

The Lobbying Process and Building Advocacy Networks

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Advocacy And Its Many Dimensions

Advocacy has been defined or conceived differently by different people and organization. But in essence, advocacy is based on the communication model. Typically, advocacy communication emanates from concerned individuals or interest groups who are looking to change legislation, policy provisions, resource allocation, public commitment and increased media attention to an issue or cause – it targets stakeholders (leaders and decision makers) who are in a position to bring about the desired action. In this paper, Advocacy is being defined as "the act or process of convincing leaders and decision makers to use their powers and influence to support an issue or cause by the making or changing of a law, policy or programme and in the allocation of resources".

Advocacy is a long and sustained process. It deals with behaviour change (Information, Education and Communication –IEC) of target audiences. Its aims: to support a cause or an issue; to promote or reinforce change in policy, legislation or programme; and to create a supportive environment and mobilize resources. There are similarities and differences between the communication elements of advocacy and IEC. These are reflected in the Chart (Box 1) below:

Box 1: Relationship of Advocacy to IEC		
Communication Elements	IEC	Advocacy
Source	Institutions such as Ministry of Health	Coalitions/institutions. NGOs and civil society groups
Messages	Existence and advantages of RH services and methods	Facts, persuasion and action related to the causes
Channels	Interpersonal communication and counseling / talks / groups / service providers	Combination of interpersonal communication, <i>lobbying</i> , group communication, special events, media advocacy, and high level meetings
Receiver / Target audience	Service providers, users of services, beneficiaries	Opinion-leaders, decision- makers, politicians, religious & community leaders, media editors, columnists and people with specific public roles
Effects/Outcomes	Change in knowledge, attitudes, behaviour and practices	Changes in policy, legislation; increased resources and public support for the cause, positive media coverage and interest etc

Box 1 illustrates that while it is not possible to do advocacy without undertaking IEC (i.e. the behaviour-change dimension), it is quite possible to do IEC without engaging in advocacy (i.e. the political dimension).

Effective advocacy is a process consisting of various interrelated and inter-linked actions/steps. These have been defined in the publications on advocacy by various organizations and agencies such as the IPPF, UNFPA and CEDPA. The "A" Frame for Advocacy described by the Center for Communication Program (CCP) of the Johns Hopkins University (JHU) is described here. This is a six-step process consisting of Analysis, Strategy, Mobilization, Action, Evaluation and Continuity (see annex 1 for details of these steps)

ICPD Consensus on Advocacy

The 1994 Cairo International Conference on Population and Development (ICPD) identified advocacy and information, education and communication (IEC) as important elements for raising awareness on population and reproductive health (including sexual health and family planning) issues and in mobilizing government and public support for the achievement of the goals and objectives of the ICPD Programme of Action (POA). The ICPD also called for a greater role of the non-governmental sector in the population and reproductive health field including advocacy.

Governments, organizations of the United Nations system and major groups, in particular non-governmental organizations, should give the widest possible dissemination to the Programme of Action and should seek public support for the goals, objectives and actions of the Programme of Action.

The ICPD-POA (Para. 16.8)

Advocacy is becoming crucial as demand for good-quality reproductive health services rises. In most developing countries national family planning programmes have been instrumental in providing contraception to women who want it, improving health and reducing fertility levels. Now, leadership commitment and financial support are essential if programmes are to be able to meet rising demands. Adequate funding, favourable policies, and popular support are also important to maintain the achievements and success of family planning programmes. Such support cannot be taken for granted. Health programmes and their allies must often keep appealing for support. They must use powerful evidence and persuasive arguments to make the case for FP and other reproductive health care, in ways that attract and hold an audience's attention.

For many programmes advocacy may be a new responsibility. Few health care professionals have experience at advocacy. If programmes and their clients do not advocate good-quality family planning, however, who else will do so? The challenge for workers in the field of reproductive health including sexual health and family planning is "how to go about doing advocacy?" The challenge becomes more difficult particularly in dealing with the more sensitive issues of the ICPD-POA such as advancing gender equity and the empowerment of women; promoting sexuality education among schools and to adolescents; promoting responsible reproductive health

behaviour in men; and ending harmful practices such as domestic violence and female genital mutilation. Excellent guidelines on how to go about doing advocacy have been produced by various organizations and agencies including IPPF and UNFPA (e.g. Advocacy Guide, 1995, IPPF International office, Terracotta Press, London; Advocacy Building Skills for NGO Leaders, The CEDPA Training Manual Series Volume IX, The Centre for Development and Population Activities, Washington DC, USA, 1999; Expert Consultation on Operationalising Advocacy in Support of Population and Development Programmes at Country Level: Lessons Learned, Technical Report No. 44, UNFPA, New York, 1998)

For the advocates to be more effective they need to master the basic technical skills in issue-identification, setting goals and objectives, communication, planning and lobbying and networking. This paper will focus on the lobbying process and on building advocacy networks and coalitions.

The Lobbying Process

A lobby is a group of people trying to persuade an organization/government that something should be done e.g. the *anti-nuclear lobby* is a well-known example in the Pacific, and of recent times is the *anti-abortion lobby* across the Americas and Europe. In the context of advocacy, lobbying can be interpreted as "a strategic communication or method of" persuading or convincing key advocacy target audiences" e.g. Members of Parliament, Government or Church ministers, to do something (usually to change a law / policy or the allocation of budgets) about an issue. The *anti-abortion lobby* in the United States has been successful in influencing key Republican Senators and Congressmen, to stop US government funding for family planning programmes.

There are different ways of lobbying ranging from the writing of letters to key target audiences expressing the issue or having face to face meetings to discuss the issue to a large scale campaign involving multiple groups and spokespersons using various media channels including public rallies. Some examples of lobbying techniques used are shown in chart (Box 2).

Box 2: Lobbying techniques

Letters / Press releases / Press conferences
Fact Sheets / Briefing packs / Posters / Flyers
Public service announcements
Public Forums and debates
Petitions
Public rallies
Face to face meetings

The basis for successful lobbying is in forming credible partnerships and effective communication. The seven basic rules (seven Cs) of effective communication, adopted from standard advertising practices, offer a convenient guide:

Command attention – messages should be daring enough to attract attention and elicit comment while at the same time remain sensitive to cultural context, social values and political priorities. Slogans are often used. Sometimes it is the medium even more than the message that is the attention-getter e.g. using the Goodyear blimp or the sides of the elephant as billboards to promote condoms.

Cater to the heart and head – most people are moved at least as much by emotions as by reason. Personalize the message and appeal to the audience's consciousness and values.

Clarify the message – Focus and freedom from clutter are crucial. A key message should convey a single, important point.

Communicate a benefit - People need a strong motive to do something or change a behaviour.

Create trust – A message that people will act on their own accord must come from sources that they trust.

Call for action – After hearing or seeing the message, the audience should know exactly what to do. Prepared statements of actions or a draft legislation or policy helps.

Consistency counts - Repeated messages and sustained dialogue is important.

An example of effective lobbying was done by the women's coalitions at the 1994 Cairo ICPD and the 1995 Beijing Fourth World Conference on Women (FWCW) to ensure that women's reproductive rights (particularly the right to safe abortion services and protection from violence and) and women's empowerment issues are priorities in the programmes of actions. The lobbying process included:

preparation of coalition position papers and statements on each issue selection of credible and vocal spokespersons to speak on issues meetings and dialogues with government delegations providing government delegations with draft statements of interventions on each issue providing counter-statements for any oppositions

Building Advocacy Networks

Forming partnerships and networks for advocacy between and among government sectors, NGOs and the private sector is a priority of the ICPD-POA.

In recognition of the importance of effective partnership, non-governmental organizations are invited to foster coordination, cooperation and communication at the local, national, regional and international levels and with local and national governments, to reinforce their effectiveness as key participants in the implementation of population and development programmes and policies. The involvement of NGOs should be seen as complementary to the

responsibility of governments to provide full, safe and accessible reproductive health services, including family planning and sexual health services.

ICPD-POA – para 15.6

A sample definition of an advocacy network is "a group of individuals and/or organizations working together with a common goal of achieving changes in policies, laws or programmes for a particular advocacy issue".

There are clearly benefits and challenges of working as a network. Some of the benefits are more credibility and visibility due to numbers, sharing of resources allows for greater cost-effectiveness, complementing of skills, expertise and experiences, and a network represents a larger constituency. Some of the challenges of an advocacy network could be the agenda of one member dominating the others, poor coordination, conflicts among members, extra meetings, etc. It is important to consider carefully the advantages and disadvantages of a network before making a decision to join it.

Some useful hints / or criteria for joining a network are:

A clear match between the network's mission and purpose and my NGO's focus

Good leadership and a diverse membership

An opportunity to have a voice in the decision-making

Reasonable expectations of members

The key elements for forming and maintaining an advocacy network are summarized in Box 3.

Box 3: Elements for Forming and Maintaining Networks

A. Formation Stage

Establish a clear purpose or mission Involve individuals and organizations that share the mission Build a commitment to participatory process and collaboration

B. Maintenance / Growth Stage

Organization

Define clear, specialized roles

Establish a loose or fluid organizational structure; vertical, hierarchical structures don't build stronger networks

Compile a skills inventory including the skills / expertise of individual members and institutional resources (fax, inter-net, meeting space, etc.)

Prepare to fill expertise gaps by recruiting new members

Establish a communication system (i.e. telephone tree)

Create an NGO member database (name, address, organization's mission, type and focus of organization, etc.)

Leadership

Share leadership functions (i.e. rotating coordinating committee) Set realistic goals and objectives Divide into sub-groups / task forces to take on specific tasks according to expertise

Spread responsibilities across all members to avoid burnout

Promote participatory planning and decision-making

Foster trust and collaboration among members

Keep members motivated by acknowledging their contributions

Meetings/Documentation

Meet only when necessary

Set a specific agenda and circulate it ahead of time; follow the agenda and keep meetings brief; finish meetings on time; rotate meeting facilitation role

Keep attendance list and record meeting minutes to disseminate afterwards

Use members' facilitation skills to help the network reach consensus and resolve conflict

Discuss difficult issues openly during meetings

Maintain a network notebook to document network activities, decisions, etc.

Samples of an organization/member resources' inventory (annex 2) and a members skills' inventory (annex3) are provided. Two sample network models are shown as annex 4. The critical component of a network is the designation of a focal point. This could be an individual (network coordinator) or a Committee (Coordinating committee) with an elected chairperson. Preferably the leadership of the network should rotate among members to avoid burnout or dominance of the network by an individual and/or organization. Adequate funding and resources for the network is also important.

Reference s

- 1. Developing Information, Education and Communication (IEC) Strategies for Population Programmes, Technical Paper Number 1, UNFPA.
- 2. Advocacy Building Skills for NGO Leaders, The CEDPA Training Manual Series, CEDPA
- 3. Health Communication Lessons from Family Planning and Reproductive Health, Piotrow, Phyllis Tilson, Kincaid, D. Lawrence, Rimon II, Jose G. and Rinehart, Ward.
- 4. Expert Consultation on Operationalizing Advocacy in Support of Population and Development Programmes at Country Level: Lessons Learned, Technical Report Number 44, UNFPA.