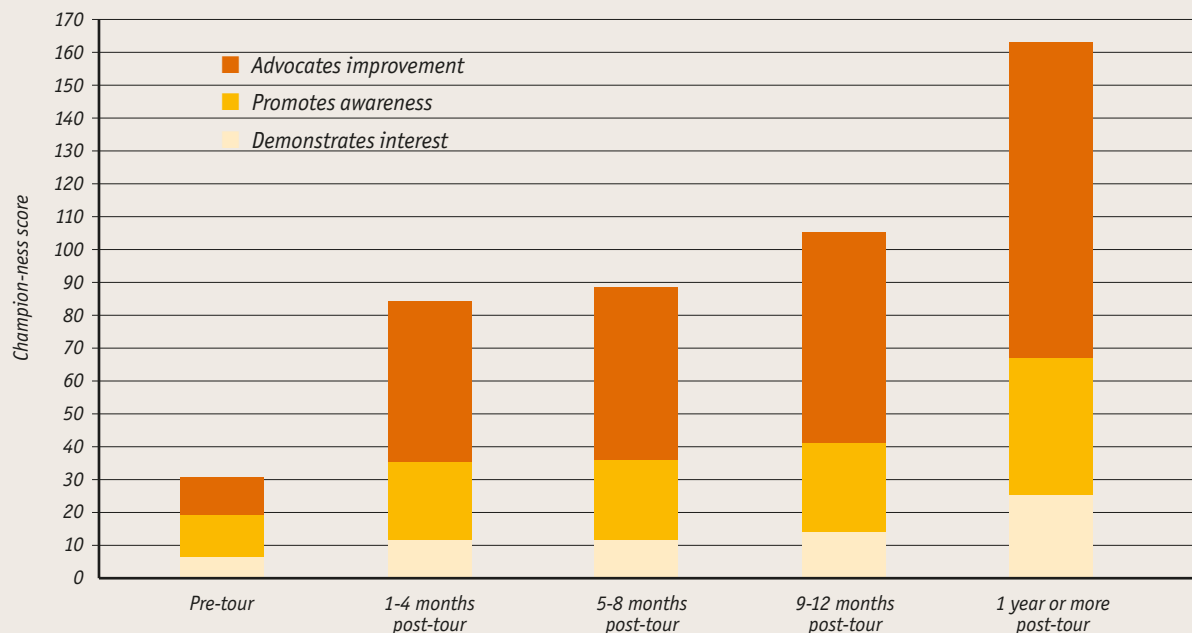
Monitoring and evaluating the impact of advocacy can be a challenge given that many outcomes of advocacy initiatives aren't always tangible. CARE USA has created a scorecard for measuring the impact of various advocacy tactics, in an effort to build champions within US Congress for CARE's policy agenda. CARE USA has been monitoring the activity of policy-makers who have travelled on Learning Tours and worked to evaluate whether CARE's interventions (either the trip itself, the in-district events afterwards, the op-ed placement, or other tactics) contributed to policy-makers' levels of activity around the issues on CARE's agenda. The scorecard allows CARE USA to quantify what is otherwise a qualitative analysis – CARE's contribution to creating champions in the US government for pro-poor policies. Below is an example of this work.

CASE STUDY 38

Peru scorecards

CARE has been using the community scorecard process – an approach where community members and healthcare providers independently define what they consider quality services; come together to develop a combined list of indicators; rate the current quality; and develop and monitor action plans to address deficiencies. Through this participatory governance approach, CARE has witnessed the power of communities to sustainably improve the performance and responsiveness of their health systems, and to hold governments accountable for implementing policies and providing appropriate services.

Lynn Woolsey's Champion-Ness Over Time



3. Managing risk, ensuring efficiency

Given CARE's complexity and the sensitivity of many of the issues we deal with, it is important to ensure that our advocacy doesn't put at risk our staff or our programming and that we speak with one coherent voice in all our interventions, from local to global levels. To achieve this, CARE has developed policies and procedures, including sign-offs. They are not meant to constrain communications or advocacy work, but to help create relevant, responsible, consistent messaging throughout the CARE confederation. The procedures and sign-offs approved by the CI Board in 2009 are available on ***Minerva: Advocacy Procedures and Sign-Offs in CARE International***.

In addition CARE has developed many tools to ensure that we fully understand and mitigate any unintended negative impacts on the people we work with. Two key ones to bear in mind (and already referenced in this manual) include the CARE gender Analysis Tool and the Do No Harm, or conflict sensitivity tools used by CARE in insecure environments.

INTERNAL TOOLS: GENDER/DO NO HARM

See *CARE International's Gender Analysis toolkit* and also the ***Good Practices on Gender Analysis***. Visit the *CARE Conflict wikispace* for more information on **conflict sensitivity** or *Do No Harm*.

1. Sensitive or controversial issues

Sensitive or controversial issues for CARE can vary from country to country and depend on the context, but in general they include anything that could have a negative impact on staff safety, programmes, beneficiaries, government, partner or donor relations, or CARE's global reputation. CARE generally handles sensitive/controversial issues through private advocacy or joint messaging with other agencies. CARE can and does engage in advocacy and communications on controversial or sensitive issues, but this must only be done after following a process of due diligence and adhering to the guidance below. This also applies to joint messaging with other agencies.

Identifying sensitive issues and countries

The following list is not exhaustive and can change quickly, but includes issues and countries that CARE considers particularly sensitive. For an explanation on

why the below issues/countries are sensitive and existing CARE approaches and public messaging, see Annex 1: Explanation and potential risks regarding messaging around sensitive issues/countries.

Examples of sensitive issues:

- Social/cultural
 - Abortion
 - Gender-based violence, rape
 - Harmful practices such as Female Genital Cutting or early marriage
 - Sexual orientation
 - Death penalty
- Conflict or war
 - Civil-military relations
 - Military leaders, coups or actions
 - Terrorist acts or groups
- Security
 - Kidnappings or security incidents
 - National staff names
 - Sexual exploitation or abuse
- Political
 - Elections or political events
 - Government actions, political leaders
 - Proposals for suing other governments (climate compensation debates)
- Negative statements regarding UN, governments, donors, NGOs
- Official declarations
 - Cholera or epidemics
 - Famine
 - Genocide, human rights abuses, war crimes

Examples of countries (where CARE is or has worked in insecure environments):

- High risk
 - Afghanistan
 - Iraq
 - Myanmar
 - Pakistan
 - Somalia
 - South Sudan
 - Sri Lanka
 - Sudan

- Syria crisis (including Jordan, Lebanon and countries affected)
- West Bank and Gaza
- Yemen
- Zimbabwe

Additional questions to ask to identify a sensitive issue:

- Could this impact on staff safety or programmes in the country or other countries?
- Could this affect donor relations or relations with governments?
- Does this violate CARE’s position of being independent, non-partisan and non-sectarian?
- Does this represent a new policy position for CARE?
- Are there conflicting views within the membership on the issue?

If you answer yes to any of the above, you are dealing with a sensitive issue.

2. Approval processes

All advocacy and communications – whether conducted locally, nationally or internationally – have the potential to affect other parts of the organisation. It is therefore important for all advocacy and communications to adhere to the following approval procedures. This applies to both public and private messaging; although the risks associated with private messaging are lower, it can be assumed that private messaging could become public. Communications and advocacy materials/positions require approval in order to:

- ensure they are factually correct and are of the highest quality and relevance;
- ensure they protect CARE’s name, the integrity of our programme and the safety of our staff;
- ensure they are in line with CARE’s values, mission and brand and the CI Code of Conduct;
- ensure they take into account sensitivities of individual CI members and COs;
- allow us to manage legal and reputational risks;
- ensure they serve their purpose.

While approval processes are important, timing is also crucial, especially for media releases. Material to be approved should be provided in writing if possible; quick translations into English can be done using online translation tools such as Google Translate.

There are different categories of communications and advocacy that require different levels of scrutiny and approvals.

Category 1: not requiring further approval:

- national issues not related to another CI member or country office (CO) (e.g. a CIM press release commenting on its own national government policy or a new donation);
- material that has been previously approved and clearly is not out of date.

Category 2: requiring further approval or consultation:

- issues related to another CI member or CO (e.g. position paper about a CO, a press release quoting a CO staff or about another CIM government policy);
- sensitive or controversial issues outlined above;
- anything issued in the name of CI;
- issues related to a country in which CARE has no presence;
- advocacy or communications targeted at a multilateral institution or partner (UN, EU, World Bank etc.);
- emergency response;
- material that was previously approved but may be out of date;
- advocacy or communications work related to global events or issues that CI has agreed to address through coordinated advocacy or that are related to the acknowledged specialisation of another CIM.
- quotes from a CARE member of staff, beneficiary or other person.

Sharing information with CI

Communications or advocacy materials released by a CARE office may be picked up by media or seen by stakeholders around the world. Once communications or advocacy positions/materials are approved, it is important to alert the rest of CI and provide any necessary guidance (e.g. talking points, key messages, and/or Q&As if appropriate) on how to handle enquiries from stakeholders or any additional action required. Please see Section 1.3 of the CI Communications Handbook for how to share information using CARE internal e-mail distribution lists.

Follow up

It is important that the office that issued the advocacy or communications initiative monitor the global response (e.g. media coverage; reaction from stakeholders such as beneficiaries, government, donors). A CO, Lead Member or other CI Member may issue subsequent statements to keep CARE’s point of view clearly understood or to build on the work already done. Follow-up initiatives should respect the above procedures.

Are you ... (check all that apply)	Then you need to involve ... ¹			
	Country Director	Lead member ²	CI Secretariat ³	CIM NDs ⁴
<input type="checkbox"/> Talking about a CO, but it's not sensitive? i.e. announcement of a new project, press release quoting a CO staff, CO factsheet, advocacy around an event in a CO.	Get approval	Get approval (for advocacy work)	–	–
<input type="checkbox"/> Talking about a CO, and it is sensitive?	Get approval	Get approval	Inform	Consult if needed (CI Secretariat will do it)
<input type="checkbox"/> Talking about an issue that is potentially controversial for all of CI? i.e. human rights law, genocide, WBG	–	–	Get approval	Consult if needed (CI Secretariat will do it)
<input type="checkbox"/> Signing on to something in the name of CARE International? i.e. signing on to a policy position or a joint press release/report as CARE International, not just as your CI member	–	–	Get approval	Consult if needed (CI Secretariat will do it)
<input type="checkbox"/> Talking about a country where CARE doesn't work?	–	–	Get approval	Consult (CI Secretariat will do it)
<input type="checkbox"/> Talking about a CI member or its national operating government? i.e. press release or meeting about a CI member's government/policy or a company from a CI member country	–	–	–	Get approval from the relevant CI member.
<input type="checkbox"/> Talking about an issue addressed by CI through a coordinated global advocacy initiative, or that is the area of a Centre of Expertise? i.e. Climate Change Centre of Expertise, Maternal Health global advocacy initiative ⁵	–	–	–	Consult the CIM leading the campaign or Centre of Expertise.
<input type="checkbox"/> Targeting a multilateral institution or process like the UN, EU or World Bank? i.e. position paper for UNFCCC, letter to members of the UNSC, meeting with your government about EU policy ⁶	–	–	Get approval	–
<input type="checkbox"/> Targeting the EU on a sensitive/controversial issue?	–	–	Get approval	Approval needed from majority of EU CIM (CI Secretariat will do it)

1. In all communications and advocacy materials, all quotes must be approved by any person who is named.

2. Lead member point people are Media/Communications Manager for communications materials; Advocacy or Line Manager for advocacy positions and associated communications. It is their responsibility to consult with/obtain approval from the relevant Lead Member senior staff, such as Head of Program, Security Director, Legal Adviser etc and regional offices where these exist.

3. CI Secretariat point people are CI Media and Communications Coordinator for communications; CI Head, Global Advocacy for advocacy. It is their responsibility to consult with/obtain approval from relevant staff in the CI Secretariat if necessary.

4. For additional details, please see the CI Advocacy Procedures and Sign-Offs 2009.

5. Issues addressed by CI as global advocacy initiatives and leads can be found at: [link to 2-year CI Global Adv. Strength. Strat.]

6. Usually, communications related to multilateral institutions should be part of an advocacy initiative.

Steps you can take	Managing Risk
Learn about Do No Harm Approaches.	<ul style="list-style-type: none"> • Have you read Do No Harm, or other literature by Mary Anderson? Have you visited the CARE Conflict wikispace for information on conflict sensitivity and Do no Harm? • Have you read the CARE Safety and Security Handbook?
Make informed judgements.	<ul style="list-style-type: none"> • Have you avoided risks of political violence? • Will you appear partisan or biased? • Have you chosen tactics that are respectful of your opponents?
Carefully plan your initiative.	<p>During Steps 2, 3, 4 and 5 have you consulted many people and considered:</p> <ul style="list-style-type: none"> • Whether others involved are dangerous? • Whether there has been retaliation against others raising your concerns? • Whether you have allies who can help manage risks? <p>During Step 8 on implementation did you think about:</p> <ul style="list-style-type: none"> • Public versus private approaches? • Low versus high risk advocacy roles?
Choosing allies you trust.	<p>When planning your advocacy communications did you:</p> <ul style="list-style-type: none"> • Learn as much as possible about your target audience? • Tailor your message for different audiences? • Ensure that you are consistent and transparent, especially when dealing with parties in conflict?
Be prepared for trouble.	<ul style="list-style-type: none"> • Are you in touch with relevant political events? • Have you anticipated things that can go wrong? • Have you decided in advance on unacceptable risks? • Do you have a backup plan? • Are you prepared to stop if unacceptable dangers arise?
Pay attention to lessons learned within CARE.	<p>Have you ...</p> <ul style="list-style-type: none"> • Considered special risks to national staff? • Been as even-handed as possible? • Avoided the impression of inciting violence? • Designated a media spokesperson? • Avoided any impression that aid will be used as a tactic to manipulate conflict? • Used neutral language? • Focused on the consequences of problems when negotiating, rather than blame?

Appendix: Online resource links

Advocacy for Social Justice: A global action and reflection guide. Oxfam America and the Advocacy Institute. Published by the Kumarian Press. 2001.

<http://www.amazon.co.uk/Advocacy-Social-Justice-Global-Reflection/dp/1565491319>

Advocacy Procedures and Sign-Offs in CARE International

<http://minerva.care.ca/Livelink1/livelink.exe?func=ll&objaction=overview&objid=1879025>

Amnesty International Campaigning Manual. Amnesty International Publications, London.

<http://www.amnesty.org/en/library/info/ACT10/002/1997>

A New Weave of Power, People and Politics: The Action Guide for Advocacy and Citizens. Just Associates, 2002

<http://www.justassociates.org/tableofcontents.pdf>

Ben Phillips, Oxfam

<http://newint.org/blog/internationalists/2013/10/25/ngos-give-up-power-internationalism/#sthash.qQDXHMj.dpuf>

Blog - Killer Facts

<http://oxfamblogs.org/fp2p/?s=killer+fact>

BOND (British Overseas NGOs for Development)

<http://www.bond.org.uk/resources/funding>

Campaigning for International Justice (BOND)

http://www.bond.org.uk/data/files/Campaigning_for_International_Justice_Brendan_Cox_May_2011.pdf

CARE Twitter Training Module for Emergency and CO Staff

<http://minerva.care.ca/Livelink1/livelink.exe?func=ll&objaction=overview&objid=2851038>

Conflict sensitivity

<http://conflict.care2share.wikispaces.net/Conflict+Sensitivity>

Development of an Advocacy Strategy: Nine Key Questions

<http://www.cieh.org/assets/0/72/998/1022/1046/1086/c7390468-f8a2-4ee7-a3b1-d6fb090afc37.pdf>

Good Practices on Gender Analysis

<http://gendertoolkit.care.org/Pages/core.aspx>

Theories of Change

<http://conflict.care2share.wikispaces.net/Theories+of+Change>

VSO's Participatory Advocacy Toolkit

http://www.vsointernational.org/Images/advocacy-toolkit_tcm76-25498.pdf

Womankind Women's Rights Advocacy Toolkit

<http://www.womankind.org.uk/policy-and-resources/womens-rights-advocacy-toolkit/>

