

# **E4A-MAMAYE**

# **GENDER TRANSFORMATIVE**

# **ADVOCACY HANDBOOK**



## CONTENTS

Acronyms	1
Key terms	2-3
Introduction	4
The E4A-MamaYe project	5
E4A-MamaYe's approach to advocacy	6-9
E4A-MamaYe's six steps to gender transformative advocacy	10-11
<b>Step 1:</b> Defining the problem	12-15
<b>Step 2:</b> Thinking and working politically	16-21
<b>Step 3:</b> Finding the information needed	22-25
<b>Step 4:</b> Coming up with solutions	26-29
<b>Step 5:</b> Taking action	30-33
<b>Step 6:</b> Tracking results	34-37
Further information	38-39
<b>Annex 1:</b> E4A-MamaYe approach to scorecard development	40



## ACRONYMS

<b>ANC</b> - Antenatal Clinic
<b>CSO</b> - Civil Society Organisation
<b>DHIS</b> - District health Information System
<b>E4A</b> - Evidence for Action
<b>FP</b> - Family Planning
<b>GTA</b> - Gender Transformative Advocacy
<b>MPDSR</b> - Maternal and Perinatal Death Surveillance and Response
<b>PEA</b> - Political Economy Analysis
<b>RMNCH</b> - Reproductive, Maternal, Newborn and Child Health

## KEY TERMS

**Accountability** ensures that actions and decisions contribute to better governance and thus, better health of a population. Broadly speaking, accountability exists when an individual or body, and its performance of tasks or functions, are subject to another's oversight, requiring them to provide information or justification for their actions.

**Advocacy** is the deliberate process of influencing those who make decisions about developing, changing and implementing policies. In the case of the E4A-MamaYe project, this influencing is to improve maternal, neonatal and child health outcomes.

**Civil Society Organisations (CSOs)** represent the interests of groups within society, communicating their concerns to policymakers. CSOs also inform these groups of policy decisions which concern them. E4A-MamaYe mainly works through local grassroot CSOs and encourages them to forge close partnerships with other stakeholders such as government and media.

**Coalitions** are multi-stakeholder groups comprised of government, health professional associations, media, civil society and traditional institutions. With a remit to monitor, review and use evidence to make improvements, they bring previously opposed sides together with a common advocacy goal.

**District health information system (DHIS)** is used in more than 60 countries around the world. DHIS is an open source software platform for reporting, analysis and dissemination of data for all health programs, developed by the Health Information Systems Programme (HISP).

**Evidence** in advocacy refers to a result or output of a research process. Individuals and organisations are seeking to transform society and to sustain gains over time using evidence to justify the course they are taking.

**Gender** is the socially constructed norms, roles, and attributes considered appropriate for men, women and people of other genders in a specific context and time.

**Gender equality** ensures equal rights, responsibilities, opportunities, and respect for men, women, and people of other genders

**Maternal and Perinatal Death Surveillance and Response (MPDSR)** systems facilitate the implementation of evidence-based solutions to address the underlying causes of maternal and perinatal death. Under the system, health practitioners and government stakeholders meet to examine why deaths have happened, underlying causes and contributory factors and identify solutions. MPDSR is instrumental to informing advocacy, policy, planning, service delivery and accountability towards ending preventable maternal and neonatal mortality. For more information, see the E4A-MamaYe website.

## INTRODUCTION

Advocacy is a complicated process which requires significant adaptation and planning in order to be successful. This handbook provides an approach and various techniques to assist coalitions, civil society organisations and other stakeholders in performing gender transformative advocacy that fosters accountability, is evidence based, and responsive to the political economy context.

This handbook is available for public consumption based on work from the Evidence for Action-MamaYe (E4A-MamaYe) project managed by Options Consultancy Services Ltd.

The methods described in this document build on a range of existing advocacy approaches and toolkits. These techniques were adapted based on what has been learned since the start of the E4A-MamaYe project in 2012 and respond to insights provided by the E4A-MamaYe teams in Kenya and Nigeria.

## THE E4A-MAMAYE PROJECT

The E4A-MamaYe project is implemented by Options Consultancy Services Ltd and funded by the Bill and Melinda Gates Foundation. E4A-MamaYe works to catalyse change by bringing together government, civil society, and health practitioners to use existing information and resources to identify why women and babies are dying of preventable causes.

### **E4A-MamaYe facilitates coalitions to:**

1. Identify the reasons why women and babies are dying.
2. Agree on how available resources can be used most effectively to address these reasons.
3. Advocate for the changes needed.

As a result, government and health practitioners are better able to respond appropriately to the issues causing unnecessary deaths and injuries. This means women and children have better access to improved quality health services and more women having safe births.



Visit: [mamaye.org](https://mamaye.org)  
to watch our video story

## E4A-MAMAYE'S APPROACH TO ADVOCACY

Advocacy is the deliberate process of influencing those who make decisions about developing, changing and implementing policies. In the case of the E4A-MamaYe project, this influencing is to improve maternal, neonatal and child health outcomes through a gender-transformative process that promotes gender equality and inclusion along the way as well as an end result.

### Gender Transformative Advocacy

Advocacy that recognizes how gender influences peoples' needs, power, access to resources, services and opportunities. It (1) aims to reduce gender inequalities, in this case as they relate to maternal and neonatal health, and (2) is planned and implemented in a way which reduces or removes gender gaps and barriers to participation and influence in the advocacy efforts. It uses messages/materials that raise awareness about harmful gender norms and aim at changing them to create equitable gender norms and dynamics.



**E4A-MamaYe's approach to advocacy is grounded in the following four concepts:**

- 1. Building partnerships:** Instead of advocacy where CSOs advocate and position themselves 'against' government, E4A-MamaYe's approaches focus on building a culture of institutionalised advocacy and accountability by supporting multi-stakeholder coalitions. These coalitions strengthen trust among government, CSOs and practitioners through transparent use of information which informs joint action.
- 2. Evidence-based advocacy** is important in order to impact positive change. If information is gathered, organised and visualised clearly and is user friendly, decision-makers and other audiences are more able to see the problem demonstrated to them and address the root causes of the problem.
- 3. By 'thinking and working politically'** advocates are better able to understand contextual changes and adapt to new opportunities and barriers that exist. Thinking politically encourages advocates to better understand how those who currently have power can support or frustrate change, and what factors make change possible or unlikely. Working politically means having objectives which seek to change the social and political landscape, such as distributing rights and resources more fairly in society and using our knowledge of power and politics to achieve those objectives. E4A-MamaYe supports actors to apply this approach by integrating practical Political Economy Analysis (PEA) approaches as part of their advocacy.

## E4A-MAMAYE'S APPROACH TO ADVOCACY CONT'D

4. **Person-centered:** a person-centred approach places people and their needs at the core of programming and interventions. The people the project is meant to serve should be at the centre of its design. By analysing their problem and needs, advocates are equipped with the information they need to confront decision-makers with the consequences of their actions and set out compelling arguments for change. As part of this process, it is important to acknowledge that gender, age and other social factors (disability, ethnicity, etc) shape people opportunities and constraints in relation to their own health and their role in supporting the health of family members or other people in the community. A person-centered approach, that analyzes how gender and other social factors affect a person's problems and needs, will support advocacy that is both more effective and more likely to contribute to reducing gender and other inequalities.

These approaches have been fundamental to E4A-MamaYe's ability to establish successful and sustainable multi-stakeholder coalitions that are resilient and responsive to their changing environment. Driving use of evidence for advocacy through data visualisation and communication techniques, as well as building trust and transparency between civil society, practitioners and governments are cornerstones of accountability.

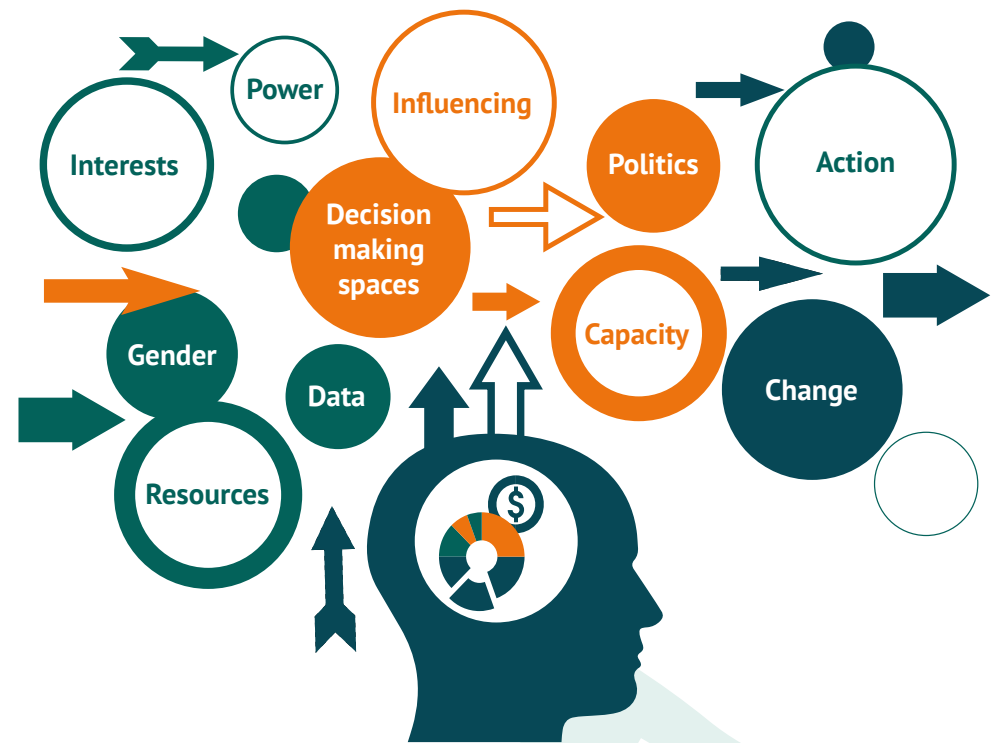


Figure 1: Thinking and working politically



# E4A-MAMAYE'S SIX STEPS TO GENDER TRANSFORMATIVE ADVOCACY

This handbook is structured in line with E4A-MamaYe's six key steps of advocacy:

1. DEFINING THE PROBLEM
2. THINKING AND WORKING POLITICALLY
3. FINDING THE INFORMATION NEEDED
4. COMING UP WITH SMART SOLUTIONS
5. TAKING ACTION
6. TRACKING THE RESULTS



The techniques described under each step can be adapted to support advocacy in a variety of sectors and countries.



Figure 2: Six Steps of Advocacy



## STEP 1: DEFINING THE PROBLEM

To achieve change CSOs need to identify ‘what’ the specific issue is that they would like to see addressed and define the problem behind it. Defining a specific problem increases the likelihood of the problem being addressed, against a realistic, achievable timeframe, and within the resources available.

Using a maternal and new-born health context (as is the focus in E4A-MamaYe) as an example, civil society organisations could first identify a pathway to ‘good’ maternal health, based on participants’ experiences in their communities and presentation of best practice. This sets the standard of what should happen, which can then be compared with what does happen in the real world. Evidence should also be collected on how gender inequality influences maternal and perinatal mortality. How for example, women’s position in society has an influence on their ability to receive information and access health services. Evidence is presented from a variety of sources including the district and health information system (DHIS) and analysis of maternal and perinatal death surveillance and response (MPDSR) data to demonstrate the reality of MNH at the global, national, and local level as well as more qualitative analysis of power and gender dynamics at the community and household level. Following this, CSOs can adopt a ‘problem tree approach’: a tool that enables civil society to explore the problem that they want to address and identify its root causes.



### TOOL: The Problem Tree

**Problem Trees help find solutions by mapping out the anatomy of cause and effect around an issue in a structured way, with the aim to:**

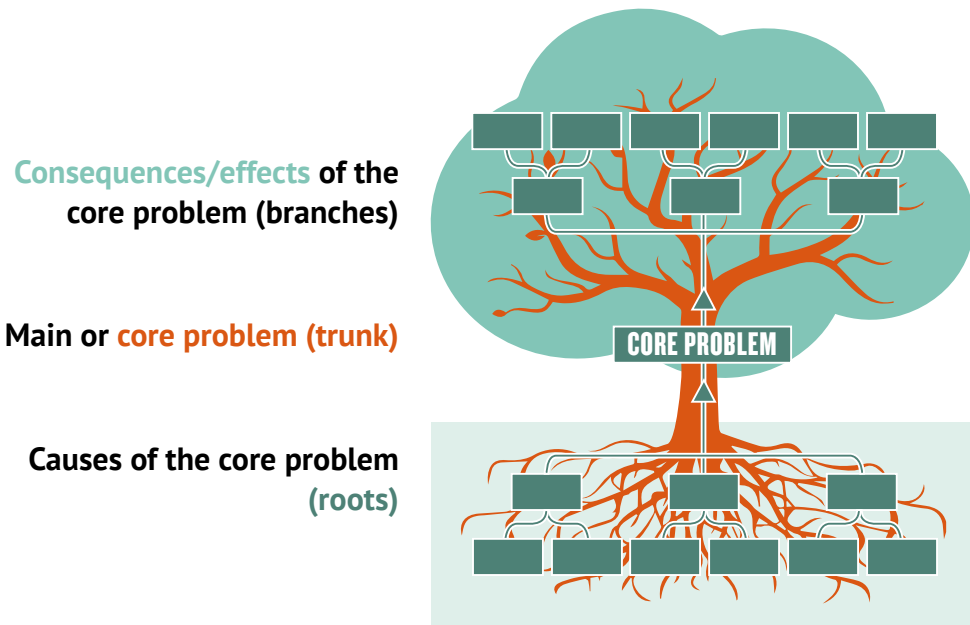
- Create more understanding of the issues that cause the problem (which are sometimes interconnected and even contradictory)
- Help establish whether further information, evidence or resources are needed to come up with a solution
- The process of analysis can help to build a shared sense of understanding, purpose and action.

In order to utilise a problem tree, a problem is written in the centre of a flip chart page and that becomes the “trunk of the tree”. The causes of this problem become the roots of the tree and the consequences become the branches (see Figure 3: Problem tree).

**Some questions that might be helpful whilst building the problem tree include:**

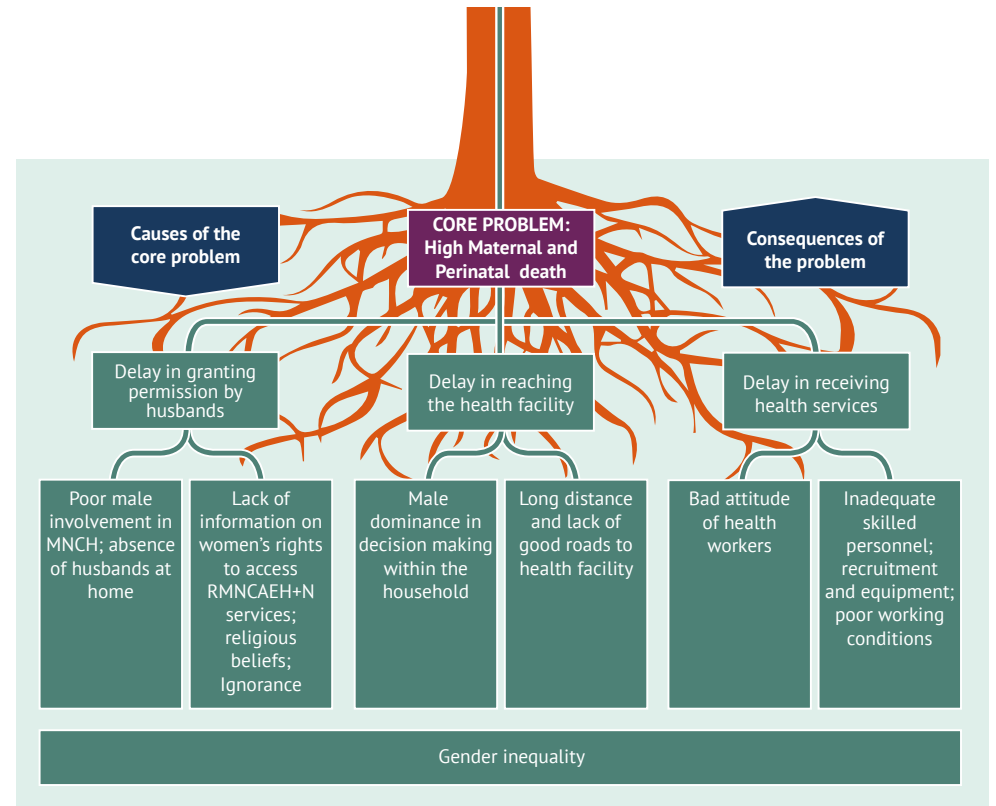
- Which causes are improving, which are getting worse and which are staying the same?
- What are the most serious consequences and what criteria is important as we think of ways forward?
- Which of the causes are the easiest/ most difficult to address? What possible solutions could help?
- How are gender and other inequalities contributing to or causing the problem? Are the consequences the same for everyone or are they different for people of different genders, age, ethnicity, ability, etc.?





**Figure 3: Problem tree**

Consider involving those mostly affected by the problem in the development of the problem tree. For example, when speaking about maternal health, women and girls are probably well aware of what are some of the main causes and effects of the issue - their insights can be particularly useful for the analysis!



**Figure 4: Example of problem tree developed by a coalition in Nigeria**



## STEP 2: THINKING AND WORKING POLITICALLY

Effective gender transformative advocacy requires the right information, delivered at the right time, in the right context, to the right audience. This requires advocacy actors to think and work politically. Thinking and working politically means that advocates understand who has the power to support or challenge change and use this knowledge of power and politics to achieve objectives.

Organisations working in advocacy must continuously explore their context and adapt their advocacy efforts according to realities on the ground: identifying opportunities and barriers. Thinking and working politically does not require a specific output but is about adopting a certain mindset.

A range of political economy tools can be integrated into future ways of working to support CSOs to think and work politically. These include budget planning and funding flow maps and stakeholder and power mapping to identify champion, collaborations and barriers and develop networks of change.



### Budget process mapping

Another approach that can also be helpful is mapping out the planning and budgeting processes within a country or context as well as which decision-making spaces are open to CSOs influence, in order to understand when, and at what level, the government may have the ability to take on board solutions and create change; and thus, where advocacy is most effective.



Civil Society Organisations at the Advocacy Workshop in Nairobi,  
March 2020



## STEP 2: THINKING AND WORKING POLITICALLY

### TOOL: Stakeholder mapping

Stakeholder mapping is a visual process which entails laying out the stakeholders on an issue or in a project on one diagram. The benefit of stakeholder mapping is to get a representative diagram of who may be able to influence a project or piece of work and how those people are interconnected. Stakeholder mapping often generates a long list of stakeholders. Prioritisation is key because time may not allow CSOs to work with all stakeholders. As such, it is important to consider who should be the focus of the advocacy. A power matrix allows those undertaking the advocacy to identify which stakeholders they should target their messages to or empower in order to achieve change. It also investigates the position and motives of each player.

#### How to Map Stakeholders:

In order to complete a stakeholder mapping, it is important to understand who stakeholders are, their level of influence and their key interests.

#### Stakeholders are people or organisations that:

- Stand to be affected by the advocacy problem
- Have influence and can therefore change the problem
- Can influence decision-makers

#### Stakeholder analysis:

- A process to determine whose interests should be considered when developing an advocacy strategy.

#### How to do a stakeholder analysis:

- Utilising the below table (Figure 5), place the stakeholders into the appropriate boxes which will help determine how to engage with them
- Influence in this case means the extent the actor shapes or has power over the problem?
- Interest in this case means the extent the actor has an interest in supporting the advocacy goal?

#### Apply a gender lens:

Applying a gender lens to your stakeholder analysis is essential. In your power matrix remember that gender, as other social characteristic, influences power and that the gender of a stakeholder could be key to their level of influence! For example, an organisation that represents women (and is lead by women) is probably particularly interested in advocating for issues related to maternal health but they might need resources and training to be empowered to effectively advocate especially with male decision-makers. Similarly, it is likely that female politicians might be a good entry point to discuss issues around maternal health so identifying them would be essential as part of your stakeholder mapping.



## STEP 2: THINKING AND WORKING POLITICALLY

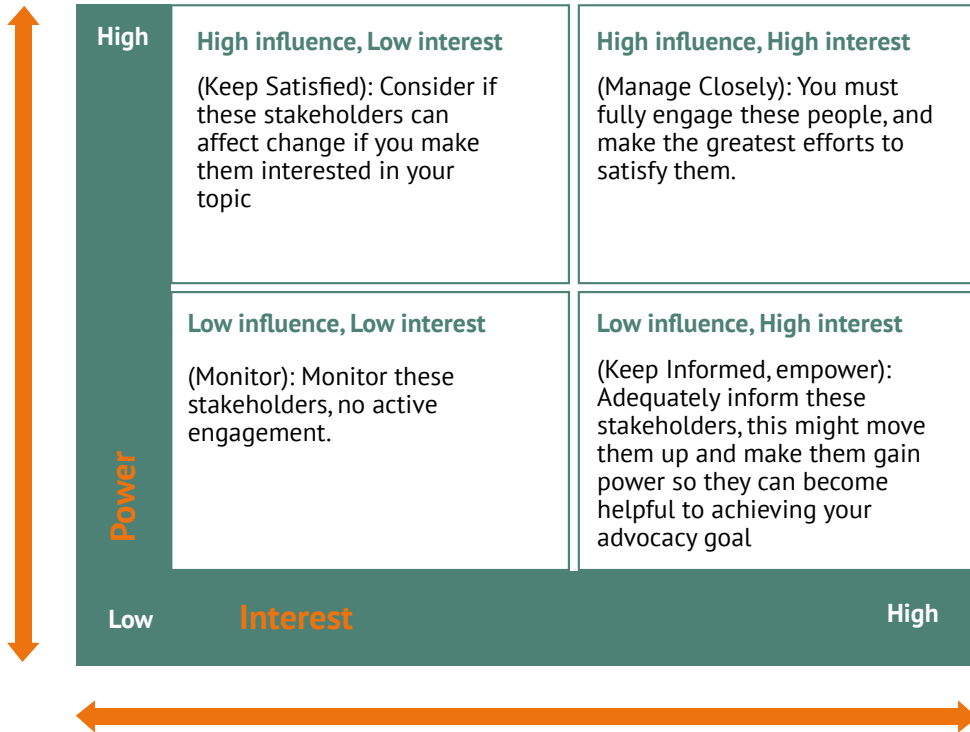


Figure 5: Stakeholder Mapping

For example, if a CSO were interested in access to family planning and used this tool to identify stakeholders, they might come up with the following groupings:

- Low influence/high interest: Head of the women’s civil society group, who supports family planning but has limited political power to influence policy or budgets.

- High influence/low interest: This could be a politician who doesn’t see family planning as her/his political priority but has high decision-making legitimacy and connections.
- High influence/high interest: A Minister who sees family planning as a priority and has been driving the passing of a specific policy.
- Low influence/low interest: Bureaucrat who is uninterested in family planning and has little power to influence policy.

### CASE STUDY: Who has the power over primary health care in Lagos

In Lagos, Nigeria, the coalition developed a detailed stakeholder analysis map identifying who they would need to influence to achieve improved MNH services.

This process helped the coalition to identify the correct stakeholders to advocate to and partner with to achieve their objectives, including the Commissioner of Health, key members of the Lagos State House of Assembly (including the Speaker and Chairman of the Health Committee), religious leaders, local government chairmen and journalists. Partnerships and collaborative working relationships were cultivated with the Community Development Advisory Council, Ward Health Alliance, state legislators and Muslim and Christian associations.

Utilising these networks and targeting key decision-makers, the coalition successfully advocated for the reconstitution of the Governing Board of the Primary Health Care Board, with the inaugural meeting held on 9th March 2020. The reconstitution of the Board is an important pre-requisite for accessing the Basic Health Care Provision Fund and provides oversight and regulation of primary health care facilities, both critical components for improving MNH.



## STEP 3: FINDING THE INFORMATION NEEDED

If CSOs can prove that the problem exists and deepen people's understanding around it this is likely to help with finding an appropriate solution. The information gathered can range from testimonies by community members, pictures of the effects of the problem, or analysis and packaging of data.

Generating information can be structured around three key questions:

1. What are the duties, rules or commitments made that should address the problem? Consider also commitments made against international standards for gender equality (SDGs, CEDAW, Convention on the Rights of the Child, International Convention on Population and Development, Beijing Platform for Action, etc.). As said earlier, gender inequality has a direct link to maternal mortality so Government commitments to promoting gender equality are essential for improved maternal health.
2. What did the Government do? Consider what the Government has or has not done to address the barriers that women and other marginalized groups face when accessing services, information, etc.
3. What were the consequences? Consider what are the consequences for different groups of the population, in particular women, girls and other marginalised groups. Analyse also how certain measures taken by the Government on a specific issue might have consequences on broader issues such as gender equality.

Identifying government commitments that relate to the problem allows advocates to explain to those responsible what promises they have failed to deliver. Organisations must work through identifying political, legal or financial commitments that are of importance to

their work from sources including policy documents as well as verbal agreements that have been made in political events.

It is then important to compare what has been done to the commitments that have been made. In the E4A-MamaYe project, we do this by utilising scorecards. A scorecard is a tool used to collect and visually present data gathered on a selection of indicators, and often includes advocacy asks or recommendations to target audiences based on an analysis of the data. This is then used as evidence to hold those responsible to account. See annex 1 for E4A-MamaYe's approach to scorecard development.

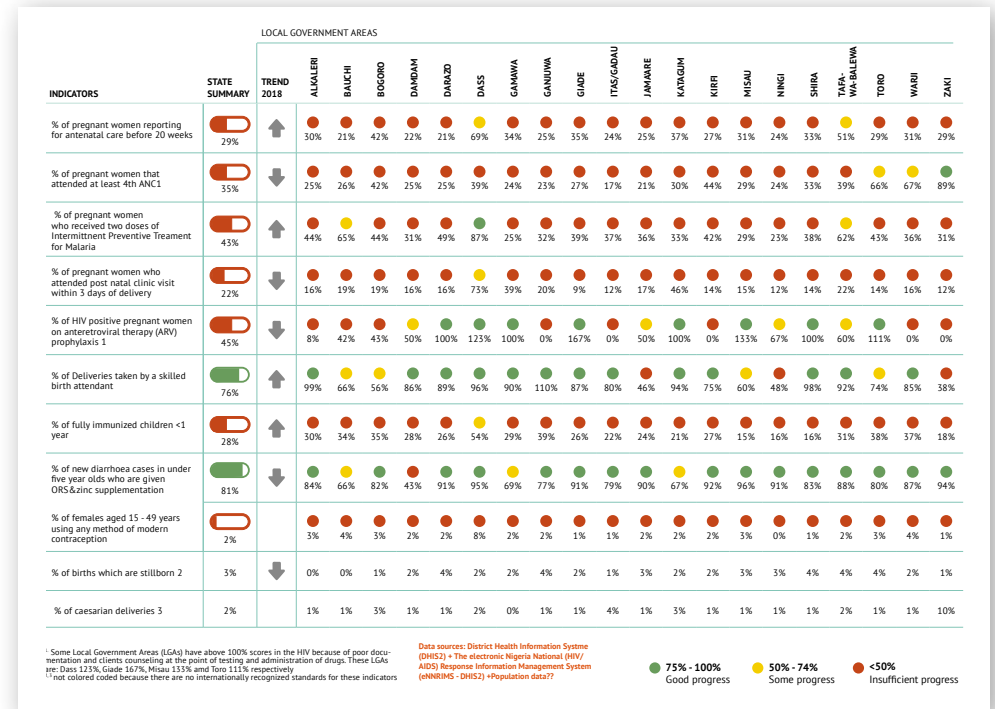


Figure 6: Scorecards



### STEP 3: FINDING THE INFORMATION NEEDED

The choice of commitments to focus on, and the indicators to capture in score cards, affects the extent to which gender issues will be part of the substantive focus of the advocacy and the discussions with decision-makers and influencers. Integrating gender considerations into these commitments and indicators can strengthen accountability toward these ambitions and allow for tracking progress.

The process of choosing indicators to include on a scorecard can reinforce or challenge gender (and other) inequalities. For example, how might the priorities of the women and girls most affected by poor MNH outcomes be reflected in the indicators? To what extent could the indicators capture gender barriers to services?

#### **CASE STUDY: Budget line for Family Planning commodities in response to scorecard evidence**

In Lagos and Gombe States, the 2018 scorecards revealed that uptake of Family Planning services was low. During the validation meetings, the group discussed the evidence behind these findings and agreed that user fees for consumables constituted a key barrier to access. In response to this the Ministries of Health and Economic Planning in both States created a budget line for Family Planning commodities as a key step to increase funding.



**Civil Society Organisations during the Organizational Capacity Assessment in Bungoma, December 2019**



## STEP 4: COMING UP WITH SOLUTIONS

Decision-makers are more likely to take action to address a problem if it is clear what they can do to bring about change, and if the call to action is a realistic ask. In addition to making action more likely, it can change the government's perception of advocates from adversary to a valuable partner who can guide response. In this step, civil society are supported to identify solutions using tools such as a solutions tree, and the short-term concrete steps required to get there using the 'steps to change' approach.

This approach supports advocates to define a pathway to change by mapping out how to get from where they are today to the change they want to achieve. The pathway visualises this process starting with a clear, identified problem or current situation (see; step one) and defining the desired change. These are then connected through a defined process of change.



### CASE STUDY:

In Senegal, E4A-MamaYe have worked with a coalition to identify their steps to change to ensure RMNCH remains at the forefront of efforts during COVID-19. The below steps demonstrate how they will move through this work.

- Step 1** - Information Gathering: Information on the impact of COVID-19 in RMNCH is gathered and easily communicable
- Step 2** - Decision Makers given information : Decision-makers have the information on the impact of COVID-19 on RMNCH
- Step 3** - Integration into plans: Integration of RMNCH in the COVID-19 response plan and budget
- Step 4** - Service providers receive information: Service providers have information and guidelines to ensure the provision of maternity services
- Step 5** - Community actors involved in plans: Involvement of community actors in decision-making processes for the COVID-19 response
- Step 6** - Changes seen at community level: Protective products are available for health care providers in maternity wards
- Step 7** - Final Goal: 70% of essential services in maternity wards are provided



## STEP 4: COMING UP WITH SOLUTIONS

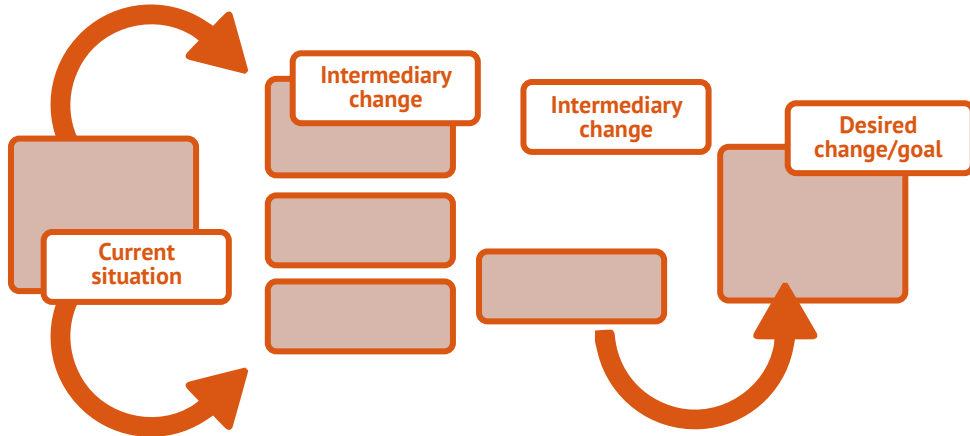


Figure 7: Change Pathway

Given how essential gender equality is for addressing certain issues such as maternal mortality, consider if and how you can include change objectives that more broadly aim at achieving greater equality and women's empowerment, at eliminating gender barriers, and increasing women's control over resources.

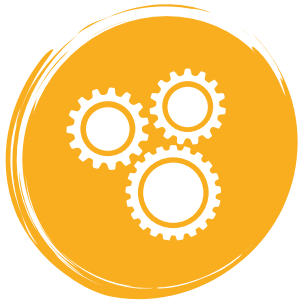


Organisations can use a solution tree (instead of mapping the problems, a solution tree reverses the negatives statements in a problem tree to form objectives and outline how to progress through these objectives) to identify an objective, that can then be turned into a SMART goal. Adopting the 'steps to change' approach allows advocates to identify the path to achieve this, and which steps they can realistically support, or achieve, given their available resources and expertise. Dependent on capacity, advocates can further strengthen their suggested solutions by calculating the cost of the solution, defining the financial and human benefit of implementing that solution, and comparing this to the cost of not undertaking the solution.

The identification of viable solutions to a problem and the related advocacy objectives would hugely benefit from the insights of those mostly affected by the issue. In the case of maternal health for example, involving women and girls in the identification of possible solutions is essential to ensure that they will have the impact we are hoping for.







## STEP 5: TAKING ACTION

The way in which advocates communicate evidence and solutions to government matters. If decision-makers are approached in the right forum, at the right time, with the right information and with the right people in the room who can make decisions, advocacy is significantly more effective. Furthermore, communicating useful solutions as part of advocacy can transform government's perception of organisations from 'activist' to 'valued partner'.

Advocacy includes a strong communications component and requires evidence that is presented in the right format and shared through the correct channels. Advocacy should be audience focused (having identified stakeholders), data driven, partnership oriented and both adaptive and responsive. It is often much easier to engage and influence stakeholders if there is an ongoing relationship between the advocates and the stakeholder as opposed to a singular interaction.

Gender transformative advocacy also pays attention at who carries out the advocacy actions to ensure everyone has equal opportunities to speak out and mobilise and to challenge the stereotype that the most marginalised do not have a say in decision-making. In the E4A-MamaYe project we encourage and empower women and girls as the most affected by MNH issues to lead on advocacy and participate in decision-making.

As part of this effort, make sure that representatives who have less experience speaking or leading advocacy actions (often women) are given the resources and support needed to prepare for the roles they will play.



Finally it is important to think carefully about potential counter arguments that you could receive, prepare a response and consider who is best placed to deliver the messaging. Ensure that you also prepare to respond to arguments that challenge the promotion of gender equality explaining why gender equality is important for the solution of the issue you are discussing.

E4A-MamaYe is developing a Communication Advocacy Handbook which will be available on our website ([mamaye.org/resources](https://mamaye.org/resources)) in 2020.



**BaSAM members (Bauchi State Accountability Mechanism) at the MPDSR dissemination meeting, January 2020**



## Visualising information

**Evidence is most likely to be used by decision-makers when it follows three basic principles:**

1. It is packaged in a way that makes it easy to understand and accessible for the user
2. It is reviewed in a collaborative manner with multiple stakeholders
3. It is taken from trusted data sources

“By visualizing information, turn it into a landscape that you can explore with your eyes. A sort of information map. And when you’re lost in information, an information map is kind of useful.”  
– David McCandless

Researchers agree that vision is our dominant sense: 80–85% of information we perceive, learn or process is mediated through vision. It is even more so when we are trying to understand and interpret data or when we are looking for relationships among hundreds or thousands of variables to determine their relative importance. One of the most effective ways to discern important relationships is through advanced analysis and easy-to-understand visualizations. It is important to consider how the evidence and data is being presented during advocacy efforts.

In the E4A-MamaYe project, a frequent tool used by our coalitions are scorecards which present commitments that have been made towards reproductive health services and “score” whether this commitment has been delivered on or not (see Figure 6). Other visualisations could include flyers, websites and pictures used to represent the advocacy efforts being undertaken.

## USING GENDER TRANSFORMATIVE COMMUNICATION

**Communication can raise awareness about harmful gender norms and aim at changing them to create equitable gender norms and dynamics. Some of the tips for this type of comms are:**

Avoid reinforcing stereotypes - for example showing only women as care givers and man as bread winners or decision-makers

Challenge gender roles/stereotypes - for example showing women as educated, policy makers, doctors, etc.

Avoid instrumentalising women - for example instrumentalising them in their traditional role as mothers to improve the health of the family;

Avoid showing women as victims – where possible present them as agents of change.

Amplify women’s own voices – allow women to tell their own stories and give them a platform

Don’t present women as a homogeneous group – where possible show how different women experience a problem differently and have different needs

Promote use of sex and age disaggregated data



## STEP 6: TRACKING RESULTS

To monitor whether the advocacy is achieving results (i.e. has been successful at solving the problem) it is important to specify the results expected from the advocacy. This involves defining what each step in the advocacy process aims to achieve and when these changes can be measured.



Civil Society Organisations at the Advocacy Workshop in Nairobi,  
March 2020

Throughout the six steps of the gender transformative advocacy pathway, organisations will have established the key components required to finalise an advocacy plan and develop a monitoring and evaluation framework. In this final stage, advocates must identify SMART (Specific, Measurable, Assignable Relevant, and Time-bound) milestones and indicators to track against a timeline to ensure their advocacy efforts are effective and evaluate their plans to course correct over time.

Advocacy activities often need to be adjusted, revised and redirected. These changes should only be made based on good monitoring information. For example, what learnings have come to light through events, meetings, or print evidence? Have the political circumstances or context changed since this work was initially outlined?

In order to monitor advocacy efforts, outputs, activities and inputs must all be tracked. Where possible data should always be disaggregated at least by sex and age. In the case of advocacy work, outputs are usually changes in awareness or opinions of the target audience. This should be updated if the audience's position or knowledge on an issue has changed.

Monitoring the activities and inputs are also of key importance. The more people who make up the target audience, the more complex this can become. It is important for advocates to keep a record of the activities they undertake and the learnings that they have from each of these activities. These learnings can contribute to improved efforts going forward.





## STEP 6: TRACKING RESULTS

In some cases, monitoring of advocacy work can contribute to a policy change. Often engaging with the monitoring process can help stakeholders, including policymakers and government officials, improve their support of the initiatives.

Evaluation of gender transformative advocacy efforts focuses on the impact and the effect of the work. Advocacy efforts must demonstrate that there is a positive impact to be had by making the proposed changes. By documenting the baseline prior to advocacy work and evaluating how something has improved as the changes occur, advocates can demonstrate if their advocacy was successful. Evaluations must also be able to show how advocacy might have different impact on different groups of people by using data disaggregated by sex, age, ethnicity and other relevant factors, and if there have been any shifts in discriminatory norms (especially if strengthening gender equality and inclusion is one of the objectives of the advocacy efforts). Such evaluations will be able to answer questions such as: How has women's position in society changed as a result of the advocacy efforts? Do women have more power to make decisions about their own health at the household, community and political level?



### SMART Solutions

**Specific** – target a specific area for improvement.

**Measurable** – quantify or at least suggest an indicator of progress.

**Assignable** – specify who will do it.

**Realistic** – state what results can realistically be achieved, given available resources.

**Time-bound** – specify when the result(s) can be achieved.

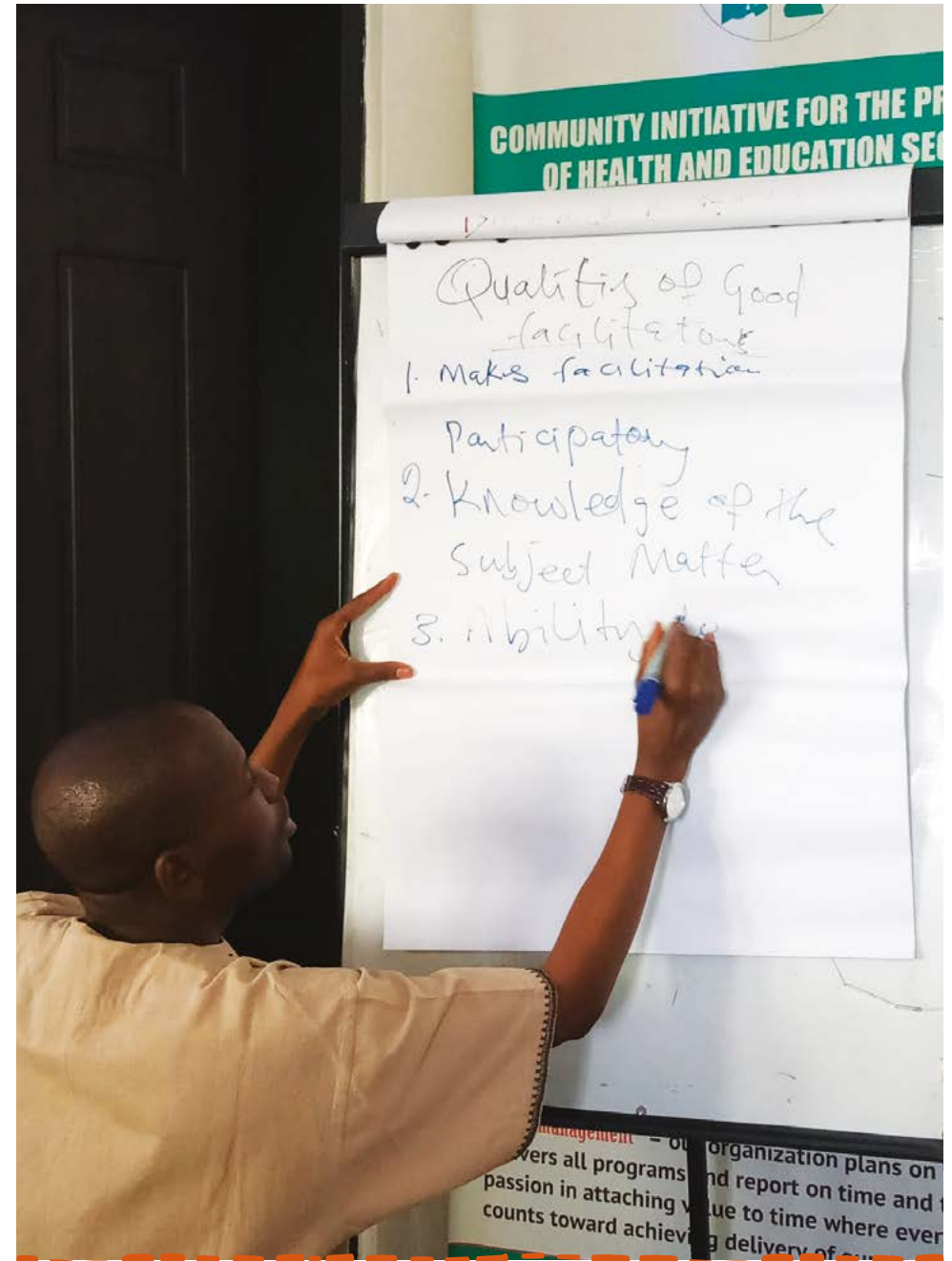


## FURTHER INFORMATION

E4A-MamaYe produced this handbook to help CSOs and our partners in developing strong advocacy approaches. If you have any questions or would like assistance with this handbook, please do get in touch with us using the below contact details. We welcome collaboration and look forward to hearing from you.

Website: <https://mamaye.org>

Email: [info@evidence4action.net](mailto:info@evidence4action.net)

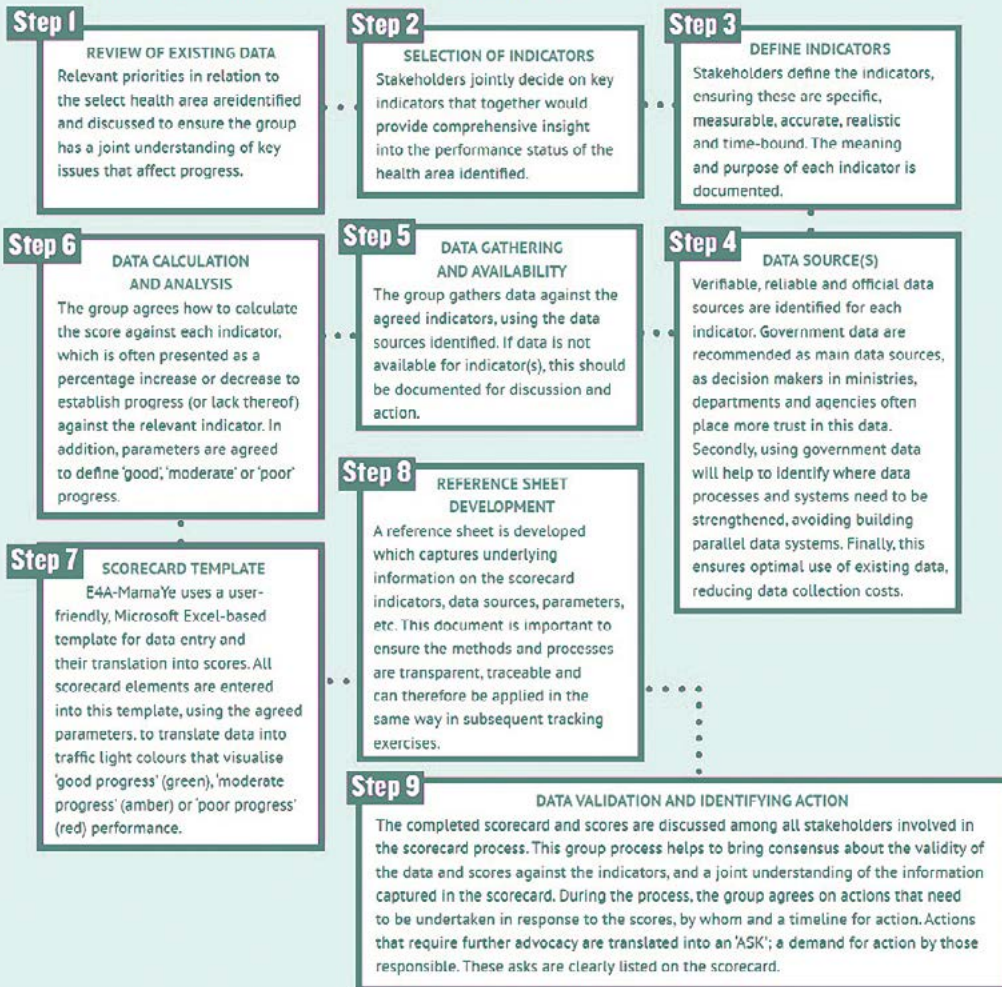


BaSAMS members (Bauchi State Accountability Mechanism) at the MPDSR dissemination meeting, January 2020

**E4A-MamaYe approach to scorecard development**

**Scorecard development; a step-by-step process**

After a specific health sector area is identified that requires evidence-based performance tracking, the scorecard development process commences which exists of the following steps:



# E4A-MAMAYE GENDER TRANSFORMATIVE ADVOCACY HANDBOOK

Evidence for Action (E4A) - MamaYe, is a programme led by African experts in Kenya and Nigeria to improve the chances of maternal and newborn survival in sub-Saharan Africa. It is made possible with management support from Options Consultancy Services Ltd and funding from the Bill & Melinda Gates Foundation.

The findings and conclusions contained within are those of the authors and do not necessarily reflect positions or policies of the Bill & Melinda Gates Foundation.

