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ADVOCACY TOOLKIT FOR HIV PREVENTION PROGRAMMING FOR PEOPLE WHO INJECT DRUGS IN NIGERIA

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Contents

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LIST OF ACRONYMS

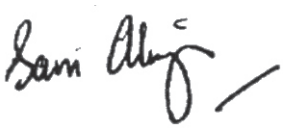
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
CBO	Community-Based Organisation
CSO	Civil Society Organisation
EU	European Union
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
IBBSS	Integrated Biological and Behavioural Surveillance Survey
IEC	Information, Education and Communication
IP	Implementing Partner
KP	Key Population
PWID	People Who Inject Drugs
LEAs	Law Enforcement Agencies
LGA	Local Government Area
MDA	Ministries, Departments and Agencies
M&E	Monitoring and Evaluation
MPPI	Minimum Prevention Package of Interventions
MSM	Men who have Sex with Men
NACA	National Agency for the Control of AIDS
NAFDAC	National Agency for Food and Drug Administration and Control
NDLEA	National Drug Law Enforcement Agency
NGO	Non-Governmental Organisation
NSF	National Strategic Framework
NSP	Needle Syringe Programme
OST	Opioid Substitution Therapy
UN	United Nations
UNDP	United Nations Development Programme

PREFACE

With an estimated 3.4 million people living with HIV and AIDS, Nigeria ranks second only to South Africa in terms of HIV and AIDS disease burden in Africa. Although Nigeria's epidemic is generalised, it experiences concentrated epidemics among key populations. Injecting drug use accounts for up to 9% of new HIV infections. The government remains committed to dealing with the negative societal impact of drug use including its role in driving the HIV epidemic.

Interventions that address risk reduction at several levels among People Who Inject Drugs (PWID) are critical. However, these can only be effective in an enabling environment. An enabling environment can be a function of effective advocacy; one of the pillars of Social and Behaviour Change Communication (SBCC).Advocacy has also been identified within Nigeria's Minimum Prevention Package of Interventions (MPPI)as a key structural intervention for facilitating access and uptake of necessary services by PWID.

This toolkit is intended as a guide for developing advocacy plans for implementation of PWID programmes. In support of NACA's inclusive and collaborative approach to the HIV/AIDS response, we invite all stakeholders to use this advocacy toolkit to guide their advocacy strategies. NACA will continue to test and improve the approaches contained here.



Dr. Sani Aliyu
Director General
NACA

ACKNOWLEDGMENTS

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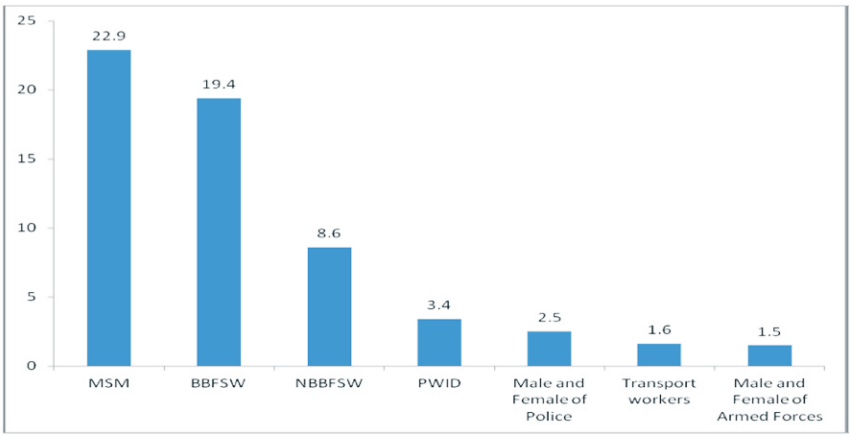
SECTION 1- INTRODUCTION

Nigeria has the second largest HIV epidemic globally and accounts for almost half of all new HIV infections in sub-Saharan Africa every year. The size of Nigeria's population means that 3.5 million people in Nigeria were living with HIV in 2015 . An estimated 60% of new HIV infections in western and central Africa in 2015 occurred in Nigeria. This is despite achieving a 35% reduction in new infections between 2005 and 2013. Unprotected heterosexual sex accounts for 80% of all new HIV infections in Nigeria with the majority of the remaining occurring in key affected populations.

HIV prevalence among PWID declined from 4.2% in 2010 to 3.4% in 2014. Despite this decline, nine percent of new HIV infections in Nigeria every year still occur among people who inject drugs (PWID) .PWID are also at increased risk of acquiring and transmitting HIV due to drug-and sex-related risk behaviors. The age at which people begin to inject drugs varies considerably and depends on factors such as social cohesion, norms and drug availability with initiation starting as early as 12 years of age .

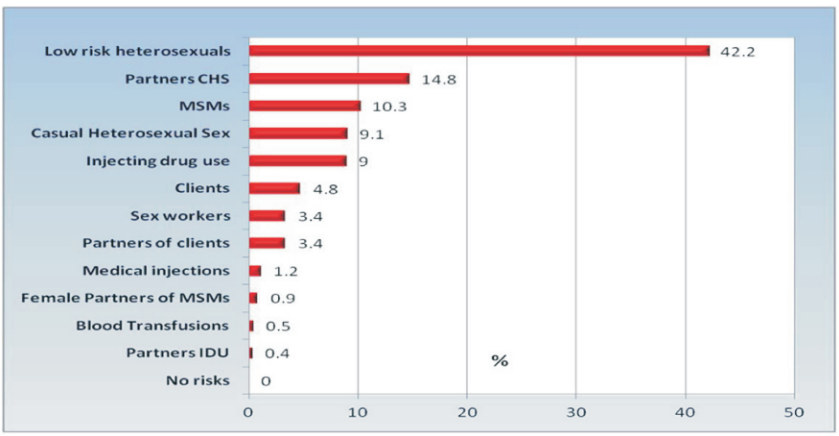
Epidemic appraisals have been used to provide further insights into the dynamics of MARPs sub-groups and informed planning and programming for PWID. For example, 2,085 active PWID spots were identified in an eight-state study in which Kaduna state had the highest (901) number of spots with majority being street-based.PWID using potentially contaminated injecting equipment are at high risk of HIV infection with specific sub-populations e.g. young PWID inexperienced in obtaining clean injecting equipment are especially susceptible to infection. Female injecting drug users are also at increased risk because of their sexual risk, injecting practices over which they may have less control and their low uptake of services. Similarly, inmates of prisons and other correctional institutions are at an increased risk of HIV infection because they have little access to preventive services. These peculiarities including their linkage to illicit drug use patterns, the potentially explosive spread within communities of PWID, the risk of further spread via sexual intercourse to the wider community and the specific vulnerability and risks of particular groups of PWID are priority considerations for programmers.

Figure 1: HIV prevalence among all vulnerable groups, Nigeria.



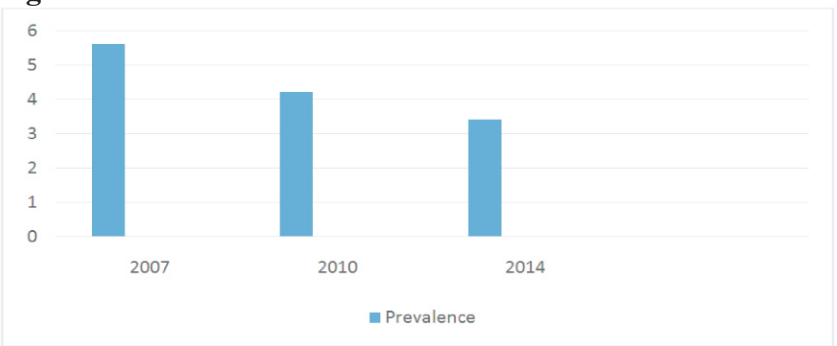
Source: IBBSS, 2014

Figure 2: Distribution of new infections by mode of exposure



Source: IBBSS, 2014

Figure 3: Prevalence of PWID in %



Source: IBBSS, 2014

The national response continues to promote prevention of HIV infections among PWID using the Minimum Prevention package of intervention (MPPI). This approach includes the key combination prevention strategies covering behavioural, biomedical and structural prevention approaches. However, Needle and Syringe Programmes (NSP) and Opioid Substitution Therapy (OST) though included in the World Health Organisations guidance for interventions among PWID are not yet available at large scale in Nigeria primarily due to legal and policy barriers.

Drug laws, policies and HIV & AIDS prevention and care services are inextricably linked. This is so because the ways in which drug laws and policies are framed and implemented impact on HIV prevention and treatment efforts. Recent assessments of the legal and policy barriers for interventions with PWID showed that the national drug laws focus on reduction of supply and demand of drugs and recommend punitive measures for possession and use of hard drugs. As such, they do not support harm reduction programs and approaches consequently impacting negatively on PWID access to HIV prevention, treatment, care and support services. To address these concerns, advocacy to the relevant audiences and influencers for an enabling legal and policy environment for programmes that provide HIV services to PWID becomes necessary in order to facilitate access to care for PWID, there have been calls for clear and transparent differentiation of a person's possession of drug for personal use versus other uses.

PWID are marginalized and stigmatized in most societies and often are at increased risk of acquiring and transmitting HIV, hepatitis, and other blood-borne pathogens. Legal assistance and justice for PWID is mostly not available. PWID populations are hard to reach and often, least able to access and utilize HIV prevention, care, and treatment services. HIV prevention programmes therefore need to be appropriately tailored to meet the needs of this community. Thus, advocacy will be targeted at addressing the law enforcement challenges and enhancing partnerships between HIV programme implementers and relevant law enforcement agencies. Advocacy

will also focus on merging public health, quality of life, and human rights approaches as a necessary condition for improved HIV services for PWID. The need for increased meaningful participation of PWID communities in the development of services and programmes that affect them has been also identified. In addition, attention will be paid to the need for service integration by various stakeholders in addressing the needs of PWID.

While the government of Nigeria through NACA has endorsed the combination prevention approach, domesticated as the Minimum Prevention Package of Interventions (MPPI) for both general population and key population (KP), there is still a significant gap in reaching PWID. Misconceptions about the criminalization of drug use and stigma and discrimination against people who inject drugs contribute to existing fears and fuel low utilization of existing HIV and other health services by PWID.

1.2. Purpose of this advocacy toolkit

This toolkit is aimed at providing practical advocacy strategies to ensure effective and efficient implementation of HIV prevention programmes for PWID.

1.3. Who this toolkit is for

This toolkit is for use at all levels – national, state and community. It targets all key stakeholders, policy makers and HIV program implementers who are active in PWID programming. It is particularly relevant for individuals and groups that can influence decisions and policy makers.

1.4. How this toolkit is organised

This toolkit is organized into four sections with detailed steps, guidance and tools for developing and implementing an advocacy strategy. It also includes suggested strategies for possible use as well as detailed instructions of the activities to be conducted for each session. The toolkit outlines foundational areas that can help strengthen an organisation's capacity for advocacy, and covers several cross-cutting aspects of advocacy including monitoring and evaluation, managing knowledge, managing risks, building relationships and securing partnerships.

SECTION 2- ADVOCACY

2.1. About advocacy

Advocacy originates from “advocare”, to 'call to one's aid' or to speak out, on behalf of someone, as a legal counsellor.

What advocacy is	What advocacy is not
• Starting, maintaining or increasing specific activities to a scale where evidence-informed recommendations for influencing change in policies, laws or practices that impact negatively on a people can be made.	• A courtesy visit • Support seeking • Community mobilization • Distribution of IEC materials

2.2. Principles of advocacy

- Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.
- Advocates and advocacy schemes work in partnership with people they support and take their side.
- Advocacy promotes social inclusion, equality and social justice.
- Advocacy ensures that all our advocates are fully trained and certified before meeting and working with members of the public.
- Advocates are completely independent from any service providers.
- The advocate's role is to support the service users to make informed choices not to offer solutions or advice.
- Advocates do not discuss confidential matters with third parties unless they have been given written permission to do so.
- Advocates represent views; they will not represent the views of professional workers or families without express permission.
- Advocates follow desired wishes even when they disagree with the course of action.

- Advocates could be paid or be volunteers.
- Advocacy works to ensure that no advocate will be put at risk by carrying out their duties.
- All advocates comply with the law. They are checked by security operatives and have due references before embarking on their work.

The following will greatly enhance the chances of a successful advocacy process:.

- Knowledge of the case and documentation of the facts.
- Familiarity with current policies.
- Knowledge of resources and allies in order to appropriately inform them of the issues and enlist their assistance.
- Knowledge of opposing cases and arguments in order to develop a strategy for countering them. Role-playing will help to refine strategies.
- Effective collaboration with stakeholders at a level that is high enough to get the job done.
- Clearly defined roles and timely communication within the group.
- Positive documentation and giving credit appropriately.
- Recruiting those within the system as an advantage.
- Avoidance of power struggle within the advocacy group.
- Awareness of the vulnerability of those within the advocacy group. The group must assess risks and weigh them carefully against possible gains before choosing confrontation.

SECTION 3- TOWARDS AN ENABLING ENVIRONMENT FOR PROGRAMMING FOR PWID IN NIGERIA

3.1 Elements of an enabling environment for Pro-PWID programmes

There are many divergent interests and practices within and among implementers of programmes targeted at PWID. A recommended enabling environment in the Nigerian context should:

1. Support evidence informed strategies;
2. Be guided by the national HIV framework and guidelines;
3. Increase access to prevention, treatment, care and support services;
4. Reduce stigma and discrimination;
5. Facilitate supportive policies for effective interventions;
6. Facilitate the provision of adequate resources for programmes implemented for PWID;
7. Promote gender and human rights of PWID; and
8. Promote greater and meaning involvement of PWID.

3.2 Principles of advocacy for PWID-focused HIV prevention programmes in Nigeria

1. Advocacy activities should aim at protecting the health and rights of the PWID. Advocates should carefully examine and research issues and collect evidence to make an appropriate case. Access to care and treatment, information and resources can often be an important entry point to discussing other issues.

2. Advocacy activities should balance short-term pragmatic goals with long-term developmental goals. The emphasis of advocacy efforts must therefore be on short-term pragmatic goals, such as keeping current PWID uninfected and alive, without losing sight of the longer term goals such as demand reduction or a drugs free society.

3. The objectives of advocacy must relate to approaches and activities shown by research to be effective in addressing HIV/AIDS among PWID. Advocates need to be aware of the research basis of approaches and to keep up to date with new research and new ideas related to preventing HIV/AIDS.

4. Advocacy activities should concentrate on HIV/AIDS prevention, treatment, care and support for PWID. Prevention and care approaches to HIV/AIDS are mutually reinforcing in several ways. Comprehensive, high-quality care services, which include the availability of medicines, create a receptive audience for prevention messages, and effective prevention ultimately reduces the demand for care services.

5. Specific and targeted advocacy activities should fit the social, cultural, political and legal context of the society. The advocacy approach used and the key targets of the approach depend on the overall societal context. Activities that are highly successful in one country may be difficult to implement and even counterproductive in another. Advocates are expected to know the history, society, and cultural and political systems in the country in which they are working and adapt their activities to suit that context.

6. Advocacy activities should target different sectors of society and key individuals using multiple advocacy techniques at the same time if possible. Successful advocates use multiple complementary strategies to achieve their goals. Many influential individuals and groups need to be targeted at the same time to achieve a supportive environment for HIV/AIDS prevention programmes targeted at PWID.

7. Advocacy should aim at quickly establishing supportive policies or policy change using results of a project. The scale to which policy change can be achieved would be dependent on the opportunities created by factors such as the estimates of the PWID and their sexual risk behaviours.

8. Advocacy should be strategic,monitoring current events in order to identify opportunities that have available resources to take advantage of those opportunities. Advocates need to be ready with evidence and appropriate channels of communication toensure that opposition is quickly responded to in a strategic manner.

9. Advocacy activities should involvePWID in project design, implementation and evaluation. Involvement increases the speed with which policies can be influenced. If conditions for PWIDinvolvement becomes dangerous for them, advocates should seek their views through other lower-profile methods.

10. Advocacy activities should consider gender relations and dynamics, ethnic background and vulnerability, for example female PWID may be more hidden than the male. Injecting drug use may also differ by ethnic groups. Advocacy activities should seek to expand the knowledge base of drug use by male and female PWID and ensure that the advocacy process takes into account gender sensitivity.

3.3. Beliefs and attitudes opposing interventions for PWID

Beliefs and attitudes	Reply
• **There is no problem** This is a common argument in settings with few recorded cases of HIV infection among PWID.	• Few recorded cases do not mean a small number of cases. • Every setting with injecting drug use is at risk of an epidemic of HIV/AIDS among PWID. • Prevention that starts early is much less expensive and much mor e effective in saving lives than prevention efforts after an epidemic is established. • Rapid assessment should be conducted immediately to determine the extent of injecting drug use and related risk behaviour. If these types of behaviour s exist, then actio n should be taken immediately at a scale large enough to prevent HIV/AIDS epidemic among PWID or to bring an existing epidemic under control.
• **Drug users don't matter** Some people believe that drug users are "bad" or "evil" and therefore should not be provi ded with health services.	• The use of drugs is an activity that may change across a person's lifetime. • Many drug users are young people experimenting with drugs. In any case, no one deserves to die of AIDS. • Drug users are members of society, and the signatories to the health for all policy have stated that the health of all people in a society is important and must be protected.
• **There are more important health problems** This is a very common argument, especially in developing countries. It is also often true, at least in the short term.	• The truth about HIV/AIDS epidemics is that they overwhelm health systems with AIDS five to ten years after the initial epidemic has occurred. • Unless HIV/AIDS is brought under control, a massive wave of AIDS cases can oc cur that will dwarf all of the country's other health problems. • The only way to prevent this from happening is to prevent HIV transmission now, even though malaria, tuberculosis or other diseases may look like a much greater problem at present.
• **HIV and AIDS among PWID is not my problem** This is a very common response.	• HIV/AIDS is not just a disease. • It has social and economic effects throughout every sector of the society. Evidence shows that every sector of the society needs to play a part in addressing HIV/AIDS.

• **The AIDS epidemic will fix the drug problem** This is quite a common response, usually said with a laugh but meant at least partly seriously.	• This is not the case. In no country where HIV has spread among PWID has there been a massive reduction in drug use. • HIV/AIDS affects men, women and children; not just drug users and their families, but many other people in society as well.
• **Police must enforce the law and should therefore apprehend drug users** This is a very common argument.	• Although thi s is true, it is also common practice to enforce the law with some discretion in many areas. • Police may determine whether to enforce laws more or less vigorously, in which areas to focus their resources and on what crimes they will concentrate. • Evidence shows that fear of arrest by the police is often stronger than fear of acquiring HIV/AIDS, so that drug users are likely to take greater risks in injecting drugs when they fear arrest. They will also not come forward for education in an atmosphere of trust unless they are sure they will not be arrested. • Health workers need to be able to provide this education and build up this trust so that education is successful.
• **The laws are fixed, and I cannot change them** This is especially common among departmental (bureaucratic) policy-makers.	• In this circumstance the law may not need to be changed. • There may be regulations that can be amended while legal review or change is pending. • There may be policy statements that can be changed, which can put pressure on legislators to change laws.
• **Drug users should not receive special assistance**	• The advocated activities do not mean that drug users receive special assistance. It means that a society gives priority to HIV/AIDS prevention in this group to protect the health of all members of society, to ensure that health insurance premiums do not have to rise and to ensure that hospital beds are available for frail and elderly people instead of all of society's resources being needed to care for people living with and dying from AIDS.
• **Ideas from western countries are unsuitable In this country** This is a common argument even from health professionals, lawyers and especially police and politicians in some countries.	• These approaches may not be effective in this country. For th is reason, pilot programmes may be needed to begin with. If the programmes are shown to be effective in this country and they will reduce or stop an HIV/AIDS epidemic, then they are suitable for this country.

• **Needle and syringe programmes and substitution treatment encourage drug injecting** This attitude is especially common among those who only look at some of the proposed activities and do not read background papers about evidence.	• This is not true. Harm reduction activities have been studied extensively to determine specifically whether they lead to any negative consequences such as increased drug use or increased injecting. In no research has this been shown to occur. • In fact, the effect is often the opposite, with drug users attracted to outreach or n eedle and syringe programmes voluntarily seeking help to stop using drugs. This comes about as a result of the trust established by such programmes with PWID. • These activities will take the Nigerian context into perspective.

3.4. ADVOCACY STEPS

These are suggested simple advocacy steps that can be used.All steps can be addressed during meetings. These can be prioritized and tackled one step at a time.

3.4.1. Step 1: constitute your advocacy team

Ask	Action
• Do we need a teamfi • How many people can be part of the teamfi • What is the desired technical competence of advocacy team membersfi • Are they passionate about PWID issuesfi • What resources do we have on ground for an effective advocacy – is there a checklist	• Constitute your advocacy team, send out letters of nominations and get expressions of interest or acceptance letters. • Develop your budget – disaggregated into income, donations, vendor • Determine in advance who will cover different costs items. • Contact advocacy team and partners for initial planning session s via appropriate mediums. • Send out reminders for meetings with clear objectives and outputs. • Follow up to ensure attendance. • Send out notes of meetings and follow up on next steps.

3.4.2. Step 2: Define what you want to change (advocacy issue, goal and objective).

Ask	Action
• Does this issue touch the heartfi • Who is affectedfi • How many people are affectedfi • What are the underlying causesfi • What are the consequences of the problemfi • Can this issue be changed through advocacyfi • Is it popular and can attract public sympathy and supportfi • Will this effort lead to improved livelihood and long-term benefits to those affectedfi • Which human face can we give the issuefi	• Define the PWID subpopulation you are advocating for. Be careful to also define age band. • Present the PWID subpopulation you are advocating for. • Lead advoca cy team members to identify and write down specific issues found in the context, with the latest facts and figures if available. • Record these issues • Review the list of issues with team members to clarify any ambiguity. Ensure that everyone has the same understanding of each of the issues. • Deliberate and prioritize issues to be tackled at a time

Action determining advocacy goal

Develop the vision for change of the advocacy campaign.

Define the long-term result (three to five years) of your advocacy effort.

Action determining advocacy objectives

Identify the decision maker or key stakeholder: the person who has the power to achieve the objective.

Identify the specific policy, program action or decision required by the Decision Maker to achieve the objective.

Describe when the objective will be achieved. Advocacy objectives should be achievable in a 1 to 2 year period.

Indicate the quantitative measure of change needed (example: percentage of funds allocated, number and type of HIV prevention services, etc).

TOOL: The **SMART** Method.

Advocacy objectives need to be:

Specific*:* Be careful not to use vague words like 'sensitize' and

'empower', use works that can reflect clearly desired results. Be careful with words that can be interpreted in a variety of ways, e.g. accountability, transparency etc. Use words that specifically mean the change you want to see.

Measurable: Be as exact as possible about who, what, where, and when.For example, specify the sum of money, the Chairman of the XYZ LGA will allocate NGN123 to train service providers to provide HIV prevention information for XXX female PWID.

Achievable:Set milestones that could make your objectives realizable. For example, if the goal is "empowerment" or "awareness-raising," ask yourself what an empowered / or an aware person does and make those your objectives.

***Realistic*:** Try to be realistic when you decide which and how many people you plan to influence. This is where data comes in handy.

Time-Bound: Although the exact timing of social change outcomes is almost impossible to predict, you should be as precise as possible about when you anticipate to achieve your aim. If that is too difficult to predict you may want to break your objective into milestones which will mark your progress in accomplishing your aim. For instance, if empowerment seems too long term, you can focus initially on helping the group with a constitution or bye-law first.

3.4.3. Step 3: knowing who can make change happen

Ask	Action
• Who can (power) and will (w ill) affect the change you are seekingfi • How much power do you perceive them to have onachieving change on yourissuefi • And how willing are they to bring about the change you want to see	• Map out the policy -making process relevant to the change you seek. • Identify some of the key decision -makers at key moments in the process . They could be organisations or individuals. • Position the strong actors you have identified backed byevidence (i.e. research, conversati ons, interviews,observation etc.). • You may wish to prioritise key actors that you will focus your efforts on and make them your potential allies. • Also identify potential targets, influential and possible opponents.

TOOL: The Power/Interest Matrix for stakeholder prioritisation

3.4.4. Step 4: Building alliances to strengthen your voice

A successful advocacy campaign depends very much on the unity, dedication and perseverance of collaborating CSOs, LEAs and health service providers. Alliances and coalitions can greatly enhance advocacy by bringing together the strength and resources of diverse groups at the national, regional and international level.Before embarking on building or joining alliances one should also think about all benefits and challenges carefully.

- Be sure and clear about your focus on achieving a better enabling environment for programmes implementing for PWID.
- Have a clear process for agreeing on the main messages for the advocacy.
- Develop membership criteria and mechanisms for includ ing new members and sustainability.
- Resolve what the coalition/alliance will and will not do.
- If the group is large select a steering committee.

Tool: Developing an agreement or MoU or common platform for advocacy

3.4.5. Step 5: Making your case

Using evidence to make your case in clear messages.

Tool: Ten golden rules for developing effective messages

1. Know your audience: Find out what they know about PWID, their concerns, their values and priorities and what kind of language they use.

2. Know your political environment and moment: What are the big controversies, the big issues and fears in your contextfi How might they affect your messagingfi What is considered left, right and centerfi

3. Keep your messages simple and brief: Make sure someone who does not know the subject can easily understand the information.

4. Use real life stories and quotes. The human element makes a problem, or issue, real. Quotes and personal stories bring to life the challenges faced by PWID. They also help to make the message locally relevant by presenting information relating to the local context and therefore more easily understood by your audience.

5. Use precise, powerful language and active verbs: For instance, “human rights are for all human being”.

6. Use facts and numbers accurately and creatively: The facts you choose and the way in which you present them to make your case is very important. Saying “1 in 3 youths…..”, rather than “over 30% of young people…..” conveys the same fact more clearly.

7. Adapt the message to the medium: Each medium has its own possibilities and limitations.

8. Allow the audience to reach their own understanding: Provide basic details as too much information may appear dogmatic and may cause you to lose your audience's attention.

9. Encourage the audience to take action: You must be clear about what action your audience – whether it's your key targets or the general public – can take to support your cause.

10. Present a possible solution: Always tell your audience what you propose in order to advance a better enabling environment for HIV PWID programmes.

3.4.6. Step 6: Conveying your messages

There are a variety of ways in which you may deliver your messages to different audiences depending on your context. It may be useful to consider the following when thinking about your delivering your messages:

3.4.7. Step 7: Consolidating your plan and tracking progress

All the information generated during the advocacy planning process should be captured in an advocacy plan. A suggested template for developing an advocacy plan is available as an annex to this Toolkit. This is only a suggested format as there are countless ways of pulling together an advocacy plan. This plan should summaries the conclusions of the following key steps in the planning process:

Enabling Environment and power analyses

- Vision of change and specific change objectives
- Policy analysis including opportunities and entry points for advocacy
- Stakeholder analysis and approach to developing your advocacy initiative
- Core and tailored messages
- Key stages in the plan, including short and medium term activities planner/timeline of major activities

3.5. Monitoring and Evaluating your advocacy

Good planning, monitoring, evaluation and impact assessment are essential for effective advocacy and to make sure lessons are learned to improve future advocacy.

To assess both the process and impact of your advocacy, process monitoring will allow you periodically to judge whether:

- Your approach and tactics are working
- Enough target audiences are being reached and your messages are accessible to them
- You are using the most appropriate channels to convey your message

TOOL: 1) Advocacy and community dialogue form
2) Advocacy and community dialogue monthly summary form

SECTION 4. DEVELOPING AN ADVOCACY REPORT.

The final stage of the advocacy process involves the preparation of a report using the evidence you have gathered. Your report should include what happened during the advocacy, findings, conclusions and recommendations. Find below the elements of an advocacy report:

1. Introduction
The introduction should present a brief situation analysis, what has been done by other stakeholders and the motivation for the advocacy. It should also include the subject of the report, duration of advocacy and who executed the advocacy. This section should give the reader a snapshot of the advocacy objectives, findings and key conclusions. As the name implies, this section is an invitation to the whole document, it must therefore be an interesting read.

2. Methods
This section includes information about the process – from conceptualisation to execution. Provide information about the data sources – generated or analysed and the data gathering method. The number of respondents or participants should be provided if interviews were conducted. Stakeholder identification and involvement details should be provided. Acknowledge methodological limitations and assumptions made.

3. Findings
Present the findings as succinctly as possible. Always keep your evidence clear, concise and simple. Data should be disaggregated as much as possible. Present findings in terms of outcomes. Analyse the evidence gathered explaining how the evidence reflects problems. Avoid inaccuracy in the data.

4. Conclusions
This section should be a summary of the findings. Make your case using pointers to the policy maker/s violations and the need to comply with obligations. Make appropriate references to standards relevant to the findings. Be careful not to report with a provocative tone. Articulate the messages in a clear and compelling way. The best way to make this section an interesting read is to identify findings that speak to the same things so that the conclusions are few.

5. Recommendations
Recommendations are based on identified gaps with regard to expected obligations. Make recommendations that can be implemented. Avoid being prescriptive so that policy makers have a choice of specific measures to adopt in order to fulfil their obligations as individuals or collectively.

6. Appendices, list of advocates and abbreviations
This section may be necessary if technical terms have been used and resource persons need to be recognised.

Annex 1

Sample advocacy plan

1. Advocacy Group Lead
Core Team: People working closely on the planning/delivery of the strategy
Satellites: People who act as reference points/have occasional involvement

2. Vision of Change
What is overall goal you want to achieve as a result of your advocacy for a greater enabling environment in your contextfi

3. Change Objectives
What are the specific concrete and measurable changes that you want to bring about and that will in turn contribute to achieve your goalfi

4. Context – Enabling environment and political analysis
This should help contextualize your advocacy strategy. It should draw on your situation and political analyses outlining the main problem (or issues) and briefly outline what solution you envisage.

5. Targets
Identify the main decision-makers that your advocacy will target at the national, or local level.

6. Entry points and opportunities
Use your Power/Interest Matrix and draw on your power and political analyses. Make reference to key entry points and opportunities for profiling your key messages and influencing direct policy change (key stages in relevant policy making processes, upcoming national or international meetings and conferences, key anniversaries etc., the decision makers to be targeted and how you will reach them (tactics).

7. Key Messages

Briefly outline your core message first. Then outline the key messages for your key audiences (e.g. target politicians, technical experts, allies and partners, the general public). You should also consider the format and channel best suited to that audience

8. Risk analysis

List the major risks (challenges or obstacles) to the success of the advocacy strategy (e.g. dangers, obstacles – both internal and external etc), decide what the likelihood of each negative situation taking place is and steps that you might take to mitigate each risk.

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