Gender-based Violence in Emergencies

Advocacy Handbook

November 2014

The ***GBV AoR Advocacy Handbook*** was developed in 2014 by the Women's Refugee Commission, with support from UNICEF and on behalf of the GBV AoR. The Women's Refugee Commission and Refugees International are co-chairs of the GBV AoR's Advocacy Task Team.

The ***GBV AoR Advocacy Handbook*** is organized into three parts:

- **Part 1: Advocacy Strategy** — a multi-year strategy including tools, templates, key resource materials, and sample messages.
- **Part 2: Tools, Templates & Resources** — tools and templates to support implementation of the strategy.
- **Part 3: Advocacy Training & Planning** — easy-to-use basic training materials to strengthen capacity among GBV AoR members and field teams to conduct effective advocacy. Part 3 includes the materials in this document plus PowerPoint files.

November 2014

The ***GBV AoR Advocacy Handbook*** is available at www.gbvaor.net.

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ABBREVIATIONS

AoR	Area of Responsibility
BCPR	Bureau of Crisis Prevention and Recovery (UNDP)
CCCM	Camp Coordination and Camp Management (cluster)
CERF	Central Emergency Response Fund
CHF	Common Humanitarian Fund
CPWG	Child Protection Working Group
CT	Coordination team
ERF	Emergency Response Fund
GBV	Gender-based violence
GBVIMS	Gender-based Violence Information Management System
GPC	Global Protection Cluster
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
IASC	Inter-Agency Standing Committee
IDP	Internally displaced person(s)
IOM	International Organization for Migration
LGBTI	Lesbian, gay, bisexual, transgender, intersex
MIRA	Multi-cluster/Sector Initial Rapid Assessment
MHPSS	Mental health and psychosocial support
OHCHR	Office of the High Commissioner for Human Rights
PRP	Preliminary Response Plan
PSVI	Prevention of sexual violence in conflict
RC	Resident Coordinator
REGA	Regional Emergency GBV Advisor(s)
RRT	Rapid Response Team
SAG	Strategic Advisory Group
SitRep	Situation report
SRP	Strategic Response Plan
TA	Transformative Agenda
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	UN Population Fund
UNHCR	UN High Commissioner for Refugees
UNICEF	UN Children's Agency
VAW	Violence against women

ABOUT THE ADVOCACY HANDBOOK

Introduction and Background

The Gender-based Violence Area of Responsibility (AoR), under the Global Protection Cluster, is charged with facilitating an effective protection response to gender-based violence (GBV) in complex emergencies, including conflict and natural disasters. This requires strategic and intensive advocacy with donors, policy-makers, and humanitarian actors to ensure that life-saving GBV prevention and response efforts are put into place from the start of an emergency, sustained through medium- and longer-term relief and recovery efforts, and implemented in accordance with established inter-agency standards and guidance.

To support achievement of the AoR's aims and responsibilities, members identified the need for a detailed strategy that will improve the quality and effectiveness of its advocacy efforts. The development of this multi-year advocacy strategy is a principal output for the AoR's 2013-2014 work plan. To develop this strategy and the other elements of the Advocacy Handbook, the Women's Refugee Commission worked in close collaboration with the AoR Coordination Team (CT), Strategic Advisory Group, Task Teams, and AoR members. The materials were developed from lessons learned in a desk review of relevant advocacy and policy materials from the humanitarian community and global GBV actors. In addition, key informant interviews were conducted with AoR members and other key actors in the wider humanitarian community (see References).

This Handbook is intended to be a living document that is updated and revised over time so that the GBV AoR's advocacy work can remain relevant and effective.

Part 1: Advocacy Strategy

Part 1 of the Advocacy Handbook is a three-year strategy that aims to clarify:

- goal and objectives that should guide AoR advocacy work;
- types of advocacy the AoR can most effectively undertake as a collective;
- processes and recommendations for determining when and how an advocacy effort will be undertaken, how to identify and prioritize advocacy targets at various levels, and the most effective ways to engage advocacy targets;
- AoR member roles and responsibilities in advancing AoR advocacy work.

The strategy is organized in a phased approach, beginning with steps the GBV AoR needs to take in terms of internal organization in order to better implement and manage advocacy. This includes establishing core advocacy activities, and gradually broadening well-planned advocacy activities over time. This approach is intended to coincide with the strengthening of the AoR governance that is anticipated in the near term.

For the GBV AoR, effective advocacy will build understanding of and support for GBV interventions among decision-makers as critical life-saving elements of a whole humanitarian response.

Part 2: Advocacy Tools

Part 2 of the Advocacy Handbook contains tools, templates, resources, and messaging recommendations to support implementation of the strategy.

Part 3: Advocacy Training

Part 3 contains easy-to-use advocacy training materials to build capacity to design and engage in effective advocacy. These are designed to be used both in the field to build staff and partner advocacy capacity, and by any AoR member to strengthen his or her own knowledge and ability to be an effective GBV advocate.

Advocacy Definition

The English language word *advocacy* is from the Medieval Latin term *advocare* which means to "summon, call to one's aid".[1]

The GBV AoR's global advocacy is a deliberate process, based on demonstrated evidence, to directly and indirectly influence decision-makers, stakeholders, and relevant audiences to support and implement actions that contribute to health[2] and the fulfilment of human rights, specifically in regard to GBV in humanitarian contexts.[3]

Effective advocacy includes **a mix of activities that educate, persuade, pressure, mobilize, and monitor people and institutions that can make — or block — change.**

Often, advocacy is misunderstood as synonymous with Behaviour Change Communication/Information Education Communication (BCC/IEC) and/or community mobilization. Although these are targeted towards promoting change and involve developing messages tailored to a specific audience, advocacy stands apart from these approaches because the ultimate goal of advocacy is change(s) in policy with the resources and programming to support the change.

[1] Oxford English Dictionary.
[2] Health, as used here, is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. (Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.
[3] Adapted from UNICEF (2010). Advocacy Toolkit. p 3.

The advocacy process is complete when a decision-maker takes the desired action. While awareness raising may be a step in this process, it is not the ultimate goal.

Intended Audience

The Advocacy Handbook is intended for GBV AoR members, Coordination Team, task teams, and GBV coordinators, managers and other GBV specialists in the field. To achieve impact, advocacy must be undertaken — even in small ways — by ***all*** AoR members. The Handbook aims to lay out key considerations and concrete activities that can be undertaken by all.

Part 1, the Advocacy Strategy, focuses on advocacy at both global and field levels for the purpose of strengthening and improving humanitarian response to GBV in field sites. The Handbook can support GBV Coordination Teams (or GBV actors if there is no specific coordination mechanism in place) to develop their own advocacy strategies by defining specific issues in the setting and designing targeted advocacy.

PART 1: ADVOCACY STRATEGY

Goal and Objectives

The GBV AoR's advocacy work is undertaken specifically to advance the AoR's overall goals and objectives.

Goal

The goal of the AoR advocacy strategy is **to ensure that humanitarian programming in all emergencies is designed and implemented — across all sectors, through all stages, and by all stakeholders — in a manner which substantially reduces the risk, promotes resilience, and supports lasting solutions to GBV**.[4]

Objectives

1. Mainstreaming

GBV prevention and response activities are mainstreamed into the work of all humanitarian actors and across all humanitarian response sectors from the earliest stages of emergencies.

2. Specialized GBV programmes

Specialized GBV programmes providing access to more comprehensive services and wider risk reduction are evidence-based, sufficiently funded, and provided by an increased number of organizations.

3. GBV coordination

GBV coordination bodies — at least at the national level — are established at the earliest stages of emergencies, coordinated by well-qualified and experienced GBV coordinators and sufficiently funded to undertake necessary activities and be effective.

Challenges and Opportunities

During the course of the desk review and informant interviews, several key challenges and opportunities emerged which are highly relevant to GBV in emergencies and are central to the development of an

[4] The Advocacy Goal is intentionally the same as the goal for the implementation strategy for the revised IASC GBV Guidelines. Whenever appropriate, we encourage harmonizing the goals of the AoR's work streams.

effective AoR advocacy strategy. This section provides a short description of those challenges and opportunities, and each are incorporated into the strategy in later sections.

Challenges

AoR structural concerns

The GBV AoR is not yet as well known and well-regarded across the humanitarian system as it could be. This could affect the credibility and impact of its advocacy. It is true, however, that many AoR member organizations have strong advocacy programmes and the AoR could do more to leverage members' strengths in this area.

Within the AoR membership, there is not a common understanding of advocacy and how it should be conducted by the GBV AoR.

Currently, AoR advocacy responsibilities lie with a small Advocacy Task Team whose members have multiple responsibilities within the AoR, not to mention responsibilities to their own organizations. The membership is not geographically diverse, which can also limit its advocacy reach.

The AoR does not have well-established information-sharing mechanisms to ensure that information from the field is regularly feeding into advocacy planning and execution at global and regional levels.

Given operational organizations' and agencies' presence in the field, the AoR has significant access to the inputs required for effective advocacy. These raw materials are in place and at the ready for the AoR to take advantage of. This is an ideal time for the AoR to increase its advocacy profile, leveraging the reputation of its members, to mitigate GBV risks in humanitarian settings.

Humanitarian action and GBV programming

Despite being acknowledged as a specific life-saving issue[5] in the CERF and therefore requiring immediate intervention, GBV is not consistently and predictably included or funded from the earliest stages of all emergencies. Some humanitarian actors remain slow to act on GBV.[6] This is true even in many GBV AoR member organizations.

The value of a GBV specialist and the elements of GBV prevention and response are often not well-understood by other humanitarian actors and donors. As a result, this work can be "siloed" into its own separate entity (and not well-supported or coordinated among other humanitarian actors) and/or it can be discounted as unrelated to the work of other sectors/clusters.

As with certain other sectors, funding for GBV programming, including psychological support and case management, is often unreliable and/or short term, which does not adequately meet the needs on the ground.

[5] As designated in the CERF life-saving criteria and the IASC *Guidelines for GBV Interventions in Humanitarian Settings.*
[6] Janey Lawry-White, unpublished content from research and development undertaken for the Fundraising Handbook (CPWG, 2014).

Until quite recently, GBV field programmes have not regularly or rigorously studied and published results of GBV programming. While many interventions may be based on earlier impact research from development or other settings, such information is not uniformly cited to support funding proposals and bolster credibility. Some donors state that they would be more inclined to increase their funding if they were more confident that these investments were effective, and particularly if they were proven to be a comparatively good use of finite resources in relation to other humanitarian sectors.[7]

Advocating for more/better protection from GBV would be much easier if there were consistent, simple, coherent, and non-jargon messages about GBV prevention and response in emergencies. The revised IASC GBV Guidelines (see below) lay out a clear set of standards and activities for specific sectors/clusters (called thematic areas in the Guidelines). Advocacy efforts should reflect these multisectoral standards and activities across sectors/clusters and there should be targeted advocacy to those sectors and clusters (see Part 3 for Target Audience Power Mapping and Part 2 for Helpful Language for Messaging). Advocacy materials are also needed that clearly and simply describe a GBV "programme", a GBV specialist, and other specialized GBV activities (see Part 2).

Opportunities

There are a number of key initiatives underway right now that offer unprecedented opportunities for advancing GBV interventions in emergencies. The GBV AoR's advocacy messages can be strengthened by citing these initiatives, where appropriate, and using language most relevant to our target audiences, their goals, and their responsibilities. There have been and will be many advocacy opportunities within and around these initiatives over time.

GBV AoR work streams and task teams

At the time of this publication, there are numerous activities and work streams underway within the AoR and its task teams. The revision of the IASC GBV Guidelines is one example and is specifically included below. Another example is the Emergency Preparedness and Response Toolkit[8] currently in development. Every year there will be work streams underway in the AoR, based on the annual AoR work plan. Each work stream is an opportunity for advocacy and should be viewed as such by all members.

Revised IASC GBV Guidelines

The IASC *Guidelines for Gender-based Violence Interventions in Humanitarian Settings* (GBV Guidelines) were developed in 2005 as a resource to establish standards — across all areas of humanitarian response — related to prevention of and response to sexual and other forms of gender-based violence, particularly in the early stages of an emergency. Endorsed by UN agencies and international nongovernmental organizations (INGOs), the GBV Guidelines are an essential tool for enabling *all* humanitarian actors to promote the protection and well-being of affected populations.

[7] Ibid.

[8] Advocacy strategies for implementation of the toolkit will also be developed and it is intended that those advocacy materials be added to this Advocacy Handbook.

In 2013-2014, the GBV AoR is conducting a significant revision of the Guidelines. The 2005 version does not reflect the Cluster System and other important advances in humanitarian coordination, leadership, accountability, and partnership from the Humanitarian Reform and Transformative Agenda processes. The revised edition, *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery,* will draw from the most-up-to-date resources in order to provide user-friendly guidance and tools for all humanitarian actors.

Field testing of the new Guidelines roll-out materials and strategies took place in mid-2014. The revised GBV Guidelines will be published in multiple languages and ready for global roll-out in 2015. The roll-out process is currently under development and will be overseen by a special task team or reference group in the GBV AoR. Rolling out the revised Guidelines will be a multi-year project, during which advocacy opportunities will abound.

Call to Action

In 2013, the United Kingdom's Department for International Development (DfID) launched **Call to Action on Protection from GBV in Emergencies** (Call to Action) to mobilize donors, UN agencies, NGOs, and other stakeholders to protect women and girls in humanitarian emergencies. Call to Action culminated in a high-level event, co-hosted by the UK and Sweden on 13 November 2013. That event produced a groundbreaking communiqué, in which donors and humanitarian agencies committed to prevent violence against women and girls from the start of humanitarian emergencies. In 2014, the United States is leading Call to Action and working closely with partners — with special outreach to the GBV AoR — to strengthen Call to Action and establish a clear and specific road map for implementing actions and commitments. Call to Action will continue beyond 2014 and there is broad interest and support in its framework, commitments, and actions taken so far.

Call to Action is a key initiative for the GBV AoR. It is directly related to the AoR's work and there is hope among some donors that the AoR will develop its capacity to be able to take on a stronger coordination role for Call to Action.

PSVI

Similar to Call to Action, the **Preventing Sexual Violence Initiative** (PSVI) is a global effort initiated by the UK government. PSVI specifically targets war-related sexual violence. It aims to strengthen and support international efforts to respond to sexual violence in conflict — including by enhancing the capacity of countries, institutions, and communities to support survivors and end impunity for perpetrators. A key part of this initiative has been to provide expertise in responding to sexual violence in conflict through the creation of a multidisciplinary Team of Experts.[9] In June 2014, the UK government hosted a global summit, Ending Sexual Violence in Conflict, to draw attention to the issues and promote stronger action to combat sexual violence in armed conflict.

PSVI includes a number of sub-projects and there are funding opportunities. Over time, additional activities and events are expected which may provide opportunities for advocacy by the GBV AoR.

[9] PSVI website.

Centrality of protection in humanitarian action

In December 2013, the IASC principals endorsed a statement on the Centrality of Protection in Humanitarian Action.[10] The language in the two-page statement specifically requires Humanitarian Coordinators, Humanitarian Country Teams, and clusters to develop and implement a comprehensive protection strategy to address identified protection risks and to prevent and stop the recurrence of violations of international human rights and humanitarian law.

The Protection Cluster is developing tools and systems to support these humanitarian leaders and actors in the development and implementation of comprehensive protection strategies. GBV is one of the key protection risks to be addressed in these strategies.

Advocacy at global and field levels will likely be needed over time to inform these strategies and ensure they include the relevant GBV issues and multisectoral actions needed in individual settings.

> *This statement affirms the commitment of the IASC Principals to ensuring the centrality of protection in humanitarian action and the role of Humanitarian Coordinators, Humanitarian Country Teams, and Clusters to implement this commitment in all aspects of humanitarian action. It is part of a number of measures that will be adopted by IASC to ensure more effective protection of people in humanitarian crises.*
>
> IASC Statement on the Centrality of Protection in Humanitarian Action

Rights Up Front

The **Rights Up Front** initiative is a United Nations strategy aimed at early response to human rights violations. The initiative includes training UN staff on the core purpose of promoting respect for human rights; providing Member States with the information needed to respond to human rights violations; and ensuring that UN personnel around the world are more attuned to situations where there is a risk of serious human rights abuses and are equipped for the responsibilities that such potential crises entail. The strategy was initiated by Secretary-General Ban Ki-moon, and includes achieving more coherence by strengthening engagement with the General Assembly, the Security Council, and the Geneva-based UN Human Rights Council, and providing earlier and more coherent support to teams on the ground before a crisis emerges, and better organization of human rights staff so that they can identify risks of serious violations of human rights that could lead to atrocities. Finally, underpinning all these activities will be better information management on threats and risks to populations for planning operational activities and for sharing with Member States.[11]

The details about implementation of this initiative are not yet clear. It is likely that there will be multiple entry points for GBV advocacy to support this initiative and also to promote safe and ethical practices for the information management (on threats and risks) required under the initiative. The GBV AoR should monitor this initiative and engage as needed.

[10] IASC Principals (2013).
[11] Summary from UN News Centre (2013)

Transformative Agenda

The IASC **Transformative Agenda**[12] (TA) is a set of concrete actions aimed at transforming the way in which the humanitarian community responds to emergencies. It focuses on improving the timeliness and effectiveness of the collective response through stronger leadership, more effective coordination structures, and improved accountability for performance and to affected people.

The TA focuses on three key areas: **leadership, coordination, and accountability.** The Humanitarian Coordinator (HC), the Humanitarian Country Team (HCT), country clusters, and cluster lead agencies remain the prime actors supporting national response efforts, and the TA seeks to further strengthen these actors. Concrete priority actions to strengthen all humanitarian operations include:

- strengthened leadership capacities at all levels of the response;
- improved strategic planning that clarifies the collective results that the humanitarian community aims to achieve;
- strengthened needs assessments, information management, planning, monitoring and evaluation for a more effective and strategic response;
- improved cluster coordination, performance and participation, as well as a more clearly defined cluster-activation procedure;
- enhanced accountability for the achievement of collective results, based on an agreed performance and monitoring framework linked to the strategic plan;
- strengthened accountability to affected communities, to be implemented at field level through a defined inter-agency operational framework.

Through the TA initiative, processes, practices, and accountability are being developed and revised with the aim of improving a rapid emergency response. New tools, materials, and guidance notes are regularly added to the TA website as they are developed.

The TA tools, materials, and guidance notes contain essential information and accepted language and terminology that can further inform and strengthen the effectiveness of the GBV AoR's advocacy work. In addition, the tools and TA revision processes are important opportunities for AoR engagement and advocacy for inclusion of tools, materials, and processes relevant to GBV.

Others

Other relevant initiatives and ongoing activities and new initiatives with implications for the GBV AoR's advocacy work include the World Humanitarian Summit, the post-2015 development agenda, changes in the humanitarian funding systems (e.g. OCHA's new project cycle), IASC priority areas,[13] and changes in the IASC structure and working bodies.

[12] Description (first two paragraphs) from Key Messages and FAQ; Transformative Agenda (IASC 2014).

[13] Each year, the IASC establishes priority areas for its work. For example, the five 2013 priority areas (many carried over into 2014) were Humanitarian Financing; Resilience and Preparedness; Protection in Humanitarian Crises; Revitalizing Humanitarianism; Accountability to Affected Populations.

Targets, Messages, and Communication Channels

It is essential to be aware that developing messages aimed at achieving advocacy objectives is only one piece of the advocacy process. Careful selection of targets, methods of communication, tracking of activities, and monitoring of results must all be part of advocacy.

Target Audience

Targets can include stakeholders, champions, allies, and opponents. The target audience is the individual or group or institution from which you are seeking action. See Part 2 for a mapping of key targets for the AoR's advocacy over the next three years, including why they are targets, what influences them, and how we might best reach them.

Internal AoR systems (i.e. a simple database) are needed to maintain and update target information, including the details about how to identify, engage, retain, and leverage advocacy target audiences. Turnover in targeted persons/agencies should be tracked and revised as needed so that the target audience information is always up to date. Specific details about target audience should be maintained by the advocacy coordinator and should include names, positions, contact information, and updated information about any influences they have/had on humanitarian GBV programming.

With regard to donor countries, up until now the GBV AoR has focused its donor communications and advocacy on the US, UK, and to a lesser extent ECHO. With Call to Action (see page 7), the AoR now has opportunities to build relationships with governments that have committed to Call to Action principles and actions.

Developing and Delivering Advocacy Messages

Part 2 of this Handbook includes suggestions for key basic messages about GBV in emergencies and the work of the AoR. Although these are recommended basic messages, they will require editing or further clarification depending on the context, specific target audience, and communication channel. Templates are also included for writing up success stories and for developing country-/context-specific advocacy briefs.

Clear, coordinated, and sustained advocacy needs to be prioritized by GBV Coordinators and members (at global and field levels), aimed at all decision-makers who will influence strategic priorities for programming and funding.

As noted in the Protection Funding Study[14] and the Fundraising Handbook,[15] protection actors — including GBV actors — face challenges in explaining to other humanitarian colleagues, donors, and decision-makers exactly what the work entails, in part because it lacks a simple, consistent narrative. As a result of these and many other challenges, some humanitarian actors remain reluctant to acknowledge GBV prevention and response as life-saving interventions[16] which should be included in the early emergency response.

Clear, coordinated, and sustained advocacy needs to be prioritized by GBV coordinators and members (at global and field levels), aimed at all decision-makers who will influence strategic priorities for programming and funding. There are humanitarian policies, standards, guides, and other materials that support (and require) GBV interventions from the earliest stages of emergencies. The tools and resources in Part 2 aim to leverage these standards and policies to support and strengthen effective AoR advocacy.

Communication Channels

Developing the right message is nearly half of the work. The other half is selecting the right communication channel(s) and the right messenger so that your audience receives the message.

A communication channel is simply a means of communication, or a medium for communication. Part 2 includes a list of commonly used communication channels to consider for advocacy messages.

[14] Murray and Landry (2013).
[15] CPWG (2014). Fundraising Handbook for Child Protection and Gender-based Violence in Humanitarian Action. http://cpwg.net/?get=007331|2014/03/FUNDRAISING_HANDBOOK.pdf.
[16] As designated in the CERF life-saving criteria and the IASC *IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery*.

Advocacy Activities

In general, advocacy activities aim to **Inform** ➡ **Persuade** ➡ **Move to Action**.

The activities for the AoR are laid out in three sections.

- **I. Get Ready** by establishing the basic internal systems needed for effective advocacy in the GBV AoR and preparing a detailed advocacy work plan.
- **II. Core Ongoing Advocacy** activities are the essential, basic activities that should be established in year one (2015) and maintained over time. At least in part, the core advocacy activities are aimed to raise the profile of GBV in emergencies and increase understanding of GBV issues within the humanitarian community.
- **III. Broader Advocacy** activities will be added to the mix by year two (2016) and continue as appropriate and based on the issues and problems that emerge and change over time.

I. Get Ready

- The AoR should move quickly to establish the internal systems and clear roles and responsibilities of the AoR CT, members and task teams as described in Part One of this Handbook.
- The Advocacy Handbook should be distributed to the AoR membership.
- The AoR should also arrange special meetings with the membership to discuss the Handbook, including the strategy, the tools, the capacity-building materials, and members' roles and responsibilities, and make a plan for dissemination to field sites and discussions with field teams.
- The advocacy coordinator, working closely with the Advocacy Task Team, SAG, and members, will need to develop a detailed advocacy work plan. The major elements are provided here in the strategy; the work plan must be harmonized with the AoR's annual work plan and will need to reflect the capacity of the AoR at the time.

II. Core Ongoing Advocacy Activities

The matrix below describes the core ongoing advocacy activities to be undertaken by the GBV AoR. The idea is that all of these activities will take place each year for at least the next three years. The AoR should initiate these activities as soon as the internal systems are in place to support advocacy and provide the information and organization necessary to conduct and monitor advocacy.

AC = A member of the AoR Coordination Team who is the designated "advocacy coordinator".

When	Level	Lead/Messenger	Target Audience	Message/Action	Communication Channels
Immediate and ongoing	Global	AC Advocacy TT	All	Resolve challenges with AoR website and establish space for advocacy messaging throughout the site. Update at least twice monthly.	Written materials, photos, highlight champions and success stories
Ongoing	Global Field	AC Advocacy TT	N/A	Collect members' success stories. Identify champions/allies among non-GBV actors.	Post stories on website; use in advocacy messages
Now and maintain ongoing	Global	AC Advocacy TT	N/A	Identify GBV AoR members' key relationships that can be leveraged for advocacy; enlist members' support for specific advocacy activities where they can be most effective.	N/A
Annually	Global	AoR CT working with field GBV coordinators Advocacy TT	Donors Clusters IASC principals	Annually, prepare at least one information/advocacy piece for each major emergency (this could be the piece for a special day in the year).	Print and electronic media; widely distributed
New emergencies	Global Field	AC Field GBV coord. REGA-RRT Advocacy TT	Donors Clusters IASC bodies Senior leaders in member organizations	Implement the advocacy procedures for new emergencies (see Part 2).	Face-to-face meetings Coordination meetings Website postings Email distributions Listservs

When	Level	Lead/Messenger	Target Audience	Message/Action	Communication Channels
Ongoing — support field advocacy	Global	AC Advocacy TT	Varied	Respond to requests or information from field GBV coordinators to take advocacy steps at global level in support of field issues and field-level advocacy.	Written advocacy briefs widely disseminated Targeted advocacy in face-to-face meetings
Quarterly comms with key targets	Global	AC Advocacy TT	Clusters	Quarterly — share success stories and relevant advocacy message(s) in accordance with advocacy objectives and current situation(s) and needs in the field.	Websites, newsletters, blogs
	Global	Members AoR CT	Donors		Face-to-face meetings; written advocacy brief
	Global	Members in those agencies	IASC principals		Face-to-face meetings; written advocacy brief
AoR annual meeting	Global	Advocacy TT	Donors Mission reps from countries affected by emergencies	GBV AoR annual meeting — include at least one advocacy event for sharing success stories, programming results, etc., with an accompanying written advocacy piece for attendees.	Panel discussion Photo display Written materials
Special Days (at least 4/year)	Global Field	AC Advocacy TT	Clusters Donors Humanitarian organizations	Select at least 4 special days/events (see Part 2) — use these as opportunities to thank and highlight non-GBV actors who are GBV champions; also, general awareness-raising pieces widely disseminated	Face-to-face meetings Electronic media
2015	Global	AC Advocacy TT Research TT	Donors; clusters; IASC; humanitarian organizations	Host or co-host the Research Symposium[17] and use this opportunity for advocacy, including an advocacy event on the margins of the symposium.	Panel discussion Written materials and success stories Photo display
Ongoing (monthly)	Global Field	Members AoR CT	Clusters IASC bodies	Attend and participate in regular meetings of global cluster groups, IASC subsidiary bodies (e.g. Gender, MHPSS).	Group meetings

[17] The Research Task Team is currently in the early stages of planning such an event for early 2015, co-hosted by CDC and/or WHO.

When	Level	Lead/Messenger	Target Audience	Message/Action	Communication Channels
Participate in relevant initiatives	Global Field (if relevant)	AC Advocacy TT	Varied — donors, humanitarian actors, etc.	Develop advocacy materials and/or events in harmony with activities and events in relevant initiatives and projects led by others (e.g. PSVI, Call to Action, etc.).	Will vary depending on the initiative and event

III. Broader Advocacy (2016 and beyond)

When the core ongoing advocacy activities have been implemented for a year, the following activities can be added to expand and intensify the AoR's advocacy work.

When	Level	Lead/Messenger	Target Audience	Message/Action	Communication Channels
Ongoing	Global Field	As above	As above	Expand core activities: more internal advocacy in member organizations/among leaders; more website postings; more special days.	As above
Quarterly	Global	AoR CT Advocacy TT Members	Clusters	Quarterly round table meetings with a cluster (rotating; one cluster quarterly, which will cover all clusters over a two+ year span) to learn from each other about successes and challenges implementing the GBV Guidelines, reducing GBV risk, and to identify new and creative solutions. Share the report with IASC and OCHA.	Group meeting, followed by written materials posted in electronic media
To be determined	Global Field	Members	Leadership in members' agencies	Implement advocacy strategy to reach out to leaders in GBV AoR member organizations to create new champions, increase internal support and buy-in.	Face-to-face meetings; print and/or electronic media within those organizations.
Annual meeting	Global	AoR CT Advocacy TT	Civil society Clusters Donors	Expand annual GBV AoR planning meeting to a 5-day annual meeting with 3 days for meetings or presentations or activities with humanitarian actors, activists, and public followed by a 2-day business meeting for members only.	Panel discussions Slide shows Photo displays Case studies Workshops

Monitoring Advocacy

In the past, the AoR has widely distributed advocacy materials without keeping track of where the messages were sent, how they were received, and what happened (or didn't happen) as a result. With this Advocacy Handbook, the AoR can now be more focused and specific with its advocacy, which must include tracking activities and measuring results. Monitoring should be an integral part of the TOR for the AoR coordinator taking the lead in coordinating advocacy.

Monitoring of the GBV AoR's advocacy should include:

- tracking outputs (What materials were produced, asking for what, to which advocacy targets, using what communication channels?);
- identifying results/outcomes (What is the evidence of successful advocacy? Did the person/organization do what we advocated for? What changes resulted?).

It must be acknowledged that monitoring results will be extremely challenging. One major challenge is ensuring attribution (i.e. did the change occur because of our advocacy or due to other factors?), and we may not be able to resolve it.

Indicators for tracking and for results should be as simple and realistic as possible. We should not try to over-reach, yet the advocacy work plan — including indicators — should be robust.

Tracking Activities and Outputs

Tracking tools need to be established to keep records of the activities/materials produced, purposes/asks, target audiences, number produced, etc.

Simple indicators should be developed for each activity/output in the advocacy work plan that compare planned activities with completed activities.

Additional output indicators should monitor participation/attendance at advocacy events, noting the types of organizations, actors, and donors who attend and any changes in types of attendees over time (e.g. increase or decrease in target audience members). This information can give some insight into whether outreach to our target audiences is effective.

Depending on the specific advocacy work plan activities, other outputs to monitor might include, for example:

- inclusion of GBV talking points in speeches about a humanitarian emergency/country situation;
- decision by a target audience to visit a specific country or organize an expert team mission, which meets with GBV specialists on the ground and the national GBV WG;
- inclusion of GBV-specific language in new or revised humanitarian policies, guidance materials, handbooks, and/or training manuals;
- percentage of initial assessments in clusters that include assessment of GBV risk;
- guidance in the revised GBV Guidelines is reflected in cluster and leadership policies, practices, protocols, guidance, good practices, and tools;

- percentage of HCs monitoring implementation of GBV Guidelines in humanitarian country plans and cluster activities;
- donors require and monitor implementing partners' adherence to the GBV Guidelines in field programmes;
- funding levels for GBV coordination mechanisms across emergencies as compared to funding requests submitted;
- funding levels for specialized GBV programmes across emergencies as compared to funding requests submitted;
- time between activation of a GBV Sub-Cluster and deployment of a GBV Coordinator in a new emergency;
- outputs that offer some indication of quality and results. For example, percentage of country-level GBV strategic plans that are fully or partially funded; number of success stories.

Measuring Results/Outcomes

Measuring real outcomes attributable to the GBV AoR's advocacy work may not be appropriate — or possible — in the first two years after implementing this advocacy strategy. Some of the output indicator ideas above can give an indication of results. Nevertheless, there should be at least two or three outcome indicators in the advocacy monitoring plan.

The following are some ideas for developing outcome indicators. For each, specific **definitions** and **systems of measurement** will need to be established.

- Increased number of GBV "champions" among the heads of agencies and/or among Humanitarian Coordinators.
- Increased number of national NGOs with the capacity to provide comprehensive and specialized GBV programmes.
- Increased number of international organizations delivering specialized GBV programmes.
- Increase in the evidence base for specialized GBV interventions.
- Increase in the reliability and predictability of funding for specialized GBV programmes from the earliest stages of emergencies and through recovery, return, and rehabilitation.
- Increased engagement of government entities in GBV interventions (e.g. health and social welfare line ministries improved their services for GBV survivors; number of government staff trained on GBV prevention and response; law reform in relation to laws improving the protection of SGBV survivors).

Reporting and Sharing

It is the Advocacy Coordinator's responsibility to compile monitoring data. Compiled data should be shared frequently with the Advocacy Task Team at agreed intervals, and the Task Team should discuss and analyse the data. Monitoring reports with data and analysis should be shared with the SAG and members at regular intervals. These reports should also be shared with the Global Protection Cluster support cell.

Specific Advocacy: Revised GBV Guidelines

The revised GBV Guidelines will be rolled out globally in 2015. Implementation of the Guidelines and advocacy will go hand in hand. An implementation strategy has been developed to guide the roll-out and update of the Guidelines across the humanitarian community. A GBV AoR Reference Group has been formed to lead and monitor the roll-out over time.

The advocacy strategy laid out here is intended to support the implementation plan and the work of the GBV actors on the ground who will be working with other sectors and actors to implement the Guidelines in countries.

NOTE: In the spirit of harmonizing our work, this section draws heavily from the Implementation Strategy for the Revised IASC *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery.* The Implementation Strategy should be viewed as a companion document to this Guidelines advocacy strategy.

Aim of Guidelines Advocacy

Aim: To ensure successful uptake of the Guidelines by securing buy-in and ownership from the humanitarian leadership, country teams, each sector for their respective pieces, and within humanitarian organizations.

"Successful uptake" means implementation in practice. The assumption is that the Guidelines contain clear and specific guidance to support field actors to establish effective interventions and activities that both prevent GBV and ensure safe, accessible, and confidential survivor-centred services are in place. Advocacy for the Guidelines is aimed at the key actors and stakeholders who can influence the successful uptake of the Guidelines by the humanitarian system.

Successful advocacy can be indicated by:

- IASC agencies develop plans within their own agencies to integrate the Guidelines into policies and practices. (And later, whether those plans have been developed and put into practice.)
- Global clusters integrate the Guidelines into their policies and practice materials.
- HCs monitor implementation of Guidelines using the recommended Guidelines indicators in humanitarian country plans and cluster activities.
- Donors require and monitor implementing partners' adherence to the Guidelines in field programmes by integrating Guideline indicators in M&E plans.

Advocacy Messages

Sample messages and other tools and materials for Guidelines advocacy are provided in Part 2 of this Handbook.

Setting the tone

Our messages should convey the notion of **partnership and mutual support** to achieve the ends for which we as humanitarians are responsible and accountable. Adopting a supportive, rather than directive, communications tone of for all materials and during the conduct of all meetings – applicable to both content and medium — is a critical part of gaining initial interest and building sustained support.

Messengers

To the greatest extent possible, the messengers should be those leaders/staff who have the greatest leverage or influence with the audiences we are trying to reach. It's less about the AoR trying to do missionary work itself but, rather, taking advantage of the cluster system and mechanisms so that, for example, WASH people are speaking to WASH people about the importance and utility of the Guidelines.

AoR Capacity Considerations

In our AoR membership, we have representatives of all the agencies that have a key role to play in ensuring an effective roll-out. We should make sure we are getting those members' help in reaching out to their leadership and/or understanding who is best positioned to do that.

The Advocacy Task Team can, in principle, help monitor the roll-out from an advocacy perspective and contribute to the design of solutions to address barriers that may arise.

Given lessons from previous IASC field tools, it will be important to maintain a reference group that is focused on the Guidelines roll-out over time, after the initial publication and dissemination.

Each Country Roll-out Experience Can Inform the Next

As the roll-out is planned country by country, we need to think strategically about who is best positioned to do the needed outreach with the key entities. So, for example, can OCHA convey to the particular HCs how important this exercise is? Can the agency cluster leads do the same with their in-country colleagues? Can we design the in-country activities in such a way that the clusters themselves are leading the activity and we are supporting?

As this Advocacy Handbook is intended to be a living document, advocacy lessons from each roll out experience should be incorporated into the evolving strategy for implementation of the Guidelines.

Remember the Donors

As discussed earlier in the strategy, donors can be key allies for promoting the implementation of GBV standards and tools (for which many donors may have provided funding for development). Donor

engagement in the Guidelines roll-out is a key point for advocacy. Here are some examples of concrete actions donors can take, if asked:

- At the headquarters level, donors can contact their respective field leadership about the Guidelines and communicate supportive messages.
- Donors can encourage the use of the indicators in the Guidelines for project proposals and reporting by partners.
- Donors can host or support various activities during the roll-out.

Advocacy Activities for Guidelines Roll-out — Global and Field

Note: The Guidelines Reference Group may take the lead for many of these activities in lieu of or in coordination with the AoR Coordination Team (CT), the advocacy coordinator (AC), and/or the Advocacy Task Team.

Timing	Lead/ Messenger	Target Audience	Message/Action	Communication Channels	Steps — Materials — Resources Needed
MESSAGE OF SUPPORT FROM EMERGENCY RESPONSE COORDINATOR (ERC) IN THE GUIDELINES					
At time of final version of Guidelines; before printing	AoR CT	Humanitarian actors (in general); head of OCHA; IASC principals	Initial transmittal message from ERC and IASC member agencies — signature of ERC (e.g. in the 2005 Guidelines there is an opening message from Jan Egeland printed in the document that references the joint efforts of other agencies).	Transmittal message/message of support for front of Guidelines	◆ Discuss with ERC office to learn procedure and timing for signature ◆ Draft the message, send, follow up
HIGH PROFILE EVENTS/ACTIVITIES					
When long and short versions of Guidelines are printed	AoR CT Advocacy TT	Humanitarian leaders (UN and non-UN)	**High profile launch events** in Geneva, New York, and Washington, DC; also in at least one location in Asia, Africa, and Middle East**.** Secure participation of humanitarian leaders, key donors and prominent humanitarian "ambassadors" to bring maximum attention and buy-in.	Public event — with related flyers and listserv postings	◆ Identify hosts in each location ◆ Provide guidance for designing the event; follow up, support ◆ Write announcement/invitation ◆ Send to listservs, press, IASC members, ERC, AoR list, donors ◆ Collect press coverage, etc.

Timing	Lead/ Messenger	Target Audience	Message/Action	Communication Channels	Steps — Materials — Resources Needed
3-6 months after launch	Advocacy TT	Humanitarian professionals (all levels, all types)	Article authored or co-authored by prominent humanitarian(s) for leading humanitarian journal or site.	Journal article	◆ Identify journal(s) ◆ Obtain submission details ◆ Recruit writer; possibly co-write with Advocacy TT ◆ Submit article/follow up
AGENCY-SPECIFIC ROLL-OUTS					
From launch through first year	AoR members that are also IASC member agencies AC to reach out to others	IASC member agencies	Each IASC member agency to develop and implement its own internal roll-out plan that features a message from its own leadership and is also tailored to reflect its cluster leadership role.	Face-to-face meetings Written materials from Guidelines Task Team (or reference group) Method to be tailored for each agency's planning and communica-tions system	◆ Special AoR meeting to discuss, explain, answer questions ◆ Follow-up meetings as needed to support members ◆ Written communications between members and Advocacy TT
CLUSTERS AND THEMATIC AREAS					
From launch through first year	AoR members that are also cluster lead agencies AoR CT Guidelines Reference Group	Global cluster lead agencies	**Global Cluster Engagement, Support, and Leadership**: Each cluster to get information on the Guidelines from its own leadership. So in addition to whatever message comes from the head of agency, it would be best if we had an agreed-upon roll-out strategy for each cluster developed <u>with</u> that cluster.	Face-to-face meetings We need to engage with the individuals who are the global cluster leads about the messages and dissemination mechanisms that are going to be most effective with their cluster	◆ Prepare succinct talking points specific to each cluster (drawing from field testing experiences) ◆ Meet with cluster lead and provide copies of the small handbook for that cluster and a few copies of the complete Guidelines ◆ Follow up, support, inform as agreed ◆ Consider quarterly calls with

Timing	Lead/ Messenger	Target Audience	Message/Action	Communication Channels	Steps — Materials — Resources Needed
					cluster leads for the first year to share plans and experiences ◆ Gather cluster plans as they are developed; share with AoR, including field actors
6 months after launch and through years 1-2	AC with GBV field coordinators Advocacy TT	Global cluster members	Short write-up (advocacy brief) about the Guidelines, tailored to each cluster, ideally with a case study or mention of a champion in that cluster, using language the cluster members can relate to. Emphasis on how the Guidelines can help that cluster meet its responsibilities. **Notes:** ◆ These pieces can be developed in part from field test roll-out experiences as noted in quotes and/or case studies from field GBV coordinators coordinating the field test/roll-out. ◆ Best case scenario — these pieces are written WITH global cluster leads, using their language and talking in ways that resonate within that cluster.	Cluster newsletters and/or websites	◆ This should coincide with cluster roll-out planning (above) and will help support those roll-outs and vice versa. ◆ Materials to be developed with cluster lead agencies ◆ Note — the cluster lead agency should do the work and own the work; the GBV AoR should support, aid, provide information and suggestions, follow up, etc.
Start with launch (send announce-ments) Then at least quarterly for years 1-2	AC Advocacy TT with GBV field coordinators	Global and field cluster members	Develop short pieces promoting the revised guidelines for submission to cluster blogs, newsletters.	Written piece posted electronically	◆ This should be synchronized with the clusters' roll-out plans and should mirror the messages in those plans.

Timing	Lead/ Messenger	Target Audience	Message/Action	Communication Channels	Steps — Materials — Resources Needed
From 6-9 months after launch and ongoing after that	Advocacy TT with inputs from field GBV coordinators	Specific clusters/thematic areas	Ongoing, to be incorporated into the core advocacy activities: Work with clusters/thematic areas to develop an advocacy piece around a relevant special day; e.g. work with WASH on messaging that incorporates GBV and WASH for International Water Day.	Journal article Electronic postings; listservs	◆ Functioning communications between field teams and global AoR. ◆ Draft the piece/activity. ◆ Ask for help from cluster champions to read/edit the piece.
HUMANITARIAN COORDINATORS AND HUMANITARIAN COUNTRY TEAMS					
Gather information from OCHA before the launch	OCHA leadership	HCs, HCTs	HCs and HCTs to be strong supporters of implementing the Guidelines. This should be integrated into all of their responsibilities (planning, funding, monitoring, etc.).	To be clarified with OCHA and specific channels used	◆ Talk with OCHA HQ for their help to identify the best way(s) to reach & influence HCs and HCTs. ◆ Develop steps & materials.
From launch through year 1; possibly continuing into year 2	GBV AoR members	HCTs	Identify HCT members among the GBV AoR member agencies; ask them to ensure Guidelines roll-out is on the HCT agenda and is monitored by the humanitarian leadership in country. (This should flow from successful advocacy with IASC member agencies above.)	To be developed in accordance with each organization's internal systems	◆ Special meeting with global AoR to discuss this advocacy action and others. ◆ AoR member agencies that are on HCTs self-identify and work within their own agencies to send the message in the best way for that organization.

NATIONAL GOVERNMENT AND CIVIL SOCIETY					
In sync with cluster implement-ation strategies and outreach to HCs and HCTs (described above)	Cluster leads; HC/RC; GBV coordination mechanism in country with support from AC and Advocacy TT	National government and civil society stakeholders	This should flow from the work of the clusters and the GBV coordination mechanism in country, to ensure national ownership and participation in all aspects of the roll-out.	Will flow from the clusters' ways of working in country with national stakeholders	◆ Be sure to include these actors when talking with clusters about their roll-out plans.
DONORS					
From launch through year 1; follow up in year 2	AC/Advocacy TT to work with leaders of major donors	Donors	Leadership statements about the importance of the Guidelines. Send a message to their implementing partners about the importance of the Guidelines. During monitoring visits, donors ask questions about GBV risk mitigation, prevention/response actions, etc. Eventually, ask donors to require adherence to these Guidelines and monitor for it.	Face-to-face meetings with donors Advocacy brief/handout with key messages	◆ Succinct talking points for donors. ◆ Handout with key messages and asks. ◆ Assign specific donors to Advocacy TT members and AoR Coordinator. ◆ Hold meetings; follow up.

Specific Advocacy: Emergency Preparedness & Response

This section is a placeholder for additional advocacy considerations in the anticipated Emergency Preparedness and Response Toolkit currently in development and expected to be complete in 2015.

Basic Building Blocks — Internal Systems

In order to implement a comprehensive and multi-year advocacy strategy that will achieve the AoR's advocacy goals and objectives, the AoR must move quickly to put in place the internal systems and processes that will support the advocacy work.

All Work Streams

All new AoR work streams, projects, and consultancies should include advocacy considerations and integrate advocacy into the work (and budget) on the front end, rather than as an add-on later in the process. Advocacy should be fully incorporated into the regular work of all AoR members, tasks teams, and coordinators.

Communications

Development of this advocacy strategy has highlighted the **need for a comprehensive communications strategy** to support the work of the AoR, including its advocacy efforts. Even as the AoR awaits the development of such a strategy, there are basic steps it can take in the interim to strengthen communications.

First and foremost, there is an **urgent need to address the weaknesses with the AoR website**. The website cannot effectively support our advocacy until it is a more vibrant place that is actively maintained and updated with interesting and useful information about the AoR and about GBV in humanitarian settings.

There are other near-term steps the AoR can take to buttress its communications. Some examples include:

- When a formal briefing paper is prepared for external audiences, there should be an accompanying dissemination strategy that includes not only target audiences but also some sample messages that members can use in their social media, including Twitter and Facebook.

> While it is appealing to initiate social media accounts specifically for the AoR, it is not advisable at this time without a communications strategy and in the absence of consistent attention, oversight, and regular postings.

- The AoR can also expand the list of communications outlets that receive our country crisis papers, information about new tools and resources, and announcements about significant events related to the GBV AoR and its work. Part 2 of this Handbook includes a list of communications outlets that are widely viewed in the humanitarian community.
- The AoR can be more intentional about posting relevant material in the newsletters/blogs of other clusters (see Part 2) and take advantage of the Global Protection Cluster's communications tools.
- A simple e-newsletter summarizing key events, activities, new tools and resources, and Task Team updates could be sent to the membership email list monthly. Summarizing this information in one message that is clearly labelled and reliably sent monthly is preferable to

sending intermittent and *ad hoc* email messages that are often lost, forgotten, or unread by the audience.

Name Change

Advocacy messages and other communications could be simplified if the GBV AoR changes its name to something simpler and more recognizable. The term *AoR* is unique to the Global Protection Cluster (GPC) and is simply its way of organizing and labelling specialty areas within its broader work. The abbreviation *AoR* is not universally known and recognized among humanitarian actors, communities, governments, and donors. It is therefore necessary to devote the first paragraph in communications to first explaining what the GBV AoR is and what the abbreviations stand for.

The AoR could consider changing its name to something that does not require explanation. Communications could then begin with highlighting the key messages instead of explaining the name of this entity.

A name change could probably be done quickly and easily, but will require at least consultation with the Global Protection Cluster. The ***Gender-based Violence Working Group (GBVWG)*** is a name suggested by the great majority of people interviewed for the development of this Handbook. It is simple and clear. A "working group" or WG is a term commonly used in the humanitarian arena, so there is no need to explain what it is. And, working group is the term often used in the field for GBV coordination bodies. There would be one global GBVWG and any number of national and local GBVWGs.

The approved logo for the GBV AoR (shown on the cover of this Handbook) shows the link to the Global Protection Cluster and uses the words "GBV prevention and response". The logo, along with a simple and clear name (such as *GBV Working Group),* as headers for advocacy messages and other communications would be clear and would not require additional explanation in the body of the message.

AoR Members

The tasks, roles, and responsibilities described in this Handbook often refer to "AoR members" or "members". These would be the *core members* of the AoR and will often also include *associates,* as described in a recent governance review report.[18]

The AoR needs to make decisions about the types of stakeholders that will form its structure (e.g. core members, associates, donors, and listservs as outlined in the governance review) and the responsibilities and accountabilities for each — including for advocacy.

[18] Gostelow (2014), pp. 10-12.

Advocacy Coordinator

While advocacy is a collective responsibility, there must be one person who is designated to take the lead in coordinating the organization, planning, implementation, and monitoring of the global AoR's advocacy work. This role is designated as the "Advocacy Coordinator".

With a strong, knowledgeable, and experienced GBV AoR Coordination Team (CT) in place (i.e. under the current structure, there would be one full-time Coordinator and one full-time Deputy), one member of the CT should fill this leadership role and it should be specifically included as a priority in that person's terms of reference.

Regardless of which member of the AoR CT is the designated "Advocacy Coordinator", both the Coordinator and Deputy must be knowledgeable and skilled in advocacy, as these individuals are often the global "faces" of the GBV AoR. The CT should view all of its work through an advocacy lens. In other words, every task and every meeting is an advocacy opportunity and should be viewed and managed as such.

The Advocacy Coordinator is responsible for taking the lead in ensuring the basic building blocks described here are put into place, and organizing and monitoring the GBV AoR's advocacy work. This will include developing an annual advocacy work plan that takes into account this strategy, the broader AoR work plan, and the capacity of the AoR each year. In Part 2 of this Handbook, there is a list of suggested key tasks and responsibilities for the advocacy coordinator.

Information Collection and Knowledge Management

Effective advocacy is informed by reliable information, which means that information collection and knowledge management are essential and continuous activities. Systems are needed for gathering, compiling, analysing, using, sharing, reporting, and storing an array of information. Basic sets of information and facts are needed before embarking on concentrated advocacy.

The rapid response team (RRT)/Regional Emergency GBV Advisor (REGA) team has initiated some systems for knowledge management in the countries where team members are deployed. These tools may be a good starting point for the AoR to develop its knowledge management systems.

The following are key information needs that must be addressed as soon as possible:

Cost

At present, the GBV AoR cannot provide cost information for GBV interventions, whether mainstreamed or specialized. The "ask" in advocacy pieces is often "more funding", yet there is no further information provided. We should be able to give information about costs related to GBV programming. While it is certainly true that no single cost figure will fit all situations, there must ways to provide cost information with caveats.

These are some examples of the types of questions we should be able to answer:

- What are GBV programming costs per population size? In other words, we should be able to say what we can do with *X* amount of funds in a *Y* size population.
- What are the costs of GBV programme elements (e.g. legal aid programme, women's centre, economic empowerment programme, intake and case management, clinical management of GBV, etc.) for a population of 100,000?
- What is the cost of a GBV specialist (and what does that person deliver)?
- What is the cost of a GBV counsellor/case manager? How many are needed for a population of 100,000?
- What is the cost of a GBV coordinator (i.e. the person coordinating inter-agency GBV interventions)? How many GBV coordinators are needed for a population of 100,000?

The GBV AoR CT should lead an initiative to answer these and other cost questions. There is expertise in the humanitarian system that can be accessed, starting with the Global Protection Cluster and OCHA. Recently, UN Women and UNFPA have undertaken some costing exercises and they may have useful information to share.

Data

For both global and field-level advocacy, we must find simple and clear ways to describe the GBV issues — and successes — we are seeing in the field. Gathering, analysing, and using data from the field will provide much-needed **facts and information** to develop, support, and strengthen advocacy messages.

Some examples of **important data** the GBV AoR should be maintaining include:

- information about sectoral responses to GBV (e.g. in cluster strategies);
- population size as compared to GBV service coverage and/or number of GBV specialists in place per population size (e.g. number of GBV specialists per 10,000);
- inclusion of GBV interventions in Strategic Response Plans and Preliminary Response Plans;
- funding (and costing) for GBV programming;
- progress on indicators (in sectors/thematic areas) in the revised IASC GBV Guidelines.

"Data" in this context should also include the number of reported GBV incidents (per population size). See Part 2 for messages related to safety issues and limitations of GBV reported incident data.

The GBV Information Management System (GBVIMS)[19] steering committee may have some ideas about how the system's existing GBV incident report data might be safely and ethically used publicly for advocacy purposes. This is an area for further exploration and discussion by the advocacy coordinator and/or the Advocacy Task Team.

When preparing country briefs and situation descriptions (see Part 2 for more information about and templates for these tools) in the absence of "hard" data about reported GBV incidents and risks, we

[19] For information about the GBVIMS: http://www.gbvims.org/

should be able to describe the nature and extent of GBV in any setting. We can draw, at least in part, from prior research, known global statistics, and known risks in emergencies. The GBV AoR's Information Management Specialist on the RRT has recently explored ways to use secondary data to better understand and describe GBV issues in specific settings (see suggested approach in Part 2). Updated information and examples should be posted on the AoR website and updated over time as our use of secondary data becomes more refined.

Results

To maintain funding, obtain new funds, and for GBV programming to be understood as valuable and life-saving, we must improve our ability to demonstrate results. What have we done to save lives and improve lives? Can we demonstrate that with actual results of our programmes and services? Robust programme monitoring and evaluation should be included in all members' GBV programmes, and results should be shared with GBV AoR members. Where relevant, the recommended indicators in the revised IASC GBV Guidelines should be collected, interpreted, and disseminated with partners. A good database of interventions and results will greatly inform advocacy activities.

The Research and Information Management Task Team can encourage and promote more action-oriented research to improve our capacity to address GBV (e.g. better understanding of contributing factors, better understanding about help-seeking behaviour, etc.).

Success stories

Collecting timely success stories is both a challenge and a necessity. We need to have success stories on hand for creating messages. Success stories/case studies should include survivor stories and also successes in other sectors/clusters with mainstreaming GBV interventions. We need to know who and where our champions may be; perhaps a water engineer who recently learned first-hand the importance of water planning in reducing GBV risk, or a doctor who demonstrated exceptional sensitivity in caring for a young survivor.

All AoR members should be responsible for collecting and submitting success stories. The REGA team will likely be a useful source for gathering case studies/success stories, and it may be good to include this in their terms of reference.

The Advocacy Coordinator would be responsible for soliciting, compiling, maintaining, and using the success stories and case studies.

All of the safety and ethical safeguards must be adhered to in case studies/success stories. A suggested template for case studies is included in Part 2.[20]

GBV AoR products

The GBV AoR produces tools, resources, and guides that are not consistently highlighted. There should be a repository of the tools and resources that the AoR has produced or contributed to, with a simple

[20] The case study template in Part 2 is the same template included in the GBV Guidelines Implementation Plan (currently in progress).

and articulate definition of the purpose and use of each. The website currently includes a Tools and Resources section which is generally organized by topic area. There is also a matrix of key resources and training programmes from an array of sources. A matrix of only products from the GBV AoR could be posted on the title page for that section — and must be updated over time. See Part 2 for an example.

Global — Field information exchange

Given that the intended audience for this Advocacy Handbook is both field and global, processes are needed to ensure good information flow from field actors to global actors, and vice versa to inform and support advocacy.

GBV coordinators and REGA/RRT members in the field should keep the global AoR group updated on the field situation by sending assessment reports, proposals/concept notes, advocacy messages, and other key documents and updates to the GBV AoR CT. The global CT needs a system for collating this information and sharing it with the Strategic Advisory Group (SAG) and the Advocacy and other relevant Task Team(s). Regular and structured engagement with coordinators in the field would allow us to provide better guidance to field colleagues on how to address blockages in country. Also, if need be, we can engage key actors at the global level to help resolve field issues.

In addition, the information should be passed to GBV technical partners at donors' headquarters. Donor technical staff at headquarters use this information as entry points to raise GBV issues with their own field colleagues. This could be a role for the Advocacy Task Team working with the designated AoR Coordinator for advocacy.

Monthly global AoR meetings

Ideally, monthly AoR meetings include members from global and field levels so that issues and updates affecting the field are being addressed at the global level. This is often not the case due partially to logistical challenges and also because the monthly meetings have a global focus that busy field actors may consider a lower priority compared to their other responsibilities. At a minimum, information about how to access AoR meetings should be prominently posted on the AoR website. Meeting minutes should also be posted on the website, along with Task Team minutes and other information and updates about the various AoR work streams.

If the GBV AoR CT is receiving and reviewing information from field sites, it may be useful from time to time to invite a GBV Sub-Cluster Coordinator in the field to brief the global AoR group during a monthly meeting. Written information highlighting key points should be sent to members in advance so that they are aware of and prepared for the upcoming discussion. The invited GBV Sub-Cluster Coordinator should be given a general outline for designing the briefing and a time limit for the briefing and discussion. The individual may not know much at all about the monthly AoR meetings, who attends, and what purposes are achieved. **The AoR CT should work with her/him to clarify objectives for talking with the group — Is it information sharing? What, if any, is the "ask"? The idea is to support GBV actors and coordinators in the field and ensure that they are welcomed and that their needs or challenges are sufficiently addressed.**

If there are structures, systems, templates, etc. in place, information sharing among field actors and AoR members can be streamlined and much more effective.

Advocacy Task Team

It would be useful to review and possibly renew the Advocacy Task Team membership. It will be important to have knowledgeable and experienced advocates on the Task Team, presenting both UN entities and NGOs, as well as broader geographic representation. For example, an NGO or UN member of the AoR could enlist one of its advocacy staff to be a member of this Task Team rather than sending a "GBV person". The right skills and abilities on the Task Team will be important as the advocacy strategy is implemented.

When AoR staffing for advocacy leadership/coordination is sorted out, it will be useful to review the terms of reference for the Task Team and make any necessary modifications. The Task Team should be supporting and assisting advocacy by reviewing advocacy materials and taking on leadership and implementation of specific activities.

Links among Task Teams

Advocacy is interwoven throughout the work of the GBV AoR, which includes all of its task teams. Currently, links among and between the AoR's task teams are *ad hoc* and based on individual interests and personalities. Regular systems are needed for linking and coordinating the task teams to promote better coordination across work streams, and to ensure that advocacy is integrated into all of the AoR work and that the Advocacy Task Team is aware of what is being planned and undertaken by other task teams.

Some examples of systems that could work include:

- short monthly written updates from each Task Team (using a template provided by the AoR CT) and posted on the AoR website;
- monthly or quarterly teleconferences with all Task Team leads, facilitated by the CT.

Engagement with the International Humanitarian Architecture

As discussed earlier, the GBV AoR has a somewhat mixed reputation in the humanitarian sphere; sometimes positive, sometimes negative, and sometimes no reputation at all. It is also true that the reputation of the AoR is often intertwined with the general reputation of GBV programming or of individual GBV actors. This means that anyone talking about GBV in emergencies or implementing such programmes is a *de facto* ambassador for the GBV AoR and for GBV in emergencies writ large. To be effective in this role, one must be knowledgeable about the international humanitarian architecture and able to effectively engage with it.

Essential Learning Opportunity

There is an e-learning course produced by the *Building a Better Response* project, developed by NGOs and for NGOs. The course builds knowledge about the humanitarian architecture, including entry points for more effective engagement and participation. The course is free and available here: http://www.buildingabetterresponse.org

All GBV AoR members are urged to learn about these systems and processes in order to actively and effectively engage with them. Part 2 of this Handbook includes many tools and suggestions for talking with various actors in the humanitarian system. If you understand the system, you will know how and when to talk with colleagues and what influences them, and therefore are more likely to achieve your objectives.

PART 2: TOOLS, TEMPLATES & RESOURCES

The advocacy tools, templates, and resources here provide concrete and specific support to the AoR in implementing the advocacy strategy laid out in Part 1. These materials should be updated and expanded over time, based on lessons learned about use and effectiveness as these materials are used, expanded, and refined.

Part 2 is organized into the following sections (click on links):

Advocacy Entry Points — Humanitarian Programme Cycle

Target Audience Map

Messaging

- General Tips for Creating Effective Messages
- Coordinating Global and Field-level Messages for Funding
- Menu of Useful Language for Advocacy Purposes

Advocacy and Messaging — Additional Tips for the Field

Templates for Advocacy Materials

- Template for Case Studies
- Template for Advocacy Briefs on GBV in Country X
- Clearance and Distribution Process for GBV AoR Advocacy Briefs

Briefs on Commonly Asked Questions

- What Is GBV?
- What Is the GBV AoR?
- What Is a Humanitarian Response to GBV in Emergencies?
- What Is GBV Coordination and Why Is Good Coordination Essential?
- Why Are GBV Interventions Life-saving?
- Where Is the Data on GBV Incidents in These Settings?
- Sample Matrix of GBV AoR Products

Communications Tools & Resources

- Annual Calendar of Advocacy Opportunities
- Communication Channels
- Cluster Newsletter Information
- Communications Outlets
- Tips on Designing External Events — Maximizing Advocacy Impact

Advocacy Tools for Revised GBV Guidelines Roll-out

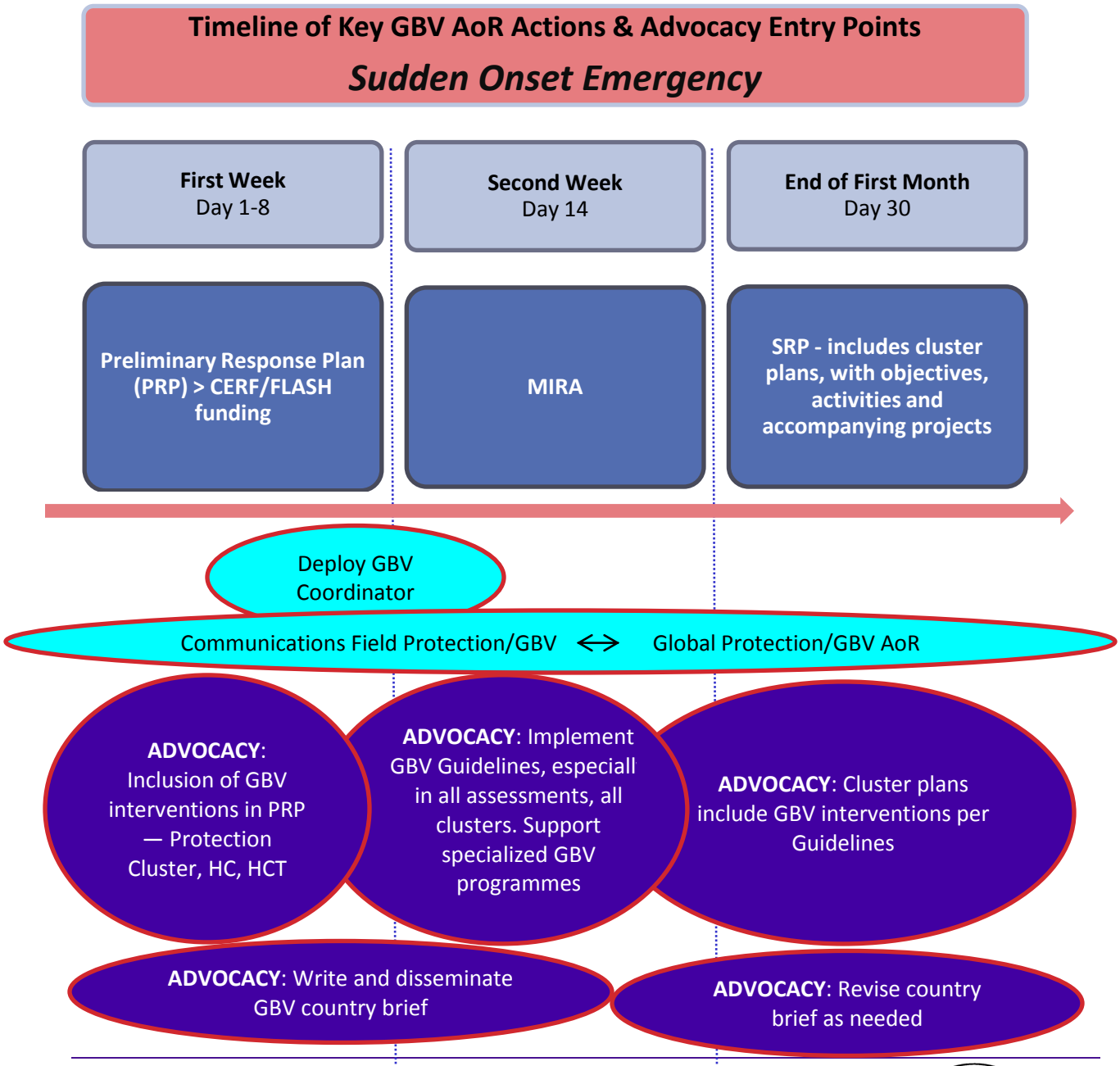
- Helpful Elements for Messaging
- Sample Message for Humanitarian Leaders in the Field
- Creating Messages for Sectors/Thematic Groups
- Talking Points

Advocacy Coordinator Roles and Responsibilities

Helpful Resources

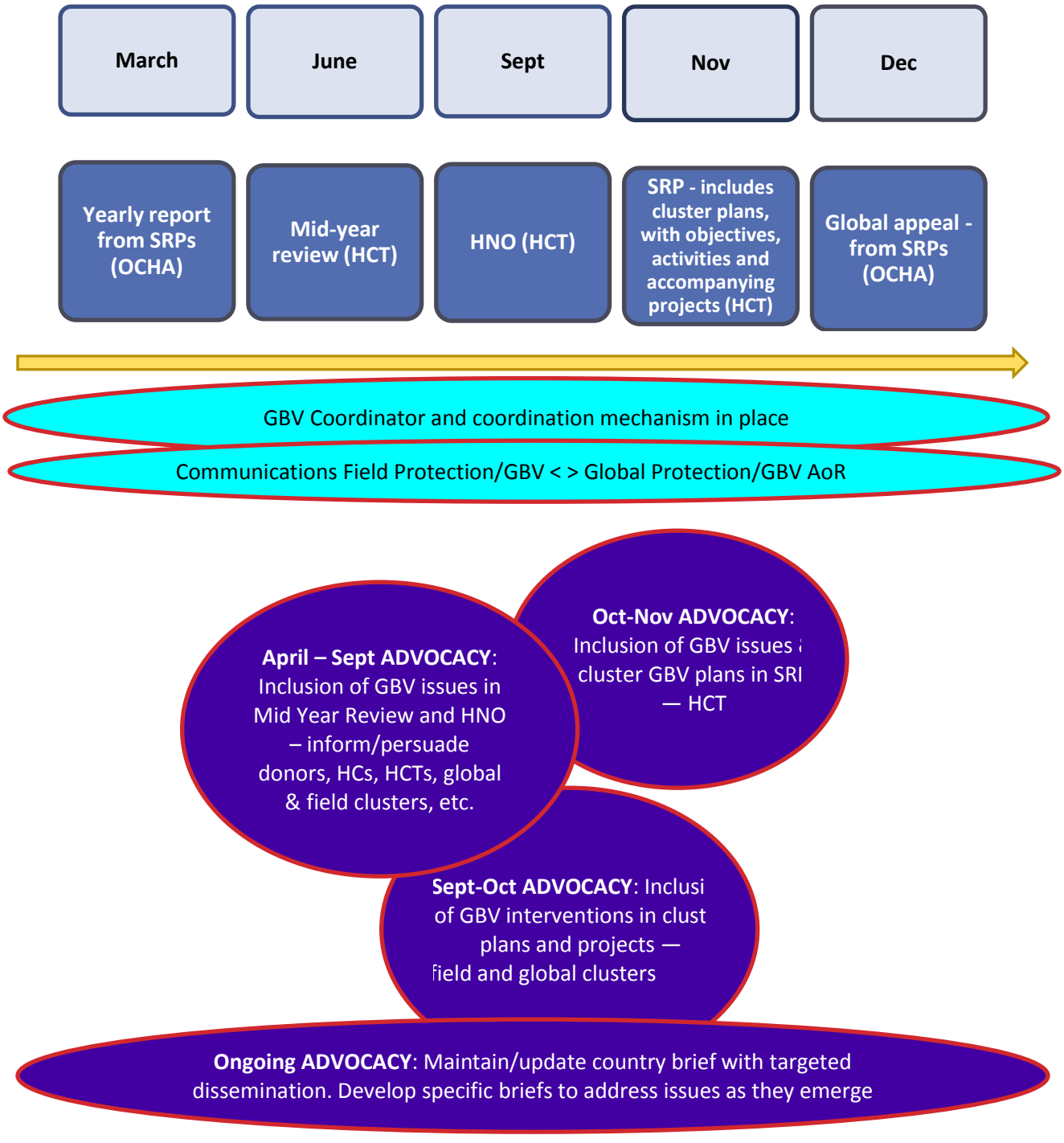
Advocacy Entry Points — Humanitarian Programme Cycle

In new emergencies and in protracted emergencies, there are specific entry points for GBV advocacy. Advocacy entry points are linked to both humanitarian planning and funding cycles. The charts on the following two pages illustrate the GBV AoR actions and key advocacy entry points for sudden-onset emergencies and ongoing/protracted emergencies.



Timeline of Key GBV AoR Actions & Advocacy Entry Points

Ongoing/Protracted Emergency



Global Protection Cluster
GBV Prevention and Response

Target Audience Map

Target Audience	Why Target Them	What Influences Them	Communication Channels/How to Reach Them
Senior leadership in GBV AoR member organizations	We need their understanding and support to be most successful (policies, processes, funds, risk management, and much more). They are the public persona for our organizations; can be our advocates.	◆ Reputation of the organization ◆ Funding opportunities ◆ Their own reputation	◆ Share AoR advocacy pieces. ◆ Other meetings/briefings as appropriate in the specific organization. ◆ Meetings of agency executive committees and/or boards.
IASC Principals	We need their understanding and support to be most successful (policies, processes, funds, risk management, and much more). This group is comprised of senior leaders from many AoR member organizations.	◆ Policies, standards, initiatives, tools, and other materials they have developed or approved ◆ Each year they set their own priority areas for the year ◆ Humanitarian principles ◆ Public perception of the humanitarian system ◆ Emergency Relief Coordinator ◆ Priorities for principals' organizations, to some extent	◆ Principals meet several times a year; getting on that agenda means having an issue of importance and the support of the IASC working group. ◆ Approaches identified by their agency staff in AoR.
IASC Working Group	This is the group that will give IASC approval for the GBV Guidelines.	◆ Good humanitarian practices ◆ Improvements in coordination systems ◆ Rapid response to emergencies ◆ Their own initiatives, policies, guides, and other docs (or	◆ Systems in our own organizations for contact with senior leaders (who are members of the working group). ◆ Face-to-face meetings
IASC Emergency Directors' Group	This is the group that is increasingly decision-making and policy-setting for final "OK" from the principals' group. Members of this group are		

Target Audience	Why Target Them	What Influences Them	Communication Channels/How to Reach Them
	from senior leadership in many AoR member organizations. These are all very busy people, many of whom are emergency coordinators in their own agencies.	those they have approved) (e.g. Rights Up Front; Centrality of Protection)	individually or with the group. ◆ Briefing packs. ◆ Website postings.
IASC subsidiary bodies (e.g. Gender Reference Group (GRG), MHPSS)	Building alliances. These groups/members have access to audiences we may not typically reach. We need their support for our work; they need ours for theirs.	◆ Technical issues and problem-solving for their area of specialty	◆ Face-to-face meetings. ◆ Participate in group meetings. ◆ Share written materials. ◆ Share drafts and ask for inputs and feedback.
Global Cluster leads and global working groups Cluster leads and members at field level	Clusters set standards for their sector/thematic area, build capacity, advocate, and coordinate with others. Implementation of new standards and materials is led by cluster leads and global working group; they are key targets for implementation of GBV Guidelines. Problem-solving/advocacy at global level to help resolve field challenges would be undertaken with these groups.	◆ Their own standards, guides, tools, and priorities ◆ Humanitarian/IASC principles, standards, and priorities ◆ IASC working group and principals commitments, statements, policies ◆ Reputation within the humanitarian community and among donors	◆ Face-to-face meetings. ◆ Cluster meetings. ◆ Inter-cluster meetings. ◆ Posts on their websites. ◆ Participation/support when they develop their own guides, tools, materials; and vice versa. ◆ Possible informational/advocacy opportunities at annual meetings.
Emergency Relief Coordinator (and relevant leaders/staff in OCHA) and HCs	These people are the links to the HCs and HCTs; humanitarian financing; and inter-cluster coordination mechanisms, among other things.	◆ Emergency Relief Coordinator's priorities and policies	◆ Face-to-face meetings with senior leaders from AoR organizations. ◆ Briefing packets. ◆ Advocacy events. ◆ Website postings. ◆ OCHA info systems;

Target Audience	Why Target Them	What Influences Them	Communication Channels/How to Reach Them
			postings on OCHA intranet.
Key relevant UN agencies that are non-members of the GBV AoR (e.g. OHCHR, UNDP CPR)	Vary widely. OHCHR is linked with human rights issues. UNDP CPR is linked with rule of law and other emergency/post-emergency government processes and systems.	◆ Their own priorities, work streams, and funding	◆ Face-to-face meetings. ◆ Briefing packets. ◆ Website postings. ◆ Advocacy events.
Donor governments	Funding. Influence on humanitarian leadership, policies, and practices at global and country levels. Influence with other donors.	◆ Their own governments' political priorities and humanitarian policies ◆ Global reputation	◆ Face-to-face meetings with headquarters technical staff and leaders. ◆ Advocacy briefs. ◆ Advocacy events. ◆ Group meetings.
National government; regional or local government entities	Decisions about why and how much to target government must be made in country, depending on the nature of the emergency and the nature of the government's involvement. Governments may be gatekeepers, allies, service providers, and policy-makers.	◆ Their own governments' political priorities, capacity, and policies ◆ Funding opportunities for humanitarian and/or development programmes ◆ They may have a National Action Plan on gender, GBV, or women peace and security that could be supported. Their global and/or regional reputation may also be an influence.	◆ Face-to-face meetings. ◆ Advocacy briefs ◆ Advocacy events ◆ Group meetings
SRSG on Sexual Violence in Conflict	Serves as UN's spokesperson and political advocate on conflict-related sexual violence; Chair of UN Action against Sexual Violence in	◆ Concrete action on SV in conflict. ◆ UN Security Council Resolutions.	◆ Face-to-face meetings with AoR member agencies who are also UN Action member agencies.

Target Audience	Why Target Them	What Influences Them	Communication Channels/How to Reach Them
	Conflict.		
UN Action	Similar issues with GBV AoR; many AoR member organizations are in UN Action. May have funds available for AoR initiatives.	◆ SRSG priorities; member agency priorities; Security Council resolutions; available funds.	◆ Face-to-face meetings. ◆ Group meetings. ◆ GBV AoR website postings. ◆ Advocacy briefs. ◆ Advocacy events.
Special Rapporteur on Violence Against Women (VAW)	Has a respected global voice for advocacy; submits reports to the UN General Assembly; makes country visits to study and highlight VAW, receives and responds to complaints.	◆ Voices from the field. ◆ Opportunities to speak out in new or different ways. ◆ Issues that fall within her mandate.	◆ Email advocacy and information pieces (quarterly as a start). ◆ At least one face-to-face meeting per year.
Women's and human rights groups, civil society, coalitions, activists in country	Form alliances; share information; work together on issues of common interest.	◆ Participation in the humanitarian structures. ◆ Funding opportunities. ◆ Advocacy opportunities.	◆ Face-to-face meetings. ◆ Group meetings. ◆ Electronic media.
NGO consortia at regional and global levels. Including: InterAction, ICVA, Women Peace & Security Working Group; NGO group in Brussels; Humanitarian Working Group in London	Disseminate/post their relevant advocacy pieces on AoR channels; they disseminate/post our relevant advocacy pieces through their channels.	◆ Issues that fall within their mandate/areas of focus.	◆ AoR members that are also members of those consortia/groups.

Messaging

General Tips for Creating Effective Messages

- Avoid jargon and acronyms. Use clear, straightforward language for advocacy messages.
- Messages should refer to accepted standards, as appropriate to the context, such as humanitarian principles, Sphere Protection Principles, the revised IASC GBV Guidelines, the Transformative Agenda, and other initiatives and issues discussed in Part 1 in the section on Opportunities.
- Be sure to address the following questions clearly in your messaging. Use wording and language already established by the audiences themselves (see Menu of useful language, below). Decision-makers are more likely to support prioritization and funding for GBV if they understand in clear terms:
  - What are the key life-saving GBV interventions for the specific emergency context?
  - What are the needs/gaps which these interventions will address? What are proposed beneficiaries being protected from or provided with a response to?
  - What will be the results of the proposed interventions?
  - What will happen to groups at risk, primarily women and children, if these GBV interventions are not funded and carried out in this context?
  - What are the cost implications?
- Be sure to include messages for the Protection Cluster coordinator. Where field GBV coordinators do not personally attend inter-cluster meetings, the Protection Cluster coordinator is a key target to ensure she/he is well-informed on the details and can represent the GBV position comprehensively.

Coordinating Global and Field-Level Messages for Funding

While GBV coordinators in the field are building relationships with key donors and policy-makers at the field level, the global GBV AoR must also prioritize building relationships with key GBV donors at donors' headquarters offices. Many AoR members have already established such relationships, and could facilitate advocacy with that donor. **By working together, field-level and global partners can advocate with the same donors at multiple levels.**

Internal advocacy and in-house lobbying within Cluster Lead Agencies and NGOs is critical.

- Funding is not only about getting money from external sources. Senior managers within Cluster Lead Agencies and implementing NGOs need to understand the issues around GBV prevention and response in detail to become GBV champions. They are therefore key targets for advocacy and need to be provided with a clear, straightforward message to convey. Make it easy for them! Write statements highlighting GBV needs and gaps in the local context, and the relevance of GBV priority response to the overall strategic priorities of the humanitarian response focusing on life-saving criteria of interventions.

- Inclusion of GBV projects in CERF submissions and in the consolidated appeals documents is the ultimate responsibility of the heads of agencies. Advocacy with them is therefore key to ensure GBV issues are priorities in finalization of strategic plans and funding appeals.

Menu of Useful Language for Advocacy Purposes

In developing advocacy messages, whether for formal, public papers or as talking points for members' use in meetings and other fora, step one is to think through what you need to achieve and what messages are most likely to resonate with the people you need to reach.

The chart below provides helpful language from established inter-agency humanitarian standards and policies that can inform our advocacy and be used in our briefing papers and other materials.

In view of the priority attention the AoR will give in the next few years to successful implementation of the IASC GBV Guidelines, you will find key sector-specific points from the Sphere standards and other key sectoral tools. AoR members are also reminded when developing language for a given sector to also review the key points in the opening section of the IASC GBV Guidelines for that sector.

The AoR should consider this chart a living tool that should be added to when new or updated policies and standards are published.

Finally, readers are reminded that useful language can also be drawn from the briefs included below under Briefs on Commonly Asked Questions.

Policy, Standard, Principle or Guide	Relevant Specific Language (excerpts)
Sphere standards, Protection Principles *Applies to all humanitarian actors*	◆ Take all reasonable steps to ensure that the affected population is not subjected to violent attack, either by dealing with the source of the threat or by helping people to avoid the threat. ◆ Take all reasonable steps to ensure that the affected population is not subject to coercion. ◆ Support the affected population's own efforts to stay safe, find security, and restore dignity, including community self-help mechanisms. ◆ Women and girls can be at particular risk of gender-based violence. Humanitarian agencies should particularly consider measures that reduce possible risks, including trafficking, forced prostitution, rape or domestic violence.
Centrality of Protection, Statement by IASC Principals *Applies to all, especially HC, HCT, Clusters*	◆ When natural disasters strike, or violence and conflict erupt, people are often subject to threats to their lives, safety and security, discrimination, loss of access to basic services and other risks. Violations of international human rights and humanitarian law, including pre-existing threats and vulnerabilities, may be amongst the principal causes and consequences of humanitarian crises.

Policy, Standard, Principle or Guide	Relevant Specific Language (excerpts)
	◆ People look to their national and local authorities, the United Nations and the broader humanitarian community to support and strengthen their protection: to save their lives, ensure their safety and security, alleviate their suffering and restore their dignity — in accordance with international human rights law and international humanitarian law as well as internationally recognized protection standards, such as the UN Guiding Principles on Internal Displacement. ◆ The United Nations "Rights Up Front" Plan of Action emphasises the imperative for the United Nations to protect people, wherever they may be, in accordance with their human rights and in a manner that prevents and responds to violations of international human rights and humanitarian law. This same imperative to protect people lies also at the heart of humanitarian action. ◆ Protection of all persons affected and at risk… must be central to our preparedness efforts, as part of immediate and life-saving activities, and throughout the duration of humanitarian response and beyond. ◆ HCs, HCTs and Clusters need to develop and implement a comprehensive protection strategy to address these risks and to prevent and stop the recurrence of violations of international human rights and humanitarian law — a strategy that clearly articulates and identifies the complementary roles and responsibilities among humanitarian actors to contribute to protection outcomes; that identifies and makes use of all available tools to effectively protect those affected by humanitarian crises; that takes into account the role and contribution of other relevant actors, such as peacekeeping and political missions and development actors, to achieve protection goals and develop durable solutions. These strategies must be regularly revised to reflect changing circumstances, priorities and needs. Resources commensurate to the realisation of these efforts must be mobilised. ◆ HCs, HCTs and Clusters need to strengthen the collection, management and analysis of information to inform and adjust early warning, preparedness, response, recovery and policy efforts, and support strategic and coordinated advocacy, dialogue and humanitarian negotiations. ◆ At the field level, the responsibility for placing protection at the centre of international humanitarian action rests with Humanitarian Coordinators, Humanitarian Country Teams, and all Cluster Coordinators. Protection Clusters play a crucial role in supporting humanitarian actors to develop protection strategies, including to mainstream protection throughout all sectors and to coordinate specialized protection services for affected populations.

Policy, Standard, Principle or Guide	Relevant Specific Language (excerpts)
CERF Life-Saving Criteria *Note: The CERF criteria are relevant as policy for humanitarian emergency response, even if an agency is not receiving CERF funds.*	◆ In an emergency context and as a first priority, support health service providers with relevant supplies and ensure a range of appropriate psychosocial interventions are in place and accessible. ◆ Strengthen and/or deploy GBV personnel to guide implementation of an inter-agency multisectoral GBV programme response including ensuring provision of accessible confidential, survivor-centred services to address GBV and to ensuring it is appropriately addressed across all sectors. ◆ Identify high-risk areas and factors driving GBV in the emergency and (working with others) strengthen/set up prevention strategies including safe access to fuel resources (per IASC Task Force SAFE guidelines). ◆ Improve access of survivors of gender based violence to secure and appropriate reporting, follow up and protection, including to police (particularly women police) or other security personnel when available.
Sphere standards, Health *Applies to health actors and all humanitarian actors*	◆ All actors in disaster relief must be aware of the risk of sexual violence, including sexual exploitation and abuse by humanitarians, and must work to prevent and respond to it... ◆ Incidence of sexual violence should be monitored. ◆ Measures for assisting survivors must be in place for all primary-level health facilities and include skilled staff to provide clinical management that encompasses emergency contraception, post-exposure prophylaxis to prevent HIV, presumptive treatment of sexually transmitted infections (STIs), wound care, tetanus prevention and hepatitis B prevention.… ◆ Survivors of sexual violence should be supported to seek and be referred for clinical care and have access to mental health and psychosocial support. ◆ At the survivor's request, protection staff should provide protection and legal support. ◆ All examination and treatment should be done only with informed consent of the survivor. ◆ Confidentiality is essential at all stages.
Sphere standards, WASH *Applies to WASH actors*	◆ People require spaces where they can bathe in privacy and with dignity... ◆ The number, location, design, safety, appropriateness and convenience of facilities should be decided in consultation with the users, particularly women, adolescent girls and persons with disabilities. ◆ The location of facilities in central, accessible and well-lit areas with

Policy, Standard, Principle or Guide	Relevant Specific Language (excerpts)
	good visibility of the surrounding area can contribute to ensuring the safety of users.
Sphere standards, Food Security *Applies to food/food security actors*	◆ Food distributions can create security risks, including diversion and violence… ◆ Women, children, older people and persons with disabilities are at particular risk of losing their entitlements… ◆ Specific measures to prevent, monitor and respond to gender-based violence, including sexual exploitations associated with food distribution, should be enforced.
Sphere standards, Shelter *Applies to shelter and all humanitarian actors*	◆ Actual or potential security threats and the unique risks and vulnerabilities due to age, gender, disability, social or economic status, the dependence of affected populations on natural environmental resources, and the relationships between affected populations and any host communities should be included in any such assessments. ◆ Enable safe separation and privacy as required between the sexes, between different age groups and between separate families within a given household as required. ◆ Ensure safe access to all shelters and settlement locations and to essential services. ◆ Ensure access to additional support or resources to disaster-affected people who do not have the capacity, ability or opportunity to undertake construction-related activities. ◆ The identification of the land or property rights of vulnerable people should be sought and such people supported, in particular women, those widowed or orphaned by the disaster, persons with disabilities, tenants, social occupancy rights-holders and informal settlers.
Sphere standards, Non-food Items *Applies to all relevant humanitarian actors*	◆ Identify and meet household cooking and space heating needs by ensuring access to safe, fuel-efficient stoves, an accessible supply of fuel or domestic energy or communal cooking facilities. ◆ Identify and meet household needs for sustainable means of providing artificial lighting and access to matches or a suitable alternative means of igniting fuel or candles, etc. ◆ Assistance from extended family members, neighbours or contracted labour to undertake the designated construction or maintenance tasks should be provided to female-headed households and other identified vulnerable people.
Gender Equality in and through Education: INEE Pocket Guide to Gender (Inter-Agency Network for Education in	Some strategies for preventing gender-based violence in and through education include: <u>In the school community</u> ◆ Involve school management, community education committees. ◆ Parent-teacher associations, teachers and students in the

Policy, Standard, Principle or Guide	Relevant Specific Language (excerpts)
Emergencies (INEE) *Applies to all humanitarian actors involved in education*	establishment of prevention and monitoring systems to identify risks in schools and to prevent opportunities for staff to sexually exploit or abuse learners. ◆ Create a "safe school" policy, with specific actions to address the risks that exist in the specific school contexts. This includes making explicit the fact that witnessing or knowing that gender-based violence, for example, sexual violence, abuse, harassment, is happening but taking no action is not acceptable. <u>In the classroom</u> ◆ Include discussion of gender-based violence in life skills training for teachers and for girls and boys, young women and men in all education settings. ◆ Provide psychosocial support to teachers (not just learners). This may reduce negative or destructive coping behaviours that increase the likelihood of gender-based violence. ◆ Try to ensure that there are female teachers or classroom assistants employed in a learning space. It is important to note that female teachers or assistants might themselves be at risk. Addressing underlying gender dynamics at a school that might make gender-based violence acceptable must be part of a prevention strategy. ◆ Develop a Code of Conduct for Teachers and Other Education Personnel. <u>In the physical learning environment</u> ◆ Involve school management, community education committees, parent-teacher associations, teachers and students in a mapping exercise to ensure that all areas of the learning area are safe for all students and that there are no ''no go areas" in which learners feel threatened or afraid. ◆ Involve students, parents or other community members in clearing bush or undergrowth that may make paths on and around school unsafe. Ensure sanitation facilities are strategically placed, are well-lit and have internally-lockable doors so that students using them are not at risk of attack. ◆ Collaborate with others, for example with local shopkeepers or transportation workers to help make sure that learners are safe on the journey to and from school. Where necessary, work with local officials to ensure that checkpoints or army posts are located away from the school. ◆ It is important that teachers and other education personnel are trained in how to respond to child and youth survivors of gender-based violence.

Advocacy & Messaging: Additional Tips for the Field

Joint, clear advocacy messages highlighting two to three key life-saving interventions in everyday language need to be agreed in the GBV Sub-cluster as soon as possible for use by all members. If GBV sub-clusters are not activated in the first days of the emergency, key GBV messages need formulating by the Protection Cluster, the Cluster Lead Agencies and INGOs which can champion GBV in-country. These champions have clear roles to play in GBV advocacy — especially in the absence of a functioning GBV coordination body on the ground. The Advocacy Task Team can support these efforts, but will not have the necessary on-the-ground and up-to-date information to be able to develop these messages.

- Develop a one- to two-page advocacy brief on the GBV issues in this setting. Circulate it widely and use it often. The Advocacy Task Team can assist by reviewing drafts and offering suggestions. See below for a template for developing one- to two-page country advocacy briefs.
- Talk about the GBV prevention and response activities and their results. Donor governments need to be able to convey how the money has been used in a way their constituents understand and engage with, so use real life examples and limit the use of terms such as "referral pathways" which mean little to non-technical staff or the public.
- As far as possible, align messages with key partner priorities:
  - GBV coordinators should be involved, as part of the Protection Cluster, in the development of a protection strategy for the response. GBV coordination group advocacy messages should, as far as possible, support this strategy.
  - GBV messages should be aligned with the strategic priorities of the response[21] reflected in the Strategic Statement and Preliminary and Strategic Response Plans, and (as appropriate) national priorities for government ministries.
  - For advocacy to other sectors/clusters use "their" language. For example, for the Shelter cluster: "Women are being raped in their tents at night" (relating to provision of safe shelter). Examples of cluster language are included in this Handbook (Part 2).
- Develop coordination group advocacy strategies, with associated action plans identifying potential entry points and including a timeline (e.g. priorities for immediate future, priorities for one year ahead, longer-term priorities which highlight different activities for funding at different stages along the timeline). Action plans should include budgets.

  Note: Part 3 of this Advocacy Handbook contains training tools that can be useful for working with the GBV team to develop an advocacy strategy. A full day or several shorter sessions of training and planning would both build capacity among team members and result in a usable strategy.
- Be aware of potential entry points for advocacy and building understanding of decision-makers:

[21] This is another example of the importance of all GBV AoR members and coordinators in the field understanding the international humanitarian architecture and how to engage and work within it. See CPWG (2014) for an overview of the Humanitarian Programme Cycle with related products.

- Use the agreed messages at every occasion to advocate with Humanitarian Coordinators (HC) and Humanitarian Country Team (HCT), the inter-cluster coordination group, local and national government, heads of agencies, Cluster Lead Agencies, protection-mandated UN agencies and senior managers in NGOs, with the aim of building their support and equipping them with key messages with which to advocate on behalf of GBV priorities in different fora.
- Advocate with donor government representatives who have GBV or protection as a priority for humanitarian response, to support their championing of GBV in donor fora.
- OCHA support is key as OCHA represents, advocates for, and defends clusters in pooled funding discussions. In addition to the HC, target other OCHA leadership in country for advocacy.
- GBV coordinators should attend Protection Cluster meetings and meet regularly with the Protection Cluster Coordinator to include GBV advocacy messages within the wider protection advocacy undertaken in the country.
- Among the GBV coordination group members, there should be efforts to ensure one member attends other cluster meetings (or as many as possible), to advocate for GBV as part of the multisector agenda, promote use of the revised GBV Guidelines, and ensure that the issues are consistently brought to mind and reflected in projects, plans, and priorities.
- GBV coordinators should attend the Inter-Cluster Coordination Group to include GBV advocacy messages in the agenda of meetings and ensure that multisector assessments, programmes, and response efforts consider GBV and utilize the guidance in the GBV Guidelines.
- If possible, GBV coordinators should attend HCT meetings to support the Protection Cluster lead agency, other Cluster Lead Agencies and heads of agencies who speak on their behalf. Use opportunities such as the roll-out of the revised GBV Guidelines to build understanding among non-GBV colleagues in practical terms of what the responses are and why they are critical. If the GBV coordinator is unable to attend HCT meetings, s/he could share GBV advocacy messages with UN agency country directors, such as UNFPA and/or UNICEF, as well as the INGO representative on the HCT, and encourage them to communicate GBV advocacy messages to the HCT on behalf of the GBV sub-cluster.

◆ Use indirect channels of advocacy/providing information and equipping other people to advocate for you:

- Keep donors updated constantly with information in easy-to-use formats for their own reporting, and to inform their discussions with protection-mandated agencies. Informed donors can ask targeted questions on the allocation of non-earmarked funding given to UN agencies and INGOs.
- Similarly, where possible, build relationships with relevant national ministries and if possible get ministries' endorsement for coordination group priorities. National GBV priorities may not specifically address emergency response, but emergency interventions should align as far as possible with national priorities. Governments can also be advocates to Cluster Lead Agencies for the allocation of funding to GBV.

- Use media opportunities to highlight GBV emergency needs/issues.[22]

- Build advocacy coalitions/partnerships.
  - Develop joint priorities and joint messages on GBV in conjunction with other sectors or clusters; for example, working with the Camp Coordination and Camp Management (CCCM) Cluster to identify and mitigate GBV risks among, for example, female-headed households.
  - In settings where there are existing women's and human rights groups and/or coalitions, develop joint priorities and messages; partner with these local and national entities. In many cases, these groups will have similar priorities and advocacy plans. Also, many have already established good relationships with key government authorities and can advocate with them.

[22] In the absence of a comprehensive communications strategy for the AoR, helpful information about working with the media can be found in the GBV Coordination Handbook (*Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*. GBV AoR, 2010).

Templates for Advocacy Materials

Template for Case Studies

The GBV AoR encourages practitioners to submit case studies highlighting the use of the GBV Guidelines in emergency preparedness, contingency planning, programming, policy-making, and implementation, etc. This template is designed to guide development of a case study. Case studies strengthen the evidence base on the use and impact of the Guidelines around the world and are used by humanitarian actors for trainings, advocacy, awareness-raising, programme development and implementation etc. Case studies should be sent to the GBV AoR Coordination Team.

Name:	
Position:	
Phone:	
Email:	
Organization:	
Location:	

Background and Context

In 300 words or less, please describe the context of the case study, including:

- the country, region, and sector;
- the problem, the population affected, and the response;
- other stakeholders involved (e.g. national authorities, local authorities, communities, and international actors).

Application

In 400 words or less, please describe how the GBV Guidelines were applied, noting specific standards and key actions that were addressed (visit www.gbvaor.net).

Challenges

In 300 words or less, please describe any challenges you faced in meeting your objectives? Discuss how these challenges were addressed and the resulting outcome. How did the Guidelines help?

Outcomes

In 400 words or less, please describe the results of this effort. Include lessons learned, outcomes, and effective practices resulting from the application of the GBV Guidelines.

Human Interest & Good Quotes

Please write out any specific statements or phrases (quotes) or anecdotes from the situation that indicate positive outcomes or impressions, especially from non-GBV actors.

Template for Advocacy Briefs on GBV in Country X

Early stages of an emergency

Joint, clear advocacy messages highlighting two to three key life-saving interventions in everyday language need to be agreed in the GBV coordination group as soon as possible for use by all members. If GBV coordination groups are not activated in the first days of the emergency, key GBV messages need to be formulated by the Protection Cluster, the Cluster Lead Agencies and INGOs which can champion GBV in-country.

Develop an **advocacy brief** on the GBV issues in this setting — one page is best, two pages are okay if the situation is unusually complicated; never more than two pages. Avoid all jargon and use clear and simple language. Circulate the brief widely and use it often. The Advocacy Task Team can assist by reviewing drafts and offering suggestions.

The advocacy brief in the early stages of an emergency should be a generic advocacy piece that can be used broadly with the humanitarian community, donors, and policy-makers.

Remember that advocacy briefs such as these aim to **Inform ➡ Persuade ➡ Move to Action.** What is essential for readers to know or understand so that they are compelled to act?

The advocacy brief should include:

1. A brief summary (1-2 paragraphs) of the type(s) and extent of GBV in the setting; the situation vis-à-vis existing services for survivors; and highlighting particular risks identified.
    - This is where the use of secondary data may be crucial, especially in the early days when there is little data available and assessments are not yet complete.
    - Note: there is usually no need to include information on the crisis more broadly as that information is available to our target audiences through many other sources.
2. Highlight the top two to three objectives of the coordination group (1 paragraph).
3. Why interventions are important to achieve these objectives — and which interventions are needed most urgently. (2 paragraphs, bullet points are better than narrative text.) It is useful to prioritize and group interventions. Do not write out a long list of specific interventions.
4. How the affected community will be involved in designing and implementing interventions (1 paragraph).
5. How the coordination group is already responding to the emergency (1-2 paragraphs).
6. Key recommendations that link specifically and concretely to the needed interventions described in step 3.
    - Recommendations should be specific, concrete, targeted, and brief. Recommendations "to the humanitarian community" are not specific enough and not useful.
    - At least one recommendation in early stage advocacy briefs should refer to the IASC GBV Guidelines and include a link to access the Guidelines online.

- A long list of recommendations is not helpful. Choose the key recommendations that are most closely linked to the interventions in step 3 and the goals in step 2.

After the immediate crisis

The GBV advocacy brief will probably need revising after the immediate crisis, when more comprehensive assessments have been completed and the work of all clusters is underway. Following the same outline above, update the information.

Talk about the GBV prevention and response activities and their results. Donor governments need to be able to convey how the money has been used in a way their constituents understand and engage with, so use real life examples and limit the use of terms such as "referral pathways" which mean little to non-technical staff or the public.

It may be necessary to also create more targeted advocacy messages for use with specific audiences (e.g. specific cluster, HC, HCT, national authorities). These messages will be more specific with the "ask" and can be more effective in certain situations than a generic advocacy piece.

As far as possible, align coordination group messages with key partner priorities:

- GBV coordinators should be involved, as part of the Protection Cluster, in the development of a Protection Strategy for the response. GBV coordination group advocacy messages should, as far as possible, support this Strategy.
- GBV messages should be aligned with the strategic priorities of the response[23] reflected in the Strategic Statement and Preliminary and Strategic Response Plans, and (as appropriate) national priorities for government ministries.
- For advocacy to other sectors/clusters use "their" language.
  - See the Useful Language section in this Handbook (Part 2). As needed, review additional sector-specific language in the Sphere Handbook, which was developed by the sector itself.
  - Pull sector-specific language from the IASC GBV Guidelines. For each sector, there is an introductory piece on "Why Addressing GBV is a Critical Concern of the X Sector". This language has been vetted by sector specialists and tested in roll-out missions.
  - Check out the cluster website to see if there is material on the particular crisis you are addressing that should be referenced in GBV messages. How is the sector/cluster itself describing its goals and its work in this crisis? Official documents may be helpful, but don't forget to look at more informal pieces like cluster blogs, too.

[23] See CPWG (2014) for an overview of the Humanitarian Programme Cycle with related products. And, this is another example of the importance of all GBV AoR members and coordinators in the field understanding the international humanitarian architecture and how to work within it.

Clearance and Distribution Process for GBV AoR Advocacy Briefs

Before an advocacy brief can be finalized with the AoR logo, it must be cleared by the Global Coordinator or Deputy Coordinator. The CT will ensure that the GPC support cell at a global level, and AoR and protection colleagues at the field level, as well as the Advocacy Task Team and AoR core members, have reviewed the final draft.

To ensure timely publication of the briefs, the CT will establish a timeline with quick turnaround times for drafting and clearance, as the decision is made to produce a brief. The CT will also ensure that a dissemination plan is in place so that the advocacy brief reaches the intended audience(s). In addition, the designated advocacy coordinator will keep records about the brief in accordance with the advocacy monitoring system; this includes, for example, where the brief was sent and what, if any, results were seen.

Briefs on Commonly Asked Questions

The following briefs are basic pieces on commonly asked questions. They should be posted on the global GBV AoR website and used as needed for advocacy messaging and communications materials. They do contain some humanitarian jargon and are intended for the humanitarian community, which includes leaders, staff, specialists, donors, and others.

- What Is GBV?
- What Is the GBV AoR?
- What Is a Humanitarian Response to GBV in emergencies?
- What Is GBV Coordination and Why Is Good Coordination Essential?
- Why Are GBV Interventions Life-saving?
- Where Is the Data on GBV Incidents in These Settings?

What Is GBV?

Gender-based violence (GBV) is a serious, life-threatening public health and human rights issue. GBV is especially problematic in the context of armed conflict and natural disasters where civilians — especially women and girls, but also men and boys — are often targeted for abuse and are at risk to exploitation, violence, and abuse simply because of their gender, age, and status in society. Certain categories of people can be particularly at risk to GBV in emergency situations, including older persons; persons with disabilities; adolescent girls; lesbian, gay, bisexual, or transgender persons; and female heads of households.

Gender-based violence refers to any act that is perpetrated against a person's will and that is based on gender norms and the resulting unequal power relationships. GBV includes physical, emotional, psychological, and sexual violence, as well as denial of resources or access to services. Violence encompasses threats of violence and coercion. It inflicts harm on women, girls, men, and boys, and constitutes a severe violation of a number of universal human rights. Many — but not all — forms of GBV are criminal acts in national laws and policies.

Some examples of GBV include:

- rape and other forms of sexual violence
- intimate partner violence
- child marriage
- trafficking
- harmful traditional practices, such as honour killings and female genital cutting.

For more information about the types and extent of GBV worldwide, click here.

See also the Convention on the Elimination of All Forms of Discrimination against Women.

What Is the GBV AoR?

The Gender-based Violence Area of Responsibility (GBV AoR) is the global working group for coordinating prevention and response to GBV in humanitarian settings. The group brings together NGOs, UN agencies, academics, and others with the shared aim of ensuring more predictable, accountable, and effective approaches to GBV prevention and response. Established in 2008, the GBV AoR is one of four functional components of the Global Protection Cluster, known as "areas of responsibility". The GBV AoR is co-led at the global level by UNFPA and UNICEF.

The GBV AoR's goal is **to ensure that humanitarian programming in all emergencies is designed and implemented — across all sectors, through all stages and by all stakeholders — in a manner which substantially reduces the risk, promotes resilience, and supports lasting solutions to GBV.**

In line with the Inter-Agency Standing Committee Guidelines on GBV, the GBV AoR promotes a comprehensive and coordinated approach to GBV at the field level, including risk mitigation and prevention, care, support, recovery, and holding perpetrators accountable. The GBV AoR accomplishes this through four areas of work:

- supporting field operations
- building knowledge and capacity
- setting norms and standards
- advocating for increased action and accountability at global and local levels.

GBV AoR members work with other Cluster Lead Agencies and Humanitarian Country Teams to ensure that protection from GBV is mainstreamed in the humanitarian response and linked with other cross-cutting issues such as gender, mental health and psychosocial support, age, diversity, and disability.

What Is a Humanitarian Response to GBV in Emergencies?

All humanitarian actors undertake a set of essential actions for protection from GBV that are integrated into the normal course of their work. Protection from GBV by all actors is in keeping with humanitarian principles, Sphere standards, the Centrality of Protection, and the IASC GBV Guidelines.

A humanitarian response to GBV includes, at least, the following:

- Identify GBV protection risks in all sectors/clusters during the course of rapid initial assessments.
- Establish cluster strategies that integrate specific actions to reduce GBV risks and/or assist GBV survivors throughout the programme cycle.
- Seek emergency funding as needed to support their work, including GBV actions.
- Ensure that basic reproductive health care is in place and that health care and psychological support services for GBV survivors are safe, confidential, and accessible.[24]
- Ensure physical safety and security measures to prevent and respond to GBV.

[24] Accessibility includes financial (no charge), physical (distance as well as easy entry), safe, and confidential.

- Provide legal assistance and ensure access to justice, including traditional justice mechanisms, to GBV survivors.

A comprehensive humanitarian response to GBV is, therefore, a group of holistic and complementary activities, services, and interventions to address GBV in the individual setting. A GBV response is composed of interventions from multiple actors, including UN agencies, nongovernmental organizations (national and international), community groups, and government ministries.

The activities, services, and interventions[25] of a comprehensive humanitarian response to GBV cover three general areas:

1. Prevention — reducing risks and increasing protection from GBV.
2. Response — services for survivors to reduce the harmful consequences and prevent further injury, trauma, and harm.
3. Coordination — prevention and response require action from many humanitarian sectors, clusters, and organizations. Good coordination will help to fill service gaps, eliminate any duplication, and ensure actors are working in harmony with the community towards common goals.

GBV specialists

A GBV specialist is a humanitarian professional with specialized GBV knowledge and expertise. These may be social workers, protection officers, midwives/other health workers, and/or child protection officers with strong GBV expertise. They might be GBV coordinators or GBV emergency response specialists. Specific activities and support provided by GBV specialists can include:

- conducting GBV – specific assessments;
- initiating and coordinating funding requests for GBV interventions that may be needed in addition to the cluster-specific strategies and interventions;
- ensuring appropriate, accessible, and confidential services for survivors are in place;
- facilitating development of safe and effective referral systems and pathways among service providers;
- supporting humanitarian actors in all relevant sectors to establish safe, ethical, and confidential systems for capturing data about GBV risks in the setting, reported GBV incidents and outcomes, as well as other key data that can inform humanitarian programming in the setting;
- providing case management for survivors;
- conducting community awareness raising and promoting community-based protection;
- training and supporting key responders, such as community leaders, police, local authorities, relevant DPKO employees, and others.

[25] Standards and interventions for GBV programming can be found in the *IASC GBV Guidelines*, *The Sphere Handbook and Minimum Standards*, GBV AoR publications, and UNHCR's protection publications.

Specialized GBV programmes

In some settings, there may also be a **specialized or stand-alone or vertical GBV programme** implemented by an organization. These are usually programmes that specialize in service delivery for specific aspects of GBV. One such programme that is often put into place is care and management for GBV survivors; these usually include case management and support for survivors as they access other services and organizations, as well as recovery and empowerment activities such as economic, social, and emotional support. These types of programmes may also offer specialized medical treatment. Another example of a specialized GBV programme is legal aid or legal assistance specifically for GBV survivors to provide information, support, and sometimes legal counsel to access criminal or civil justice.

Even if there are specialized GBV programmes in place for specific interventions, all humanitarian actors have roles and responsibilities in reducing GBV risks and ensuring that basic services are available and accessible. The IASC GBV Guidelines contain specific guidance for each sector/cluster.

What Is GBV Coordination and Why Is Good Coordination Essential?

To save lives and maximize protection, specific activities and interventions must be rapidly undertaken in a coordinated manner to prevent and respond to GBV from the earliest stages of an emergency. As detailed in the Sphere minimum standards and other humanitarian guidelines, preventing and responding to GBV requires coordinated action from humanitarian actors across clusters, sectors, and organizations.

- Prevention activities must be undertaken from the start of humanitarian response operations to reduce risks and address the factors that contribute to GBV in a specific setting.
- Services for GBV survivors ("response") should also be put in place immediately. Survivors need access to confidential services to cope with the harmful consequences. This includes health care, psychological and social support, security, and legal redress. Providers of all these services must be knowledgeable, skilled, and compassionate.
- Interventions to prevent and respond to GBV are a normal part of the work of multiple clusters, sectors, and organizations. In other words, GBV interventions are mainstreamed into the work of all humanitarian actors.

The Global Protection Cluster, working through the GBV AoR, is charged with ensuring good coordination of these multisectoral interventions. At the country level, the Protection Cluster usually works with a specific GBV coordination body (mechanism), often called "GBV Sub-cluster" or "GBV Working Group".

The GBV coordination mechanism, along with the Protection Cluster, is responsible for the core cluster functions specific to issues around GBV. These include:

- supporting service delivery and eliminating any duplication;
- informing strategic decision-making of the HC/HCT for the humanitarian response; including assessments and gap analyses;

- planning and strategy development, including applying standards, developing objectives and indicators that support the HC/HCT strategic priorities, and clarifying and prioritizing funding requirements;
- advocacy;
- monitoring and reporting on the (sub-) cluster strategy and results;
- contingency planning, preparedness, and capacity building.

Why Are GBV Interventions Life-saving?

The CERF criteria and the Sphere humanitarian charter and minimum standards[26] specify that GBV interventions are life-saving core emergency humanitarian actions that can, *within a short time span remedy, mitigate, or avert direct loss of life, physical and psychological harm or threats to a population, and/or protect their dignity.* [27]

GBV programming is considered life-saving because:

- Survivors of GBV are at high risk of severe and long-lasting health, emotional, social, economic, and security problems. Many will die — either from their injuries or as a result of an honour killing, suicide, or unsafe abortion.
- A survivor of sexual violence and/or physical assault may only have a few hours to get the medical care that will mean the difference between life and death.
- Survivors have three days — 72 hours — to receive the life-saving medical treatment that prevents the potential transmission of HIV/AIDS.
- A women or girl has only five days to access emergency contraception that prevents unwanted pregnancy. This can be a matter of life and death for adolescent girls in particular, as complications from pregnancy are one of the leading causes of death for girls from 15 to 19 years of age in the developing world.[28]

Where Is the Data on GBV Incidents in These Settings?

Most countries do not have violence surveillance systems in place, and service statistics in the health, legal, and other sectors are of poor quality. In places where these service-based data are reliable, these statistics will only represent survivors who approach these sectors after experiencing violence. Service statistics in emergency settings are even less available because communities are torn apart and services have broken down.

[26] Sphere Project. Protection Principle #3: Protect people from physical and psychological harm arising from violence and coercion. "People are protected from violence, from being forced or induced to act against their will and from fear of such abuse." GBV actions are also specifically included in sector standards.
[27] IASC (2010).
[28] WHO (2014).

Under-reporting

It is well known that the risks of GBV increase significantly in conflict and crises. Universally, survivors often do not wish to report the attack for personal, cultural, and safety reasons. That is why humanitarian standards stress the importance of implementing essential GBV prevention and response programmes immediately, rather than waiting for or relying only on case data to understand the scale of GBV in a given crisis.

Gender-based violence is under-reported even in the best resourced and most stable settings worldwide. In emergency settings, the risks of disclosure are usually much higher than any potential benefit for many valid reasons, including:

- The human rights, political, and legal environment is often dangerous; it is risky to speak out about any kind of human rights violation.
- Most societies tend to blame the victim. In emergency settings where social systems and protections have broken down, the survivor is likely to suffer severe social consequences without community support systems. She/he is likely to experience social stigma and rejection by family and community.
- She/he may have valid fears for her personal safety and the potential for retribution in a setting where security is already precarious at best.
- Some types of violence perpetrated by intimate partners or other family members are viewed by the community (and the survivor) as normal.
- Rule of law has usually broken down. Even if relevant laws exist, the infrastructure is usually not in place for appropriate security response, medical evidence, and investigations that could lead to successful prosecutions. Survivors face daunting procedures, unnecessary invasive questions and exams, and often do not receive social or psychological support or protection when engaging with the security and legal systems.

In short, **it is dangerous for survivors to come forward and we should understand and respect their silence.**

A set of minimum confidential services must be in place to offer health care, emotional support, social reintegration support, and assistance with the security and legal justice sectors. When those systems are in place and the community trusts them, survivors will come forward to seek help and give information about their experiences. Then, reported GBV incident data can be collected and analysed.

The need to look beyond reported cases

When humanitarians wait for GBV incident report data, we miss valuable opportunities to prevent or mitigate the risks of GBV from occurring in the first place. And the longer that humanitarians wait to set up medical and mental health services, the greater the unnecessary loss of lives.

For all of the reasons noted above, attempting to understand the scale of GBV through case numbers alone is impossible. A singular focus on such data may also inadvertently increase the risks to survivors and lead to other more useful sources of information being overlooked or under-used.

Utilizing the Information That Is Available

While there are significant challenges and limitations to collecting quantitative data on reported GBV incidents, there is usually good qualitative data on patterns, trends, and risks that will provide a fuller picture of the realities on the ground.

Examples include **surveys, interviews, and assessments** conducted by UN agencies, national and international NGOs, and human rights organizations in which community members describe the kinds of violence taking place, the GBV-related risks in the setting, and the most vulnerable groups.[29]

If it is a country that suffers recurring violence or natural disasters, data and analyses of GBV from previous emergencies can provide a useful guide to appropriate prevention and response in the new crisis.

[29] Note: This type of information refers to general trends as perceived/reported by the affected community. It does NOT refer to specific information about individual cases or survivors.

Sample Matrix of GBV AoR Products

On the global GBV AoR website, there should be a summary of GBV AoR products and initiatives on the cover page of the Tools and Resources section. It is crucial that all members are aware of the tools and materials the AoR has to offer, and that visitors to the site can see concretely the **products and materials the AoR is producing** to support field interventions. This information can often inform advocacy messages. The matrix could also be printed and used as a handout for advocacy-related meetings and events.

The matrix below is a **sample** of what this could look like and what could be included. It is crucial that the matrix be reviewed and updated at least quarterly.

GBV AoR Tools and Resources
GBV Coordination Handbook — complete title with link Quick reference tool for those involved in GBV programming and coordination. Practical guidance on roles, responsibilities, and actions for GBV coordination mechanisms.
IASC GBV Guidelines — complete title with link Primary set of guidelines for inter-organizational and inter-sectoral GBV interventions. The Guidelines lay out specific actions that must be undertaken by all clusters/sectors operating in humanitarian settings, whether UN, NGO, or government.
GBV Information Management System — GBVIMS [link] Harmonizes data collection on GBV in humanitarian settings to provide a simple system for GBV project managers to collect, store, and analyse their data and to enable the safe and ethical sharing of reported GBV incident data.
GBV Specialist Rapid Deployment — Regional Emergency GBV Advisors [link] [Needs a one sentence summary to go here.]
Information Management Tools — link [The link would be to the tools and resources being developed by the IM Specialist on the REGA team. One sentence description would go here.]
Scoping Missions — link [The link would go to the scoping missions summary report where you would also find links to each scoping mission report.] [The Research Task Team could write a one sentence summary to go here.]
GBV Research Repository — link [The link would go to the Research Task Team page which would include info and/or links related to the repository. The Research Task Team could write a one sentence summary to go here.]
SOP Guide and Template — complete title with link Step by step process for working with the Inter-Agency multisectoral team to develop standard procedures for prevention and response to GBV, including referral procedures.
Training, SOPs — complete title and link Detailed training manual on the effective use of the SOP Guide and Template.

Training, GBV Programme Design and Management — title with link
Multi-phased learning programme.
[The link should go to a page on the website that describes this multi-phased learning in more detail and includes links to the e-learning and the companion handbook.]

Training, GBV Coordination — title with link to a page with more details
To build technical capacity in the coordination of a multisectoral response to GBV. Course can be offered depending on available funding.

Training, Working with GBV Survivors — Caring for GBV Survivors Training Pack [with link]
To build knowledge and skills in communication and engagement with sexual violence survivors in emergencies. Includes medical care for survivors.

GBV Emergency Preparedness & Response Toolkit — [link to a page describing the project]
Anticipated to be completed [month/year].

Communications Tools & Resources

Annual Calendar of Advocacy Opportunities

There are important events on the international humanitarian calendar, as well as a series of "commemorative days", that can be used as advocacy hooks.

- In some cases (e.g. the annual Commission on the Status of Women (CSW) or ECOSOC Humanitarian Segment), there are opportunities to make substantive policy contributions.
- The commemorative days are more awareness-raising opportunities where the AoR could develop its own material for blogs and social media and/or develop GBV – related talking points for AoR member to use in their communications outreach.

Below is a calendar of events and "days" that we should be mindful of in developing field advocacy activities and the global AoR annual advocacy and communications work plans. We should be aware, too, of opportunities to promote the Guidelines with other sectors on such days as World Water Day, World Health Day, and World Food Day.

There may be additional days or events in specific countries that GBV actors in the field could use as advocacy hooks in their specific settings.

Note: Each year, IASC events should be added to this calendar. The IASC maintains two calendars online: Important IASC Related Events and Other Interesting Events. Annual calendars can be found here: http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-calendar-default

Date	Event or Special Day
Month varies	GBV AoR Annual Meeting
6 February	International Day of Zero Tolerance to Female Genital Mutilation
March	Commission on the Status of Women (CSW)
8 March	International Women's Day
22 March	World Water Day
April	Annual Security Council Open Debate on Sexual Violence in Conflict
7 April	World Health Day [WHO]
May	Mother's Day (this day is in March in some countries)
15 May	International Day of Families
23 May	International Day to End Obstetric Fistula
June	Annual NGO-UNHCR Consultations
June	Annual ECOSOC humanitarian segment
4 June	International Day of Innocent Children Victims of Aggression
15 June	World Elder Abuse Awareness Day
16 June	International Day of the Africa Child
20 June	World Refugee Day
26 June	United Nations International Day in Support of Victims of Torture
12 August	International Youth Day
19 August	World Humanitarian Day
October	Annual Debate on Women, Peace, & Security in the Security Council
1 October	International Day of Older Persons
2 October	International Day of Non-Violence
11 October	International Day of the Girl Child
13 October	International Day for Disaster Reduction

Date	Event or Special Day
16 October	World Food Day [FAO]
20 November	Universal Children's Day
25 November	International Day for the Elimination of Violence against Women
	Begin 16 Days of Action against Gender Violence (ends 10 Dec.)
29 November	International Day Honouring Women's Human Rights Defenders
1 December	World AIDS Day
3 December	International Day of Persons with Disabilities
6 December	White Ribbon Campaign (Men Taking Action Against Violence Towards Women)
10 December	International Human Rights Day

Communication Channels

The following is a list of commonly used communication channels. The list is not exhaustive, and advocates are encouraged to think creatively about what channel will be most effective for the audience and the message.

People

- One-on-one meetings
- Group meetings
- Seminars, workshops, special briefings
- Public events around key dates on the special event calendar
- Informal discussions at social gatherings
- Legislative/parliamentary hearings

Print

- Executive briefing packets
- Journals, bulletins, and other institutional publications
- SitReps
- Fact sheets, one-pagers
- Posters, flyers
- Contests to design posters or slogans
- Letters to leaders, legislators, others
- Press release
- Newspapers and magazines (Note that it can be very difficult to have an op-ed[30] piece published; this medium should be considered in exceptional cases where there is an especially compelling message for the general public being delivered by a high profile author.)

Electronic

- Email
- Listservs
- Facebook, Twitter, and other social media
- Blogs
- Web pages
- Radio
- Television
- Video
- Slide shows

[30] An *op-ed* (short for *opposite the editorial*) is an opinion piece or feature article in a newspaper or magazine that is usually published on the page opposite the publication's editorial page. Op-eds are usually written by a known author/public figure and the publication's editorial board approves it for publication.

Cluster Newsletter Information

NOTE: The information provided here requires periodic updating. This information was collected in mid-2014.

Global Health Cluster

http://www.who.int/hac/global_health_cluster/en/

General contact information: healthcluster@who.int

From the website: "This newsletter…is developed and distributed every two months to global, regional and country health partners and stakeholders. For more information please contact: Dr Ahmed ZOUITEN, zouitena@who.int."

Review of the website indicates the newsletter is not posted regularly. The last one was from October 2013.

Global Logistics Cluster

http://logcluster.org/

Contact information:
Global Logistics Cluster Coordinator: Thomas Thompson: thomas.thompson@wfp.org
Deputy Global Logistics Cluster Coordinator: John Myraunet: john.myraunet@wfp.org
Head of Global Information Management: Chiara Argenti: chiara.argenti@wfp.org

There is a blog with postings a few times every month: http://logcluster.org/blog

Global Nutrition Cluster

http://www.unicef.org/nutritioncluster/

Contact information:
Global Nutrition Cluster Coordinator: Josephine Ippe: jippe@unicef.org
Deputy Nutrition Cluster Coordinator: Ayadil Saparbekov : asaparbekov@unicef.org
Email for general inquiries: gnc@unicef.org

Updates posted on website 1-3 times per month. Also publish a bimonthly news bulletin.
http://www.unicef.org/nutritioncluster/files/GNC_Update_04_FinalJAN_March2014.pdf

Global Protection Cluster

http://www.globalprotectioncluster.org/

Contact information:
GPC Helpdesk: helpdesk@globalprotectioncluster.org
GPC support cell: gpc@unhcr.org

From the website: “The GPC Newsletters are issued at regular intervals and are released in both electronic and print versions…”.

There are periodic newsletters; GBV AoR members should already be on the distribution list, like the other Areas of Responsibilities in the Protection Cluster.

Global Shelter Cluster

https://www.sheltercluster.org/Pages/default.aspx

Contact information:
All contact info can be found here: https://www.sheltercluster.org/Global/Pages/Support-Team.aspx

The Global Shelter Cluster and some national clusters send periodic updates to subscribed users by email. To subscribe to updates from the Global Shelter Cluster, and see previous email updates, see here: https://www.sheltercluster.org/Global/Pages/Updates.aspx

Global WASH Cluster

http://www.washcluster.net/

Contact information:
General WASH Cluster email: washcluster@unicef.org
Global WASH Cluster Coordinator: Paul Shanahan: pshanahan@unicef.org
Deputy Global WASH Cluster Coordinator: Franck Bouvet: fbouvet@unicef.org

The WASH website is similar to the GBV AoR website. On the homepage, there is space for announcements, new reports, and other information. There does not seem to be a regular newsletter.

Global Camp Coordination and Camp Management (CCCM) Cluster

http://www.globalcccmcluster.org/

Contact information:
CCCM Support team: globalsupport@cccmcluster.org
Cluster Coordinator: Nuno Nunes, IOM, nnunes@iom.in
Cluster Coordinator: Kimberley Roberson, UNHCR, roberson@unhcr.org

There is a newsletter that is prepared occasionally. Four have been posted from the past four years: http://www.globalcccmcluster.org/news/newsletters

Global Early Recovery Cluster

https://www.humanitarianresponse.info/clusters/early-recovery

It does not look like there is any type of newsletter.

Global Education Cluster

http://educationcluster.net/

Contact information: educationclusterunit@gmail.com

To receive the Global Education Cluster Newsletter, sign up on the homepage. For up-to-date information about current work and new initiatives, see the "News" page:
http://educationcluster.net/category/news/

Global Emergency Telecommunications Cluster

http://ictemergency.wfp.org/

Contact information:
To contribute to the newsletter, contact newsletter@ictemergency.wfp.org

There is a newsletter, called Wavelength; published every few months:
http://ictemergency.wfp.org/web/ictepr/wavelength20

From the website: "Wavelength is received by over a thousand individuals interested in IT and telecommunications in humanitarian emergency response, private sector partners, cluster members, stand-by partners, NGOs and all participants of the IT Emergency Management Trainings."

Global Food Security Cluster

http://foodsecuritycluster.net/

Contact information:
info@foodsecuritycluster.net

It doesn't look like there are regular updates or newsletters, but there is dedicated space:
http://foodsecuritycluster.net/document-types/bulletins-updates

Communications Outlets

Listservs

ALNAP
alnap@alnap.org
AWID (Association for Women's Rights in Development)
contribute@awid.org
Forced Migration Discussion List (aka FMList)
mfmlist@qeh.ox.ac.uk
Humanitarian Practice Network's "Humanitarian Space" | ODI
hpn@odi.org.uk
Inter-Agency Working Group
Listserv moderator: igwg@prb.org
ReliefWeb | OCHA
submit@reliefweb.int
WUNRN (Women's UN Report Network)
info@wunrn.com

Blogs

Forced Migration Blog
http://www.forcedmigration.org/
Interaction Blog
http://www.interaction.org/blog
ReliefWeb Blog
http://reliefweb.int/blog

Journals & Formal Publications

Disasters Journal | ODI
http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1467-7717
Conflict & Health
http://www.conflictandhealth.com/
Gender & Development | Oxfam
http://www.genderanddevelopment.org/
Forced Migration Review
http://www.fmreview.org/
Journal of Humanitarian Assistance
http://sites.tufts.edu/jha/

Websites

GBV AoR members' websites
Trust.org | Thompson Reuters
http://www.trust.org/
Huffington Post (Impact Vertical)
http://www.huffingtonpost.com/impact/
Women's eNews (International Policy/UN and Equality/Women's Rights Verticals)
Human rights organizations' websites (e.g. Amnesty International, Human Rights Watch)

Tips on Designing External Events — Maximizing Advocacy Impact

Public events and briefings are an excellent way to raise awareness about GBV prevention and response, convey key messages, and generate additional support for the work from donors, policy-makers and international and national partners. They might be built around the launch of a report or new tool, or held in conjunction with an important date on the advocacy calendar, for example, the 16 Days of Activism against Gender-based Violence or International Women's Day. (See Calendar of Advocacy Opportunities).

To maximize the advocacy value of an event, here are some points to take into consideration during the design of events.

Define the purpose of event and desired outcome(s)

- What are your aims? Be as clear as possible; this will guide your planning.
- What do you want to ask for?
- What do you hope to achieve?

Identify audience

- Whose support is needed to achieve the desired outcome? Review AoR target audiences as a guide.
- Who are your existing champions and partners?
- Who needs to be persuaded?

Craft overarching messages and key asks

- Review messaging tips in advocacy strategy.
- Keep in mind that most audiences will only retain 2 to 3 messages from an event.
- Frame messages clearly, ensure they are tied to achieving your overall goals, and remember to avoid jargon.
- Produce a short handout to give to attendees at the beginning of the event that lays out the key messages and asks/recommendations.

Design programme strategically

- Select sponsors/co-sponsors whose support will help draw other targeted audiences to the event and whose support will help achieve the desired outcome.
- Identify speakers/moderators who are excellent communicators and who themselves may be a draw for attendees.
- Ensure that all speakers/moderators are well briefed, have a good understanding of the purpose of the event, and understand the key messages so they can highlight them during their own remarks. Ideally, confer before the event to ensure presentations are well coordinated and convey key messages.
- In deciding the number of speakers and design of the programme, remember that audiences should not be "talked at" for long periods. Keep formal presentations to a strict time limit that allows for good audience participation in a question and answer period.

- Whenever possible, include a short video or film that helps to inspire the audience.
- As noted above, ensure there is a formal take-away piece for guests that captures key points. Also, have a resource table that includes relevant reports or tools from AoR and event partners. Note: In 2015, AoR members should ensure that a basic fact sheet on the revised Guidelines is distributed at all events.

Follow-up

- Collect attendees' contact information.
- Send follow-up thank you notes that briefly restate key points from the event.
- Ensure that any outcomes or new relationships that support broader AoR advocacy and programme efforts are shared with the global AoR through the monthly call and/or a brief report to the Coordination Team.
- If time permits, consider writing about the event for the AoR website, newsletter, or other communications outlet as appropriate.

Advocacy Tools for Revised GBV Guidelines Roll-out

The advocacy strategy to support roll-out of the revised GBV Guidelines (see Part 1) emphasizes the need for all actors at all levels to integrate the guidance into their own tools, materials and resources and to develop cluster-specific plans for implementation.

A number of the tools in the preceding pages that support the overarching AoR advocacy strategy will be useful when advocating for effective implementation of the Guidelines. For example:

- The annual calendar of advocacy opportunities details key dates on the international calendar that can offer a good hook for promoting the Guidelines globally and in country.
- The tip sheet on designing external events to maximize the advocacy impact will be a helpful guide in planning roll-out events .
- The template for case studies is a simple tool for documenting good practices from other clusters on Guidelines implementation that can then be used for advocacy and awareness-raising at the field and global level.

The purpose of this section on revised Guidelines roll-out advocacy is to augment the more generic tools presented previously with a set of recommendations and sample messages that are directly targeted to effective roll-out of the Guidelines.

Remember: Effective advocacy includes a mix of activities that **educate**, **persuade**, **pressure**, **mobilize**, and **monitor** people and institutions that can make — or block — change. Advocacy aims to

INFORM ➡ **PERSUADE** ➡ **MOVE TO ACTION**

Helpful Elements for Messaging (Global and Field)

When using messages, revising them, or creating new messages, the following points should be taken into consideration.

- Remember that advocacy aims to inform ➡ persuade ➡ move to action.
- What are the most persuasive agreed-upon inter-agency initiatives, tools, guides, and other materials we can point to, for example, commitments under the TA, CERF criteria, and others (see also the Opportunities section in Part 1 and Helpful Language for Messages in Part 2).
- Look at the guiding materials for the clusters/sectors themselves and find *their* language and examples to use for messages (see Helpful Language for Messages).
- Content of messages for individual sectors should come from the Guidelines themselves.

- Stick to accepted language, such as "life-saving" per the CERF, rather than "prioritizing", which is poorly understood and seems to be somewhat off-putting to others who believe they are also delivering assistance that should be prioritized.
- Materials and language with humanitarian actors need to be highly accessible
  - Always use language which is familiar to the sector/specific actor being addressed.
  - Translate materials into the local language (ensuring that both the words and the cultural meanings of the terms convey the sense intended).
  - Use as little GBV jargon as possible (ideally none).
  - Contextualize materials as far as possible for the setting and sector.
  - Use the target audience's terminology and examples, building on their experience.
  - Adapt indicators and data collection methods that are familiar to the sector to monitor Guidelines implementation.
  - Adjust meeting/training length to the participants (e.g. short meetings for senior staff to respect their heavy workload and commitments).
- Take a partnership approach
  - Prioritize the building of relationships with key people/sector representatives.
  - Approach meetings/trainings/consultations from a stance of partnership, collaboration, and respect (e.g. How can we problem solve together to develop the most effective and sustainable plans/interventions for your sector within this context and building on what you have already done?).
  - Don't rush into trainings. Take time in initial meetings to understand and gauge levels of interest, difficulties faced, and good practices already employed. Offer training when target people/sectors are already interested.
  - Always promote the view that those who are not GBV experts can implement GBV-sensitive actions without doing harm.
- Emphasize the benefits of GBV-sensitive programming to their interventions
  - Highlight how following the Guidelines will strengthen existing programmes and contribute to greater effectiveness and sustainability; use case studies available from other roll-out experiences in other field sites.
  - Demonstrate that following the Guidelines will not require significantly more resources (time and financial).
  - Link adoption of GBV-sensitive programming to opportunities for additional funding from donors prioritizing GBV in crisis programming.

Sample Message for Humanitarian Leaders (Global and Field)

The Gender-based Violence Area of Responsibility (GBV AoR), with endorsement from the IASC, is issuing revised GBV Guidelines for humanitarian settings (*Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery)*. The revised Guidelines have been developed with considerable input from colleagues across the humanitarian system. They are an essential and very practical tool for the humanitarian community as we

strive to meet the vision and requirements of the IASC's Centrality of Protection in Humanitarian Action.

The GBV AoR is working with colleagues across all clusters at global and field levels to promote integration of the Guidelines into the normal course of humanitarian programming.

Real mainstreaming of GBV interventions across all areas of humanitarian action relies, at least in part, on your leadership and support. We ask that you and other humanitarian leaders promote the uptake of the GBV Guidelines by urging cluster leads and other humanitarian partners to give their full support to implementing the GBV Guidelines.

Creating Messages for Sectors/Thematic Groups

In addition to general messages about the Guidelines, there will be a need to add specific messages for various actors and sectors/thematic groups. Below you will find samples of messaging content tailored for specific audiences that you can edit and then combine to create messages for individual target groups. A matrix offers sample messages for the most essential thematic areas covered in the Guidelines, and the language is drawn from the Guidelines themselves.

The sample language provided here should be used as a guide for you to develop tailor-made messages for your target groups. Any specific message, then, would be composed of:

Introduction + Sector-specific Language + Closing Info = Sector-specific Message

Introduction language

Gender-based violence (GBV) is a widespread international human rights and public health issue, and addressing GBV is recognized as a life-saving element of emergency response. **The new edition of the IASC-endorsed GBV Guidelines, *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery,* provides clear and concrete guidance for taking action from the start of every emergency response in ways that minimize GBV risk, establish emergency services, and save lives.**

Adopting strategies to prevent and mitigate GBV across all sectors and throughout all stages of the programme cycle will enhance the capacity of humanitarian actors to respond to the specific needs of different groups. This supports humanitarian programming that is relevant, targeted, and builds resilience of individuals and communities — primary aims of humanitarian programming. The strategies presented in the Guidelines also reinforce the recently endorsed Statement by the IASC Principals on the Centrality of Protection in Humanitarian Action.

Specific language for sector or thematic group

Sector/ Thematic Group	Sample Messages
Camp Coordination & Camp Management	CCCM actors have a key role in preventing GBV through proper identification of persons at risk, management of space, and information (such as data collection, Displacement Tracking Matrix (DTM), and registration).
Child Protection	Child protection actors can play a central role in enhancing the safety and well-being of children by integrating GBV prevention and mitigation measures into child protection programming and by supporting child-friendly systems of care of survivors. Addressing GBV against girls requires understanding and challenging the social norms and traditions that place females in a subordinate position to males. Addressing gendered violence against boys will often focus on the negative effects for boys of socially determined norms of masculinity.
Education	Carefully designed education programmes can provide a protective environment for children and youth, who are often at the greatest risk of GBV.
Food Security & Nutrition & Agriculture	It is well known that there are significant risks of abuse, exploitation, and discrimination around food and nutrition programmes. When GBV risks are understood and factored into programme design and delivery, effective, safe, and efficient food sector strategies can be achieved. Food security, nutrition, and agriculture actors can accomplish this by assessing and addressing gender issues that affect food security, nutrition, and agriculture, and ensuring the active participation of women, girls, and other at-risk groups in decisions about how to best to implement food security, nutrition, and agriculture activities.
Health	Implementation of the Minimum Initial Service Package for Reproductive Health (MISP) is the most effective strategy for health actors to prevent and respond to GBV. Health services are often the first — and sometimes, the only — point of contact for survivors seeking help after a GBV incident. Survivors must have safe access to health facilities where they can receive reproductive health care and emergency care (e.g. safe transit to/from facilities; adequate lighting at facilities; confidential entry points for services; no-cost services).
Livelihoods	Two of the primary risk factors for many forms of GBV are dependence and disempowerment. Livelihoods programmes have a key role in preventing GBV by: ◆ providing those at greatest risk of GBV with safe alternatives for generating income; ◆ enhancing their knowledge and skills base of micro-enterprise, financial management, natural resource management, and leadership;

Sector/ Thematic Group	Sample Messages
	◆ empowering and fostering their independence, which may increase their ability to leave exploitative situations; ◆ raising awareness about issues of GBV, gender norms, and power imbalances in the family and community in a sensitive way.
Protection	Protection actors have key roles in protection from GBV. Key actions include: ◆ Ensure that all protection monitoring activities include investigation of basic safety and security issues that might increase risks of GBV. ◆ Implement strategies that safeguard those at greatest risk of GBV during documentation, profiling, and registration processes. ◆ Assist in building the capacities of national and local security and legal/justice sector actors and institutions to prevent, mitigate, and respond to GBV. ◆ Advocate for national laws and policies that protect people from GBV and ensure care and protection of GBV survivors.
Shelter & Reconstruction	Well-designed shelter programmes that meet internationally agreed-upon standards can reduce risk of and exposure to sexual violence and other forms of GBV. In both camp and non-camp settings, inadequate or partial distribution of shelter-related non-food items (NFI) (such as distribution of cooking sets that require women and girls to collect firewood outside protected or well-monitored areas) or even shelter rental assistance (e.g. cash grants, cash-for-rent or cash-for-work) can increase risks of sexual violence and exploitation. Where shelter is severely limited, some families may try to cope by forcing their children into marriage.
WASH	When using communal water and sanitation facilities, women and girls are often especially vulnerable to sexual violence and other forms of GBV. To minimize these risks, it is important to actively seek women's participation in water supply and sanitation programmes, especially when selecting sites, and constructing and maintaining the facilities. Design of water and sanitation systems, including information dissemination, must be based upon a thorough understanding of the community, including sex-disaggregated data, gender analysis, and security considerations.

Closing language for sector or thematic group message

In your section, you will find essential sector-specific activities according to each element of the programme cycle. To assist you in strengthening protection from GBV in your sector, there are GBV-related recommendations for:

- assessment, analysis, and strategic planning;
- resource mobilization;

- implementation of programmes;
- policies and community outreach and information sharing;
- coordination;
- monitoring and evaluation (including sample indicators, many of which are drawn from existing indicator tools/registries).

The Guidelines are available in two formats for your convenience:

- Complete Guidelines in wire-bound hard copy
- Pocket sized guides for specific sectors/clusters (thematic areas)

For more information, please … [*to be filled in with information relevant to the sector and/or field setting. Some examples: Refer the reader to their global cluster lead for specific roll-out information for that cluster. Refer to the global AoR website if there are tools and materials posted there. Refer to their cluster lead in country or the GBV coordination group ("sub-cluster") in country, depending on what is being done in country to roll out the Guidelines*.]

Talking Points

During the Guidelines revision process, the AoR developed a short memo for policy-makers and the humanitarian community that provides excellent background information on the revision process and can be found here. Drawing from this memo and from material initially developed by the GBV AoR Guidelines Task Team, here is a set of talking points to guide information and advocacy about the revised GBV Guidelines. **These talking points are intended to be a menu and a guide for developing presentations, having discussions with humanitarian actors about the Guidelines, answering questions, and/or tailoring advocacy messages.**

Aim of the Guidelines

Humanitarian programming in all emergencies is designed and implemented — across all sectors, through all stages and by all stakeholders — in a manner which greatly reduces GBV risk, promotes resilience of affected populations, and supports lasting solutions to the problem of GBV.

Background information

The Inter-agency Standing Committee (IASC) *Guidelines for Gender-based Violence Interventions in Humanitarian Settings* ("GBV Guidelines"),[31] first published in 2005, were revised in 2013-2014 to increase their practical relevance and reach to all humanitarian actors. The revised *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery* now reflect the existence of the Cluster System and the important agreements on humanitarian coordination, leadership, accountability, and partnership within the Transformative Agenda. The revised Guidelines also include the many lessons learned from nearly 10 years of experience implementing the previous

[31] The title of the revised Guidelines has been amended to better reflect its purpose: *Guidelines for Integrating Gender-based Violence in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery.*

GBV Guidelines. These lessons include strategies and tools to assist humanitarian actors in meeting their protection responsibilities to affected populations and to improve the quality and effectiveness of GBV-related action. In addition, there is now a set of recommended indicators per thematic area (sector) to track the outputs and outcomes of the activities through the programme cycle.

The Guidelines recognize a broad range of GBV issues and affected populations, including women, girls, boys, men, and LGBTI (lesbian, gay, bisexual, transgender, intersex) persons. The Guidelines include guidance on analysing the specific sex-, age-, and disability-related vulnerabilities that may put women, girls, boys, and men at risk of GBV and other forms of violence in any setting.

With a community development approach, the Guidelines also describe how to work with all members of the affected community to address GBV vulnerabilities, and to provide safe access to care and support for all survivors.

To support gender equality, the Guidelines provide guidance on targeted actions to address the high risk of women and girls to GBV before, during, and after emergencies, and their differential access to resources, goods, and services in humanitarian settings. This approach is in line with various inter-agency humanitarian gender policies and standards.[32]

The revised GBV Guidelines will be essential for all humanitarian response sectors and operations to facilitate joint action on GBV risk reduction and mainstreaming in humanitarian action. Moreover, the Guidelines are an operational tool that reinforces the commitment of the IASC Principals to ensuring the *Centrality of Protection in Humanitarian Action* and the role of Humanitarian Coordinators, Humanitarian Country Teams, and Clusters, as well as donors, to implement this commitment in all aspects of humanitarian action.

What's new in this revision of the Guidelines?

- Affected populations can experience multiple forms of GBV during conflict and/or natural disasters, displacement, and return. Therefore, the Guidelines consider forms of GBV in addition to sexual violence (such as intimate partner violence, transactional sex, child/forced marriage, trafficking, etc.) in GBV prevention and mitigation efforts.
- Adoption of strategies to address GBV throughout *all* stages of humanitarian response.
- There are groups of individuals more vulnerable to harm than other members of the population. Often this is because they hold less power in society, are more dependent on others for survival, are less visible to relief workers, or are otherwise marginalized, and this vulnerability may increase their exposure to GBV.
- Change to "essential" rather than "minimum" standards in order to provide humanitarian actors with comprehensive and detailed recommendations for integrating GBV actions into their humanitarian interventions.

[32] Including UNICEF, UNFPA, and other GBV AoR members' gender policies (e.g. UNICEF 2008 Gender Policy and 2014-2017 Gender Action Plan; UNFPA 2009 Gender Policy and Strategic Framework on Gender Mainstreaming and Women's Empowerment), the IASC Gender Equality Policy (2008) and IASC Gender Handbook (2007).

- Sector-/cluster-specific indicators for monitoring and evaluating GBV-related actions through a participatory approach.

Target audience

The Guidelines are designed for use by national and international humanitarian actors operating in settings affected by armed conflict and natural disasters. The Guidelines are mainly for humanitarian actors who do not have a lot of experience in GBV programming ("non-GBV specialists"). The recommended actions focus on practical, accessible, and safe GBV prevention strategies for sectors to implement within their own areas of operation — without GBV expertise or training. For some sectors (such as Health, Education, Livelihoods, Protection and Child Protection), specific guidance on GBV response is also included. The Guidelines aim to support and reinforce current sector-specific standards and practices.

Value added of the Guidelines

GBV is a widespread international human rights and public health issue. The IASC has mandated all humanitarian actors to implement interventions from the start of every emergency response in ways that minimize GBV risk. Addressing GBV is recognized as a life-saving element of emergency response.

Adopting strategies to prevent and mitigate GBV across all sectors and throughout all stages of the programme cycle will enhance the capacity of humanitarian actors to respond to the specific needs of different population groups and ensure programming is relevant, targeted, and builds resilience of individuals and communities — primary aims of humanitarian programming. The strategies presented in the Guidelines also reinforce the recently endorsed Statement by the IASC Principals on the *Centrality of Protection in Humanitarian Action* (17 December 2013).

The revised GBV Guidelines draw from many existing guidelines, tools, standards, research, background materials, and other resources developed by UN, I/NGOs, and academic sources — including protection mainstreaming tools. The Guidelines differ from these tools in their specific focus on GBV (rather than on broader concepts of violence and/or protection) as well as in their articulation of actions to be taken according to the programme cycle.

Content of the Guidelines

The Introduction to the Guidelines briefly outlines the purpose and audience for the Guidelines, discusses the nature and scope of GBV in humanitarian settings, and considers the impact of GBV on individuals and communities. The Guidelines also set out the obligation of all humanitarian actors to address GBV in humanitarian contexts.

In recognition of the needs of field staff for easily accessible, practical information relevant to their specific area of operation, the remainder of Guidelines have been divided into 13 thematic areas. These are: CCCM; Child Protection; Education; Food Security and Agriculture; Health; Housing, Land and Property; Humanitarian Mine Action; Livelihoods; Nutrition; Protection; Shelter; WASH; Support Sectors.

Each thematic section begins with a fold-out chart that summarizes activities according to each element of the programme cycle and lays out essential actions for actors (in that thematic area/sector) from the early stages of an emergency. After the chart, there are specific GBV-related recommendations for:

- assessment analysis and strategic planning
- resource mobilization
- implementation of programmes; policies and community outreach and information sharing
- coordination
- monitoring and evaluation (including sample indicators, many of which are drawn from existing indicator tools/registries).

The sections on thematic areas were designed so that they could be made available to programmers as stand-alone documents. Information will also be available through other media (e.g. a poster summarizing the pull-out tables in each thematic areas; phone/tablet apps with key information).

Advocacy Coordinator Roles and Responsibilities

As described in the Advocacy Strategy (Part 1 of this Handbook), one of the GBV AoR CTs should be designated as the lead for **coordinating, managing, and monitoring** the AoR's advocacy work. The suggested tasks, roles, and responsibilities for this position include the following:

1. Work must be undertaken in close collaboration with the other GBV AoR Coordinator/Deputy Coordinator, Strategic Advisory Group (SAG), co-lead agencies (UNICEF and UNFPA), task teams, and members.

2. Lead/facilitate the establishment of the basic building blocks described in the Advocacy Handbook (Part 1) and ensure that these systems and processes are maintained over time.

3. Use the Advocacy Handbook to develop an annual advocacy work plan that is closely linked to and harmonized with the overall GBV AoR work plan.
   - Be sure to include advocacy around relevant ongoing and new initiatives with implications for the GBV AoR's work (e.g. changes in humanitarian planning and funding systems, new IASC priority areas, changes in the IASC structure and working bodies, and specific initiatives or meetings, such as Call to Action, World Humanitarian Summit, and others).

4. Initiate advocacy in accordance with the work plan and in response to new or persistent issues that may emerge (e.g. a new emergency, a "forgotten" emergency, a new humanitarian initiative in which GBV considerations have not been sufficiently included).

5. Work in collaboration with the Advocacy Task Team. Some specific examples are:
   - Participate in Task Team meetings; share information, seek inputs.
   - Seek review and input on the advocacy work plan.
   - Seek review, input, and support for advocacy publications, activities, events, etc.
   - Take advantage of Task Team members' organizational strengths and professional contacts and alliances to support and assist advocacy.
   - Approve advocacy briefs and use of AoR logo on advocacy materials.

Helpful Resources

For Advocacy

WHO Ethical and Safety Recommendations

What it is: This document is designed to inform all who may be involved in information collection — including gathering and compiling GBV data related to security and justice sectors. The recommendations apply to all forms of inquiry about sexual violence in emergencies, including research, human rights documentation, and GBV programme monitoring and evaluation. In total, eight recommendations are offered. Collectively, these recommendations are intended to ensure that the necessary safety and ethical safeguards are in place prior to commencement of any information-gathering exercise concerning sexual violence in emergencies. In each case, accompanying text sets out key safety and ethical issues that need to be addressed and the questions that must be asked when planning any information-collection exercise involving sexual violence. These should also inform decisions about whether such an exercise should be undertaken at all.

Why it may be useful: Any advocacy activities that involve telling survivor stories and/or giving information about specific situations must be guided by the recommendations in this handbook.

How to find it: WHO (2007). *WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*. Geneva, World Health Organization. Accessed July 2014 at: http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf (and in several languages).

Fundraising for Child Protection and Gender-based Violence in Humanitarian Action

What it is: The GBV AoR and Child Protection Working Group (CPWG) developed this handbook to provide practical guidance to child protection and GBV coordination groups and their members, with the aim of helping them access more humanitarian funding.

Why it may be useful: Detailed handbook that clearly explains humanitarian funding and includes many specific tips and pointers about how to access humanitarian funding and work *within* the humanitarian system. There are no quick fixes to accessing funding. Both CP and GBV programming face specific challenges related, in part, to the sensitive nature of the sectors. However, interviews conducted with donors, those who manage humanitarian funds, and staff in operational humanitarian organizations to inform the development of this Handbook have demonstrated that there are many ways in which these two sectors can make better use of the funding opportunities available.

How to find it: Child Protection Working Group (2014). *Fundraising for Child Protection and Gender-based Violence in Humanitarian Action.* Geneva: CPWG and GBV AoR (Protection Cluster). Accessed July 2014 at: http://cpwg.net/?get=007331|2014/03/FUNDRAISING_HANDBOOK.pdf

Handbook for the Protection of Internally Displaced Persons

What it is: This is one of the principal tools of the Global Protection Cluster, and is based on extensive contributions from a wide range of protection actors.

Why it may be useful: GBV coordination in IDP settings falls under the purview of the Protection Cluster. With or without a GBV "sub-cluster" or "working/coordination group", GBV actors in these settings should therefore be able to work closely with the Protection Cluster on advocacy and other shared issues. GBV actors must be knowledgeable about the relevant roles, responsibilities, and standards for the Protection Cluster. The handbook includes several key chapters — including on GBV, protection monitoring, and advocacy.

How to find it: Global Protection Cluster (2010). *Handbook for the Protection of Internally Displaced Persons. Geneva: UNHCR, Global Protection Cluster*. Part V.3. Accessed November 2014 at: docs.unocha.org/sites/dms/Documents/IDP%20Handbook_FINAL%20All%20document_NEW.pdf

Transformative Agenda

What it is: Initiated by the IASC; all documents produced are IASC endorsed**.** The TA is an evolving set of concrete actions aimed at transforming the way in which the humanitarian community responds to emergencies. It focuses on improving the timeliness and effectiveness of the collective response through stronger leadership, more effective coordination structures, and improved accountability for performance and to affected people.

Why it may be useful: The tools, guides, and other documents produced under the TA provide specific guidance to humanitarian actors. The GBV AoR's advocacy work should use the language in the TA materials; there is also key information in these documents about roles, responsibilities, and accountability of the various pieces of the humanitarian architecture.

How to find it: Inter-Agency Standing Committee (2014). Transformative Agenda. Accessed July 2014 at:
http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-template-default&bd=87

Centrality of Protection

What it is: A call from the IASC for development and implementation of comprehensive protection strategies for all emergencies.

Why it may be useful: The language in the two-page IASC statement specifically requires Humanitarian Coordinators, Humanitarian Country Teams, and Clusters to develop and implement a comprehensive protection strategy to address identified protection risks and to prevent and stop the recurrence of violations of international human rights and humanitarian law.

The Global Protection Cluster (GPC) will be drawing from this statement to promote protection strategies in the field. There is good language here to support GBV advocacy.

How to find it: Search the IASC website and the GPC website for up-to-date materials. As of June 2014, available information is here: Inter-Agency Standing Committee Principals (2013). *The Centrality of Protection in Humanitarian Action: Statement by the Inter-Agency Standing Committee (IASC) Principals*. Endorsed by the IASC Principals on 17 December 2013. Geneva: IASC. Accessed June 2014 at:

http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/IASC%20Guidance%20and%20Tools/IASC_Principals_Statement_Centrality_Protection_Humanitarian_Action_December2013_EN.pdf

Handbook for RCs and HCs on Emergency Preparedness and Response

What it is: The handbook outlines the key actions that Resident Coordinators (RCs) and Humanitarian Coordinators (HCs) should take to prepare for and respond to emergencies.

Why it may be useful: Knowledge and understanding of the HC/RC key roles and responsibilities will enable advocates to work with the various processes and identify entry points for advocacy.

How to find it: http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-news-newsdetails&newsid=146 (accessed July 2014).

The Sphere Project

What it is: The Sphere Project aims to improve the quality of humanitarian assistance and the accountability of humanitarian actors to their constituents, donors, and affected populations. The Sphere Handbook, which includes four Protection Principles and a series of Minimum Standards in Humanitarian Response, is a universal guide and reference for all humanitarian action.

Why it may be useful: It may help to frame your messaging in terms employed by other sectors with which you are looking to collaborate and/or advocate. The Sphere Project's *Humanitarian Charter and Minimum Standards for Humanitarian Response* lays out the minimum criteria which all sectors must implement during an emergency. The *Sphere Standards* classifies gender as a cross-cutting issue, meaning all other sectors must take gender issues — including GBV — into account in all humanitarian interventions.

How to find it: http://www.sphereproject.org/ (accessed November 2014).

Protection mainstreaming

What it is: Protection mainstreaming is the process of incorporating protection principles and promoting meaningful access, safety, and dignity in humanitarian aid. The GPC has formed a Protection Mainstreaming Task Team which is developing tip sheets, guides, and other useful tools for the field.

Why it may be useful: Mainstreaming GBV interventions into all areas of humanitarian aid is one of our advocacy objectives and is therefore directly linked to this initiative in the Protection Cluster. In messages about protection mainstreaming, the GPC is highlighting key protection principles that must be taken into account in all humanitarian activities:

Avoid causing harm: Prevent and minimize as much as possible any unintended negative effects of your intervention which can increase people's vulnerability to both physical and psychosocial risks.

Equality: Arrange for people's meaningful access to impartial assistance and services — in proportion to need and without any barriers (i.e. discrimination). Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.

Accountability to beneficiaries: Set up appropriate mechanisms through which affected populations can measure the adequacy of interventions, or address concerns and complaints.
Participation and empowerment: Support the development of self-protection capacities and assist people to claim their rights, including — not exclusively — the rights to shelter, food, water and sanitation, health, and education.

How to find it: http://www.globalprotectioncluster.org/en/areas-of-responsibility/protection-mainstreaming.html (accessed August 2014).

Special Representative of the Secretary-General on Sexual Violence in Conflict

What it is: The SRSG-SVC serves as the United Nations' spokesperson and political advocate on conflict-related sexual violence, and is the chair of the network UN Action against Sexual Violence in Conflict.

Why it may be useful: The office focuses on six priority areas which complement many areas of the GBV AoR's work. There will likely be opportunities to work with the SRSG-SVC's office and/or invite her to speak at AoR advocacy events. The priorities are:

- to end impunity for sexual violence in conflict by assisting national authorities to strengthen criminal accountability, responsiveness to survivors, and judicial capacity;
- the protection and empowerment of civilians who face sexual violence in conflict, in particular, women and girls who are targeted disproportionately by this crime;
- to mobilize political ownership by fostering government engagement in developing and implementing strategies to combat sexual violence;
- to increase recognition of rape as a tactic and consequence of war through awareness-raising activities at the international and country levels;
- to harmonize the UN's response by leading UN Action against Sexual Violence in Conflict, a network of focal points from 13 UN agencies that amplify programming and advocacy on this issue in the wider UN agenda;
- to emphasize greater national ownership.

How to find it: UN agency members of the GBV AoR are also represented in UN Action against Sexual Violence in Conflict, and can communicate with this group on behalf of the GBV AoR. The SRSG-SVC website is: http://www.un.org/sexualviolenceinconflict/about-us/about-the-office/ (accessed November 2014).

Special Rapporteur on Violence against Women, Including Its Causes and Consequences

What it is: The United Nations Commission on Human Rights (OHCHR) adopted a resolution in 1994 to appoint a Special Rapporteur on violence against women, including its causes and consequences. The Special Rapporteur does not focus on humanitarian settings; rather, her work is focused on any country's national government (which may include those with humanitarian emergencies in their countries). In the discharge of the mandate, the Special Rapporteur:

- transmits urgent appeals and communications to States regarding alleged cases of violence against women;
- undertakes country visits;
- submits annual thematic reports.

Why it may be useful: The Special Rapporteur's reports do carry some weight in the international community. Thematic reports and country visit reports may provide information to inform advocacy in some settings.

How to find it: Accessed July 2014 at: http://www.ohchr.org/EN/Issues/Women/SRWomen/Pages/SRWomenIndex.aspx

For Community Organizing

Raising Voices

Raising Voices, a non-profit organization in Uganda working towards the prevention of violence against women and children, has developed many training guides, how-to materials, online groups, and other tools. With an emphasis on robust monitoring, Raising Voices' methods have proven effective in Uganda and other countries in Africa. The materials can be adapted for other countries and cultures, and many GBV programmes in humanitarian settings are using Raising Voices' materials with success. Two of their materials stand out as useful for adaptation in humanitarian settings: *Rethinking Domestic Violence: A Training Process for Community Activists* and *SASA! An Activist Kit for Preventing Violence against Women and HIV.* Accessed July 2014 at: http://raisingvoices.org/activism/

Advocacy how-to handbooks with some emphasis on community organizing

CEDPA (2000). *Gender, Reproductive Health and Advocacy: A training manual*. Washington, DC: CEDPA (now part of Plan International). Accessed July 2014 at: http://www.cedpa.org/content/publication/detail/738.html.

UNICEF (2010). *Advocacy Toolkit*. New York: United Nations Children's Fund. Accessed July 2014 at: http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf.

PART 3: ADVOCACY TRAINING & PLANNING

In this part, you will find simple training tools for building capacity to understand, develop, and implement GBV advocacy. The materials build from and are supported by the Strategy (Part 1) and the Tools (Part 2) in the Advocacy Handbook, which should be on hand at the time of training.

The materials can be used for self-study, or they can be used to conduct advocacy training with a group. Training workshops can be organized in multiple ways, depending on what is most feasible in particular settings. Some examples of how the materials can be used and adapted in group settings:

- a 2- to 2 ½-hour workshop
- a day-long workshop that combines advocacy training with advocacy planning for the setting
- a series of 1-hour sessions on different advocacy topics.

GBV Coordination Teams can use the advocacy training materials to develop the sub-cluster's advocacy strategy. Or, if the advocacy strategy has already been developed, it can be incorporated into the training, and copies of the strategy provided to participants.

The content of the training, including facilitation notes, is in a PowerPoint (PPT) file available for download with the online version of the Advocacy Handbook at www.gbvaor.net.

Suggested Learning Objectives

1. Define and understand the advocacy process.
2. Identify the basic elements of an advocacy plan.
3. Become familiar with the GBV AoR's Advocacy Handbook.

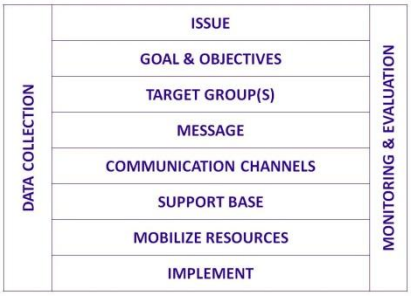
Materials and Preparation

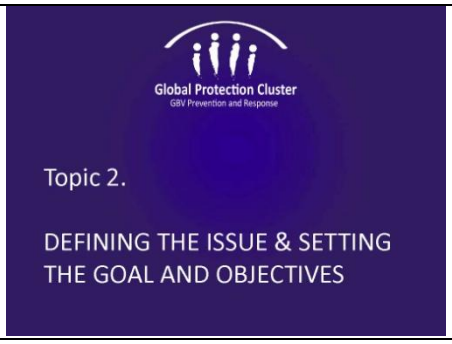
- PowerPoint "Advocacy_GBV_2014".
- Copy handouts.
- "Steps in the advocacy process" — copy and cut as indicated. Each small group will need one full set of pieces.
- GBV AoR Advocacy Handbook — one for each participant.
- Flip charts and markers in multiple colours (for small group work).

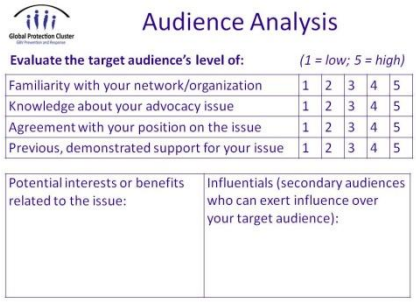
Facilitation Guide: PowerPoint Slides with Notes

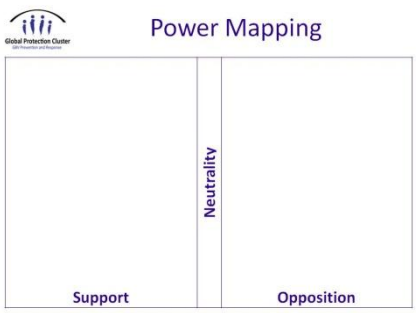
Slide 1		Participants should have the Advocacy Handbook on hand and should be following along and using it throughout the advocacy training topics. Facilitator should be familiar with the Advocacy Handbook and point participants to specific sections during each training topic.
Slide 2		Begin by asking participants what words they associate with advocacy and write those words on a flipchart (brainstorm). **After they have generated a list, click to next slide.**
Slide 3		Find Advocacy Definition in the Advocacy Handbook. Explain that this is the definition for the GBV Area of Responsibility (explain what that is if participants are unfamiliar) — and this definition is the same for GBV sub-clusters/working groups.
	Ask them to try and identify terms or ideas in this definition that appeared on the flip charts from the initial brainstorm. Anything missing from this definition that you think should be there? Go through each element of the definition, highlighting the words in bold text: ◆ a **deliberate** process; ◆ based on **demonstrated evidence**; ◆ to **directly and indirectly influence decision-makers, stakeholders, and relevant audiences;** ◆ to **support and implement actions** that contribute to health and the fulfilment of human rights, specifically in regard to GBV in humanitarian contexts. *Health*, as used here, is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. (Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.	

	Additional thinking/information (optional discussion if there is interest/need for more information about social justice advocacy). Advocacy to address GBV in emergencies is a form of social justice advocacy, which has been practiced in varying forms for many years by a whole host of actors around the globe. *At a minimum, the pursuit of social justice means promoting respect for the worth of each individual and protecting basic human rights — the right to security of one's person and property, freedom of belief, and freedom of association and expression. Beyond this, however, it has come to mean overcoming inequalities of opportunity and condition, and guaranteeing at least some minimum standard of living and a healthy and secure environment.* (Definition of social justice from Johns Hopkins University Institute for Policy Studies (2005).)	
Slide 4		
Slide 5		Advocacy is a form of strategic communication to Inform -> Motivate -> Persuade -> and Move to Action The advocacy process is complete when the target audience takes the intended action (next slide).
Slide 6		Often, advocacy is misunderstood as synonymous with Behaviour Change Communication/Information Education Communication (BCC/IEC) and/or community mobilization. Although these are targeted towards promoting change and involve developing messages tailored to a specific audience, advocacy stands apart from these approaches because the ultimate goal of advocacy is change(s) in policy with the resources and programming to support the change. Any questions on how we are defining advocacy?

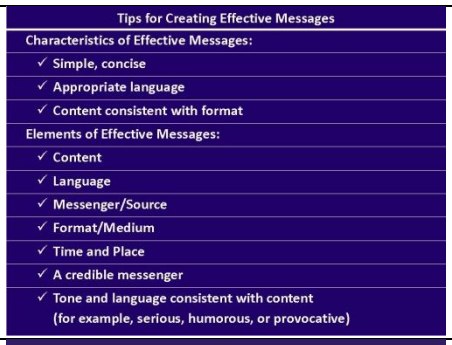
Slide 7		**ACTIVITY.** Approximately 20 minutes Now move on to the steps in the advocacy process. Hand out the strips of text you prepared in advance with the advocacy steps. One set to each small group (ideally each group sitting together at a table): ◆ Ask each group to put the steps in order. They can use the table top to lay the strips of paper in order. ◆ Allow 5 minutes for the group work. ◆ Go around the room and look at each table's results. ◆ Give small prizes or candies to the table(s) that has (have) the correct order to the steps. ◆ Lead a short discussion about how the steps were ordered by different groups — differences and similarities. When the activity is complete, move to the next slide to show the correct order and discuss each step.
Slide 8		Click on this slide and allow a moment for groups to see the correct order of advocacy steps, as compared to what they came up with. Go through each step:
	Advocates generally begin with the **ISSUE** around which they want to promote policy change. The issue is focused, clear, and widely felt by the constituents of the advocacy group. The advocates articulate an advocacy **GOAL** (medium- or long-term, vision for change) AND **OBJECTIVES** (short-term, specific, measurable) based on the advocacy issue. The advocates identify the **TARGET GROUP(S) —** the decision-makers who have the power to bring about a policy change. The advocates develop a compelling advocacy **MESSAGE** and tailor it to the interests of the policy audience. The appropriate **COMMUNICATION CHANNELS** are selected to deliver the advocacy message	

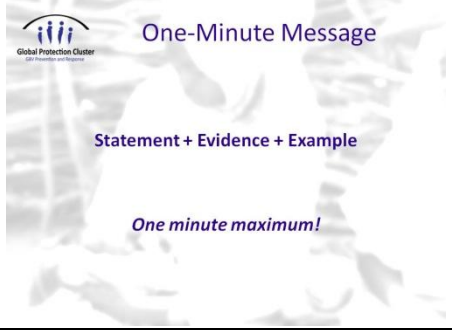
	to the policy audience. For example, briefing packets, face-to-face meetings, conferences, articles in targeted publications/web pages. The advocacy group seeks to broaden its **SUPPORT BASE** among civil society members and other allies. The advocacy group **MOBILIZES RESOURCES**, including raising funds to support the advocacy campaign. The advocates **IMPLEMENT** their advocacy strategy according to a plan of action. Perpendicular to your list on the left side is **DATA COLLECTION**. Data collection in an ongoing activity throughout the advocacy process, and may include researching the position of a policy audience regarding the advocacy issue. Perpendicular on the right side is **MONITORING AND EVALUATION**. Monitoring and evaluation take place throughout the advocacy process.	
Slide 9		Find goal and objectives in Advocacy Handbook. Advocates generally begin with the **ISSUE** around which they want to promote change. The issue is focused and clear. Identify the GOAL and 2-3 OBJECTIVES: A goal is a long-term vision for change, while an objective is short-term and measurable.
	What do you intend to achieve? How will you achieve it? Be sure your objective is SMART (Specific, Measurable, Achievable, Realistic, Time-bound). When drafting your advocacy objectives, be sure to: ◆ Identify the specific policy action or response required to fulfil the objective. You need to identify who can take the action you want. ◆ Stipulate the time frame and degree of change desired. Advocacy objectives usually focus on a one- or two-year period. Advocacy objectives can include quantitative measures of change (e.g. percentage of budget redirected to GBV, etc.) When selecting advocacy objectives, it may be helpful to use the following checklist: ◆ Do qualitative or quantitative data exist to show that the objective will improve the situation? ◆ Is the objective achievable? Even with the opposition? ◆ Will the objective gain the support of many people? Do people care about the objective deeply enough to take action? ◆ Can you clearly identify the target decision-makers? What are their names or	

	positions? ◆ Is the objective easy to understand? ◆ Does the advocacy objective have a clear time frame that is realistic? ◆ Do you have the necessary alliances with key individuals or organizations to reach your advocacy objective? How will the objective help build alliances with other humanitarian actors, leaders, or stakeholders? ◆ Will working on the advocacy objective provide people with opportunities to learn about and become involved with the decision-making process?	
Slide 10		
Slide 11		Who can make the policy change you seek? Where does the most power and influence reside? Look at the Target Audience Map in the Advocacy Handbook and note the information provided about the influences of the target audience. This is crucial information for developing your advocacy strategies. There are two tools that are useful for mapping (defining and specifying) your target audience: ◆ Audience Analysis ◆ Power Mapping
Slide 12		**ACTIVITY. Approximately 30 minutes** HAND OUT the Audience Analysis Worksheet (or ask participants to create one on a blank paper). Go through this slide (handout) briefly to be sure each element is understood.

	Ask participants in their small groups to brainstorm a list of all the institutions and individuals that have an interest in the advocacy issue/goal/objectives — whether positive or negative. Allow about 10 minutes for each group to create its brainstorm list. Ask groups to choose at least two of the individuals or institutions on their lists and spend approximately 10-20 minutes completing an Audience Analysis for each (more time if needed, less if not). When time is up, ask in plenary why this analysis is useful when developing an advocacy plan. Be sure to make these key points: ◆ Secondary audiences and influences are important to know about and consider. ◆ Careful target audience analysis, including Power Mapping, will help develop an effective advocacy plan. ◆ Advocacy in emergencies is often done quickly, and without careful planning; many advocacy efforts fall short, often because the audience was not carefully targeted.	
Slide 13		**ACTIVITY. Approximately 30 minutes** This exercise works well in small groups. HAND OUT blank Power Map handout.
	Explain that the Power Map represents the continuum of support and opposition to the issue. Actors on their brainstorm lists should be put on the Power Map according to their support, neutrality, or opposition to the issue. So, for example, someone who is highly supportive would be all the way on the left side; someone highly opposed would go on the far right. Ask each group to make a Power Map from their list of targets (created in the Audience Analysis exercise) — encourage creative use of colours, size, symbols, or other cues to make the Power Map "come alive". (If people are confused, it is useful to do a sample Power Map in plenary.) Allow approximately 15 minutes for this. NOTE: This exercise works best if each group creates their Power Map on a flip chart (it allows more space for drawing and creativity). Ask each group to post its Power Map on the wall so that all participants can see that Power Maps can be a useful tool for seeing clearly how to target advocacy and plan effectively. When Power Mapping and Audience Analysis are completed, you should have a clear understanding of who your target audience is, their knowledge of and support for the issue, what will influence them, what they can do, and what might motivate them to take action.	

Slide 14		When developing your message, it is important to take the following points into consideration: **Content:** What is the main point you want to communicate to your audience? What single idea do you hope the audience will take away from your message? What are you asking for? **Language:** Is the word choice clear or could various audiences interpret it differently? Is the language appropriate for your target audience? **Messenger/Source:** Is the person delivering the message credible to your target audience? Is it possible to involve representatives of the community affected by the policy change as messengers?
Slide 15		Consider the steps in Strategic Communication, and remember that the advocacy process is complete when the target audience takes the requested action.
Slide 16		When you design your message, it is important that it is presented it in a tight, well-organized "package". The package includes Statement, Evidence, Example, and Action Requested (the "ask").
Slide 17		There are several places in the Advocacy Handbook, Part 2, where messaging is discussed, and there are many specific tools included related to messaging. Take time to go through the Handbook with participants to highlight some examples, note the tools, and become familiar with the materials.

Slide 18		This list of tips is a quick list that summarizes the various tips and recommendations in the Handbook. Read through the list here and be sure each is well understood.
Slide 19		Identify CHANNELS OF COMMUNICATION: What is the most compelling format to reach your audience? When considering your format or tactic, consider issues such as cost, risk, visibility, time, and place. Look at the Advocacy Handbook, Part 2, for examples of Communication Channels that can be effective.
Slide 20		
Slide 21		
Slide 22		When planning for implementation, you should identify the specific activities, resources needed, persons responsible, and the time frame. Activities might include message development and delivery to target audiences; resources may be materials, financial, human, and/or technological.

Slide 23		Before undertaking the advocacy campaign, it is important for the advocates to determine how they will monitor their implementation plan. In addition, advocates should decide how they will evaluate or measure results: ◆ Can they realistically expect to bring about a change in policy, programmes, or funding as a result of their efforts? ◆ In specific terms, what will be different after the completion of the advocacy activities? ◆ How will the group know that the change has occurred?
Slide 24		**ACTIVITY approximately 30 minutes** The One-minute Message is an OPTIONAL topic. It is a fun way for participants to put into practice new knowledge about advocacy — and an opportunity to be creative.
Slide 25		Write this slide on a flip chart and post it in the room (so that people can reference it later). **Hand out** "One-minute Message" Read the handout aloud to give participants an idea of what is expected:
	Statement — This is the central idea of the message. In just a few sentences, the advocate should present the essence of the message. *Evidence* — Support the statement or central idea with some facts. The speaker should use data that the audience can relate to, such as: "Only two out of five adults of reproductive age have access to family planning services" rather than "Only 4,253,800 adults of reproductive age have access to family planning services". *Example* — After providing facts, the speaker should add a human face to the story. Using an anecdote based on one's own experience, personalizes the facts and figures. An Example of a One-minute Message from a US-based advocacy group working on domestic violence:	

	Statement Domestic violence against women must be stopped. Violence against women has long been tolerated and women have suffered in silence. The seriousness and scope of the problem has been ignored. *Evidence* In the United States, one woman is physically abused every eight seconds and one is raped every six minutes. According to a 1992 US Senate Judiciary Committee report, spousal abuse is more common in the US than automobile accidents, muggings, and cancer deaths combined. *Example* Our NGO has recently been supporting a woman named Maria. One year ago, Maria was successfully balancing motherhood and a career. However, she became involved with an abusive partner and her life has never been the same. Maria recently lost her job for tardiness and her children have been in trouble at school for aggression and misbehaviour. Maria is just one example of the widespread effects of domestic violence. **Be sure the assignment is well understood** (though people will feel shy about it). Allow about 5 minutes for participants to create their own messages (individually).	
Slide 26		Presentations of messages. — 1 minute for each participant.

Handout: Audience Analysis Form

Target Audience: _____

Advocacy Issue:_____

Evaluate the target audience's level of: (1 = low; 5 = high)

Familiarity with your network/organization	1	2	3	4	5
Knowledge about your advocacy issue	1	2	3	4	5
Agreement with your position on the issue	1	2	3	4	5
Previous, demonstrated support for your issue	1	2	3	4	5

Identify your target audience's:

Potential interests or benefits related to the issue:	Influentials (secondary audiences who can exert influence over your target audience):

Handout: Target Audience Power Mapping

Support	**Neutrality**	**Opposition**

Handout: The One-minute Message

STATEMENT + EVIDENCE + EXAMPLE

Statement — This is the central idea of the message. In just a few sentences, the advocate should present the essence of the message.

Evidence — Support the statement or central idea with some facts. The speaker should use data that the audience can relate to, such as

> "Only two out of five adults of reproductive age have access to family planning services".
>
> *And not like this:*
>
> "Only 4,253,800 adults of reproductive age have access to family planning services".

Example — After providing facts, the speaker should add a human face to the story. Using an anecdote based on one's own experience personalizes the facts and figures.

An Example of a One-minute Message from a US-based advocacy group working on domestic violence:

Statement
Domestic violence against women must be stopped. Violence against women has long been tolerated and women have suffered in silence. The seriousness and scope of the problem has been ignored.

Evidence
In the United States, one woman is physically abused every eight seconds and one is raped every six minutes. According to a 1992 US Senate Judiciary Committee report, spousal abuse is more common in the US than automobile accidents, muggings, and cancer deaths combined.

Example
Our NGO has been supporting a woman named Maria. One year ago, Maria was successfully balancing motherhood and a career. However, she became involved with an abusive partner and her life has never been the same. Maria recently lost her job for tardiness and her children have been disciplined at school for aggression and misbehaviour. Maria's situation is just one example of the widespread effects of domestic violence.

Activity Preparation for Facilitator: Steps for Advocacy Planning

Copy this page and cut between each step; or write these steps on index cards. You will need one complete set of steps for each small group.

DEFINE THE ISSUE

DEFINE GOAL AND OBJECTIVES

IDENTIFY TARGET GROUP(S)

DEVELOP MESSAGE

CHOOSE COMMUNICATION CHANNELS

MOBILIZE RESOURCES

IMPLEMENT

DATA COLLECTION

MONITORING AND EVALUATION

Optional Handout: Worksheet for Advocacy Planning

NOTE: *This handout is provided as an optional tool that may be useful if the workshop involves developing an actual advocacy plan.*

Use the GBV AoR Advocacy Handbook as a resource to help you develop your plan.

Step one. Select an ISSUE: What is the problem you are focusing on? Be as specific as possible.

Step two. Identify GOAL and ONE OBJECTIVE

- A goal is a long-term vision for change, while an objective is short term and measurable. What do you intend to achieve? How will you achieve it?
- Be sure your objective is SMART (Specific, Measurable, Achievable, Realistic, Time-bound).
- When drafting your objectives, be sure to identify the specific action or response required to fulfil the objective. You need to identify who can take the action you want.

When selecting advocacy objectives, it may be helpful to use the following checklist:

- ☐ Do qualitative or quantitative data exist to show that the objective will improve the situation?
- ☐ Is the objective achievable? Even with the opposition?
- ☐ Will the objective gain the support of many people? Do people care about the objective deeply enough to take action?
- ☐ Can you clearly identify the target decision-makers? What are their names or positions?
- ☐ Is the objective easy to understand?
- ☐ Does the advocacy objective have a clear time frame that is realistic?
- ☐ Do you have the necessary alliances with key individuals or organizations to reach your advocacy objective? How will the objective help build alliances with other NGOs, leaders, or stakeholders?
- ☐ Will working on the advocacy objective provide people with opportunities to learn about and become involved with the decision-making process?

Step three. Select the TARGET AUDIENCE(S) for your objectives

Who can make the change you seek? Where does the most power and influence reside?

- Create a Power Map.
- Create an Audience Analysis.

Step four. Design a MESSAGE

When developing your message, it is important to take the following points into consideration:

1. Content: What is the main point you want to communicate to your audience? What single idea do you hope the audience will take away from your message? What are you asking for?

2. Language: Is the word choice clear or could various audiences interpret it differently? Is the language appropriate for your target audience?

3. Messenger/Source: Is the person delivering the message credible to your target audience? Is it possible to involve representatives of the community affected by the policy change as messengers?

Consider the steps in Strategic Communication, and remember that **the advocacy process is complete when the target audience takes the requested action:**

When you design your message, it is important that it is presented it in a tight, well-organized "package." The package includes:

- Statement: This is the central idea of the message.
- Evidence: This is the data that supports the statement.
- Example: This is an anecdote(s) that adds a human face to the statement.
- Moving the policy-maker to action: This is a clear indication of the steps that need to be taken to change the situation.

Tips for Creating Effective Messages
Characteristics of Effective Messages:
✓ Simple, concise
✓ Appropriate language
✓ Content consistent with format
Elements of Effective Messages:
✓ Content
✓ Language
✓ Messenger/Source
✓ Format/Medium
✓ Time and Place
✓ A credible messenger
✓ Tone and language (for example, serious, humorous, or provocative) consistent with content

Step five. Identify CHANNELS OF COMMUNICATION

What is the most compelling format to reach your audience? When considering your format or tactic, consider issues such as cost, risk, visibility, time, and place. Some formats and tactics for message delivery are provided in the GBV AoR Advocacy Handbook.

Step six. Consider how you will BUILD SUPPORT

What are the humanitarian policies that already exist that can support your advocacy? Who are your allies? How can you engage them? Is there a coalition or network you can tap into? How will they help you build on existing support, neutralize the opposition, or try to convince those who are yet undecided?

Step seven. Consider how you will MOBILIZE RESOURCES

What human and technical and other resources will you need? What funding is needed for your advocacy work, and how will you obtain it? Who are the donors you will approach?

Step eight. Plan for IMPLEMENTATION

When planning for implementation, you should identify the specific activities, resources needed, persons responsible, and the time frame. Activities might include message development and delivery to target audiences; resources may be materials, financial, human, and/or technological.

NOTE: Remember that **data collection** and **monitoring and evaluation** are ongoing throughout the advocacy implementation process.

REFERENCES

Documents, Publications, Websites

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Key Informants

Information gathering interviews to further inform the advocacy strategy were conducted with representatives from the following:

- American Refugee Committee
- GBV AoR Coordinator
- GBV AoR Strategic Advisory Group members
- George Washington University Global Women's Institute
- InterAction GBV Working Group
- InterAction humanitarian staff, including reps to IASC bodies, GPC, AoR
- InterAction protection staff
- International Medical Corps
- International Rescue Committee
- Janey Lawry-White, independent
- Sarah Martin, independent
- Norwegian Refugee Council
- RRT members
- UK Department for International Development
- UN Women
- UNFPT
- UNICEF
- UNHCR
- US State Department

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