training manual on:

DISABILITY & GENDER BASED VIOLENCE

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ABBREVIATIONS

DBV: Disability Based Violence

GBV: Gender-Based Violence

D/GBV: Disability and Gender Based Violence

CEDAW: Convention on the Elimination of All forms of Discrimination Against Women

NGO: Non-Government Organization

SGBV: Sexual and Gender-Based Violence

UNHCR: United Nations High Commissioner for Refugees

VAW: Violence Against Women

FBO: Faith-based Organizations

FGM: Female Genital Mutilation

HIV: Human Immunodeficiency Syndrome

SRHR: Sexual and Reproductive Health and Rights

STDs: Sexually Transmitted Diseases

USA: United States of America

VAWG: Violence Against Women and Girls

SRH: Sexual and Reproductive Health

VAWG: Violence Against Women and Girls

WHO: World Health Organization

WGWDs: Women and Girls with Disabilities

WWDs: Women with Disabilities

PSS: Psychosocial Support

PWD: Persons with Disabilities

UNCRPD: United Nations Convention on the Rights of Persons with Disabilities

ABOUT THIS MANUAL

The purpose of the training manual is to improve the knowledge and skills of Young persons with disabilities to advocate for an end to Disability and Gender Based Violence against PWDs.

It will help young advocates to be able to understand basic to Disability and Gender Based Violence, Disability inclusion, importance of championing and upholding the basic Human right tenets of all persons with disabilities and how to advocate for the entrenchment of those rights.

They will gain advocacy, communication and life skills that will enable them carry out advocacy plans of importance in the prevention and elimination of Disability and Gender Based Violence.

INTRODUCTION

Gender-Based Violence is becoming a global concern in the development circle. Among many others, initiatives focused on engaging PWDs as stakeholders in preventing gender-based violence (GBV) are becoming institutionalized as part of the global response to GBV.

Research has also reported how the engagements of PWDs in GBV response have significantly improved health and development outcomes. Even though male involvement in driving gender equality was a key component of the Beijing Declaration, it came to the front burners in 2004 as it was the key discussion and resolution of the 48th session of the United Nations Commission on the Status of Women (CSW48) which made it an institutional mandate in following through with the agenda set out in Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).

Nigeria, being a signatory to CEDAW, and a critical stakeholder in Global GBV response is expected to join in the campaign to end all forms of violence against women through the positive engagement of all stakeholders which includes boys and men, PWDS and other important stakeholders.

The World Health Organisation (WHO) in the world report on disability (2011) estimates that some form of disability is experienced by 15% of the world's population, that is, One billion people, 2.2% of the global population (110 million people) have very severe functional difficulties and that for developing countries disability prevalence is higher. 80% of people with disabilities live in developing countries. This will be done by demystifying negative social and gender norms, shattering limiting gender stereotypes and masculinities that make women the subject of violence.

CHAPTER
01

UNDERSTANDING
DISABILITY

1.1 Defining Disability

Disability is an umbrella term used to define impairments, activity limitations and participation restrictions caused by a health condition (WHO, 2001).

Disability by definition is the umbrella term for impairments, activity limitations and participation restrictions, it is imposed by society when a person with a physical, psychosocial, intellectual, neurological and/or sensory impairment is denied access to full participation in all aspects of life, and when society fails to uphold the rights and specific needs of individuals with impairments" (UNCRPD 2006).

Disability can range from mild to severe, constant or episodic, and a person's interaction with the physical, cultural and legal environment, it is not an "all or nothing" concept. They are also generally vulnerable by virtue of impairment, negative societal attitudes, neglect and a general lack of awareness by even people with disabilities themselves.

1.2 Types of Disability

There are many categories of disability including mobility, sensory, intellectual, cognitive, or emotional disabilities and different forms of physical disability comprising hearing, visual and mobility impairment, which largely fall into 4 categories. Some disabilities are obvious and some are invisible

Physical disability defined by American Disability Act (1990) includes cosmetic disfigurement, physiological conditions and anatomical defect involving one or more body parts, such as cardiovascular, neurological, respiratory, sense organs, musculoskeletal.

Physical disabilities are conditions that interfere with or limit social functioning and are stress additives that involve difficulties in basic daily activities and heighten functional disability.

Psychosocial Disability: this is the experience of persons with impairments and participation restrictions related to mental health conditions.

Intellectual Disability: this encompasses a broad range of conditions that result in learning disabilities among others.

Neurological and/or Sensory Disability: this affects one or more senses; sight, hearing, smell, touch or spatial awareness.

1.3 Factors That Cause Disability

Disability is caused by many factors, medical, social, environmental and even economic factors like preventable childhood diseases, congenital malformation, birth related incidents, physical injury, trauma and physiological dysfunction.

1.4 Models of Disability

There are many different ways in which society may view or interact with persons with disabilities that can result in their exclusion or inclusion in our society.

1.4.1 Charity Model

The charity model of disability focuses on the individual, and inclines to view people with disabilities as passive victims, objects of pity who need care whose impairment is their main identity and a personal tragedy.

1.4.2 Medical Model

When we talk of medical model thinking, we are referring to the way in which a person with disability is seen largely or exclusively through a medical lens. It focuses on medical care assuming that addressing the medical ailment will solve the disabling challenge and that disability needs to be fixed or cured. In this model, the individual with the disability is in a passive role and is likely to not participate in routine activities during the so called period of illness.

1.4.3 Social Model

The social model of disability views disability as a socially created problem. It places emphasis on society adapting to remove barriers to participation. This model, de-emphasizes focus on the individual but on the collective responsibility of society to make environmental modifications that enable full participation of people with disabilities in all aspects of life.

1.4.4 Rights Model

This model of disability seeks to transform unjust systems and practices by focusing disability as an attitudinal and ideological one that needs social change and is a question of human rights. It takes the United Nations Convention on Rights of People with Disability (UNCRPD, 2006) as its rallying point. It demands human rights protection of PWDs.

1.5 Terms and Concepts in Understanding Disability
1.5.1 Impairment

The World Health Organization defines impairment as problems in body function (the physiological, including psychological, functions of body systems) or body structure (the anatomical parts of the body such as organs, limbs, and their components) such as significant deviations or loss.

1.5.2 Disabling process

The process by which a person becomes disabled can be characterized as a set of interactions between dysfunction, psychological and environmental factors The disablement process is a behavioral response to disability.

1.5.3 Persons with disabilities

Persons with Disabilities include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (Article 1, UNCRPD)

1.5.4 Inclusion

Inclusion means that people with disabilities are considered full citizens, with equal opportunity to fully participate in community.

1.5.5 Accessibility

Accessibility is al; about our ability to engage with, use, participate and access the world around us. This is achieved via reasonable accommodation which is considered when access does not create undue hardship or direct threat. Some examples are: Accessible parking, service animals, reorganization on the job, accessible formats etc

Activity 1: Types of Disabilities

Ask everyone to draw a picture representing the different types of disabilities they know exist in the community. Stick these on the wall. Alternatively, you can use your own pictures of persons with different types of disabilities (see Training Module on Types of disabilities).

1.6 Myths / Realities around Disability
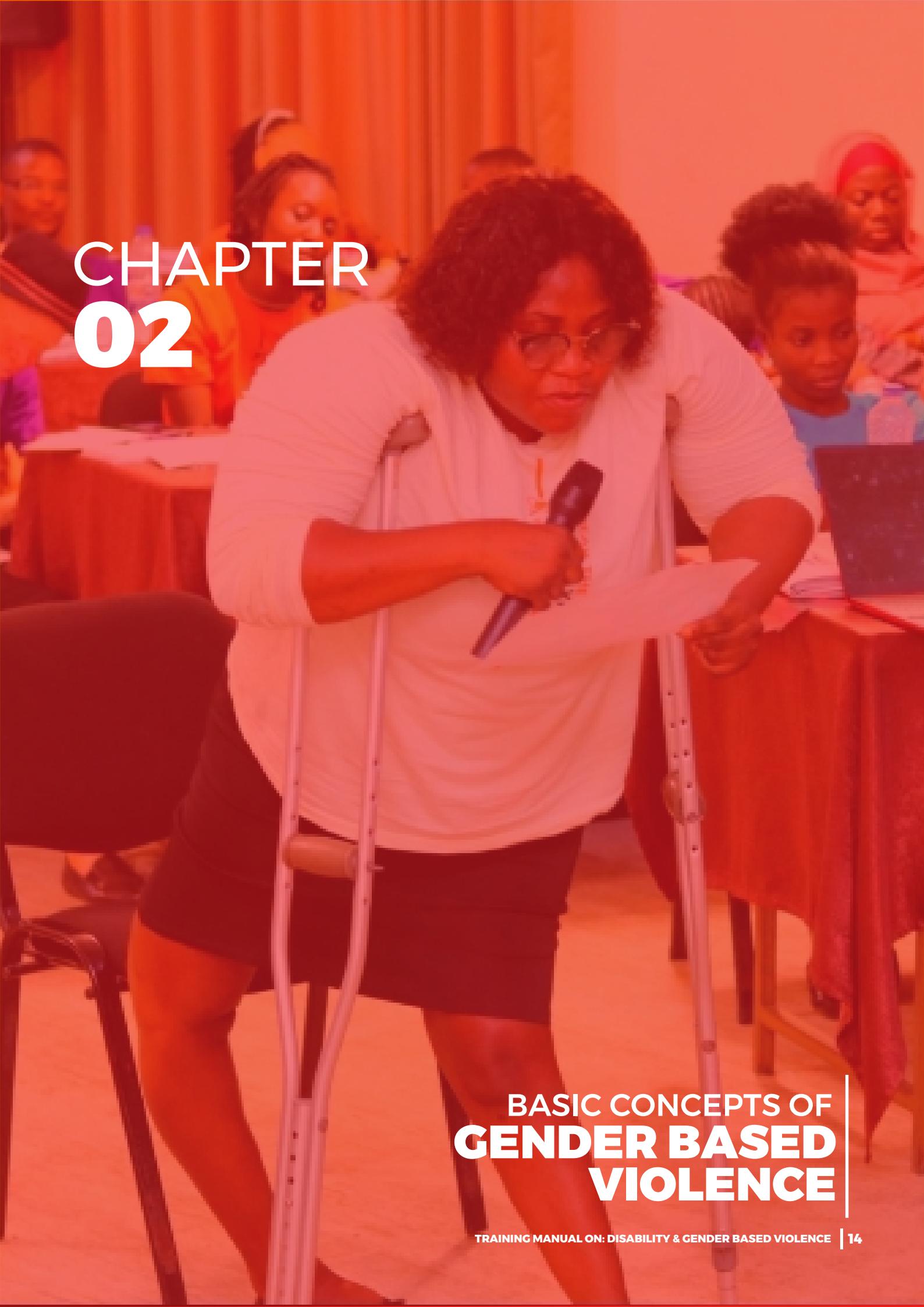
For thousands of years, in every culture and society, physical and mental differences have been ascribed special meaning. This was usually negative, resulting in stigma, taboos, negative attitudes and stereotypes that still persist in many cultures.
People were thought to be disabled because they or their parents had done something wrong and because all-powerful gods, deities or fate had made them disabled (karma or sin). PWDs were often subjected to inhuman treatment. Being seen as bringing shame on their families, they were locked away.

Activity 2: List the main traditional ideas, commonly held views about PWDs in explanations and cultural values placed on PWDs in your country or culture.

Demon possessed.

Bewitched/a curse.

A moron/idiot/stupid.

Non-achievers.

Disability is contagious.

Less of a human being.

Disability is a result of incest.

Sick people.

Government has other priorities than Spending/wasting money on disability.

Naughty.

Useless to society.

They are a problem.

Disgusting to family members.

Punishment from God for evil deeds.

Albinos do not die, but they disappear.

Mother blamed for having a disabled child – has been unfaithful to husband.

People with disabilities are God's people – known as beggars.

Mothers are always blamed for Disabled children and therefore abandoned

They are AIDS carriers.

Objects of pity.

Asexual – have no sexual feeling.

Tools to scare children.

Tools for begging.

Expressing bad feelings.

Sign of misfortune.

Rude people.

Short-tempered people.

Invalids.

Mad people.

You have a child with a disability as a punishment.

They cannot have children

They are not worth it. Shameful.

They are a burden.

They are argumentative.

They cannot think on their own.

They are unproductive.

While pregnant the mother laughed at a traditional Gulewankulu dancer.

They remain children – they are not expected to behave like adults.

They cannot be educated.

They will have disabled children.

They do not have sex – HIV carriers.

It is believed that having sex with a disabled person is a cure for the HIV virus.

Table 1 Commonly held views about PWDs in Southern Africa

CHAPTER
02

BASIC CONCEPTS OF
GENDER BASED
VIOLENCE

CONCEPTS OF GENDER

2.1.1 Gender versus Sex

"Please, ensure you fill in your gender in the form", the secretary instructed the applicants.

This is a typical misrepresentation of what gender is. Gender describes a means of social identity that transcends biological makeup whereas sex describes the categorisation of persons into male or female based on biological appearance and characteristics.

Sex is determined at birth, differentiated by reproductive organs, and constant through life except a medical procedure is performed while gender is not.

The term 'gender' is used to describe a set of qualities and behaviours expected from men and women by their societies. A person's social identity is formed by these expectations. The expectations emerge from the idea that certain qualities and behavior are naturally characteristic to men or women.

2.1.2 Gender roles

Gender roles can be described as social norms or rules and standards that dictate different interests, responsibilities, opportunities, limitations, and behaviors for men and women. These are socially constructed roles for men and women which vary in different societies from time to time depending on their cultural beliefs, education, religion, codes of behavior, power dynamics, expectation and norms.

Gender role is an evolving phenomenon in most societies as it can be constructed or deconstructed from time to time. For instance, boys and girls are not born knowing how they should speak, dress, behave or think. These patterns of boys' or girls' behavior are constructed and learned through socialisation, based on the roles they are expected to play in society.

2.1.3 Gender stereotyping

It refers to the art of categorising and labeling certain attributes and set of behavior and expectations to men or women and generalising such. A gender stereotype is a generalised view or preconception about attributes or characteristics that are or ought to be possessed by women and men or the roles that are or should be performed by men and women. Gender stereotypes can be both positive and negative for example
"All Men are cheaters"
"All Women are weak"
"All women are empathetic"

2.1.4 Gender Equality versus equity

"Men and women are equal". No one is better than each other.

The disparities that exist between men and women abound in power, resources, opportunities, access, participation, etc.

CONCEPTS OF GENDER

These disparities which may be structurally instituted puts women at a disadvantage, placing men ahead of them. Gender equality is a human right, dictating that men and women should be treated equally with respect to rights, access to resources or opportunities in family and society at large.

On the other hand, gender equity refers to fairness and special considerations targeted at women to compensate for the social disparities that deprive them of equal opportunities with men. It requires different treatment of women as it is specific to their needs and situation in order to achieve the same outcome as men.

Activity 3- Gender identity roles and stereotyping

Divide the participants into small groups and have them carry out the following activity.

1. On one flip Chart, write boldly "10 Good things about Women" and on another, write "10 Bad things about Women"
2. Each group presents their list to the plenary.
3. Which of the characteristics listed about men and women are stereotypes that are assumed but incorrect?
4. How do these stereotypes negatively impact how men relate to women?

Activity 4- Gender roles

1. Share pictures describing roles and responsibilities performed by men and women at
   - Home/Family (Daddy in the parlour watching films, children in the field playing football, Mummy in the kitchen cooking food)
   - School
   - Work
2. Highlight on the pictures (using a marker), which responsibilities are outliers, i.e they are rarely performed by the gender but not impossible.
3. Discuss with examples occasions where such exists. Describe the context, circumstances, and outcomes of such outlier behavior?

CONCEPTS OF GENDER

Activity 5 – Fishbowl

I.   Divide the participants into two groups (A&B).
II. Ask the following questions and get them to speak for 30 minutes.

Group A
- What do you think is the most difficult thing about being a man in Nigeria?
- What do you think women need to better understand about men?
- What do you find difficult to understand about women?
- How can men support and empower women?

Group B
- What do you remember about growing up as a boy in Nigeria?
- What did you like about being a boy? What did you not like? What was difficult about being a teenage boy?
- Who are some of the positive male influences in your life? Why are they positive?
- Who are some of the positive female influences in your life? Why are they positive?

2.2   Concepts of Gender-based violence (GBV)

Gender-Based Violence is a breach of fundamental human rights and denial of dignity based on a person's sex. Even though there are possibilities of this violation been directed at men, they are almost always directed at women.

In 1992, The Convention on Elimination of all Forms of Discrimination against Women (CEDAW) Committee defined **Gender-based violence (GBV)** as violence that is directed at a person on the basis of gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, the threat of such acts, coercion and other deprivations of liberty

Violence against women (VAW) refers to any act of gender-based violence that results in or is likely to result in, physical, sexual and psychological harm to women and girls, whether occurring in private or in public. Violence against women is a form of gender-based violence and includes sexual violence.

2.3   Burden of gender-based violence
2.3.1 Gender-based violence in Nigeria

About 31% of women have experienced physical violence while 9% have experienced sexual violence. In terms of intimate partner violence, 36% of married women have experienced spousal physical, sexual or emotional violence as of 2018.

Women who are divorced, separated or widowed are most likely to have experienced physical violence (49%) than never-married women (36%) and married women (28%). Women who have experienced both physical and sexual violence are more likely to have sought help (40%) than women who have experienced only sexual violence (26%) and those who have experienced only physical violence (30%)

2.4 Types of Gender Based Violence

Sexual violence, including exploitation and abuse, refers to any act, attempt or threat of a sexual nature that results, or is likely to result, in physical, psychological and emotional harm. Sexual violence is a form of gender-based violence.

Physical violence is only one aspect of gender-based violence and an abuser's behavior can vary, from being very brutal and degrading to small actions that leave their victim humiliated. Physical abuse involves hitting, slapping, punching, throwing/smashing objects, shoving, kicking, burning, choking, the use of weapons and other objects to cause injury.

Psychological violence refers to any conduct that targets harming the integrity and dignity of another person. These conducts could be through verbal abuse, threats, isolation, intimidation, exclusion from activities, and disinformation.

Economic violence refers to acts of violence against a person's economic independence or survival. It includes taking away the earnings of a person, not allowing them to have a separate income, making them work in a family business without a salary, refusing them to work or earn an income, or making them unfit for work through targeted physical abuse

Table 2: Types/forms of gender-based violence with examples

S/N	Form of GBV	Description
1.	**Sexual Violence**	
	Rape	The invasion of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body by force, threat of force, coercion, taking advantage of a coercive environment, or against a person incapable of giving genuine consent (International Criminal Court
	Child sexual abuse, defilement & incest	Any act where a child is used for sexual gratification. Any sexual relations/interaction with a child.
	Sexual Abuse	The actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive condition
	Sexual Exploitation	Any abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting momentarily, socially or politically from the sexual exploitation of another (IASC); Sexual exploitation is one of the purposes of trafficking in persons (performing in a sexual manner, forced undressing and/or nakedness, coerced marriage, forced childbearing, engagement in pornography or prostitution, sexual extortion for the granting of goods, services, assistance benefits, sexual slavery).

Table 2: Types/forms of gender-based violence with examples

	Sexual Harassment	Any unwelcome, usually repeated and unreciprocated sexual advance, unsolicited sexual attention, demand for sexual access or favours, sexual innuendo or other verbal or physical conduct of a sexual nature, display of pornographic material, when it interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment.
	Sexual violence as an instrument of war and torture	Sexual violence as a form of torture is defined as any act or threat of a sexual nature by which severe mental or physical pain or suffering is caused to obtain information, confession or punishment from the victim or third person, intimidate her or a third person or to destroy, in whole or in part, a national, ethnic, racial or religious group.
2.	**Physical Violence**	
	Physical Assault	Beating, punching, kicking, biting, burning, maiming or killing, with or without weapons; often used in combination with other forms of sexual and gender-based violence.
	Trafficking, slavery	Selling and/or trading in human beings for forced sexual activities, forced labour or services, slavery or practices similar to slavery, servitude or removal of organs.
3.	**Emotional and Psychological Violence**	
	Abuse & Humiliation	Non-sexual verbal abuse is insulting, degrading, demeaning; compelling the victim/survivor to engage in humiliating acts, shouting at people or putting them down, calling names, constant criticisms, silent treatment, threats.
	Confinement	Isolating a person from friends/family, restricting movements, deprivation of liberty or obstruction/restriction of the right to free movement

Table 2: Types/forms of gender-based violence with examples

4.	Harmful Traditional Practices	
	Female Genital Mutilation	Cutting of genital organs for non-medical reasons, usually done at a young age; ranges from partial to total cutting, removal of genitals, stitching whether for cultural or other non-therapeutic reasons; often undergone several times during life-time, i.e., after delivery or if a girl/woman has been the victim of sexual assault.
	Early marriage	Arranged marriage under the age of legal consent (sexual intercourse in such relationships constitutes statutory rape, as the girls are not legally competent to agree to such unions).
	Forced Marriage	Arranged marriage against the victim's/survivor's wishes; often a dowry is paid to the family; when refused, there are violent and/or abusive consequences.
	Others	Asides from the first three described above, other forms of harmful traditional practices include; acid violence, breast flattening, cosmetic mutilation, dowry and bride price, marriage by abduction/rape, 'honour' crimes, corrective rape, son preference leading to sex-selective abortion and female infanticide, ritual sexual slavery, virginity testing, practices related to initiation or menstruation, some widowhood rituals and accusations of witchcraft levied at older women.
	Discrimination and/or denial of opportunities, services	Exclusion, denial of access to education, health assistance or remunerated employment; denial of property rights.
	Social Exclusion	Denial of access to services, social benefits or exercise and enjoyment of civil, social, economic, cultural and political rights, imposition of criminal penalties, discriminatory practices or physical and psychological harm and tolerance of discriminatory practices, public or private hostility to homosexuals, transsexuals or transvestites.

(Adapted from Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons; Prevention & Response Guideline, UNHCR, 2003)

Aisha is a 13-year-old girl from Aswani Secondary School, the last child and only female of her parents -Alhaji and Mrs. Gaya. Every morning, she fetches water for her parents and hawks on the highway before going to school. For this reason, she leaves the house for school late. Her 15-year-old male friend- Marcus- noticed this and offered to always accompany her through the narrow path to school. While he does so every day, he tells her he loves her and would like to marry her. He also says several sweet things to her like...*" She will make a good wife with her beauty"*. With time, Idris began to wrap his hands around her waist on the way to school.

Questions
   I.   Do you think Marcus abused Aisha in any way?
   II.   What forms of abuse would you categorise this as?
         a.   Give other examples of this form and how often do they happen?
         b.   Who are the perpetrators?
   III. How should Aisha respond to Marcus wrapping his hands around her waist?
         a.   If this were you, what would you do?

At this point, Aisha objects and tells him she is not comfortable with him *"touching her"*. He shrugs it and tells her it is to protect her from the boys in school. One day, a teacher saw Aisha coming late to school in the company of Marcus. He questioned her but Marcus spoke up for her- explaining the circumstances she was facing at home. Because of her usual lateness, Aisha's grades began to drop in school which drew the attention of the teacher to her. The teacher- Mr. Bako called her to his office, threatening she will be withdrawn from school given her performance. He offered to help her pass her exams only if he could have sex with her once in a month. According to him, *"nobody will know about it and you will be doing well"*. Aisha, after so much worry about this, and as a result of fear of dropping from school, agreed to have sex with him, in his office. However, to her surprise, she failed most of her subjects, including that of Mr. Bako when the result came out. Aisha is disappointed and confused and she doesn't know who to talk to.

   IV. Have incidents similar to this occurred in your environment before? Without mentioning names, can you share the story?
   V.   Considering Aisha's predicaments, was it possible for Aisha to turn down her teacher's request for sex? If yes, how? If no, how?
   VI. Do you agree with Mr. Bako"s statement –"Nobody will know about it"? why?

2.5 Factors Driving Gender Based Violence

Generally, gender-based violence is driven by unequal power relations between men and women, social norms and patriarchy that puts women down, and gender stereotypes.

Individual factors	Interpersonal factors	Societal factors
- Childhood maltreatment - History of violence - Alcohol abuse Personality/psychological disorder	Poor parenting Marital discord Parental conflict Violent friends Poor socioeconomic status	Rapid social change Poverty Cultural norms Gender inequalities Poor safety nets

Activity 7: Factors driving GBV

Each group should select 1 factor each at individual, interpersonal and societal levels and discuss how they drive or facilitate GBV.

2.6 After-Effects of Gender-Based Violence

There are two basic effects of GBV- psychological and physical

2.6.1 Psychological (Post-Traumatic Stress Disorder (PTSD) and Rape Trauma Syndrome (RTS)
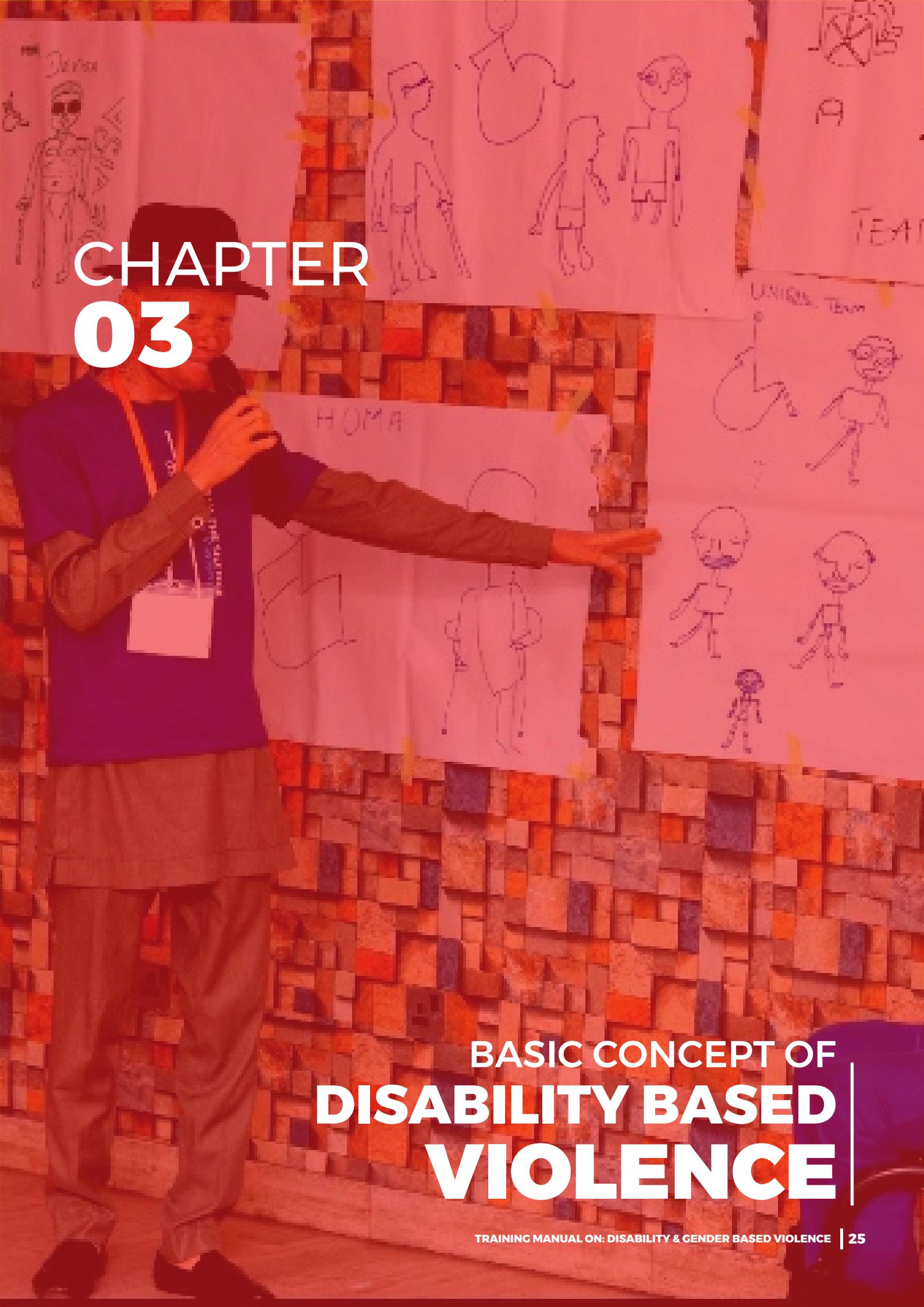
There is a gradual progression from PTSD to RTS. RTS is common in cases of sexual assault and rape as an extreme progression of the trauma cycle.

Table 3: After-Effect of Gender-Based Violence

Post-traumatic stress disorder	Rape trauma sydrome
• Psychological reactivity to triggering cues • Avoidance of triggering cues • Intense psychological distress • Dimming of responsiveness to others • Change in attentiveness level • Intrusive, persistent re-experiencing of trauma (i.e. dreams, flashbacks) • Symptoms persisting for more than 1 month • Symptoms cause significant distress or impairment in daily functioning	• Fear, anger, anxiety • Sobbing, restlessness, smiling, tension, distress, inability to concentrate • Hidden or masked feelings • Calm or subdued demeanor, withdrawal • Lifestyle changes (residence, phone number, workplace, habits) • Nightmares (reliving the experience, exchanging roles with the abuser) • Fears and Phobias (i.e. being alone, mistrust of men) • Change in sexual activity (severe increase or decrease, sex can trigger flashbacks) Change in Relationships (decrease in trust of others, decrease in contact with friends and family, loss of confidence and self-esteem)

2.6.2 Physical and other effects

- Serious injuries (i.e. broken bones, fractures, sprains, burns, cuts, concussions, lacerations, contusions, bites, perforated eardrums)
- Infections (anal, vaginal, pelvic)
- Dizziness, numbness
- Permanent disabilities (i.e. asthma, belly pain, muscle pain, irritable bowel syndrome)
- Miscarriages, unwanted pregnancies
- STDs, HIV/AIDS
- Death

CHAPTER
03

BASIC CONCEPT OF
DISABILITY BASED
VIOLENCE

Chapter 3: Basic Concept of Disability Based Violence

3.1   Concept of Disability Based Violence (DBV)

Disability-based violence occurs in very similar forms to gender-based violence, i.e. on a physical, psychological or economic level, directly and indirectly.
What is often masked as "good intentions" are, in fact, acts of serious discrimination and violence, for example intrusive and irreversible treatments without informed consent, such as forced sterilisation and abortion.
Equally, withholding appropriate treatment based on disability-related prejudice and misconceptions

3.1.1   Disability Discrimination

Disability Discrimination is defined as "any distinction, exclusion, or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment, or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field. It also includes all forms of discrimination, including denial of reasonable accommodation" (UNCRPD)

3.1.2   Stigma

Stigma has been described as a sign of disgrace that is perceived to set a person or group of people apart from others.
The term refers to a personal attribute which marks a person as different from "normal people," that is "abnormal" with all its negative connotations, namely, exclusion from "normal" society.
Tackling the stigma and discrimination experienced by persons with Disabilites is a crucial development and human rights issue.

3.1.3   Discrimination

People who are stigmatized are made to feel ashamed and stigma is often one of the driving factors behind discrimination against PWDs.

3.2   Drivers of Disability Based Violence

Stereotypes
Attitudes to disability
Causes of Disability: Cultural and Religious Beliefs
Myths & Misconceptions about the nature of Disability/Impairment
Media
Discriminatory Legislations
Offensive Words

Chapter 3: Basic Concept of Disability Based Violence

3.2.1 Stereotypes

Stereotypes are negative and untrue perceptions, generally associated with Person with Disabilities.
It is the negative evaluation of disability and PWDs
These negative and untrue perceptions often precondition how people treat, associate and respond to PWDs.
Such deep-rooted beliefs, ignorance, fear, negative and untrue perceptions, influence the low expectations of disabled people and their families about their abilities, limiting their skills, independence and achievements.

3.2.2 Attitudes to Disability

Persons with Disabilities face attitudinal barriers from Negative Attitudes
Negative Attitudes such as pity, anxiety, avoidance, hostility, and even hatred and disgust.
These negative attitudes and inaccurate beliefs about disability can result in stigma

3.2.3 Discriminatory Policies and Legislation

The nature of institutional discrimination. This phenomenon is evident when the policies and activities of all types of modern organization result in inequality between disabled people and non-disabled people.
Institutional discrimination incorporates the extreme forms of prejudice and intolerance usually associated with individual or direct discrimination, as well as those more covert and unconscious attitudes that contribute to and maintain indirect and/or passive discriminatory practices.

Activity 8 Myths vs Misconceptions

Come up with at least 3 Myths about disability and the corresponding Facts/Truths about disability
Example:
Myth: PWDs cannot make or take decisions and someone must always act on our behalf.
Fact: PWDs can be actively involved in decision-making processes, including those directly concerning us. We must have agency with the right assistance and communication systems.
Discuss how myths, misconceptions and traditional beliefs can cause and aggravate Disability based violence

3.2.4 Offensive Words

Words have power. Their meaning crystallizes perceptions that shape our beliefs, drive our behaviour, and ultimately, creates our world. It is very important that we speak with respect when we discuss disabilities. Using disrespectful terms is one of the problems that violates against persons with disabilities.

There are many terms that are disrespectful, but there are also many terms that are respectful and are recommended.

We all have power to refuse to participate in emotional and Psychological forms of violence by using only respectful words for people with disabilities and encouraging others to do the same

Activity 9: Offensive Words

- List words (at least 5) you find offensive used to describe PWDs.

- For each word state why it is offensive to Persons with Disabilities

- Mention the preferred / respectful word or phrase

3.3   Using the Gender lens to look at Disability based Violence

Women and Girls with Disabilities are at greater risk because they are marginalized and face greater societal and institutional barriers to claim their rights.

They are 'particularly vulnerable to discrimination, exploitation and violence, including gender-based violence (GBV). Women with disabilities experience discrimination based on both gender and disability commonly referred to as the Double Discrimination.

For Women with disabilities, their gender and disability make them especially vulnerable and at increased risk of violence.

3.4   Intersectionality of Gender and Disability

Gender is determined by the conception of tasks, functions and roles attributed to women and men in society and in public and private life. As a social construct, gender varies from society to society and can change over time. This gender construction produces inequalities that intersect with other social and economic inequalities.

Gender-based discrimination intersects with other factors of discrimination, such as ethnicity, socioeconomic status, disability, age, geographic location, gender identity and sexual orientation, among others.

This is referred to as **intersectionality.** These intersection of gender and disability can occur at so many levels and areas of life: Cultural Intersection, Legal intersection, economic intersection.

For many women and girls with disabilities, their experience of violence based on their gender intersects with disability, another great inequality. . Which contribute to further marginalization and result in less power and status in relationships, households and the community for women and girls with disabilities.

The intersection between disability and gender-based violence is of particular concern because some forms of violence against women with disabilities have remained invisible and have not been recognized as gender-based violence due to disability discrimination.
When gender and disability intersect, it ramps up the abuse and its consequences are often surrounded by silence.
Women with disabilities around the world experience much higher levels of physical, sexual, and psychological violence, for longer periods of time and with worse physical and mental outcome as a consequence of violence than women without disabilities.
Discrimination towards people with disabilities, coupled with wrong attitudes towards women in the society, put women and girls with disabilities at this increased risk for violence.
Women and girls with disabilities are particularly targeted by perpetrators of violence because of social exclusion, Limited mobility, a lack of support structures, communication barriers and negative social perception.

3.5   Drivers of Disability and Gender Based Violence

These can be direct or indirect. While direct drivers of violence are crucial to prevention and elimination, Indirect drivers of violence creates and perpetuates attitudes and stereotypes that normalize violence against women especially women with disabilities.
These include: Power and Control, Abuse of Power and Power imbalances, Inequality, disrespect and disregard for women and disability rights..

3.5.1   Power Imbalance, Disability And Gender Based Violence

Persons with disabilities are exposed to violence and discrimination based on both gender and disability, which results in inequality and power imbalances in their relationships with spouses, family and wider community members.
Forms Of Power-Power over, within, with, & Power to
Power over: The power of the strong over the weak, including the power to exclude others.
Power to: The capability to decide actions and carry them out.
Power with: Collective power, through organization, solidarity and joint action.
Power within: Self-Agency, that is, Personal self-confidence often linked to culture, religion or other aspects of identity, which influences the thoughts and actions that appear legitimate or acceptable.
There are many factors that increase the vulnerability of women & girls with disabilities.
Some are: Power & Control, Abuse of Power, Inequality based on gender and disability.
As a D/GBV advocates, we must work with women, girls with disabilities to support them to develop their:
 "Power within" and have "Power to" make their own decisions about services and assistance.
We must be careful not to reinforce negative and harmful power dynamics between persons with disabilities and others and/or exercise "Power over" them.
We must also support spouses, caregivers and other service providers to share "Power with" women, girls and all survivors with disabilities, as well as caregivers, to ensure their needs are met and that programs are made more friendly and accessible to them.

Activity 10: What type of power is being demonstrated?

Scenario 1
"My daughter with intellectual disabilities is safer if she stays inside the house. So I don't let her go out – I keep the door locked."
(Answer - Power over – Other people are making decisions for her)

Scenario 2
"She is very outgoing and enjoys being around other people. She is always following her sister to other activities, even though she can't participate."
(Answer - Power to – she is actively seeking support)

Scenario 3
"My sister is deaf, but she is very good at sewing. So she shows the other women in our group, using demonstrations, while I translate her instructions."
(Answer - Power with – women working together)

Scenario 4
"I can't work anymore, but I want to be useful again. Maybe I can share information with other people with disabilities."
(Answer- Power within – growing self-agency)
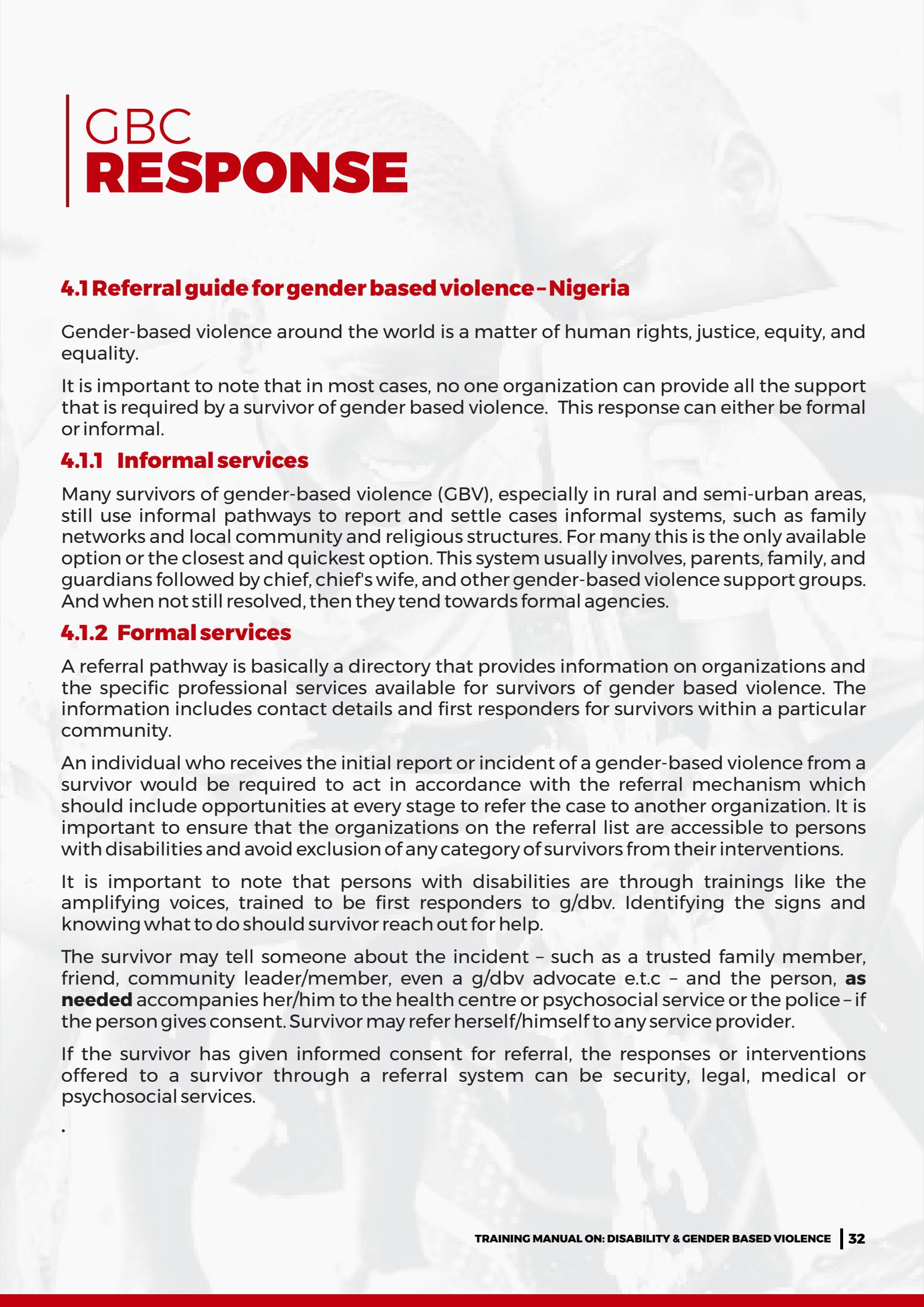
CHAPTER
04

GBV
RESPONSE

GBC RESPONSE

4.1 Referral guide for gender based violence – Nigeria

Gender-based violence around the world is a matter of human rights, justice, equity, and equality.

It is important to note that in most cases, no one organization can provide all the support that is required by a survivor of gender based violence. This response can either be formal or informal.

4.1.1 Informal services

Many survivors of gender-based violence (GBV), especially in rural and semi-urban areas, still use informal pathways to report and settle cases informal systems, such as family networks and local community and religious structures. For many this is the only available option or the closest and quickest option. This system usually involves, parents, family, and guardians followed by chief, chief's wife, and other gender-based violence support groups. And when not still resolved, then they tend towards formal agencies.

4.1.2 Formal services

A referral pathway is basically a directory that provides information on organizations and the specific professional services available for survivors of gender based violence. The information includes contact details and first responders for survivors within a particular community.

An individual who receives the initial report or incident of a gender-based violence from a survivor would be required to act in accordance with the referral mechanism which should include opportunities at every stage to refer the case to another organization. It is important to ensure that the organizations on the referral list are accessible to persons with disabilities and avoid exclusion of any category of survivors from their interventions.

It is important to note that persons with disabilities are through trainings like the amplifying voices, trained to be first responders to g/dbv. Identifying the signs and knowing what to do should survivor reach out for help.

The survivor may tell someone about the incident – such as a trusted family member, friend, community leader/member, even a g/dbv advocate e.t.c – and the person, **as needed** accompanies her/him to the health centre or psychosocial service or the police – if the person gives consent. Survivor may refer herself/himself to any service provider.

If the survivor has given informed consent for referral, the responses or interventions offered to a survivor through a referral system can be security, legal, medical or psychosocial services.

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GBC
RESPONSE

If there is an immediate risk to the safety of the survivor: prioritize safety & security

- **For sexual and/or physical violence: ensure immediate access to health / medical care services, within 3days/72hours to reduce the risk of HIV and 5 days, or 120 hours to reduce the risk of unplanned pregnancy.**

- **Psychosocial support and counselling, critical steps in the gbv response. Assist survivors in accessing needed services; support and assistance with social re-integration. Where there is a gbv case management agency, refer to them to assist recovery process.**

- **If the survivor wants to pursue legal action, the survivor has the right to seek legal counsel regarding his/her complaint**

- **For sexual exploitation and abuse, refer the survivor for services & report incident**

4.2   Survivor-Centered Approach

A survivor-centered approach aims to put the rights of each survivor at the forefront of all actions and ensure that each survivor is treated with dignity and respect. By putting the survivor at the center of the caring process, promotes their recovery, reduces the risk of further harm to themselves, and reintroduces confidence and self-determination. Practicing a survivor-centered approach means establishing a relationship with the survivor that promotes their emotional and physical safety, builds trust, and helps them to restore some control over their lives. Persons with disabilities who face violence are to be intentionally included in interventions within communities.

4.3 Guidelines for Responders

- Always observe confidentiality, safety, respect and dignity
- No decision is made without informed consent of the survivor
- Have discussions in private settings with same-sex staff
- Be patient, be a good listener and don't judge
- Don't press for information the survivor doesn't want to share
- Ask only relevant questions, don't make the survivor repeat their story
- Do not laugh, show disrespect or disbelief; never blame the survivor
- At all times, prioritize the safety and security of the survivor as well as involved staff, volunteers and service providers

4.4   Principles of a Survivor-Centered Approach

There are four major principles to ensuring a survivor-centered approach for victims/survivors of gender and disability-based violence.
- Confidentiality
- Safety
- Respect
- Non-discrimination

GBC
RESPONSE

4.5   Barriers To Access And Participation For Women And Girls With Disabilities

Persons with disabilities (PWDS) face numerous barriers that often restrict participation and limit activities including GBV programs and services .a quality life. These include attitudinal, environmental, institutional communication and personal factors.

4.5.1   Attitudinal barriers results from negative perceptions about PWDS, cultural beliefs, misinformation and lack of knowledge about disability. Negative stereotyping of persons with disabilities, often leads to social stigma and discrimination by staff, families and community members.   Wrong perceptions about the capacity of a person with a disabilities can lead to denial of ones right to informed consent.

4.5.2   Institutional barriers includes laws, policies, strategies or practices that discriminate against persons with disabilities. This could include lack of political support or enforcement of policies that promote accessibility and inclusion. Within the context of conversation would be any policy that denies a woman with disability the right to informed consent or confidentiality on the basis of disability.

4.5.3   Environmental barriers results from conditions of the natural or built environment that results in conditions that deny a PWD access or use of places, instruments etc or makes it difficult. Inaccessibility to offices where GBV services are offered either due to physical barriers like steps and stairs, small doorways etc, is a good example of how this can be a barrier for women and girls with disabilities who are GBV survivors.

4.5.4   Communication barriers – from written information in inaccessible formats and spoken information, including media, flyers and meetings, and complex messages may not be understood by persons with disabilities

4.5.5   Personal factors are factors that stem from the individual, being the woman with disability, and it is important to note in the context of our conversation. Example, poor self-esteem for many women and girls with disabilities, can be a major issue when it comes to speaking up and accessing help, even when all other barriers are not a factor.

4.6   Addressing barriers that exclude persons with disabilities in the GBV response
Barriers prevent equal representation by denying individuals with disabilities access and participation on an equal basis with others. It is essential to eliminate the barriers that hinder individuals with disabilities from engaging in development programs and other social activities including GBV services should they require it.

4.6.1   Informed Consent for Survivors with Disabilities
Persons with disabilities are not a homogenous group. When managing cases of GBV affecting persons with disabilities, it is important to keep in mind that the survivor may have communication and physical barriers that prevent them from clearly explaining what has happened and what they wish to access in terms of services and support. Their dependency on their caregiver may affect what they can disclose as well as what services they can access, especially if the caregiver controls what the survivor can do, including the choices they can make.

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RESPONSE

The convention on the rights of persons with disabilities states that an individual cannot lose their legal capacity to make decisions simply because they have a disability. It is therefore important to assume initially that all adult GBV survivors with disabilities can provide informed consent, and to follow procedure. Some additions to these procedures are:

- Asking the survivor if they want some support to help them give informed consent.
- Adapting communication methods to match those preferred by and effective for the survivor.
- Taking more time to ask questions to ensure the survivor understands everything, including possible consequences of accessing services.
- Checking to ensure they are not being coerced or forced to make decisions or experiencing disability based violence from an intimate partner of caregiver.

Other actions to break down barriers:

- Review and develop new policies using a disability lens to account for potential barriers and make programs that are more inclusive.
- Respect persons with disabilities
- Promotion of positive attitude towards individuals with disabilities
- Intentional eliminate structural and communication barriers in the referral pathway of the GBV program

Activity 11 - GBV Services

Work in groups/teams to identify groups that provide formal and informal services in your state.

CHAPTER
05

PSYCHOLOGICAL SUPPORT FOR
GBV SURVIVORS

| Chapter 5: | PSYCHOSOCIAL SUPPORT FOR GBV SURVIVORS |

5.1 Introduction

The term 'psychosocial' captures how psychological wellbeing is directly linked to one's social surroundings, including family, community, and cultural networks.

Studies show that women and girls who experienced sexual violence or conflict related violence is linked to many poor health outcomes including long term mental disorders such as anxiety, depression and PTSD. GBV has also been associated with many of these adverse physical and psychosocial outcomes.

Most times, survivors of GBV are always less likely to freely reveal it or seek help.
This is because of feelings of isolation, guilt, and shame that survivors of violence may experience.

Mental health and psychosocial support services are essential components of the comprehensive package of care and aim to protect or promote psychosocial well-being and/or prevent distress or treat mental disorders among survivors of GBV and sexual violence. Psychosocial support (PSS) for GBV survivors include services and assistance aimed at addressing the harmful psychological, emotional, and social effects of GBV.

5.2   Coping Mechanisms of Survivors

5.2.1   Negative Coping Mechanisms
Negative coping mechanisms used by survivors include
- Withdrawal and Social isolation
- Survival sex (sex in exchange for favors)
- Abusive Relationships
- Depression, anxiety, PTSD, sleep disorders
- Suicidal thoughts/attempts or self-harm
- Alcohol and other substance abuse
- Low self-esteem and self-criticism
- Anxiety attacks
- Aggression and violence
- Destructive behaviour
- Binge eating and anorexia
- Alcohol and substance abuse

5.2.2 Positive Coping Mechanisms

Positive coping mechanisms used by survivors include
· Self-Care
· Thinking positive thoughts.
· Seeking Help From Others Including Family Members, Relatives, Intimate Partners And Trusted Members Of The Community
· Participating In Outreach Awareness
· Seeking for Formal Support Services
· Joining Support Groups
· Engaging In Trauma Healing Activities
· Building A Healthy Self-Esteem
· Physical Exercise
· Journaling
· Speaking Up
· Building faith with religious approaches
· Becoming Gender and Disability Rights Advocates

5.3 Barriers Survivors Especially WGWDs Face When Seeking Psychosocial Support

What stops women and girls with disabilities from getting the help they need?
Barriers survivors face when seeking psychosocial support include:
· Shame, guilt or felling responsible
· Fear
· Information Barrier: unaware of services
· No access to services
· Physical and Communication Barriers
· Bad Experience with Relevant Authorities
· Failed systems
· No Services
· Lack of financial resources
· Lack of safe options for their children and fear of losing child custody
· Lack of realistic options (housing, employment or safety)
· Social isolation, damaged self-confidence and self-esteem
· Negative attitudes and misconceptions about GBV survivors
· Negative attitudes and misconceptions about Disability
· Discrimination & Stigma

5.4 Beneficial or Harmful Strategies for Psychosocial Support (PSS)

DO's	DON'Ts
Activities should reflect the range of needs, including those of Persons with Disabilities, ages experiences and comfort levels of both the survivors and as well as organizational expertise and capacity.	No women or girl should feel pressured to share as this can cause survivors to feel negative emotions
Do inform them about all available options for services. Services and activities should be consulted with women and girls so that activities are responsive to their needs.	Perform an assessment or intervention addressing specific psychological problems while the survivor is still confined with the perpetrator.
GBV actors must be aware of their own biases and prejudices so that they set them aside	Language matters. It is important not to target survivors to give them messages, but rather engage with them.
Do allow the survivor to take back some control in their life by allowing them to make their own decisions.	Do not trivialize or minimize the violence. This can serve as a barrier for a survivor when seeking support.
Do believe them.	Do not make unrealistic promises or give survivors false information.

Table: Beneficial and harmful approaches when responding to GBV disclosures

Activity 12: Identify Psychosocial Support Services available in your State

CHAPTER
06

POWER, POLICY AND INFLUENCING

POWER, POLICY
AND INFLUENCING

6.1   Definition of terms and concepts

Power can be defined as the ability to create or resist change
Influence is the capacity to have an effect on the character, development, or behaviour of someone or something, or the effect itself.

6.2   Different Types of Power

Visible: Observable decision-making processes, such as formal rules, structures, authorities and institutions. Example: Elections, political parties, laws and budgets
Hidden: These dynamics are less obvious forces and thus are difficult to engage. They help to maintain current power relations by controlling who makes decisions and how they are made as well as what gets on to the agenda. Hidden power influences and shapes the political agenda behind the scenes. Determines what is on the political agenda and includes a societies or government's informal/unwritten rules and practices.
Invisible: These power dynamics shape meaning in society. They influence how people think, what beliefs dominate and how different groups of people see themselves. Such as Norms and beliefs, socialisation and ideology.

6.3   Policy Environment

To do advocacy we need a thorough understanding of the opportunities we have to influence the policy process, how policies are made and the political climate in which they take place. Knowledge of the policy environment allows you to:
   •   identify and recognise advocacy opportunities
   •   Flag the possible entry points to the policy process
   •   Guide selection of the advocacy issues.

6.4   Policy Processes
Policies are developed and applied through a policy process. This process can be divided into three main stages: agenda setting, policy formulation, and implementation.
Agenda Setting - Agenda setting is about what issues make it onto the policy agenda and which ones are neglected.
Policy Formulation - Policy formulation concerns the development of new or the revision of existing policies
Implementation - Implementation is about the actual execution of existing policies.

6.5   Policy Actors
Policy actors are any individual or group that is directly or indirectly, formally or informally, affiliated with or affected by the policy process at any stage
There are Official Policymakers: The official policymakers are those who possess legal authority to engage in the formulation of public policy. Like the arms of Government; The legislators, The executive and The judiciary.
Unofficial Policymakers are those who do not necessarily occupy formal public positions or political offices. Like NGOs, Media, Interest Group, Political Parties and Individuals.

POWER, POLICY
AND INFLUENCING

6.6   Policy Influencing

Policy influencing means the conscious endeavour to take influence on the policy process with a view to changing the policy outcome. Policy influencing is an inherently political process. The existence of a sufficient level of political will is a precondition for any successful policy influencing.

6.6.1   Power in The Policy Process:

Decision makers have varying degrees of power, and it is important to determine the powers that may have on the policy process. This is a crucial part of policy influencing. Many tools can be used to achieve this, but in this training manual we will discuss two.

6.7   Power Influencing Strategies
6.7.1   Power Mapping
Power mapping is a visual tool used by social advocates to identify the best individuals to target to promote social change. The role of relationships and networks is very important when advocates seek change in a social justice issue.
Step 1: Determine target
Power mapping is a visual tool that should be drawn. In the center is the person or institution that can make the decision or enact desired changes to address the identified social problem.
Step 2: Map influence to target
It is important to think about associations, people or institutions that have relationships with the target individual and can potentially influence them. These could include political, family, religious and neighborhood ties and they should be written in a ring around the problem.
Step 3: Determine relational power lines
Begin to review the network that you have created and determine any connections between the target, as well as the different people and institutions. Remember to take indirect connections into account as well for example, a decision maker may not be directly involved with an organization, but may have family members that are.
Step 4: Target priority relationships
Circle the people with the most power relational lines drawn to them and identify people with few critical relational power lines that have a lot of influence. If there is someone without a clear relationship then develop a plan to find out more about the person.
Step 5: Make a plan
Create action steps for moving forward by determining the best way to access the individuals through the relationships determined.

6.7.2   Stakeholder Analysis
At this stage, the advocate or group of advocates should be able to identify the stakeholders concerned in the advocacy process. This could be guided by the cause as well as the set goals and objectives. For example, in this resource, the focus has been DBV and the goal and objective set revolves around influencing policymakers across states to develop anti-DBV policies. In this vein, we can categorise the stakeholders involved in this process firstly into primary, secondary and key stakeholders.

POWER, POLICY
AND INFLUENCING

Primary stakeholders: These are stakeholders that will directly benefit from the intervention and can be referred to as the primary target audience. The primary people whose cause are being championed are women and girls who disproportionately suffer G/DBV in Nigeria.

Secondary stakeholders: These are intermediaries used to reach the target audience e.g. friends, family members and significant others. Since we have identified our primary stakeholders to be women and girls, it means the secondary stakeholders could be their friends, families and partners of women and girls who have suffered or are at risk of G/DBV. It is also important to note that an important category of people that fall under this classification are men and boys in the lives of these women and girls which is the point of this resource.

Key stakeholders: Finally, the key stakeholders are those people that can influence the success of an intervention e.g. Parliamentarians, policymakers, traditional leaders/opinion leaders, other government actors in relevant ministries, departments and agencies. For the purpose of our goal and objective, the key stakeholders are policymakers at the state ministries of health that we are trying to influence so that anti-G/DBV policies can be developed. A helpful guide for stakeholder analysis is the position map. This helps us understand the power relationships between relevant stakeholders and the issue we are advocating for.

6.7.3   Stakeholders Analysis Quadrant
Another way to categorise stakeholders is by looking at the influence the stakeholder has on the policy or advocacy issue and the interest the person has or not on the cause. Knowing which quadrant a stakeholder falls into, will allow an advocate know the level of effort to use in convincing the said stakeholder.

The Four Categoríes Of Stakeholders:
Promoters (High influence, High interest) have both great interest in the effort and the power to help make it successful (or to derail it).
Defenders (Low influence, High interest) have a vested interest and can voice their support in the community, but have little actual power to influence the effort in any way.
Latents (High Influence, Low interest) have no particular interest or involvement in the effort, but have the power to influence it greatly if they become interested.
Apathetic (Low influence, Low interest) have little interest and little power, and may not even know the effort exists.

High Influence, Low interest LATENTS	High influence, High interest PROMOTERS
Low influence, Low interest APATHETIC	Low influence, High interest DEFENDERS

POWER, POLICY
AND INFLUENCING

High Influence/ Low Interest (LATENTS)	**High Influence/ High Interest (PROMOTERS)**
Low Influence/ Low Interest (APATHETICS)	**Low Influence/ High Interest (DEFENDERS)**

Activity 12: Stakeholder Analysis Exercise

Stakeholders are key to the success of any advocacy effort. Their support can be very instrumental in addressing issues such as Gender and Disability Based Violence. It is also important to understand their level of influence and support. With this in mind reflect on the following questions.
1. As part of advocacy against Disability and Gender Based Violence, which stakeholders come to mind?
2. Categorise these stakeholders into primary, secondary and key stakeholders
Organise these stakeholders using the position map or stakeholders analysis quadrant

6.8   Policy Influencing Approaches
Having identified and analysed the stakeholder, next in the strategy is to determine the Policy Influencing approach to be used on relative identified stakeholders. Approaches such as: awareness, advisory, advocacy, activism, lobbying.
Different approaches for influencing policies include:
Advising – Focus on Cooperative Relationship / Collaboration: Research, Analysis, Evidence-based Dialogue.
Advocacy – Focus on Pressure on Decision-Makers / Opponents of Reform: Campaigns, Public Awareness and Education, Messaging
Activism – Focus on Confrontation with Opponents of Reform: Demonstrations, Protests, Rallies
Lobbying – Focus on Persuasion: Political work, Building of longterm Relations with Decision-Makers (e.g. diplomacy)

CHAPTER
07

UNDERSTANDING
BASIC ADVOCACY

| Chapter 7: | **UNDERSTANDING BASIC ADVOCACY** |

7.1   Definition of Advocacy

One of the various ways of addressing Disability and Gender Based Violence issues in the Nigerian context is advocacy. Advocacy as a strategy has been used in tackling various developmental challenges with varying levels of success depending on the approach and resources used.

Advocacy is defined as the process of <u>building support for an issue or cause</u> and <u>influencing others to take action and achieve policy change</u>. This definition presents components that are centered on support and influence. It also shows that these are the major ingredients necessary for advocacy to happen. We can translate this into building support for addressing Disability and Gender Based Violence (D/GBV) and influencing the necessary stakeholders to take action. Building the needed support for (D/GBV) advocacy includes bringing together the major stakeholders on the issue such as men and boys.

Advocacy ensures that

- Key decision-makers are informed about existing D/GBV related policies and their responsibility for implementing those policies
- Sufficient financial resources are allocated for D/GBV related programmes and services support is created among community members and to generate demand for implementing DBV related policies.
- The general public and opinion leaders are informed about D/GBV and they are mobilised to apply pressure on decision-makers to act.

7.2   Appreciating Advocacy as a Vital Intervention to Address D/GBV

Advocacy is an approach necessary to address D/GBV in a context like Nigeria for different reasons. Different people need to be influenced as their support is needed to ensure lasting interventions that will help stem the burden of SGBV in the country. These interventions include development or revision of policy and its implementation, social norms change, and coordination of anti-D/GBV efforts. For example, for enactment/revision of policy, there is a need to get the support of policy and decision-makers at all levels and also identify those who might prove to be a barrier to the process. These could include government actors, parliamentarians, political leaders, community and traditional leaders among others.

7.3   Different Forms of Advocacy

Advocacy is a broad approach that has different forms depending on the cause, advocates involved, identified stakeholders and resources. As a result of this, there are different forms of advocacy and they are described below.

7.3.1   Group Advocacy

This is a form of advocacy where people with similar interest or goals come together to advocate on an issue. group advocacy works by offering mutual support, skill development and a common call for change with the intention of developing or changing services. An example of this is the coming together of PWDs who have a similar interest to advocate for stronger G/DBV services

7.3.2   Peer Advocacy

In this form of advocacy, advocates are individuals who share significant life experiences with the advocacy partner of the individual whose cause is being advocated for. For example, the peer advocate and their advocacy partner may share age, gender, ethnicity, diagnosis or issues. Generally, peer advocates draw inspiration from their own experiences to understand with their advocacy partner. An example of this is a survivor of D/GBV championing the cause of PWDs on D/GBV issues. Another example could be PWDs in a particular community advocating on behalf of their peers issues.

7.3.3   Self-advocacy

This form of advocacy refers to a situation where a person who takes action to champion his/her own interests. Additionally, it involves effectively communicating, conveying, negotiating or asserting one's interest and desires, making decisions and taking responsibility for such decisions. This process implies encouraging the development of self-advocacy skills such as assertiveness, confidence and a good understanding of rights and entitlements that will enable the person or group to take responsibility for their lives. An example of this is a woman or girl advocating that government should implement anti-D/GBV policies because of the spate of violence against women and girls.

7.3.4   Professional Advocacy

This implies the representation by members of services involved in a person's life, for example, social workers or health workers. Whilst this is an important form of advocacy, most independent advocacy agencies would stress the limitations of this type of advocacy and recognise the potential conflict of interest that may arise out of professionals advocating on their service user's behalf.

Activity 13: Exercise on advocacy, its forms, and its importance to addressing Disability and Gender Based Violence (D/GBV)

Disability and Gender based violence are one of the issues that civil societies and other development stakeholders are just waking up to and find novel ways to address. GBV and DBV and its different forms are widespread and driven by different factors which include erroneous beliefs and social norms. Contributing to the problem is also the fact that it has not featured prominently among the priorities of government and other relevant stakeholders in the country. As a PWD, it is important to join the fight in addressing D/GBV in Nigeria. Take a moment to reflect on the following questions.

1. Why is it important to advocate for an end to D/GBV and its forms?
2. What are the possible benefits of advocacy in addressing the issue of D/GBV in Nigeria?
3. If you are to advocate for an end to D/GBV as a PWD, what form would you use and why?

Explain how PWDs can use peer advocacy to address GBV and DBV

Chapter 7: UNDERSTANDING BASIC ADVOCACY

7.4   Platforms for advocacy

Advocacy involves different approaches and methods in passing related messages to policymakers or other relevant people involved in an issue. As a result, different platforms are needed to convey necessary advocacy messages depending on the persons targeted and the persons involved in the advocacy. Additionally, choosing the right platform depends on a number of factors ranging from effectiveness to cost and availability of other resources.

7.4.1 Mass and Social Media: This is discussed further in the module on Media Activism

7.4.2   Meetings and workshop

While mass or social media might be effective to pass messages to a large audience, sometimes stakeholders need to be targeted one-on-one. Small meetings with local officials and opinion leaders or larger workshops with key representatives of particular target audiences can also be effective channels for communicating key advocacy messages and mobilising a particular group to act. Such activities generally involve discussion and debate, it is particularly important for advocates to be able to select participants strategically, present information and messages clearly, and be adept at managing difficult group dynamics or competing objectives or agendas that different participants may bring to the meeting. It is also critical to have a clear objective for the meeting or workshop so that people know why they have been brought together and what they need to accomplish. A major example of meetings is advocacy related lobbying to influence policymakers to act.

Another form of meeting engagement for advocacy is the elevator speech. An elevator speech is a clear and most importantly brief description of an idea or product that explains the concept in a way such that any listener can understand it in a short period of time. The idea of this form is to intrigue the listener to want to hear more of a more complete proposition in the near future. This form of engagement is usually used when an advocate has a brief time to speak to a stakeholder. Elevator speech could be formal or informal. Also, it is short, very clear and memorable. Though most speeches last an average of 3 minutes, length of engagement depends on the stakeholder and the setting is not limited to the elevator. An elevator speech could serve as a powerful way creating awareness on SGBV campaigns or interventions so as to get the needed buy-in and support of stakeholders.

7.4.3A Short Guide to Lobbying

Lobbying is a crucial strategy used in advocacy. It could be very instrumental in achieving the desired policy change or getting the needed support of a key stakeholder and those who influence them, in to help address a pressing problem. One of the most persuasive forms of lobbying is a face-to-face meeting with your elected officials or her/his staff about the issue at stake. Lobbying builds relationships with elected officials and educates them, develops leaders and their credibility within your Organization or network, and sets the stage for ongoing advocacy.

To lobby, there is the need to first develop short and clear briefing packs that present the issue and practical solutions for decision-makers. It is always important for these packs to also show compelling evidence or testimony showing the need for change. Next is to have a clear agenda, priorities and expectations for the meeting. Be prepared for different possibilities during this meeting. Decision-makers are often busy people, so they have a short attention span for such discussions. As a result, it is important to be prepared for a conversation in less time than what was afforded. During the meeting, try to relate what you are advocating for to something the decision-maker has done, said or is concerned about. State what the decision-maker can and should do to address the problems. Also, make it clear that you are willing to help with information and support.

Ensure that there are clear action points from the meeting which preferably shows the commitment of the decisionmaker. Also, make sure you create avenues for a follow-up to make the process easy. When the meeting is finished, be sure to leave the briefing pack which could be one or more of brochures, fact sheets or other printed information for future reference. An aide-memoire, summarising the key points raised with the decision-maker, can be very helpful and is usually also appreciated by the partner.

7.4.4   Other Platforms for Advocacy

Different events that can help pass advocacy messages could also be used. These events include marches and rallies, performing arts (drama, dance, and song), and sports competitions and other related tournaments. Depending on the event earmarked for advocacy, it has the capacity to reach different groups of people which could be large or small. Some of these events can be implemented in line with other platforms such as the use of mass media. Also, these events are sometimes implemented during commemorative days or periods. For example, drama or sports competitions to raise awareness on D/GBV could be implemented during the 16 days of activism against D/GBV.

7.5 Advocacy strategy

Advocacy is a complex task that involves a lot of moving parts and as a result, a strategy is needed effective implementation. Developing an advocacy strategy entails figuring out how to reach temporary outcomes while keeping the long-term vision alive. A good strategy can be applied to a quick initiative or a long-term programme, but it always creates opportunities to advance efforts and protect gains. Developing a strategy is the most effective and efficient way to work. Having a strategy for your advocacy efforts will help you to outline your vision and goals, identify the stakeholders that will need to be involved and how you will reach them. A strategy helps you map out how change can occur.

A simple way of developing an advocacy strategy is to visualise the necessary tasks that lead up to the implementation of the advocacy activities as well as its management. This could be summarised in the advocacy cycle. The advocacy cycle represents the different stages that need to be completed during the advocacy process. The advocacy cycle comprises of different components such as needs assessment, the setting of goals and objectives, stakeholder analysis, development of advocacy messages, the building of coalition or alliances, implementation of advocacy activities, as well as monitoring and evaluation.

7.6 The Advocacy Cycle

7.6.1 Needs assessment

Like any other developmental intervention, an advocacy effort should be based on a clear understanding of the issue or problem and the overall context in which it needs to be addressed. Advocacy begins by identifying and analysing the problems you want to address. Needs assessment comprises various information-gathering activities to define the scope of the problem and appropriate solutions. This includes understanding government policies that relate to the issue and identifying key partners who are also working to address the issue and who might be allies in the advocacy effort. Major information gathering efforts are centered on the following;

Background research on the problem or issue

A review or analysis of existing policies and who has the power over the implementation of those policies

Interviews with representatives from relevant institutions to help describe and interpret the current situation and to identify what types of interventions might be valuable from the perspective of those actively involved in the field. A needs assessment can be achieved using different means part of which are social research data collection methods. Sound evidence is needed because getting this issue onto the agenda of decision-makers will require presenting a suitably persuasive and comprehensive argument which details the causes, effects, and proposed solution based on authoritative evidence and, if possible, a wide variety of sources[5].

At this stage, the following questions must be answered.

1. What is the Problem?
2. What is the Magnitude of the problem?
3. What evidence do you have of this problem?
4. How can the problem be solved?
5. When can it be solved?
6. Who can solve it?

Chapter 7:   UNDERSTANDING BASIC ADVOCACY

7.6.2 Setting goals and objectives

The next thing to do after conducting a needs assessment is to set clear goals and objectives. It is crucial to set clear and achievable goals and objectives that will guide the advocacy process. Although some general goals and objectives might have been formulated during the needs assessment, the results of that stage should be used to refine advocacy goals and objectives to ensure that they are specific and relevant.

Goal

A goal is generally a vision for the future, particularly what is intended in the medium to long-term. In the context of advocacy, it is usually a broad statement relating to expected outcomes sought by the advocacy process. For example, for an advocacy campaign looking at SGBV, a defined goal could be that "to persuade policymakers to develop anti-DBV policies in all states of the federation in 5 years". This is a broad goal that would only be achieved in 5 years and will be a result of smaller, specific actions within a short period of time or achievement of specific objectives.

Objective

On the other hand, an objective is a more specific statement that clearly describes particular results or outcomes that will be pursued in a certain period of time. To complement our goal on anti-DBV policies, a specific objective could be "to pay advocacy visits to state ministries of health on DBV". This is an example of the various objectives that will be in place to meet the ambitious goal set earlier. It is important to note at this particular point that specific objectives are like major drops of water that contribute to filling the bucket (achieving the goal). A major characteristic of good objectives is that they are "SMART" i.e. they are Specific, Measurable, Achievable, Realistic and Time-bound.

- Specific: They clearly spell out what needs to be done in order to achieve the goal.
- Measurable: Progress or results can be measured, assessed or quantified.
- Achievable: They are possible to meet and likely to be accomplished successfully.
- Realistic: The desired results are feasible in light of the provided resources
- Time-bound. There is a clear timeframe for achieving the desired results.

With this in mind, let us reframe our specific objective.

Old specific objective

"to pay advocacy visits to state ministries of health on DBV".

New specific objective

"to pay 36 advocacy visits on state ministries of health on DBV by September 31st, 2020"

\7.6.3 Stakeholder analysis: refer to chapter 6

7.6.3.1 Position map

The position map is a grid made up of variables relating to the power identified stakeholders wield and the level of their support for the cause being advocated for. The grid allows the advocate to visually determine stakeholders who are either opposed or in support of the cause in varying degrees. Additionally, the grid shows the level of influence in terms of high, medium, and low. For example, if we are to look holistically at possible stakeholders whose support is needed to address SGBV in Nigeria we could think of a ton such as government ministries, department and agencies (MDAs), non-governmental Organization and civil societies, religious leaders, community leaders, men and boys, women and girls. Also, following a possible preliminary assessment of the G/DBV in a community, stakeholders could be represented as seen below

	High opposition	High opposition	Low opposition	Neutral	Low Support	Medium Support	High Support
High Power				Other govt. MDAs			FMOH, FMWA
Medium Power		PWDs		Religious, opinion & community leaders			SMOH, CSOs
Low Power							
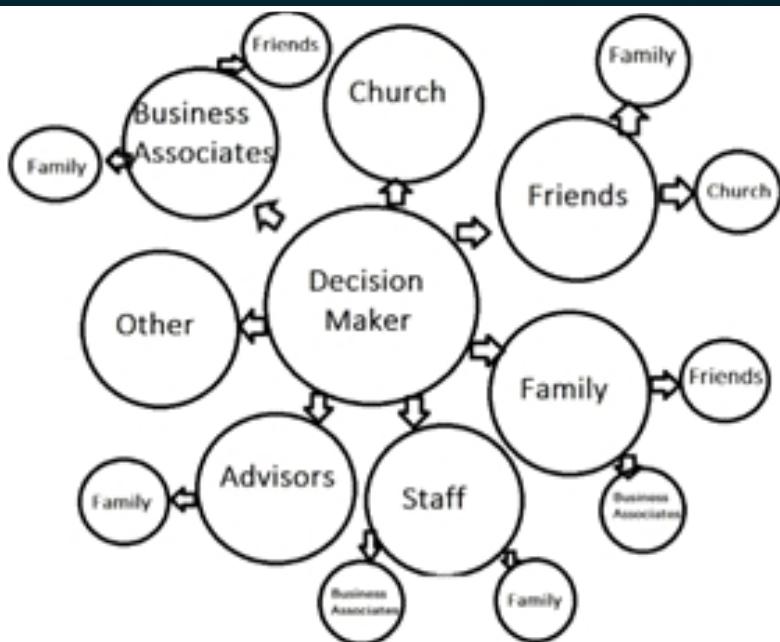
Activity 14: Repeat Exercise on stakeholder Analysis using the Position Map

Stakeholders are key to the success of any advocacy effort. Their support can be very instrumental in addressing issues such as DBV. It is also important to understand their level of influence and support. With this in mind reflect on the following questions.

1. As part of advocacy against DBV, which stakeholders come to mind?
2. Categorise these stakeholders into primary, secondary and key stakeholders

Organise these stakeholders using the position map

7.6.4 Power-mapping

Power mapping is a critical tool for community advocacy where the power of decision making in a community is determined and efforts are targeted to those areas. A power map begins with the person(s) or institutions that need to be influenced. Once this target is decided, it is important to determine what relational power lines from the target and how these targets would be influenced.

Power map of targets to be influenced in a community

It is critical to determine what group of people have the most influence and will oppose or support the advocacy message. This will be useful in creating an advocacy plan.

7.7   Implementation of advocacy action

It is at this stage that the planned advocacy action is implemented. As discussed previously, the advocacy process is essentially geared towards action and subsequently, the monitoring and evaluation of the whole process. As a result, the action to be carried out at this stage is dependent on the set goals and objectives of the process, analysis of stakeholders and the content of advocacy message. The action at this point could be advocacy meetings, running mass media programmes, advocacy marches and rallies among others. Advocacy action could be a one-off affair and could also be a continuous exercise over a certain period of time.

For example, an advocacy action could be an advocacy meeting on DBV held with the Federal Minister of Women Affairs. This looks simple on paper but involves a lot of bureaucracy and smaller targets behind the scene. This is a typical example of a one-off action that takes a lot of planning and resources to happen. An example of continuous action is a drama portraying the negative consequences of D/GBV. This could air over 10 months on radio or television. This also involves all the different stages of the advocacy process. An advocacy action could also use multiple strategies depending on what was planned at the start. For example, advocacy action could involve drama on D/GBV, paying advocacy visits to key stakeholders and a massive rally to gain public support.

7.8   Development of advocacy messages and products

The issue being advocated for the need to be developed into a concise and persuasive statement that captures what to achieve, how and why. This is often done when the target audience has been decided which could include an array of stakeholders. The decision on stakeholders helps in creating and delivering strategic messages that resonate with them. This could mean creating more than one message for more than one audience. The development of advocacy messages is also an important step in attracting attention and gaining public support for a cause. It is important to note that messages could be conveyed in different forms and platforms.

Advocacy messages and materials are at the heart of an advocacy campaign, and they must be carefully researched, prepared, and field-tested to ensure that they convey information in a powerful and compelling manner that motivates the audience and resonates with people's experience and concerns. In addition, it is crucial to ensure that all advocacy messages and materials contain a clear and specific call to action so that the intended audience knows what they can do to support or help the cause[1]. An effective advocacy message helps inform and persuades the audience about the advocacy issue. The advocacy message is also helpful in moving the audience into action.

Activity 15: Develop a short Advocacy Message and Present

CHAPTER
08

MEDIA & ACTIVISM
ON GBV

MEDIA & ACTIVISM
ON GBV

8.1   Media
The term media, which is the plural of medium, refers to the communication channels through which we disseminate news, music, movies, education, promotional messages and other data

It also describes the various ways through which we communicate in society. Because it refers to all means of communication.

8.1.1   Types of Media
Print Media: includes all type of publications, including newspapers, journals, magazines, books and reports. It is the oldest type

Broadcast Media: refers to radio and TV, which came on to the scene at the beginning and middle of the 20th century. Most people still get their news from TV and radio broadcast.

Social Media: Specifically websites and blogs and social media - are rapidly emerging as viable and major channels of communication as more and more people seek news, entertainment and educational material online.

8.2   Activism
Activism is the practice of taking direct action to achieve political or social goal, Activism can involve supporting a particular cause or range of causes

Also Activism is the policy or action of using vigorous campaigning to bring about political or social change.

Some forms of Activism include Demonstrations and protests, Boycotts, Strike Action Letter-writing and petitions and Social media campaigns.

8.3   Media Activism
Media Activism is a broad category of activism that utilizes media and communication technologies for social and political movements.

Methods of media activism include publishing news on websites, creating video and audio investigations, spreading information about protests, or organizing campaigns relating to media and communications policies.

It is used to spread awareness through media communications which sometimes leads to action

It gives disadvantaged groups the ability to have their own voices heard

It allows younger generations to have a voice in situations where legally they cannot exercise other means

8.4   Media and Stereotypes-Gender and Disability
8.4.1   Media and Gender
The media tends to portray male and females in stereotypical ways (e.g. males and independent and directive and females as unambitious and emotional).

Men are portrayed as active, adventurous, powerful, sexually aggressive and largely uninvolved in human relationships and women are often portrayed as sex objects who are usually young, thin beautiful, passive, dependent, and often incompetent. Where a woman is a go getter she is unfortunately largely portrayed as aggressive and less feminine. The Media's images of women also reflect heavily cultural stereotypes and social constructs.

MEDIA & ACTIVISM
ON GBV

8.4.2   Media and Disability

The media can deeply influence public opinion and establish societal norms. Unfortunately, Persons with Disabilities are usually covered in the media, film and TV entertainment in a negative way. Most of the time PWDs are still potrayed as objects of pity, charity or lone outsiders. These negative portrayals are both offensive and disempowering to Persons with Disabilities and their families.

8.5   Why Media Is Powerful Tool for Advocacy and Activism

The media is a powerful tool used to communicate, create and raise awareness to reach a wide audience at a given time. Disability issues and rights can therefore be very well communicated using the media to promote accurate images and voices of Persons with Disabilities.

The media can be used to bring to the limelight how policies, plans and programmes should have an inclusive approach for PWDs as part of development. This will ensure that rights of PWDs are protected and implemented.

The media can therefore be a vital instrument in raising awareness, countering stigma and misinformation. It is a channel that can change societal misconceptions and present women with disabilities as individuals, women and part of human diversity.

8.6   Awareness and Media Campaigns As A Tool For Advocacy

Advocacy involves different approaches and methods in passing related messages to policymakers or other relevant people involved in an issue. As a result, different platforms are needed to convey necessary advocacy messages depending on the persons targeted and the persons involved in the advocacy. Additionally, choosing the right platform depends on a number of factors ranging from effectiveness to cost and availability of other resources.

8.6.1   Mass media

Mass media remains one of the most effective ways of advocating for different developmental issues such as D/GBV. Mass media comprise an array of media platforms that help reach a large audience and these include radio, television and newspapers. Mass media as an advocacy platform has a huge potential for reaching large numbers of people with information. It also has a huge potential for turning members of the general public into pressure groups who can encourage officials to act on an issue. Inasmuch as mass media has this important advantage, it is less effective for reaching a targeted audience unless messages for these audiences are also intended for general audiences.

MEDIA & ACTIVISM
ON GBV

8.6.2 Social Media

Social media is a communication platform different from mass media. They often make use of computer-related technologies to ensure the creation or sharing of information through virtual communities and networks. Social media comprise of blogs, social networks, forums, video sharing, photo sharing among others. These platforms could be leveraged for D/GBV advocacy if properly utilized. On popular social media sites such as Facebook, Twitter, Instagram, and YouTube, advocacy messages could be carefully crafted and shared to get the attention of government, policymakers as well as the support and sympathy of the public. The messages could come in written and audio-visual formats. Examples of advocacy actions on social media are the use of Twitter during commemorative days to educate on D/GBV, live interactions between advocates and the members of the social media community, sharing of videos explaining D/GBV and solutions to address it among others. Social media is effective and the progress on platforms can be easily tracked. Social media often requires the use of influencers for the rapid dissemination of advocacy messages. Influencers are popular users on social media platforms that shape opinions.

8.7   Ethical Guiding Principles for Media Activism and D/GBV
·   Respect privacy.
·   Respect diverse identities.
·   Provide Non-judgmental moderation.
·   Ensuring safe, inclusive spaces.
·   Never use real names.
·   Make sure peoples' identities are not disclosed in photos (Eg. blurred, or taken from behind).
·   Be sensitive about what words you choose to use – be careful how you use words/watch for nuances in language.
·   Volunteers, campaigners, everyone involved must be on the same page. Do groundwork with these groups

8.8   Ethical Considerations for Engaging with Survivors For Media
·   Provide the option of being interviewed by someone of the same gender
·   Disclose all information on what captured footage is meant for to the survivor
·   Seek and get consent before use any footage
·   Clarify confidentiality if the survivor wants identity hidden and release based on agreed format-blocked eyes, pixelated face, distorted voice etc
·   Treat the persons being interviewed with respect
·   Survivors of violence may present symptoms of post-traumatic stress in recounting circumstances of their abuse. Allow subjects to interact with you as they deem comfortable. Avoid pressing them to provide information. The interaction should stop if the subject feels uncomfortable or does not wish to continue.

MEDIA & ACTIVISM
ON GBV

8.9   Social Media: Developing Key Messages

We have established that forms of social media such as Twitter are effective as platform for sharing or disseminating advocacy messages depending on the audience. In using Twitter or any other platform, it is important to first have a draft of the advocacy message before sharing. This draft must have been carefully put together and well edited. The key to using Twitter is understanding that there are 180 characters per tweet, hashtags make tweets more visible, and images make tweets more impactful.

8.9.1   Inclusive Messages

Inclusive Message is to promote inclusion, respect and accommodate for diversity in the disability community. Disability is not homogeneous. It is therefore important that in putting out messages in the media, one must be intentional about adopting all methods of inclusion to ensure message is received by the different disability clusters. Such as subtitles for videos, closed captions for live streaming, image description for pictures, flyers and posters, video descriptions for videos without voice or narratives.

Activity 16 & 17 for Media Activism

Activity 16: Get the social media handles (any platform) of at least three of your fellow advocates, Inclusive friends association, Ford Foundation and your facilitator and follow.

Activity 17: Pair with someone, pick any aspects of Disability and Gender Based Violence, come up with a short 180 character advocacy message and at least three hashtags along with amplifying voices hashtags. Take each other's full pictures and post picture, message and hashtags on any of your social media platforms. Make sure to tag IFA and FORD Foundation.

CHAPTER
09

STRATEGIC
COMMUNICATION

Chapter 9: STRATEGIC COMMUNICATION

9.1   Communication is the process of sending and receiving messages through verbal or nonverbal means, including speech, or oral communication; writing and graphical representations (such as info graphics, maps, and charts); and signs, signals, and behavior. More simply, communication is said to be "the creation and exchange of meaning."

9.2   Strategic Communication: To develop programs designed to influence the voluntary behaviour of target audience in a way that support project as well as management objectives. The ultimate goal is to facilitate a change in behaviour rather than to merely raise awareness, change attitudes or disseminate information.

9.3   Elements Of Communication

Communication is surprisingly complicated. Communication is not just what you say or write. Consider all of these aspects of communication.

The Sender is you - the person trying to deliver a message.

The Message is what you want someone else to understand.

The Receiver/Target Audience is the person you want to understand your message.

- Primary Audience – Those whose behaviour your program would want to influence
- Secondary Audience- Those who influence the behaviour of a primary target audience (peer group) – To do or not to do
- Tertiary Audience- Those in position of authority or influence over a large group of people, may formulate policy, provide or control resources

The Method is the way you will try to deliver the message.

The Place is a location.

The Time refers to both clock time and duration.

Tone, Volume, and Attitude

Change and Feedback

Questions to consider

- What is my message?
- What is my natural tendency as a communicator/communication style?
- Who should receive my message?
- How can my message be presented?
- What would help me feel more comfortable?
- What can I do to be clear?
- What should I expect? and, What is next?

9.4   Types Of Communication

Verbal Communication - verbal communication Occurs when we engage in speaking with others, it can be face to face

Non-Verbal communication - Includes facial expressions, posture eye contact and movements and touch, sign language

Written Communication- communication that have the same goal to disseminate information in a clear and concise manner e.g. a memo, Report etc.

Listening - Active listening however is perhaps one of the most important types of communication because if we cannot to the person listen to the person sitting across

Visual Communication - is also the type of communication that is common in the daily lives of individuals. The main areas through which visual communication take place are: television or listen to radio programs.

9.5　Essential Skills For Effective Communication

- Listening ; One of the most important aspects of effective communication is being a good listener
- Non- verbal communication
- Be clear and Be concise
- Be personable
- Be confident
- Empathy
- Always have an open mind
- Convey Respect
- Give and Receive Feedback
- Consider the Best Medium for the communication

9.6　Barriers To Effective Communication

- The use of jargon
- Emotional barriers and taboos
- Lack of attention, interest, distractions, or irrelevance to the receiver.
- Differences in perception and viewpoint.
- Physical disabilities such as hearing problems or speech difficulties.
- Physical barriers to non-verbal communication
- Language differences and the difficulty in understanding unfamiliar accents.
- Expectations and prejudices which may lead to false assumptions or stereotyping:
- Cultural differences

9.7　Communication Styles

9.7.1　Passive Communicators

People who speak in a passive manner have difficulty expressing themselves and tend to give in to others. Failure to express thoughts and emotions often leads to mis-communication and built-up anger or resentment.

9.7.2　Aggressive Communicators

Aggressive communication takes things to the other side of the spectrum. People who rely on this communication style in the workplace, at home, or among friends tend to dominate the conversation. They issue commands and ask questions rudely while failing to listen to others.

9.7.3　Passive Aggressive Communicators

The mutter rather than confront, use sarcasm, use subtle sabotage to get even.
Have a healthy self esteem
Respect themselves and others

9.7.4 Assertive Communicators

The assertive style of communication offers an effective and healthy way to express

yourself. It encourages open, honest dialogue while still considering the needs of

others.
An Assertive communicator clearly states their feeling or position and advocate for
their rights without violating the rights of others
Have a healthy self esteem
Respect themselves and others

9.8 Negotiation Skills

The term negotiation refers to a strategic discussion that resolves an issue in a way that
both parties find acceptable. In a negotiation, each party tries to persuade the other to
agree with their point of view.
Negotiations involve some give and take, which means one party will always come out
on top of the negotiation. The other, though, must concede—even if that concession is
nominal.
By negotiating, all involved parties try to avoid arguing but agree to reach some form of
compromise. Negotiating parties vary and can include buyers and sellers, an employer
and prospective employee, or governments of two or more countries.
 It is a powerful tool for advocacy

Questions to consider
- What are your expectations?
- What do you hope to gain?
- What compromise are you willing to make?
- What happens if you don't get reach your end goal?

Chapter 9: STRATEGIC COMMUNICATION

9.9 Negotiation Tools

Exchange Information: Now that you've laid down the groundwork for your negotiations, it's time to sit down with the other party, who has probably also done their homework before meeting at the table. This is the point where both sides are able to lay down what their arguments are that can help them reach their end goals.

Clarify: By this point, you've both explained your positions and where you stand. You should have a firm grasp as to what the other party is looking for and they should know what you want. This step is very important because you want to be sure that you and the other party are on the same page.

Bargain: Now that all the information is exchanged and you both have clarity, it's time to start bargaining. This is where the true negotiation begins. And it can take time, so be sure you don't rush the process.

Be sure you pick up on any cues given by the other party (verbal and nonverbal) that may help you get to your end goal. Listening, reading body language and understanding the other party's tactics, and responding in a manner that will be accepted are critical when you're bargaining.

Closure: Once both parties are happy and satisfied with the results, it's time to end the negotiations. The conclusion involves coming to an agreement and solidifying it. This can come in the form of a verbal or written contract. The latter is usually a better idea as it clearly outlines the position of each party involved. Make sure there are clear details and expectations for each party. And include any concessions/consequences if one or more of you fail to live up to your end of the deal.

CHAPTER
10

PROGRAMS MANAGEMENT
AND PLANNING

PROGRAMS MANAGEMENT
AND PLANNING

10.1   Project - A project is a temporary endeavor undertaken to produce a unique product or service

10.1.2 Project Cycle Management (PCM) is an approach to managing projects throughout its lifecycle. It determines the phases of the project and outlines the actions and approaches to be taken within these phases. The PCM approach includes the planning and review processes throughout a cycle and allows for multiple project cycles to be supported.

10.2   Project Cycle
Initiation, planning, implementation, evaluation, review

10.2.1 Project Initiation
Initiation involves starting up the project, by conducting a needs assessment, documenting a business case, feasibility study, and terms of reference, appointing the team and setting up a Project Office.
You initiate a project by defining its purpose and scope, the justification for initiating it and the solution to be implemented.
It also includes performing an end of Phase Review.

10.2.2 Project Planning
Good Planning:
·	Gives the project team a clear understanding of the needs to be met in order to achieve expected results;
·	Guides the project management team in making decisions;
·	Allows the organization to strategically allocate resources;
·	Allows to organize the work plan and assign responsibilities;

PROGRAMS MANAGEMENT
AND PLANNING

10.2.3 Project Implementation

· Follow/Update project implementation plan (same as the time plan designed in the planning phase)
· Teambuilding (retreats, training, sharing roles, weekly meetings, brainstorming, social gatherings, coordination with other NGOs, Sharing best practices/lessons learned)
· Cost Management or financial management: good governance, transparency, audit
· Reports (Narrative and Financial)

10.2.4 Project Closure
Project Closure involves releasing the final deliverables to the donor, handing over project documentation to the business, terminating supplier contracts, releasing project resources and communicating project closure to all stakeholders.
The last remaining step is to undertake a Post Implementation Review to identify the level of project success and note any lessons learned for future projects.

10.3   Developing a Work Plan
Often, a "work plan" is thought of to be a simple schedule. However, effective PWPs are much broader and encompass planning for all aspects of program management. Coming out of the Program Identification and Design phase there may be a high-level PWP already developed.
It is a document or set of documents that sets out program requirements and activities for multiple stakeholders to work and track against it.

Objective: Youth are empowered to engage civil society and local government representatives towards positive change													
Forming youth action teams													
				X	X								
					X	X							
						X							
Youth skills building - Training workshop													
					X	X							
					X	X							
					X	X							
					X	X	X						
								X	X				
Community Needs assessment													
								X	X				
								X	X				
								X	X				

PROGRAMS MANAGEMENT
AND PLANNING

10.4   Program Management

Project Management is the application of skills, knowledge, tools and techniques to meet the needs and expectations of stakeholders for a project.
The purpose of project management is prediction and prevention, NOT recognition and reaction
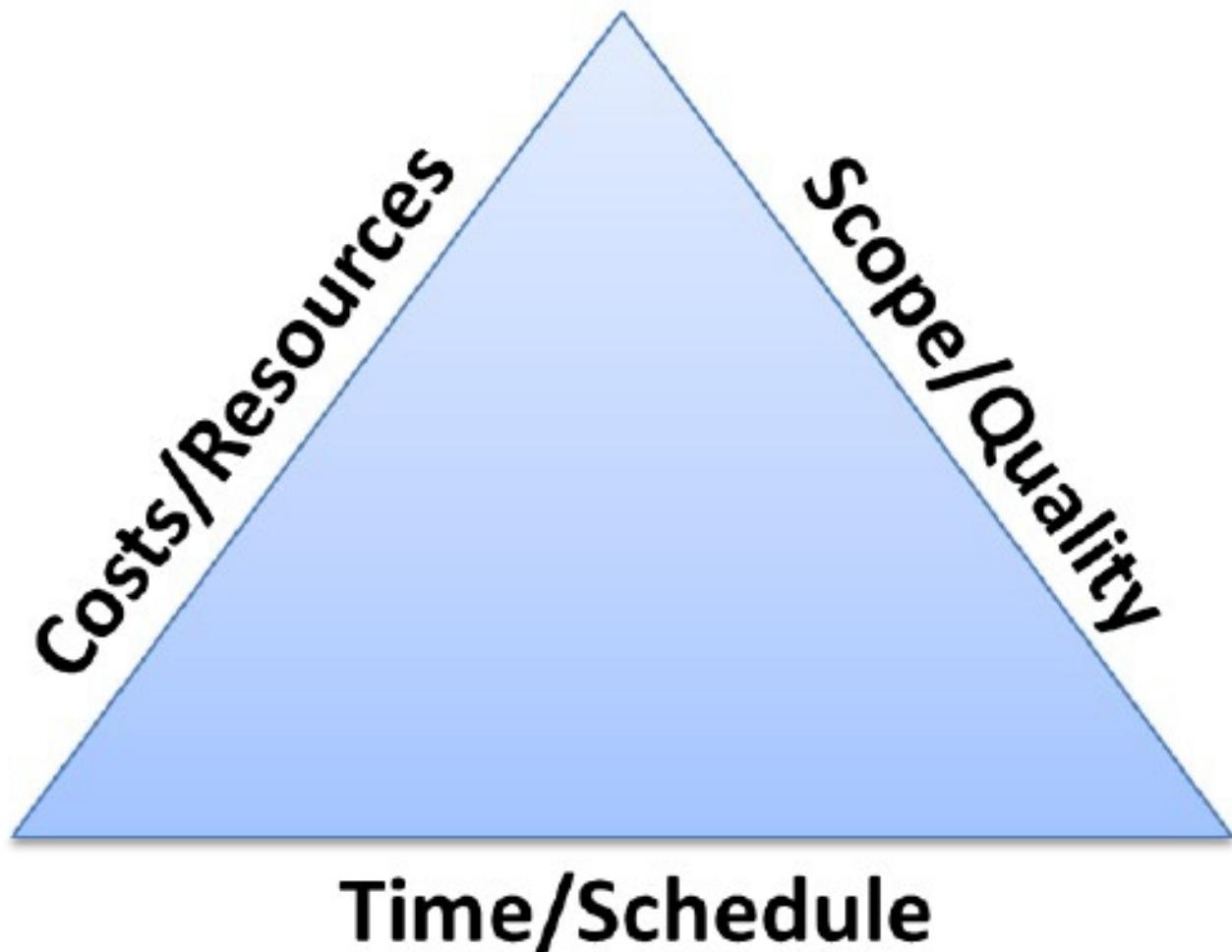
10.5   Project Constraints Triangle

Scope/Quality – What are the products/services that the project will produce and what is the work required to produce these deliverables?
Cost/Resources – What money, materials and effort are available to deliver the project product/services and to complete the comprehensive work of the project?
Time/Schedule – What is the amount of time required to complete the components of the project?

PROGRAMS MANAGEMENT
AND PLANNING

10.6   Essentials of Project Management
·   Project Implementation
·   Reporting and Representation
·   Strategy
·   Budget

10.7.1 Common Mistakes in Project Management
·   Matching resources to the wrong projects
·   Project manager lacks the necessary experience required
·   Project scope isn't managed well
·   Poor scheduling
·   I am the boss
·   Underestimating
·   Overlooking smaller details
·   Ignoring problems
·   Being a yes man or woman
·   Not implementing and following a process
·   Not dealing with mistakes

10.7.2 Project Management Success
·   Plan the work by utilizing a project definition document
·   Create a planning horizon
·   Define project management procedures up front
·   Manage the workplan and monitor the schedule and budget
·   Look for warning signs
·   Ensure that the sponsor approves scope-change requests
·   Guard against scope creep
·   Identify risks up front
·   Continue to assess potential risks throughout the project
·   Resolve issues as quickly as possible
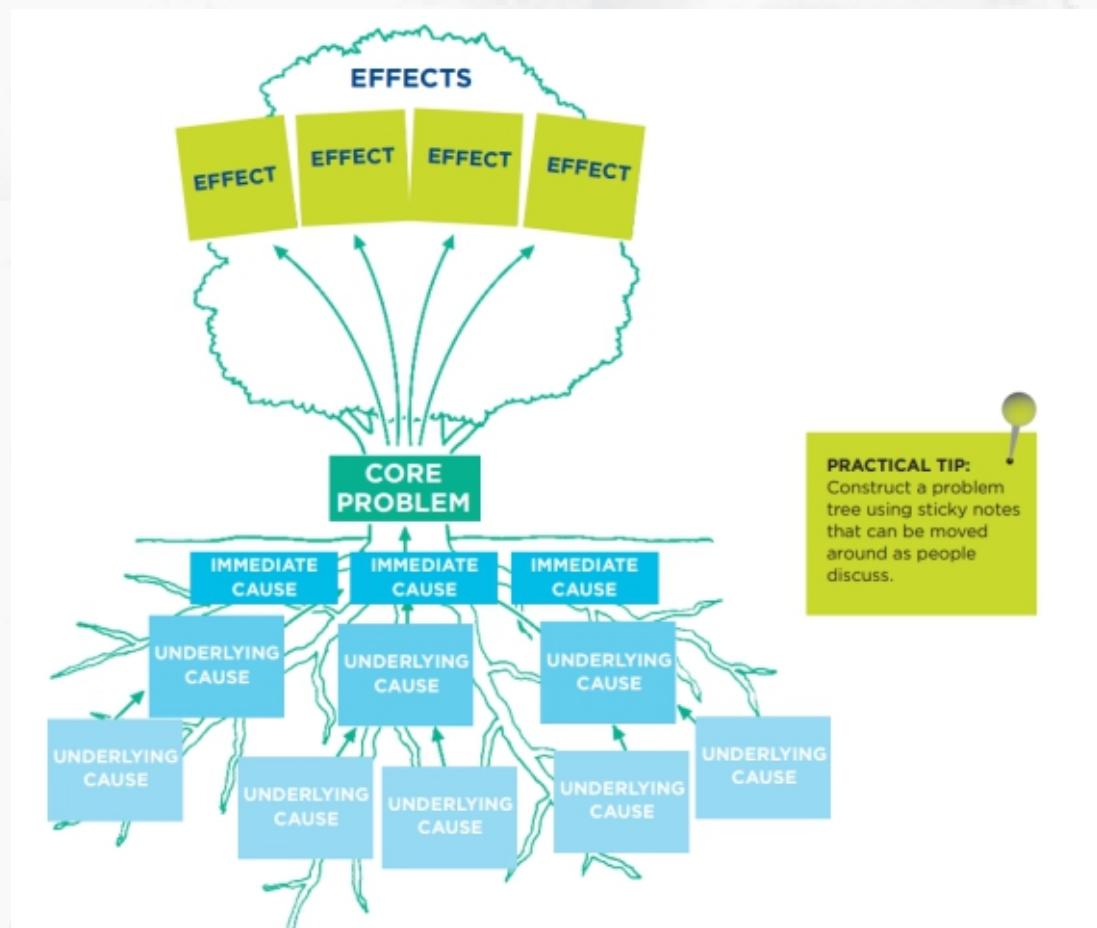
10.8   Problem Analysis
10.8.1 The Problem Tree
A problem tree is a useful tool for understanding cause-and-effect relationships.
Effects are social, economic, political or environmental conditions that result from a problem.
Immediate and underlying causes are factors in the household, community, organization or external environment that contribute to the problem

PROGRAMS MANAGEMENT
AND PLANNING

EFFECTS

EFFECT   EFFECT   EFFECT   EFFECT

CORE PROBLEM

IMMEDIATE CAUSE   IMMEDIATE CAUSE   IMMEDIATE CAUSE

UNDERLYING CAUSE   UNDERLYING CAUSE   UNDERLYING CAUSE

UNDERLYING CAUSE   UNDERLYING CAUSE   UNDERLYING CAUSE   UNDERLYING CAUSE   UNDERLYING CAUSE

PRACTICAL TIP: Construct a problem tree using sticky notes that can be moved around as people discuss.

10.8.2 How to Build a Problem Tree

Write the core problem statement next to the tree trunk.

Using data from the assessment and analysis, populate immediate and underlying causes of the core problem (the "roots" portion of the problem tree).

Ask "But why?" or "What explains this?" to continue to identify other lower-level factors that contribute to a particular cause.

Use arrows to show cause-and-effect relationships and links among these causes. These are called causal streams. They are linked factors that contribute to the problem and have high synergy with other causes.

Using data from the assessment, identify the effects of the core problem and populate the "leaves" of the problem tree.

Ensure that the problem tree specifies how problems, causes, and effects impact women, men, boys or girls, as appropriate.

Ensure that all potential determinants (or immediate causes) of the problem are considered and discussed, but only include in the problem tree those determinants that have been shown by assessment data to be relevant in the specific context.

Activity 16 – Problem Tree Exercise

Brainstorm and develop a problem tree for a D/GBV related project of your choice.
Label the core problem and arrange the remainder into causes (contributors) and effects (negative results because of the problem).

Problem Statement Examples

Strong: Fifty percent of children under 5 years of age living in Oddo State coastal areas are stunted and/or underweight.
Weak: Children in Oddo State do not get enough food to eat.
The weak problem statement does not specify precisely where this problem occurs, who (age group) is most affected or what the severity of the problem is. In addition, it states the problem as the absence of a solution: Its wording presupposes that the project should provide more food, which may or may not be the best strategy.

10.9   Concept Note
A concept note is a summary of a proposal containing a brief description of the idea of the project and the objectives to be pursued.
Concept notes are prepare for:
·   Some financing programs, funding agencies require a concept note before the submission of a full proposal.
·   Donors without a formal call for proposals.
The length and the format for writing a concept note actually depend upon the donor agency. Usually donors do not have a format for a concept note as they have for a full proposal. Most donor agencies request a minimum of three pages to a maximum of five pages.

10.9.1 Writing a Concept Note: Template
·   Title
·   Background
·   Objectives
·   Outputs
·   Activities and Duration/Timeline
·   Beneficiaries and Impacts (Expected Outcome)
·   Project Management
·   Budget

10.9.2 Writing a Concept Note: More tips
·   Don't overwhelm the reader with details!
·   Consider your audience.
·   Consider your language.
·   Only include budgetary information if it is specifically requested.
·   Appearance is important.
·   Identify a door opener if you are not writing your concept note for an announced call from the organisation.
·   Submission.

10.10   Fundamental Guidelines in Project Management

Know your project – milestones and targets, goal and objectives, budget and budget constraints, donor requirements, partner agreements
Invest in planning and teambuilding – extensive coordination with others, formal implementation plans, stakeholders/partners/donors are part of your team, roles and responsibilities
Create a culture of learning – use M and E systems, get stakeholders' opinions, spot and build on emerging dynamics and trends
Solve problems immediately and jointly – communication, conflict sensitivity, tracking issues/challenges and resolving
Reporting is your friend, including financial reports!

CHAPTER
11

MONITORING AND EVALUATION
OF GBV RESPONSE

MONITORING AND EVALUATION OF GBV RESPONSE

11.1.1 Monitoring: is an ongoing, continuous process of data collection. Monitoring involves counting what we are doing. Monitoring involves tracking changes in program performance over time. Monitoring is sometimes referred to as process evaluation.

11.1.2 Evaluation: is the use of social research methods to systematically investigate how well the program or project is going and how the GBV program activities have met expected objectives. Evaluation requires a special study design. Evaluation sometimes requires a control or comparison group.

Monitoring	Evaluation
Continuous	Periodic
Keeps track oversight, analyses, and documents progress	In-depth analysis: compare planned with actual achievements
Focuses on Inputs, activities, outputs and results at output and outcome level	Focuses on outputs in relation to inputs, results in relation to cost, processes used to achieve results, overall relevance, impact and sustainability
Helps identify which activities were implemented and the results achieved	Helps assess why and how results were achieved. Contributes to building theories and models for change
Alerts project managers of problems and provides options for corrective actions	Provides project managers with strategy and policy options
Internal assessment by project managers, supervisors, community stakeholders and donors	Internal and/or external analysis by programme managers, supervisors, community stakeholders, donors and/or external evaluators.

11.2 Why Do Monitoring & Evaluation

The purpose of monitoring and evaluation is to measure program effectiveness. At a minimum, the Monitoring and Evaluation program must have all data necessary to calculate the indicators before/near the start of the related intervention and at (or after) the end of the intervention.

Monitoring and Evaluation addresses the following questions: Are activities carried out as planned? What services are provided, to whom, when, how often, for how long, and in what context? Are the services accessible? Is their quality adequate? Is the target population being reached?

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11.3   Questions Monitoring & Evaluation Answers

Monitoring & Evaluation questions help focus and provide structure to monitoring and evaluation activities, help guide M&E planning, facilitate decision making about what tools and methods to use, and inform discussions about how M&E results can be used to improve programs.

· Were resources made available to the program in the quantity and at the times specified by the program plan? Answer: Monitoring
· Were the program activities carried out as planned Answer: Monitoring
· Which program activities were more effective, and which were less effective? Answer: Evaluation
· Did the expected changes occur? How much change occurred? Answer: Evaluation
· Can improved health outcomes be attributed to program efforts? Answer: Impact evaluation
· Did the target population benefit from the program and at what cost? Answer: Monitoring (did the target population benefit from the program?) and evaluation (at what cost?)

11.4   Monitoring & Evaluation Of Program Life Cycle

M&E occurs at all stages of the program life cycle. For M&E to be successful, strategic program planning and developing an M&E strategy should go hand in hand.

11.5   Data Collection

Data is collected to help in assessing needs, monitor ongoing projects and programs, and assist in evaluations. Data gathering is not an objective or an end in itself, but it is crucial to the success of a project or program. Data is collected to support quality programming — ensuring lives are saved and objectives met successfully.

11.5.1 Planning for Data Collection

In planning data collection, you will want to ask a few questions to guide
· What do we need to know?
· Who/Where can we get that information from?
· What kind of human resources will be required?
· What kind of budget will be required?
· What kind of timeframe will be required?

11.6 Data Types

Data can be Primary or Secondary Data

11.6.1 Primary Data
Primary data is the original form of data that is collected directly from the source. For example, data collected through surveys, opinion polls from people, conducting experiments.
Primary data can be further classified in to the following two types: Quantitative and

Qualitative Data.
Quantitative Data research methods are used to collect data that can be analyzed in a numerical way. They ask questions such as Who; What; When; Where; How much; How many; How often?

Qualitative Data: Qualitative research methods are designed to help build up an in-depth picture from a relatively small sample of people as to how communities function, what the key relationships are, and how different aspects of life are linked together. They also reveal how people view and understand their own situations and problems, and what their priorities are.
11.6.2 Secondary Data: Information available through published and unpublished sources, including literature reviews, surveys, evaluations, assessments, reports from NGOs, UN agencies, international organizations and government offices.

11.7   Tools For Data Collection
Secondary Data
·   Literature Review
·   Records Review
·   Existing statistics
·   Indices (HDI)
·   Government documents
·   Other NGOs' Documents
Primary Quantitative Data
·   Knowledge, Practice & Coverage Surveys
·   Household surveys
·   Standardized tests and surveys
·   Standardized observation instruments
·   Anthropometric measurements
Primary Qualitative Data
·   Brainstorming
·   Affinity Diagrams
·   Focus Groups
·   Historical narratives
·   Timelines
·   Empowerment circles
·   Visioning
·   Locality mapping
·   Semi-structured interviews
·   Key informant interviews
·   Ranking exercises

11.8 Logic Models

Logic models are diagrams connecting program inputs to processes, outputs, outcome, and impact as they relate to a specific problem or situation.

Logic models show what resources your program will need to accomplish its goals, what your program will do, and what it hopes to achieve, emphasizing the links between all these things.

Generally, logic models consist of:

Input: The various resources that go into a program. For example, what kind of staff, equipment, materials and funding are at your disposal?

Process: Activities are the actual interventions that take place as part of the program. For example, conduct an educational campaign on women's rights.

Output: The direct product of a program's activities. For example, the number of women and girls with disabilities participating in this capacity building training.

Outcome: The short-term or intermediate results of the program at the population level. A short-term outcome example could be increased awareness of organizations that address violence against women and girls (or VAW/G). An intermediate outcome example might be decreased prevalence of sexual harassment in your community in the past year.

Impact: The long-term outcome of the program; for example, reduced D/GBV incidence among women with disabilities in your community.

11.8.1 Logic Model Use
Logic models can be used in

Program planning **-** Helps one think through program strategy – where you are and where you want to be**.**

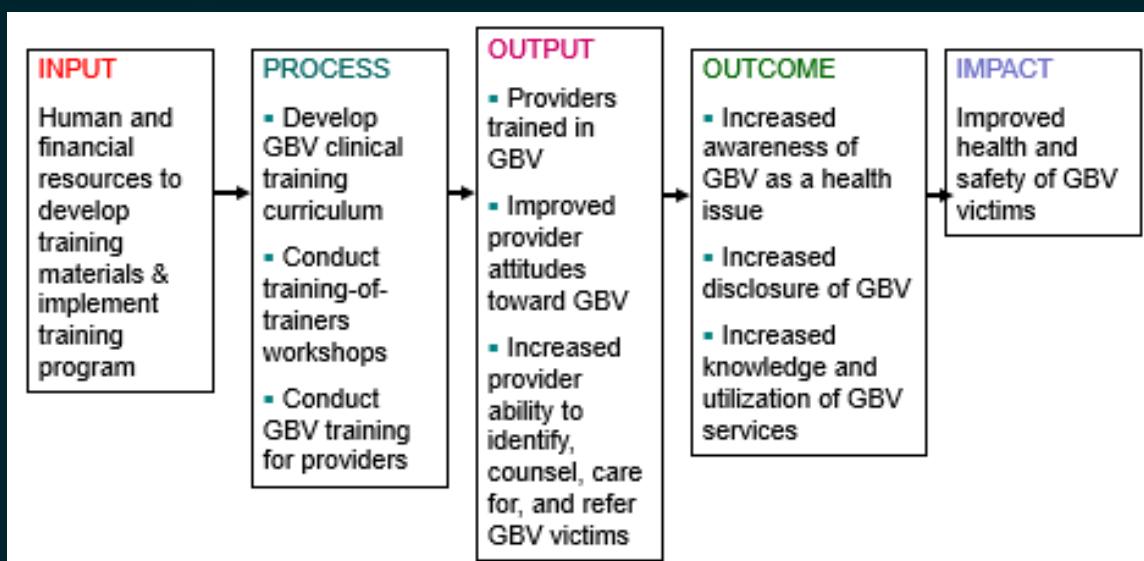Program management - Helps one track and monitor operations to better manage results

Communication Strategy - Shows stakeholders at a glance what the program is doing and what it expects to achieve

Consensus building - Promotes common understanding about what program is, how it works, and what it is trying to achieve

Fundraising Strategy – It can structure and streamline grant writing.

Monitoring and evaluation - Provides thorough understanding of what resources a program has to work with, what it is doing, and what it hopes to achieve.

11.8.2 Illustration Of Logic Model For Provider Training Program

INPUT	PROCESS	OUTPUT	OUTCOME	IMPACT
Human and financial resources to develop training materials & implement training program	• Develop GBV clinical training curriculum • Conduct training-of-trainers workshops • Conduct GBV training for providers	• Providers trained in GBV • Improved provider attitudes toward GBV • Increased provider ability to identify, counsel, care for, and refer GBV victims	• Increased awareness of GBV as a health issue • Increased disclosure of GBV • Increased knowledge and utilization of GBV services	Improved health and safety of GBV victims

This logic model presents a straightforward view of a project designed to improve providers' knowledge, attitudes and practices and increase providers' awareness of GBV as a public health problem and a violation of human rights. As you can see, a series of "if-then" relationships connect the components of the logic model: if resources are available to the program, then program activities can be implemented; if program activities are implemented successfully, then certain outputs and outcomes can be expected. The logic model does not try to account for all of the factors that may be influencing a program's operation and results like a conceptual framework. Instead, the logic model focuses on the program's inputs, activities, and results. This narrow focus assists program managers and M&E planners as they clarify the direct relationships among elements of particular interest within a specific program.

11.9   Selecting Indicators
Once you have written measurable objectives and developed a logic model for your M&E plan, you can define the outcomes you want to measure. Measuring outputs and short-term and intermediate outcomes can provide valuable information about how the program is functioning and whether activities implemented are accomplishing what they were intended to do. Long-term outcomes are often difficult to measure on an annual basis given that it takes a long time to demonstrate change. The next step involves selecting the indicators that you will use to monitor and evaluate your program.

What is an indicator?
An indicator is a specific, observable, and measurable characteristic that can be used to show changes or progress a program is making toward achieving a specific outcome.

Characteristics of Good Indicators
Fundamentally, good indicators must be valid and reliable measures of a program's results. The other desirable characteristics listed here all serve in a sense as aids that help guide the design of indicators and metrics toward this ideal or goal of valid, reliable indicators.
Valid: An indicator is valid when it is an accurate measurement of the output or outcome of the program.
Reliable: An indicator is reliable when it minimizes measurement error, that is, when it is possible to measure it consistently over time, regardless of the observer or respondent.
Precise: Indicators should be operationalized with clear, well-specified definitions.
Timely: Indicators should be measured at appropriate intervals relevant to the program goals and activities.

Programmatically important: Indicators should link to program activities and objectives.
Common Challenges in Choosing an Indicator
·   Choosing an indicator that program activities cannot affect.
·   Choosing an indicator that is too vague.
·   Indicators that do not currently exist and cannot realistically be collected.
·   Selecting an indicator that does not accurately represent the desired outcome.
·   Too many indicators

Example Of Indicators In Gbv Programs/Projects

Indicators: Community Mobilization

Proportion of people who would assist a woman being beaten by her husband or partner.

Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators.

Proportion of people who say that wife beating is an acceptable way for husbands to discipline their wives.

Proportion of people who agree that rape can take place between a man and woman who are married.

Proportion of youth-serving organizations that include training for beneficiaries on sexual and physical VAW/G

Indicators: Behavior Change Communication

Proportion of people who have been exposed to VAW/G prevention messages.

Proportion of girls who say that they would be willing to report any experience of unwanted sexual activity.

Proportion of girls that feel able to say no to sexual activity.

Proportion of individuals who know any of the legal sanctions for VAW/G

Indicators: Law and Public Policy

Proportion of law enforcement units following a nationally established protocol for VAW/G complaints.

No. of law enforcement professionals trained to respond to incidents of VAW/G according to an established protocol.

No. of VAW/G complaints reported to the police.

Proportion of VAW/G cases that were investigated by the police.

Activity 17: Discuss Factors to Consider When Choosing Indicators And An Evaluation Design

11.10 Implementation of An Evaluation
Evaluations are often carried out on a baseline, midline, and endline timescale.

Baseline: The measure of the target population before the project has started.

Midline: The measure of the project when it is at the half-way mark. For example, the midline evaluation of a three-year project would happen at the end of quarter 2 of year 2 of the project.

Endline: The measure of the project when the project is finished. For example, the endline of a three-year project would take place after quarter 4 of year 3 of the project.

11.11   Mode of Verification
This refers to what will be used to verify an indicator or that an activity happened. Examples are pictures, attendance sheets....**Mention others**

When monitoring and evaluating GBV programs, the confidentiality, privacy, safety, and well-being of GBV survivors must be top priority at all times.

CHAPTER
12

RESOURCE
MOBILIZATION

RESOURCE MOBILIZATION

12.1   Introduction

Resource mobilisation is a core in every endeavour of both for-profit and non-profit. It is however beyond cash even though that is the first thing that comes to mind. It is about bringing together the resources an organisation needs to carry out the activities that lead to actualising its mission.

12.2   Why You Need To Mobilize Resources

Activity 18: Types of Resources

Case Scenario
An organisation reached out to a young person who had just started out an organisation on accountability. The idea was to support him with resources they perceived she needed. They asked her to come pick some old office chairs. Pictures of the chairs were sent to her as the organisation had just acquired some new chairs. While she expressed interest, she never came back for the chairs.

Let's Discuss
Are the chairs resources?
Was the organization's approach wrong?
What would you have done if you were the young person and you did not have need for chairs at that point?

12.3   Types of Resources

Various types of resources are needed for a project or a social organization to continue its work and grow.
1.   Human Resources
2.   Influential Social Capital
3.   Material Resources
4.   Media Resources

12.3.1 Human Resources - You cannot get the work done alone. Human resources in form of volunteers, interns and staff are therefore crucial.
"If you want to go fast go alone, if you want to go far, go together"

12.3.2 Material Resources – This refers to all that money can buy. This may include payment for an office space, a vehicle for transportation or even lunch for participants at a programme. Imagine Bolt giving your project free access to use its platform for transportation. It is therefore not so much about the money but what the money is to be used for. That's why the earlier use of funds mobilisation years earlier was changed to resource mobilisation.

12.3.3 Influential Social Capital - This is also another resource that projects and organizations need. Having someone who knows how to get things done or who has the necessary network in your area of operation or community is important and useful. The Board sometimes fits here.

12.3.4 Media Resources - The media can amplify what you do. It is also a resource that can be mobilised.

12.4   Preparing For and Mobilizing Resources
To mobilize for resources first map the different types of resources available in your community that can be beneficial to the project. Example: A free community hall that can apply for.
Positioning your Project or Organization is key. Funders will want to see some kind of track record or anything to authenticate you or your organization. Media Visibility is good and New Media Visibility is even better. Listings on the right platforms and places too is also helpful.

Activity 19: Let's do a Google search of your name or organization, let's see what pops up

12.5   Fundraising and Fund Raising Techniques
Fundraising or fund-raising is the process of seeking and gathering voluntary financial contributions by engaging individuals, businesses, charitable foundations, or governmental agencies.

12.5.1 Why People Give To Nonprofits
·   Power and influence
·   A need to improve the quality of community life;
·   Person could have been served by the organization or knows someone who has benefited from organization.
·   An intense interest in a particular program Recognition
·   Family tradition
·   Financial planning considerations
·   To match a gift or gifts made by others
·   To initiate a challenge gift to encourage other gifts
·   Guilt Memorial opportunity/honoring family and friends
·   The appeal of your campaign material

12.5.2   Making A Case For Support

The expression of the cause, providing all the reasons why anyone should contribute to the advancement of the cause is key to raising any funds. Some persons refer to this as value proposition and any aspects of the organization or project is usable.
Mission – Awareness, Insight to problem
Goals – Desired Achievement
Objectives – What is in place or planned
Programs – Service to people, impact stories
Board of Trustees- Character, quality of the organization
Staffing – Qualifications, Strengths
Facilities, Equipment, Scope – Advantages, Strengths, Effectiveness
Finances, Budgets – Validate Need for Philanthropy
Planning, Evaluation – Documents, Commitments, strengths, impact
History – Heroism, credibility, sustainability

12.6   Stages Of Fund Raising - Cultivation; Solicitation; Stewardship

Stage 1 - CULTIVATION
Cultivation involves the following:
1.   Identifying potential donors (prospects)
2.   Building relationships with prospects
3.   Generating interest in the organization
4.   Showing prospects what the organization is all about – history, programs, finances, etc
How to get involved in Cultivation
·   Make personal contact with prospects
·   Show prospects the facilities/organization
·   Share the history of the organization
·   Share their enthusiasm for the mission of the organization

Stage 2 - SOLICITATION
Solicitation involves the following:
1.   Presenting the organization's case statement
In writing/reviewing the Case Statement, the following tips are important
    o   Focus on the results, not the organization's needs
    o   Include clear, essential facts
    o   Add a connection to the community
2.   Participating in one-on-one solicitation
·   Making the Ask
    o   Notify the prospect you are coming
    o   Be enthusiastic and know the prospect's interests in advance
    o   Research the donor's giving history to determine the appropriate amount to ask for
3.   Sending direct mail pieces with personalized notes
4.   Making telephone solicitations

Stage 3 - STEWARDSHIP

Stewardship involves the following:
1. Thanking donors and letting them know their gift made a difference
2. Maintaining donor relationships
3. Thank you letters
4. Donor recognition activities
5. Invitations to special events
6. Updates from the organization

How to Get Involved In Stewardship
·   Send letters of appreciation and invitations to special events
·   Maintain relationships with donors
·   Personally thank donors for their contributions
·   Keep donors connected to the organization

12.7   Five Ways to Elevate Your Fundraising And Donor Management
1. Build Trust
2. Make Donations Convenient
3. Simplify Technology To Gain More Intelligence From Data
4. Develop A Culture Of Continuous Improvement
5. Create Lifelong Engagements

12.8   Tips For Responding To EOI And RFPs
Grant Proposal Writing
This is the most popular means of mobilising resources and yet it could also the most disappointing. Proposals are written to put an idea across in written form, sometimes in audio-visual form as well. EOIs and RFPs that are successful are those that tick all the boxes in terms of being well written and also properly packaged.

Getting Started
Be sure the Request for Proposals fits what you are interested in doing
Study carefully what the donor wants, their area of interest and what they have funded.
Check to determine if you meet the criteria for selection
Always note the deadline

Writing the Proposal
What is the idea you are proposing, and how unique is it?
Do you know the challenge your proposal solves and what evidence of this problem do you have?
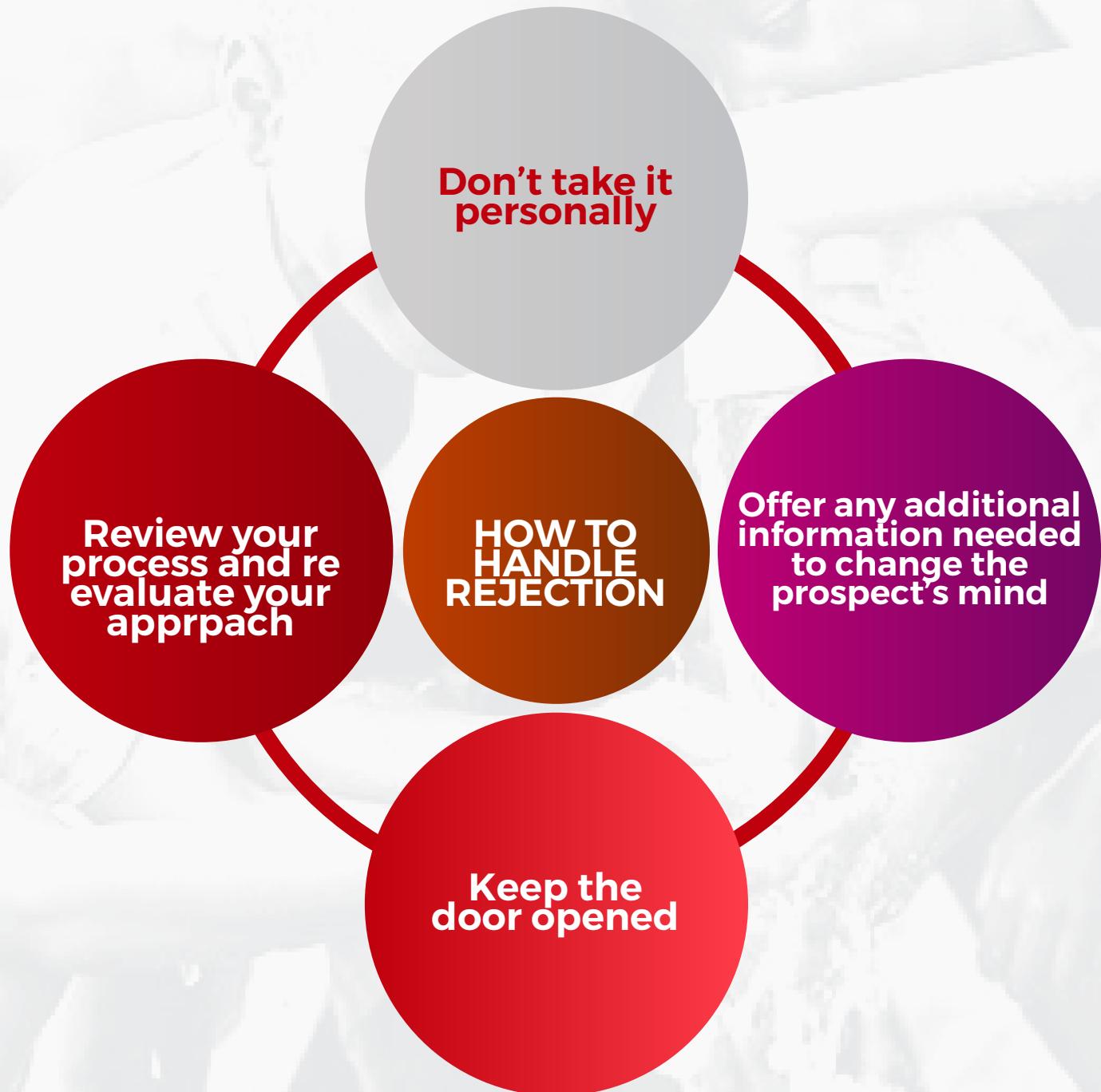What are you hoping to achieve — how and when?
What do you need to do this — the budget
Correct all grammatical and spelling content on the document.
How will you show return on investment! This is about your monitoring and evaluation plan on the project and ultimately your impact report.
Tick all the administrative boxes — what format do they want the proposal, when and their

112.9 Handling Rejection

Don't take it personally

Review your process and re evaluate your apprpach

HOW TO HANDLE REJECTION

Offer any additional information needed to change the prospect's mind

Keep the door opened

CHAPTER
13

Chapter 13: COMMUNITY ORGANIZING

13.1 Community

A Community is defined as a group of people living together in the same geographical area and share the same customs, practice and beliefs.
A community is also a group of persons bound together by certain factors even though they are not in the same geographical are like Beliefs, Values, Language, Religion, Culture, Occupation

13.2 Issues to consider when analyzing a community

- Characteristics of the Community
- Composition of the Community
- Current norms or rules
- Behaviour
- Mutual relations
- Relation-based social needs
- Mutual communication
- Social structure
- Leadership
- Gender
- Level of education
- Economic condition
- Occupation
- Attitude towards women
- Attitude towards Persons with Disabilities
- Attitude towards Women with Disabilities
- Status of men in the society
- Religious faith and dogmatism
- Attitude towards change
- System for justice

13.3 Community Mobilization
It is a process of engaging communities to identify community priorities, resources, needs and solutions in such a way as to promote representative participation, good governance, accountability and peaceful change.
It is an attempt to bring both human and non-human resources together to undertake developmental activities in order to achieve sustainable development.

Chapter 13: COMMUNITY ORGANIZING

WHAT IT IS	WHAT IT IS NOT
• Nurturing collective power	• Using power over others
• Continuous engagement with the community	• One-off activities
• Systematic	• Ad hoc or done without a plan
• Multi-faceted	• Done with one strategy
• A process	• A project
• An effort for social righteousness	• A technical quick-fix
• About fostering activism	• About implementing activities
• Requiring a range of people, groups and institutions	• Possible with few individuals or groups
• Going beyond individuals to influence groups	• Focused only on individuals.

13.3.1 Why Community Mobilization

Community mobilization is a proven development strategy that has helped people around the world identify and address pressing issues. End results of a community mobilization effort is not only a "problem solved" but the increased capacity to successfully address other community needs and desires as well.

"A powerful tool for unleashing the potential of individuals and communities around the world"

The Ingredients of Community Mobilization Are:

i. Understanding the community
ii. Understanding why communities should be involved in implementation of participatory project.
iii. Understanding the community mobilization process
iv. Identifying the challenges and causes of failure in community organisation
v. The role of effective communication in a successful community organisation process
vi. Realizing the roles and responsibilities of Community Organiser.

13.4 Community Participation

Community Participation is Community members, leaders, and/or groups participate in one or more phases of an activity or project. Participation may involve contribution of ideas, priorities, resources, time or decision-making, implementation, and evaluation.
The goal of participation is to give the communities ownership, the ability to express themselves, to learn from them, and ultimately to empower them through the transfer of skills, abilities, and knowledge. Participation is a process, often leading to some other end product.

13.5 Degrees of community participation

Co-Option - Token involvement of local people. Representatives are chosen, but have no real input or power.

Compliance - Tasks are assigned, with INCENTIVES. Outsiders decide agenda and direct the process.

Consultation - Local opinions are asked outsiders analyze and decide on a course of action.

Cooperation - Community people work together with outsiders to determine priorities. Responsibility remains with outsiders for directing the process.

Co-Learning - Community people and outsiders share their knowledge to create new understanding. Local people and outsiders work together to form action plans with outsider's facilitation.

Collective Action – Communities take on ownership so that whether outside influence or funding is there or not, the process is sustained

13.6 Key Issues in Community Organizing

Participative monitoring and evaluation with target audience members helps to understand what change means within the particular community. What may seem irrelevant to an outsider can be a bold step forward within a particular community.

To prevent message drift or local activities that may conflict with the project strategy, community activities should be accompanied and monitored by experienced mobilizers who can solve issues arising around misinterpretations in a constructive, participatory process.

Community assessment must precede any community intervention.

Ensure that the community mobilization strategy is based on a theory of change.

Communicating, early and clearly, the purpose and nature of the project prevents raising and disappointing expectations, e.g. any hopes by members of the community to receive immediate benefits such as financial support, etc

13.7   Communication and Community Organizing

Communication is a key component of sustainable development. Mobilizing community members for community development is important but members of communities can only be mobilized when communication is effective. Adequate community communication leads to effective collaborative efforts in issue of development.

To bring about social change among the marginalized and vulnerable population groups, participation must be fostered through communication; as such will lead to the transformation of the community. This is to say that communication is a central or the mediating factor facilitating and contributing to collective change.

Communication is therefore used in this sense for people's participation and community mobilization, decision making and action, confidence building for raising awareness, sharing knowledge and changing attitudes, behaviour and lifestyles in the D/GBV response.

13.8   Why is community mobilization and participation necessary for G/DBV?

GBV programs generally fall into four categories: community mobilization; behavior change communication; service delivery; and law and public policy. Community mobilization programs tend to mobilize multiple community groups including religious organizations, traditional leaders, schools, sports groups, police stations, and NGOs to establish priorities for addressing GBV and to identify local resources to fight GBV. Community mobilization programs engage, support and empower communities to challenge cultural norms that contribute to overall levels of violence by using participatory approaches.

13.8.1 Coalition building

The advocacy process would not be effective if done in isolation. Advocacy requires the constant building, nurturing and expanding of relationships that together achieve a cumulative effect. If planned and managed carefully, working with allies adds enormous strength to advocacy efforts. It can also help to build advocacy capacity among civil society organisations. In line with this, G/DBV advocates must co-operate with other G/DBV actors, as well as those with a broader development agenda.

Building the necessary relationships among interest groups and other individuals could be instrumental in increasing support for the advocacy cause. Increasing the number of people who support your goal will make your efforts more powerful. One way to do this is by building and strengthening platforms for advocacy with like-minded stakeholders; for example, building a coalition or a network with others interested in addressing DBV through the strengthening of policies. Different forms of collaborations are networks, coalitions, alliances, and partnerships.
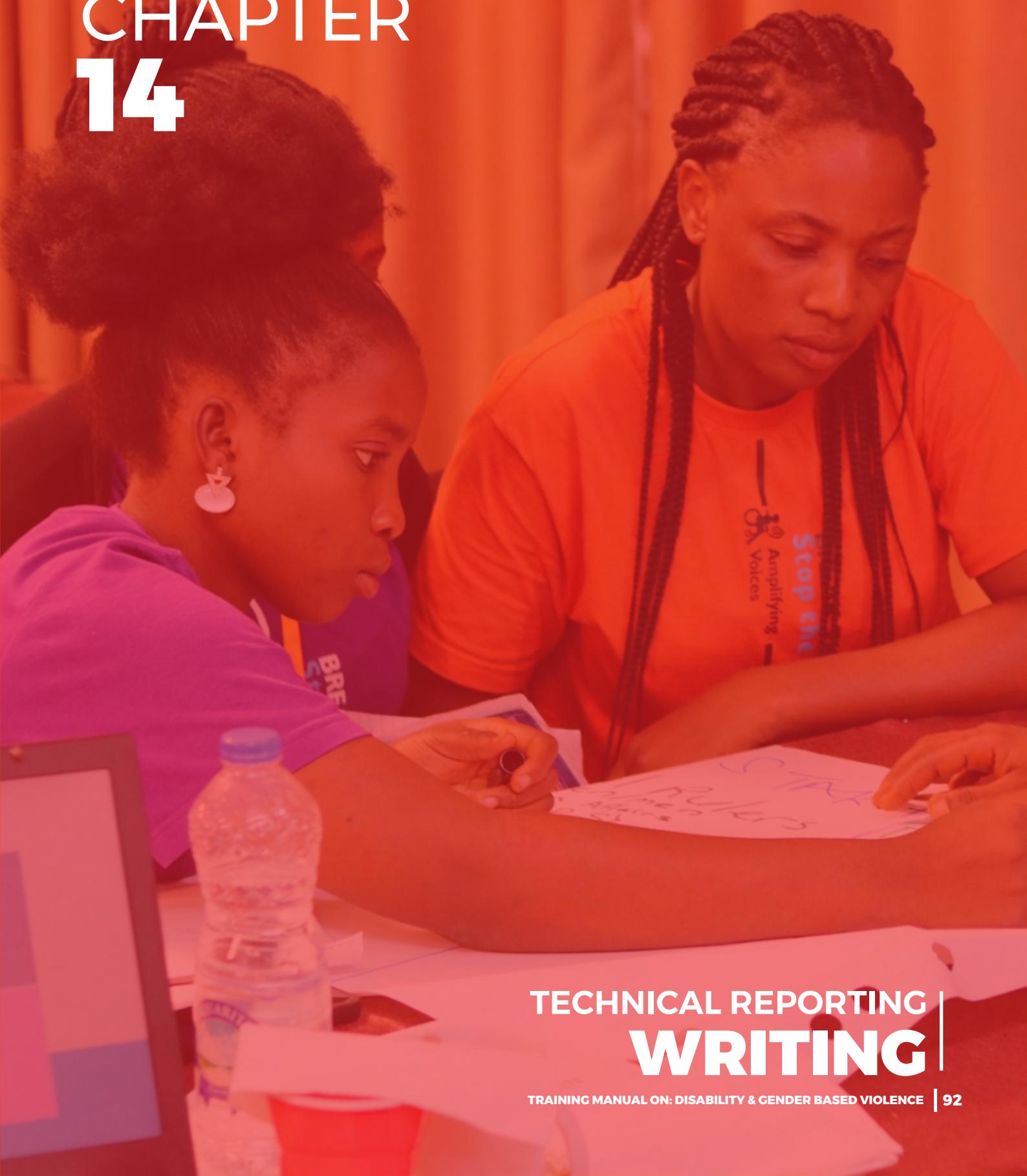
13.9   The Community Organizer

A good community organizer is one with some key qualities:
- Ability to communicate in local or appropriate languages
- Ability to speak and listen well
- Ability to stand in front of a group without showing fear or arrogance.
- Ability to learn and have mobilization skills
- A desire to contribute to national development through community empowerment
- Strong morals and value system viz. honesty, transparency, generosity, altruism and respect
- Well motivated, team member able to work alone and/or without supervision
- Ability to observe and analyse social indicators
- Flexible, Available and Teachable

Go to people
Love with them
Live with them
Learn with them
Link your knowledge
with theirs
Start with what they
have
When you finish your
job
The people will say
We did it all by
ourselves
(A proverb adapted
from the words of
Lao Tsu, China)

CHAPTER
14

TECHNICAL REPORTING WRITING

Definitions

A report is a structured document that takes information and presents it in an objective and succinct manner.

It's where you set out what your organization does.

What you're looking to achieve and how well you're progressing.

This makes the strategic report fundamental to your partners'/donors' and understanding of why they should continue to support your organization.

14.2 Type of reports
- Annual Report
- Activity Report
- Project Report
- Financial Report
- Monitoring and Evaluation Report
- Research Report
- Personnel Report

14.3 Typical report outline
Outline 1
1. Title page
2. Table of contents
3. Executive summary
4. Introduction
5. Discussion
6. Conclusion
7. Recommendations
8. References
9. Appendices

Outline 2
1. Introduction
2. Goal and Objectives of the Project
3. Project Activities Listing
4. Key Lessons Learnt and Challenges
5. Success Stories
6. Recommendation
7. Photo Gallery/Link
8. Financial Report
9. Conclusion

TECHNICAL REPORTING WRITING

Definitions

Organisations have templates, however there must be a flow with and obvious start, a middle and a conclusion.

14.4   Characteristics of an effective report
An effective report has the following characteristics.
It is appropriate to the purpose – this is clearly identified from the outset, so that the conclusions and or/recommendations will be relevant;
It is appropriate to the audience – the reader's knowledge will influence the type of background.
It is accurate and complete – this is essential for a high-quality report;
It is logical – this enables the report to be easily understood;
It is clear, concise and well organized with clear section headings – this will assist in leading the reader logically to the conclusions and recommendations.

14.5   Reporting principles
Reporting principles are an integral part of a good reporting framework to ensure that both the writer and report user share a common understanding of the underpinnings of the report. Reporting principles are goals to which a reporter should strive.
This principles are in four clusters
Forming the framework for the report should be transparency, inclusiveness, auditability
Informing decisions about what to report should be completeness, relevance, and sustainability, context.
Ensuring quality and reliability of information should accuracy, neutrality, and comparability.
Informing decisions about access to the report should be clarity and timeliness.

14.6   The Writing Process
·   What are you writing the report?
·   Plan the report with a table of content or highlight titles
·   Bring all the information together in a place and start fixing like a puzzle
·   Have a clear structure to the report
·   Review the report again and see what is missing or what needs to be taken out
·   Start the process of the report writing early, do not wait till the last minute

TECHNICAL REPORTING WRITING

Definitions

14.7   Best practices/guidelines/tips for report writing

- Be factual, consistent and accurate
- Jargon, meaningless phrases, irrelevant speculation and offensive subjective statements should be avoided.
- Compose text using formal language that is clear, accurate and factual, avoiding irrelevant or unnecessary comment.
- Try to be as objective as possible when expressing opinions.
- Avoid personal comments or inappropriate 'colourful' remarks
- Ensure the language is formal and simple
- Stick to British or American Spelling depending on the audience
- Use correct spelling and grammar
- Ensure your sentences are short and your intended meaning is clear.
- Have someone else edit the report
- Use an active Voice
- Be consistent with the information — 300 participants on page 3 and then about 305 participants on page 6

Activity 19:
Write and activity report of today's Amplifying Voices Training, using outline 1 or 2

CHAPTER
15

SITUATIONAL ANALYSIS

Chapter 15: SITUATIONAL ANALYSIS

SITUATIONAL ANALYSIS

Situational analysis" helps develop a basis of understanding of the environment in which a plan is delivered. It provides a common reference point for the planning process and prioritises actions. It gives one access to a wealth of information about the problem that needs to be solved in a specific location and provides a thorough understanding of the environment, which may also be the coverage area.

Situational analysis is a process that helps to focus one's understanding of the community in relation to the local problem you are choosing to address. Situational analysis is a process, to fully understand the topic, we shall consider 5 steps process to fully understand the topic.

Step One - Understand the Broad Context of the Community

This can be characterized as having an understanding of what is taking place in the area where your organization plans to operate. It is essential to have an idea of the kind of project you want to run or the kind of issue you want to address in the community before moving on to understanding the community's overall context. You could know what to analyze if you knew the issue you wanted to resolve.

You would need a list of questions to answer when researching or analyzing your context or target population in order to gain a thorough knowledge of the context of your target group.

Step Two - Identifying challenges within the community

The next step is to determine the main challenges that your target demographic faces now that you have a basic idea of what the community looks like. This needs to be precise and in-depth.

At this stage, it would be helpful to consult the local community either through workshops, surveys or interviews to ensure that you have accounted for problems from their perspective. PWDs were identified as the target group, and the following step is to determine the challenges that PWDs face.

Chapter 15: SITUATIONAL ANALYSIS

Step 3 — SWOT Analysis

A Situation Analysis can also be accomplished by means of a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats), which examines all aspects in relation to the success or results of the project in question.

Strengths: They are existing valuable assets in the community that could be preserved or improved on.

Weaknesses: They are drawbacks, challenges and shortcomings that need to addressed

Opportunities: They are positive trends/factors that could aid the achievement of a goal.

Threats: They are long term weaknesses that could undermine the achievement of established goals.

Clearly, if the communication activities are poorly designed and implemented due to a poor understanding of the situation on the ground, the project could be fatally impacted due to a lack of public trust and confidence. This can help identify where the potential weaknesses in the plan are, enabling responses to be developed if necessary, before irreparable damage is done. The analysis will also identify where opportunities may exist to develop strategic alliances with groups of supportive stakeholders and indicate where extra efforts can be made to develop these.

The analysis can also help identify capabilities within an organisation in terms to fulfil the requirements of the communication plan before it is developed to implement the strategy. It also serves to highlight areas in the strategy where improvements may need to be made, to take account of the current or developing situation. By keeping the analysis updated, it may also identify where something may not be working as expected within the implementation plan.

CHAPTER
16

SELF
ESTEEM

SELF ESTEEM

16.1 Introduction
16.2 What Is Self-Esteem?

The importance of having a healthy sense of self-worth in any individual cannot be overemphasized – it can either make or mar a person. It can also determine whether a person makes progress or declines.

What Is Self-Esteem?

The dictionary defines self-esteem as "confidence in one's own worth

It can also be defined as self-respect.

Definition: "the ability to love oneself regardless of physical attributes, social status or the opinions of others"

Other definitions include:

- How we value ourselves (our sense of self-worth)
- Our attitude to ourselves (how happy we are with the type of person we are)
- Our ability to manage difficult situations
- Our confidence in our own abilities
- How we see ourselves in our communities and society in general (how we compare ourselves to others and connect with those around us)

16.3 Factors That Influence Self-Esteem

16.3.1 Positive Influence

16.3.2 Negative Influence

These factors can be positive or negativePositive Influences

- Increase in age (the older, the more confident)
- More affection in the home
- Positive expectations from family & friends
- Positive school or work environment
- Assuming responsibility and being productive

Negative influences

- Bullying
- Body Changes like during Puberty
- Pain
- Fatigue
- Dependence on others
- Being perceived as a burden to the family
- Overprotection
- Losses such as relationships, loved ones etc
- Abuse
- Negative thoughts (focal point from which all of the above radiate)

SELF ESTEEM

16.4 High and Low Self Esteem
A person can have either High or Low Self-Esteem

16.4.1 High self-esteem
High self-esteem can mean we are comfortable with who we are. People with high self-esteem often have the confidence to achieve their full potential.

16.4.2 Low self-esteem
Low self-esteem means that we do not value our true worth. This can lead to feeling helpless and not being in charge of our lives, even feeling resentment or blaming others. With low self-esteem we are unlikely to achieve all we could, or be all we could be.

16.4.3 The Cost Of Low Self-Esteem
· With low self-esteem, we often fail to recognize what we do achieve and feel good about it
· Low self-esteem can make us feel excluded and disconnected with society
· It can make us want to surrender our individuality and conform to stereotypes
· It can make us feel we can't handle life's challenges or feel like a miserable failure
· It can lead to depression, destructive behavior, self-harming, eating disorders, or alcohol/drug abuse

Can We Develop Our Self-Esteem? Yes We Can!

16.5 Building Self-Esteem
Three things must be considered when working to improve self-esteem:
· It takes a lot of hard work and determination
· It starts with small changes
· It is a lifetime process (don't expect sudden transformation)
The following steps can be employed when building/enhancing self-esteem:

1. **Take inventory**: always document positive milestones, accomplishments, goals and dreams – basically, everything you're thankful for

2. **Walk with confidence**: make a conscious effort to cultivate and maintain good posture in public regardless of your physical disability

3. **Use affirmative language**: always use positive language when referring to yourself before others. What you say about yourself is subconsciously being recorded by others – the way you see yourself determines the way others see you

4. **Look your best**: there's a saying, "dress the way you want to be addressed". In other words, the image you project, to a large extent, determines how people treat or respond to you. To feel confident inside, you must love the image of yourself staring back at in the mirror. Feeling good about the way you look has a direct impact on your self-esteem

SELF ESTEEM

5. **Feed your mind:** update and upgrade your mind! Boost your knowledge base in order to be able to interact with a diverse group of people, regardless of their status. Always ask questions and develop new interests

6. **Accept compliments graciously:** whenever you're paid a compliment, accept it with a simple "thank you" and a smile. Don't make excuses for yourself. Also, learn to pay others sincere compliments as this makes others see you as mature and confident in yourself

7. **Picture yourself as you'd like to be**: always have a mental image of the 'you' that you're aspiring to be. Let this serve as your goal and ultimate end point; then work towards it, one small change at a time

Activity: Individual strengths and Weakness

- Explain to participants that the person you know best is yourself. This exercise will help to examine oneself more.
- Distribute pieces of paper to each participant
- As participants to write what they do best (strengths) and what they know they are often unable to do (weakness)
- Remind participants to include what they have heard other people say they like about them and what they do not like about them.
- Ask a few participants to share their ideas with the larger group.
- Note the strengths and weaknesses on the flip chart/Black Board
  Comment points raised by the participants

16.6 Conclusion

Life will not give you what you deserve, but rather what you demand. The road to positive self-esteem begins with a renewed mindset, hence you must always be proactive and open to innovations.

You deserve the best and nothing less, because that is God's plan for you, so, don't sell yourself short. Go forth and shine like the star that you are!

Global and National instruments that apply to DBV and GBV

Agreements on GBV and Sexual Exploitation and Abuse Adopted at the Federal Level in Nigeria

Title	Year Adopted	Description	Status
Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	1979	• Adopted in 1979, but the general recommendation 19 on violence against women was not adopted by the CEDAW committee until 1992. It recognizes GBV as a form of discrimination and recommends that states take measures to prevent and respond to violence against women. • Article 6 calls for states to "suppress all forms of trafficking and exploitation of prostitution of women."	Although the federal government ratified this in 1985, the Nigerian constitution requires domestication through adoption by the National Assembly and State Houses of Assembly.ᵃ
African Charter on Human and Peoples' Rights	1981	• Calls for the elimination of discrimination against women and the protection of the rights of women and children. • Prohibits all forms of exploitation, particularly slavery.	Ratified in 1983.
Convention on the Rights of the Child	1989	• Defines a child as a person under the age of 18. • Commits state parties to protecting children from all forms of mental and physical violence, as well as sexual exploitation, child marriage, abuse, harmful traditional practices, and prostitution.	Ratified in 1991.
African Union Charter on the Rights and Welfare of the Child	1990	• Defines a child as a person under the age of 18. • Commits states to protecting children from physical and sexual abuse.	Ratified in 2000.
Rome Statute of the International Criminal Court	1998	• Recognizes a spectrum of GBV as war crimes and crimes against humanity, including rape, sexual slavery, forced prostitution, and forced sterilization.	Ratified in 2001.
Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention Against Transnational Organized Crime	2000	• Calls on states to criminalize and take steps to prevent trafficking. • Commits states to providing physical, psychosocial, and social support to trafficking victims.	Ratified in 2001.
Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)	2003	• Calls on states to protect rights of women and girls, such as property rights, rights to a consensual marriage, protection against child marriage, widows' rights, inheritance rights, and protection against all forms of violence.	Ratified in 2004.

Sources: Adapted from the World Bank 2018.
a. For further analysis of Nigeria and CEDAW domestication, see Nwankwo n.d.
GBV = gender-based violence.

Laws that address GBV: the Child Rights Act and the Violence Against Persons Prohibition Act of 2015
The United Nations Convention on the Rights of Persons with Disabilities and the National Disability Discrimination (Prohibition) Act, 2018 serve to protect the rights of Persons with Disabilities

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