

## Advocacy and Influencing Impact Reporting Tool

This tool has been developed to gather further information and evidence on CARE’s advocacy or influencing win. At CARE, advocacy is defined as “**the deliberate process of influencing those who make decisions about developing, changing and implementing policies to reduce poverty and achieve social justice.**”<sup>1</sup> Influencing and advocacy can go beyond government policies, it can include influencing governments, donors or NGOs to adopt a CARE program model or influencing the private sector to change their company policies or operating practices.

This tool captures the significance of the win, the level of CARE and our partner’s contribution, who stands to benefit from the change, and what evidence do we have to support a claim of change or impact. With the wide range of successes within influencing work and the various roles CARE may have played in this win, this tool allows us to identify how significant the win is as well as the significance of CARE’s contribution and our partners.

Success:	
<ol style="list-style-type: none"> <li>1. What is the advocacy or influencing win? Include details such as: <ul style="list-style-type: none"> <li>• A description of the win, and how it was achieved</li> <li>• start date and end date</li> <li>• any incremental wins that happened along the way</li> <li>• the main decision makers that CARE influenced to achieve this win</li> </ul> </li> <li>2. Why is this advocacy or influencing win significant? What was the reality prior to the advocacy/influencing win that the win aims to address?</li> <li>3. If this win is part of a larger advocacy or long-term program goal, please describe the larger advocacy/influencing goal?</li> </ol>	<p><b>1. The 2017 Global Family Planning Summit</b>, held in London on July 11, aimed to catalyse action to ensure that 120 million additional women and girls have access to contraceptive information and services by 2020. In a time when sexual and reproductive rights are under threat, this was critical moment to galvanize strong commitments to universal access to contraception/family planning. <b>CARE’s primary goal for the Summit was to secure commitments and funding that ensure equitable access to rights-based family planning for the 32 million women and girls affected by crisis and conflict.</b></p> <p>For several months leading up to the Summit, CARE, along with other members of IAWG (the Inter-Agency Working Group on Reproductive Health in Crises), CARE engaged in intensive joint advocacy with key donors to advance these <a href="#">policy goals</a>. CARE colleagues in Africa, Asia, North America, Europe and Australia also advanced our messages and policy asks through joint advocacy with partners, and direct advocacy with key government officials.</p> <p>The Summit convened over 600 donors, policymakers, donors, and advocates. A four-person delegation represented CARE at the Summit (from CIUK and CUSA.) There were commitments from 35 FP2020 focus countries (of which 3 were new commitments), 11 donor countries (of which 3 new commitments), 9 civil society organisations (of which 6 new commitments), 16 private sector partners (of which 13 new commitments), and 2 FP2020 foundation commitmentmakers. They collectively committed \$2.5 billion in funding to deliver rights-based family planning. FP in humanitarian crises was featured prominently on the <a href="#">Summit agenda and was specifically mentioned in 21 commitments by FP2020 focus countries, donors and civil society organisations with</a> key donors and governments committing to game-changing actions to accelerate progress in reaching all women and young people affected by crisis with family planning.</p> <p><b>2. This was a huge accomplishment: until this Summit, family planning in humanitarian crises was virtually absent from the FP2020 agenda. We “broke through” and changed the global family planning agenda. We mobilized political will and catalyzed concrete commitments to ensure universal access to FP in all crisis affected settings. Increased investments in and commitment to FP in crisis will translate into meaningful and real change in the lives of women, girls and their communities- enabling them to</b></p>

<sup>1</sup> See CARE International Advocacy Handbook for more information

**have equitable access to quality health services and to make free and informed choices about their bodies and their futures.**

FP in humanitarian crises was a priority theme at the Summit, with many donors, policy-makers and implementing agencies advocating for prioritization and investment in FP/humanitarian emergencies and sharing evidence and experience demonstrating the demand, feasibility of and impact of FP in fragile and humanitarian settings. FP/humanitarian was also focus of a high-level event moderated by the UN High Commission for Human Rights, where CARE's work in Chad, DRC and Pakistan was highlighted. Donors, national governments, INGOs and the private sector made 21 commitments that specifically referred to ensuring access to contraception in humanitarian settings, including strong commitments from the Netherlands, the UK, Belgium, Denmark, Iceland and Australia. We also saw commitments to improving data, monitoring, accountability and funding relating to sexual and reproductive health, as well a Joint Donor Statement on Sexual and Reproductive Health in Crises calling for concrete actions to ensure better coordinated and more effective funding for SRHR in crises-affected settings.

CARE influenced governments to make or strengthen their own commitments to FP2020 including the governments of Sierra Leone, Malawi, Nepal and DRC. CARE Sierra Leone had an active role in strengthening their government's FP2020 commitment and defining concrete ways that CARE will support its full implementation, with a focus ensuring consistent access to FP commodities as well as enabling FP access for adolescents. CARE also supported the government of Djibouti in it's effort to make its first FP2020 commitment.

CARE and IAWG's advocacy wins ahead of and at the Global FP Summit marked a turning point in mobilizing political will and catalysing concrete commitments to ensuring universal access to FP in all crisis-affected settings. There are 32 million women and girls who are displaced by conflict or crisis, many of whom have limited or no access to life-saving family planning services. Although family planning is one of the most lifesaving, empowering, and cost-effective interventions for women and girls, it is consistently neglected and underfunded in most humanitarian responses. Providing family planning services in crisis-affected settings is critical to achieving FP2020 goals and to delivering on our commitments to ensuring all women and adolescents can fulfil their sexual and reproductive rights.

This win is significantly advances CARE's longer-term SRHR strategy as well as our Gender in Emergencies Strategy.

CARE envisions a world where all people can access high-quality health care and realize their right to make informed decisions about their sexual and reproductive lives- free of discrimination, violence or coercion. From 2017 – 2020, CARE's global SRHR advocacy will focus on ensuring universal access to comprehensive sexual and reproductive services in fragile and crisis-affected settings. CARE's specific advocacy goal is to ensure rights-based family planning is an integral part of all humanitarian responses, as this is where CARE is best- positioned and resourced to "move the needle," and where there is great unmet need, fierce demand and a long history of deprioritization and underinvestment by donors and governments.

Specifically, CARE will advocate for full implementation of the MISP (Minimum Initial Service Package for Reproductive Health in Crisis) - including family planning- at the onset of every humanitarian emergency, and continuity of family planning through protracted crises and recovery/rebuilding.

**Contribution:**

1. On a scale from high, medium, or low, how would you rate CARE's contribution to the advocacy/influencing win? *(please refer to the scale below the table)*
2. Describe CARE's contribution, specify CARE's unique role as well as the role of other main actors including partner organizations and coalitions.
3. What evidence is there that supports our claim to have contributed to this win?

4. CARE's contribution to this win was **HIGH**.

**5. Through our leadership role in the Interagency Working Group for Reproductive Health in Crisis (IAWG) CARE played a pivotal role in shaping IAWG's joint advocacy agenda as well as mobilizing advocacy across IAWGs broad membership. CARE also had a leadership role in engaging a powerful network**

**"SRHR/emergencies" champions in key donor agencies (including DFID, GATES) to help shape effective advocacy messages.** We co-convened two donor briefing meetings (with CARE USA leading engagement at a meeting in Washington DC, and CIUK leading engagement at a London-based meeting.) We helped build a cadre of powerful champions for family planning in humanitarian crises, including at DFID, Gates and within FP2020. Ahead of the Summit, Beth Schlachter, Executive Director of FP2020, published an [op-ed](#) about the critical importance of FP in humanitarian crises, drawing directly from IAWG's messages. FP Summit organisers also shared IAWG's policy asks with focal points in all 69 FP2020 priority countries as they made/strengthened their FP2020 commitments.

**CARE's federation-wide FP Summit Engagement was jointly led by CARE USA and CIUK.** We formed an FP Summit Advisory Group with 28 representatives from 14 CARE members. In dialogue with this Advisory Group, we set and advances key objectives for CARE's engagement ahead of and at the Summit, and provided talking points, stories and evidence summaries for each CARE member to use in their advocacy- ensuring coherence and alignment of CARE's advocacy. Key CARE Lead Members (UK, Canada, Australia, EU, Norway) proactively advocated for commitments to FP in humanitarian contexts through [public advocacy and communications work](#), and/or direct engagement with key government officials. FP in humanitarian crises was a priority theme at the Summit, and was the focus of a high-level event where CARE's work in Chad, DRC and Pakistan was highlighted.

CARE also developed a well-received [report showcasing our evidence](#), learning and outcomes from rights-based family planning programming and advocacy. The report highlighted CARE's work with social norms, social accountability, youth health and rights, frontline health workers, family planning in humanitarian crises and advocacy. At a two-day expert meeting on Rights and Empowerment immediately following the Summit, this report was recognized for exemplifying how rights-based family planning could be put into practice in both development and humanitarian settings. Further, presentation of the results of our rigorous evaluation of CARE's Community Score Card©, showing 57% greater use of FP in the communities that participated in the programme, were met with

great excitement ([PLOS One 2017](#)). FP2020 has requested we attend their next focal point meeting for Anglophone Africa, to orient key government and UN stakeholders on CARE's Community Score Card©.

**Outcomes:** FP in humanitarian crises was a priority theme at the Summit, and was the focus of a high-level event where CARE's work in Chad, DRC and Pakistan was highlighted. There were 12 commitments that specifically referred to ensuring access to contraception in humanitarian settings, including strong commitments from the Netherlands, the UK, Belgium, Denmark, Iceland and Australia. We also saw commitments to [improving data, monitoring, accountability and funding relating to sexual and reproductive health](#), as well a [Joint Donor Statement on Sexual and Reproductive Health in Crises](#) calling for concrete actions to ensure better coordinated and more effective funding for SRHR in crises-affected settings. Following the Summit, FP2020 prioritized FP/emergencies as one of its key pillars. This is significant because the FP2020 global multilateral partnership shapes the priorities, policies and investments of the key multilateral and bilateral and donor agencies that are on the FP2020 Core Conveners group including: USAID, DFID, Norad, GAC, and Gates. FP2020 regional and country level focal points have a powerful role in shaping policies and investments of National governments, donors, the UN and civil society at the national level.

**Potential Impact/Reach:**

4. What is the impact population that is expected to benefit from the advocacy/influencing win? Describe how the win will translate into a better life for these participants?
5. If the change we have influenced is fully implemented, can you quantify the number of lives that could potentially be reached by this advocacy win? *Please explain how you calculated this number.*

In total 10 countries made commitments to better integrate family planning into emergency preparedness, response recovery humanitarian settings (Bangladesh, Guinea, Madagascar, Malawi, Myanmar, Nepal, Niger, Nigeria, Somalia, South Sudan) and 7 donor governments who fund and shape humanitarian action, including Australia, Belgium, Canada, Denmark, Iceland, Netherlands, UK. We also got FP/emergencies visibility prioritized by FP2020. the most important global multi-stakeholder partnership focused on family planning- which has huge agenda-setting power and which powerfully shapes investment of donors and national governments.

There are 32 million women and girls who are displaced by conflict or crisis, many of whom have limited or no access to life-saving family planning services. Providing family planning services will help ensure all women and adolescents can make free and informed decisions about their bodies, their futures, and the well-being and futures of their families.

The Copenhagen Consensus estimated that achieving universal access to sexual and reproductive health services by 2030, and eliminating unmet need for modern contraception by 2040, would deliver \$120 of social and economic benefits for every \$1 invested.

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<b>Actual Impact/Reach:</b>	
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<p>6. Do we have any evidence to date that these expected outcomes have been achieved? If so, please describe how the win has translated into a better life for the impact population.</p> <p>7. Can you quantify the number of lives that have been improved? <i>Please explain how you calculated this number.</i></p>	<p>9. We have seen concrete changes in the prioritization of and investment in FP/emergencies since the Summit. FP2020 Global Secretariat has made FP/emergencies a top priority. CARE has made a substantial commitment to the FP2020 partnership by seconding a Sr. Advisor for FP/emergencies to FP2020- whose role it is to institutionalizing policies and practices than ensure universal access to FP in emergencies in the FP2020 global secretariat as well as across the 69 FP2020 focus countries. This fellow’s workplan was jointly shaped by FP2020 and CARE- and supervised by CARE and reporting directly to FP2020 CEO. This is a strategic investment in upstream policy influencing to help maintain momentum coming out of the FP summit.</p> <p>We have also seen the SRHR and FP in particular is being prioritized in donor funding to humanitarian responses through pooled funds as well as through bilateral assistance to crisis-affected and fragile states.</p>
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<b>Reflection and Learning:</b>	
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<p>8. What were the main challenges you faced, and were they overcome? If so, how?</p> <p>9. What influencing tactics were particularly effective/ineffective?</p> <p>10. What would you do differently next time?</p> <p>11. What are the next steps or follow-up actions for this advocacy/influencing win?</p>	<p>CARE UK and CARE USA jointly funded a short-term consultancy based in London, to ensure that CARE was fully engaged in Summit preparations and events happening on the fringes of the summit. This was an essential investment to make sure CARE was at the table, given the small CIUK advocacy staff. The consultants also managed communication and coordination with CARE countries and lead members to set shared agendas, share progress as well as CARE’s advocacy asks, talking points, stories, evidence etc. This freed up CARE staff to focus on policy analysis and lobbying. We heard from CARE country offices and lead members that “we made it easy” for them to engage by providing policy analysis, advocacy asks and messages + curated stories and evidence that they could easily adapt and integrate into their own advocacy, we also provided navigation guidance so they knew the right entry points etc. We were able to mobilize coordinated and aligned advocacy across the federation to advance a shared goal.</p> <p>CARE UK exemplified a “one CI” approach by shifting considerable advocacy and communications capacity to support CARE’s engagement at the Summit. Coming out of the summit, CARE Canada and UK have prioritized SRHR/emergencies and are growing their advocacy in this area, with support and surge capacity from the CARE SRHR outcome area advocacy lead as needed.</p> <p>By leaning into our leadership role in IAWG we were able to shape the agenda and advocacy actions of a powerful global coalition of actors. IAWG partners were also able to pool resources for policy analysis, strategy development, strategic outreach, and message and materials development so we were able to achieve more together than any of us could have done alone.</p>
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	<p><i>This ensures that learning from this success can be fed into other work, to improve quality and impact into the future, and serve as powerful evidence for our advocacy &amp; fundraising. Consider both internal and external factors.</i></p> <p><i>Take the time to also consider the necessary next steps and follow up. If there's a lot of work ahead, consider developing an action plan for the coming months with designated roles and responsibilities.</i></p>
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**Rating scale<sup>2</sup>:**

High: There is reason (evidence) to believe that the change would not have happened without CARE's efforts. This could also include significant actions from partners which we support technically or financially.

Medium: There is reason to believe CARE contributed substantially, but along with other partners

Low: CARE was one of a number of actors that contributed, but this change may have happened regardless of CARE's involvement

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<sup>2</sup> This rating scale has been used by Save the Children to measure contribution in advocacy work