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Introduction

Aim: To develop a shared understanding of advocacy

- This section:
 - ♦ gives participants an opportunity to share their own experiences of doing advocacy work
 - ♦ asks participants to develop a working definition of advocacy
 - ♦ explores different reasons for doing advocacy work
 - ♦ explores possible advocacy methods.
- The activities in this section can be some of the most interesting, but are difficult to facilitate in this toolkit because participants sometimes have very different ideas about what advocacy is and why we should do it. **For example, there is often confusion between advocacy and information, education and communication (IEC) and community mobilisation. This is because IEC and community mobilisation can also involve influencing, persuading and mobilising people into action – which are all key advocacy ‘words’. Handout 3, ‘Advocacy and related concepts’, aims to help clarify the difference between these concepts. It is important to keep focusing on advocacy as a means of persuading influential people to change – rather than IEC and community mobilisation, which are more about working with the general public or specific groups of people.**
- There are no internationally agreed definitions of advocacy and it is not necessary for everyone to agree on all the issues raised. The most important thing is to think about these issues and to discuss them.

1.1 What is advocacy?

Example definitions of advocacy

"Advocacy is a process to bring about **change** in the policies, laws and practices of **influential** individuals, groups and institutions."

Reference: Adapted from advocacy skills-building workshop for HIV/AIDS, International HIV/AIDS Alliance, Zimbabwe, July 2001.

"Advocacy is an ongoing process aiming at change of attitudes, actions, policies and laws by influencing people and organisations with power, systems and structures at different levels for the betterment of people affected by the issue."

Reference: Adapted from an advocacy skills-building workshop, India HIV/AIDS Alliance, India, November 2002.

"Advocacy is an action directed at changing the policies, positions and programmes of any type of institution."

Reference: **An Introduction to Advocacy, Training Guide**, SARA Project.

"Advocacy is pleading for, defending or recommending an idea before other people."

Reference: **An Introduction to Advocacy, Training Guide**, SARA Project.

Introduction

- Advocacy is nothing new. Individuals and groups have always tried to influence people in power, in their private lives and as part of their work.
- Advocacy work takes on many shapes. In relation to HIV/AIDS it can include a child defending her orphaned cousin against stigma, a drama performed by actors living with HIV/AIDS concerning their rights, or a meeting with a country's president.
- It is possible to advocate for ourselves or for other people.
- Advocacy is only one approach to undertaking HIV prevention, care and impact mitigation work.
- Other approaches include community mobilisation, education, public health measures, distribution of condoms, good medical services and community support. Advocacy can make all these methods more effective, by gaining the support of people in power and changing the social environment in which we work.
- Almost all NGOs and CBOs already have experience of doing advocacy – even if they do not realise it, or do not use the word 'advocacy'. The purpose of the following activities is to reach a shared understanding of advocacy.

It is important to have a clear understanding of the differences between advocacy and other related concepts. The information contained in the table opposite may help to clarify these differences. However, it is necessary to consider this information's relevance to any one country and whether it needs to be adapted.

	Advocacy	IEC	Community mobilisation	Networking & partnerships	Fund raising & resource mobilisation	Overcoming stigma & discrimination
What can it change?	Policies, implementation of policies, laws and practices	Awareness and behaviour	Capacity of communities to identify and address their problems	Isolation and duplication	Level of resources available for HIV/AIDS work	Level of stigma and discrimination against people living with HIV/AIDS
Target group	Decision-makers, leaders, policy-makers, people in positions of influence	Particular age group, gender, residents of an area, etc.	Members of a community	Individuals or groups who have a similar agenda	Communities, local councils, government, donors	People who stigmatise or discriminate
Does it mainly target people who have influence over others?	Yes	No	No	No	No	No
Typical indicators of success	Policies, implementation, laws or practices which enable improved HIV/AIDS prevention and care	Percentage of youth using condoms; changes in attitude to people living with HIV/AIDS	A community problem is solved; more people attend community meetings	Members of the network or partnership achieve more than they could if they worked alone	Farmer gives use of building for meetings; members of mosque give alms; donor gives grant	Fewer workers dismissed because of HIV status; less cases of depression among people living with HIV/AIDS



1.1A Objective: By the end of this session participants will be able to identify and describe practical examples of advocacy

Introduction

- We can gain a practical understanding of advocacy by sharing experiences of doing advocacy work.
- These examples of advocacy can help us in the following activity, when we will develop a working definition of advocacy.

Instructions

Timing: 1 hour 15 minutes

- 1 Before the workshop** – ask selected participants to prepare a short case study (example or story) of their advocacy work, for presentation at the workshop. You will find ‘Guidelines for writing an advocacy case study’ in the Handouts at the end of Section 1. These guidelines can be sent to the participants before the workshop. If this is not possible, consider preparing some case studies yourselves, or use some from the end of Section 1. Try to prepare or select a range of case studies, i.e.:

From all levels:

- local
- national
- international

Covering a variety of:

- issues or topics
- methods of advocacy
- levels of collaboration with others.

- 2 During the workshop** – explain the objective of the activity and introduce the topic.
- 3** Ask 2-3 organisations to give a five-minute presentation about their advocacy work, ensuring a good variety of case studies as above.
- 4** After each presentation, check the case study has been understood and plan time for brief questions about the presentations.
- 5** Lead a group discussion about what has been learned, based on the following kinds of questions:
 - ? What kind of issues were being addressed in the case studies?
 - ? What different approaches to advocacy work were described?
 - ? Why was advocacy used in the situations described?
 - ? Who benefited from the advocacy work? Were those people involved in the advocacy work?
 - ? Can you think of any proverbs, folk tales, stories or fables that also describe advocacy? For example, the Shona proverb from Zimbabwe: ‘*Kana mwana akaberekwa asinga cheme, anozorora nguva yose*’ (‘If the baby on the mother’s back does not cry, it will stay there all day’), i.e., if you do not complain about a problem, no one will act upon it.
 - ? What were some of the key verbs used in the presentations to summarise or describe advocacy?

Facilitators' notes

- ! Case studies that clearly describe examples of **advocacy** work will help participants to agree on a definition of advocacy in the next session. Try and avoid case studies that could be confused with IEC or community mobilisation.
- ! Before this session begins, check which participants have case studies they can present. Select one from each level (local, national and international – see Handout 2, 'Levels of Advocacy', at the end of Section 1). If there are more than three case studies, others can be presented later in the workshop. If the participants do not have case studies, consider carefully whether case studies from elsewhere (for example, those at the end of this section) will help to clarify the concept of advocacy or will create confusion.
- ! Make sure the group understands that advocacy can be achieved at different levels: local, national and international. These levels refer to the level where the power or influence lies, rather than where the advocates are working.
- ! Make sure the presentations are not too long, to allow plenty of time for discussion. Discourage the presenters from talking about wider issues or answering questions at great length.
- ! Encourage participants to discuss their own advocacy work. Be aware that they may have different understandings of what advocacy is. Take note of these differences and explore them during the workshop.

Example of Activity 1.1A: By a local NGO based in Mexico

During a workshop in Mexico, the case study of UNASSE, a Mexican NGO, was presented:

What was the problem? Many women's sexual-health problems were caused by violence they experienced within the family.

Who decided to advocate to address the problem? UNASSE (Unidad de Atención Sociológica, Sexológica y Educativa para el crecimiento personal, a.c., or Psychological, Sexological and Educational Care Unit for personal growth), is an NGO with 14 years of experience working in sexual health and reproductive rights. It is a pioneering organisation in sexuality, sexual and reproductive rights, HIV prevention, the training of women in non-traditional trades and the issue of domestic violence.

Who did you advocate to? Judicial authorities in domestic violence court cases, decision-makers and government institutions.

What methods did you use? We decided to train our members to deal with this issue and to make it more visible and to seek solutions. We established a Care Centre in which psychological and legal advice was provided to women and also accompaniment/support through the judicial process. We began to review legislation in other countries and documented the experiences of other organisations working to stop domestic violence.

What difficulties did you face? The legal and administrative weaknesses of the judicial system when dealing with such cases.

How did you overcome the difficulties? We began to create friendly relationships with decision-makers, to raise their awareness and involve them in these issues. We also began to speak of the issue in the media to raise the visibility of the problem. We tried to raise society's awareness and draw the attention of the government institutions to the problem.

What were the results of your advocacy? A group of deputies contacted UNASSE and they worked jointly on a Legislative Proposal for Criminal and Family Areas, which was presented to State Congress. Unfortunately, some parts were removed from the criminal section (classification of Domestic Violence and Marital Violence).

We are continuing to promote legislative proposals that truly help to end this problem. We are also raising the awareness of staff in charge of health and judicial administration, and training them. We are training them to provide integrated care to the survivors of domestic violence, following the law. We are also undertaking advocacy work around public policies that establish prevention, care and re-education programmes in the area of domestic violence.

Reference: Adapted from a workshop on advocacy, International HIV/AIDS Alliance, Mexico, October 2000.



1.1B Objective: By the end of this session participants will have a working definition of advocacy agreed by the group, for use during the workshop

Introduction

- There are many different interpretations of what 'advocacy' includes, and there is no single agreed international definition.
- Therefore organisations and individuals often have very different ideas about advocacy, which can cause problems when working together.
- We will be able to achieve more together if we can agree a working definition.

Instructions

Timing: 1 hour 15 minutes

- 1** Explain the objective of the activity and introduce the topic.
- 2** Ask participants for some key verbs or other words commonly used when discussing advocacy.
- 3** Ask participants to write a definition of advocacy on flip-chart paper, in small groups. Divide participants into groups of 3-4 people.
- 4** Display the definitions where everyone can see them.
- 5** In one large group, ask the participants to identify and underline common key words in all the definitions.
- 6** Use these key words to facilitate the group in developing a joint definition. Support the participants (using the 'Advocacy and related concepts' table on page 13) to ensure that their advocacy definition cannot be confused with definitions for:
 - Information, education and communication (IEC)
 - Community mobilisation
 - Networking.
- 7** After agreeing a definition, lead a discussion based on the following kinds of questions:
 - ?** Using this definition, which activities carried out by your organisations can be described as advocacy?
 - ?** How does our definition help us to see the differences between advocacy and other activities, such as:
 - Information, education and communication (IEC)
 - Community mobilisation
 - Networking?
 - ?** How suitable is our definition for describing advocacy at local, national and international levels?
- 8** Ask the group if their definition can be accepted as the 'workshop definition' for advocacy.

Facilitators' notes

- ! If you identified common verbs in the case studies in activity 1.1A, use these as guides for a definition.
- ! Advocacy is a difficult concept to define, therefore the participants may not be able to reach agreement. If this is likely, it may be helpful to begin by using an existing definition (for example, the one developed in Zimbabwe, see below), and asking the participants to discuss and adapt it.
- ! If time is running out and participants have not reached agreement on a working definition, consider selecting a small group of able and articulate participants to work on a definition. Ask them to work after the session to draft a definition, to present to the rest of the group for comment and approval on the following day.
- ! Try to make sure that the advocacy definition includes 'what' advocacy is and also 'who' it is aimed at. This should help avoid any confusion between advocacy and IEC, counselling, awareness-raising, networking, community mobilisation, etc.
- ! Bring out the three levels of advocacy: local, national and international. If all the participants work at one of the main levels, for example, at local level, it may be appropriate to create sub-levels.
- ! Acknowledge that there are other good definitions for advocacy and discuss these where appropriate.
- ! Advocacy overlaps with many other kinds of HIV/AIDS work, i.e., education, external relations, etc. This means that many of the skills necessary to carry out advocacy work already exist in many organisations and indeed many undertake advocacy work without ever calling it advocacy.
- ! Make sure that there is awareness that advocacy around policies does not only include changing or creating policies – advocacy can also be about putting policies into practice (implementation).
- ! Advocacy can involve many specific, short-term activities which together combine to reach a long-term vision of change.

Example of Activity 1.1B: By local NGOs/CBOs based in India



Facilitators holding up the participants' draft of a working definition for advocacy for debate. The definition reads: *'Advocacy is an ongoing process aiming at change of attitudes, actions, policies and laws by influencing the people with power, systems and structures at different levels for the betterment of those affected by the issues'*.

Reference: Photo taken at an advocacy skills-building workshop, India
HIV/AIDS Alliance, India, November 2002.



1.2 Objective: By the end of this session participants will be able to explain the benefits of doing advocacy work

Introduction

- In the previous sessions we developed a shared understanding of advocacy.
- In this session we will discuss why advocacy can help us in our HIV/AIDS work.
- Some problems can only be solved with the help of influential people or organisations, i.e., they can only be solved by advocacy.

Instructions

Timing: 1 hour 15 minutes

- 1 Explain the objective of this activity and introduce the topic.
- 2 Explain that after the workshop participants will need to persuade colleagues in their organisation or other NGOs/CBOs of the benefits of including advocacy in their work. This activity is an opportunity to practise 'selling' advocacy by promoting its benefits.
- 3 Explain to the participants that they will be asked to persuade other NGOs to do advocacy work by creating a pretend advertisement for television, radio or a newspaper, or a short speech.
- 4 Divide the participants into four groups.
- 5 Display these guideline questions to help the small groups prepare:
 - ? Think of any examples or case studies of advocacy work: why was advocacy used to solve the problem (and not only community mobilisation, education, awareness-raising, etc.)?
 - ? Is there anything that advocacy can achieve that other methods cannot achieve?
- 6 After the groups have prepared, ask each group to perform or display their advertisement or bullet points.
- 7 With the whole group, discuss the benefits of doing advocacy work as identified in the advertisements or speeches:
 - ? What does advocacy offer to your organisation that you do not already have?
 - ? Is there anything that advocacy can achieve that other methods cannot achieve?
 - ? Were the advertisements or speeches 'selling' advocacy, or were they really selling other things, such as community mobilisation or IEC?
 - ? If advocacy is so good, why do many organisations not do it?
- 8 Contribute any key benefits that may have been missed by the advertisements or presentations.

Facilitators' notes

- ! Emphasise that the advertisements and speeches in this activity should aim to persuade other NGOs, not the general public.
- ! Monitor the groups while they prepare to make sure they focus on advocacy and not other activities, such as community mobilisation, IEC, etc.
- ! Limit the discussion about the difficulties and problems of doing advocacy work – this will be discussed in more detail in Session 3.2. You could note any barriers/problems on a flip-chart and return to them in Session 3.2.

Example of Activity 1.2: By NGOs/CBOs based in Mexico

Newspaper advertisement

DO YOU SUFFER FROM:

- EMPLOYERS WHO SACK HIV+ WORKERS?
- RELIGIOUS LEADERS WHO DON'T WANT TO KNOW?
- BAD LAWS?
- NON-IMPLEMENTATION OF GOOD POLICIES?
- ABUSE OF HUMAN RIGHTS?

MAYBE YOU'VE TRIED IEC, COMMUNITY MOBILISATION, IMPROVED SERVICE DELIVERY – BUT THE PROBLEM STILL WON'T GO AWAY?

YOU NEED ...

ADVOCACY

- ✓ Advocacy can guarantee quality of life for people living with HIV/AIDS.
- ✓ Advocacy can defend rights for the full exercise of citizenship.
- ✓ Advocacy can defend the rights of vulnerable groups.
- ✓ Advocacy can allow negotiation so that everyone's a winner.
- ✓ Advocacy can stop a harmful policy.
- ✓ Advocacy can put an issue on the agenda.

ADVOCACY ... TRY IT TODAY!

* IMPORTANT INFORMATION: Only effective as part of broader programmes of work. Advocacy should always be used with full involvement or permission of the people affected. CAUTION: Advocacy can cause harmful side effects for your organisation. Advocacy should always be used with careful planning.

Reference: Adapted from a workshop on advocacy, International HIV/AIDS Alliance, Mexico, October 2000.



ACTIVITY

1.3 Objective: By the end of this session participants will be able to:

1. Describe some of the most common methods for doing advocacy work
2. Explain how some of the skills they use in everyday life can be used in advocacy work

Introduction

Different ways of doing advocacy

- Advocacy can take many different forms – for example, it can be written, spoken, sung or acted.
- It can also vary in the time it takes, from one hour to more than several years.
- We can do advocacy work on our own or with others.

Involvement or permission from people affected by the advocacy issue

- Some of the most powerful advocacy methods are led by the people affected by the problem or issue, or directly involve them.
- It is very important to receive the permission of the people affected by the problem if we use methods that do not directly involve them in the advocacy work. This permission allows us to legitimately advocate for them or represent them (legitimacy or representation). This is only possible if we have a very close relationship with people affected by the problem or issue.

Proactive or reactive advocacy

- Sometimes advocacy work is forced on us – the problem or issue is already there, and we use advocacy to reduce the problem. This is reactive advocacy.
- At other times it is possible to plan for the future, to ‘set the agenda’ and use advocacy to create a positive environment or prevent a problem before it happens. This is proactive advocacy.

Purpose of this activity

- We can improve our understanding of what advocacy is by identifying different possible methods. This builds on the case studies and working definition in Sessions 1.1A and 1.1B.
- We will look at these methods again when we practise planning for advocacy later in the workshop.
- In this activity we will see that in our daily lives we already use many of the skills and methods necessary for advocacy.

Instructions

Timing: 1 hour 15 minutes

- 1** Explain the objective of this activity and introduce the topic.
- 2** Ask participants to make a list of ways they have persuaded community leaders, government officials, and government departments to change when an injustice or harmful practice has occurred.
- 3** Ask the participants to do this task in three groups.
- 4** After the groups have made their list, ask these same groups to make another list. This second list should include methods they have used to persuade members of their families, friends or neighbours of their point of view on an issue they have felt strongly about.
- 5** Bring everyone back into one group. Ask each group to briefly present their lists.
- 6** Facilitate a discussion to bring out the range of different possible methods used to do advocacy work, using questions such as these:
 - ? Do the two lists overlap? If so, what does this overlap tell us?
 - ? How do we decide which method to use?
 - ? Which methods can be used for HIV-related advocacy work?
 - ? How can the people directly affected by the advocacy issue be involved in advocacy work? Or how can they give their permission for the advocacy work?
 - ? What are some examples of proactive and reactive advocacy work?

Facilitators' notes

- ! The aim is to make sure that the full range of methods are identified, so that the participants see that they are probably already doing advocacy work in some form or other.
- ! Consider whether the methods that the participants suggest are in fact forms of action other than advocacy – for example, community mobilisation, IEC, networking. Keep referring back to the working definition if confusion develops and to help you focus as a facilitator.
- ! Make sure that the list of activities includes using the legal system, joining committees and other decision-making forums and informal methods – for example, conversations, networking.
- ! If participants suggest methods that are illegal or dishonest (for example, bribery) explore the problems that could follow.
- ! If participants suggest 'activist' methods such as demonstrations, boycotts, etc., discuss the advantages and disadvantages of these methods.
- ! You can make your own list of advocacy methods before the activity so that you know the range of methods that you want the participants to be aware of. The list of methods described in Section 4 is a good check-list.

Example of Activity 1.3: By NGOs/CBOs based in Zimbabwe

How do we advocate?

How we have pressurised community leaders, government officials and government departments:	Ways in which we have pressurised our family members, friends and neighbours:
<ul style="list-style-type: none"> • Phone-in during a radio broadcast • Kongonya (demonstration using dance and songs) • Inviting officials to special occasions • Stayaways (demonstration using boycott of workplace by staying at home) • Using celebrities like Oliver Mtukudzi (a famous singer in 2001 Zimbabwe) 	<ul style="list-style-type: none"> • Use of children as intermediaries • Boycott of food • Stop communicating and behave badly • Mediation

Reference: Adapted from an advocacy skills-building workshop for HIV/AIDS work, Mutare, Zimbabwe, July 2001.

Handout 1

Guidelines for writing an advocacy case study

A case study should be a story about working to change a policy, law or practice of an influential individual, group or institution.

The case study should take three to five minutes to explain.

Use these questions to help structure your case study:

- 1** What was the problem?
- 2** Who decided to advocate to address the problem (i.e., brief details of the NGOs/community groups involved, including any people directly affected by the issue)?
- 3** What was the advocacy objective?
- 4** Who did you advocate to?
- 5** What methods did you use?
- 6** What difficulties did you face?
- 7** How did you overcome any difficulties?
- 8** What were the results of your advocacy?
- 9** What sources of assistance/support did you find most helpful?
- 10** What did you learn from doing this advocacy?

Use photos, drawings or other 'visuals' to provide a human angle to your information.

Are the people and organisations featured in your case study aware of how it might be used, and what the consequences might be? If confidentiality is necessary, how can you ensure it?

NOTE: For more detailed guidelines, see the International HIV/AIDS Alliance toolkit *Documenting and Communicating HIV/AIDS Work – A Toolkit to Support NGOs/CBOs* – see back cover of this toolkit for contact details.

Handout 1

Case Study 1: Inclusion of sexual health education in military training curriculum, Mongolia

What was the problem?

New recruits to the armed forces, especially those from the countryside, have low knowledge of STIs and HIV/AIDS. Therefore the rate of STIs is very high (10%, in a recent survey).

Who decided to advocate to address the problem?

Mongol Vision, an NGO established in 1998 to implement activities on reproductive health and HIV/AIDS/STI prevention and control. Mongol Vision concentrates its activities especially among men, including officers and soldiers of the armed forces of Mongolia. The work was led by the Mongol Vision public health policy steering committee, which included the Deputy Commander of armed forces headquarters.

What was the advocacy objective?

To gain support from the high-level authorities of the armed forces to increase STI/HIV/AIDS awareness and reproductive health for military staff/soldiers.

Who did you advocate to?

High-level authorities and officials of the Ministry of Defence and headquarters of the armed forces.

What methods did you use?

- Sent letters to Ministry of Defence and headquarters of the armed forces.
- Held official and unofficial meetings with high-level officials.
- Developed a project in co-operation with high-level officials.
- Ran a workshop for high-level officials.
- Commanding officers and military unit doctors presented a report on the current STI situation.

What difficulties did you face?

Financial difficulties – otherwise we implemented our project successfully. It is comparatively easy to work within the military system.

How did you overcome any difficulties?

We developed a small-scale project and gained funding from the UNDP. Small payments were given to military educators as incentives.

What were the results of your advocacy?

- Sexual health is now included in the official education curriculum for military staff.
- Increased awareness of high-level officers.
- Increased support from the Ministry of Defence.
- Our activities are now being broadened.

What did you learn from doing this advocacy?

- It is important to involve high-level authorities in the activities
- It is important to submit regular reports on activities and outcomes.

Reference: Ms Solongo Bekhbat, Mongol Vision public health organisation.

Handout 1

Case Study 2: Persuading police to stop harassing commercial sex workers in Darkhan, Mongolia

What was the problem?

Under the Debauchery Law, police officers can arrest sex workers (SWs), detain them and submit them to forcible medical examinations. Sometimes they put SWs in an isolation ward at a clinic, then called a doctor to carry out examinations and do blood tests. They would read the law to them and warn them of penalties if arrested again. They detained them for 72 hours, and sometimes took the women's money because it was 'illegal earnings'.

Who decided to advocate to address the problem?

Darkhan Uul Railway Women's Council has been operating for almost two years and has a team of 10 trained peer educators, some of whom have been with the project since the beginning. Peer educators do outreach work and training. At the Darkhan railway station there is a small room used as a support centre. They supply condoms, shelter, tea, health and safety advice and referrals for legal advice and training and other opportunities for other work and income generation.

What was the advocacy objective?

To reduce arrests and harassment of SWs by police.

Who did you advocate to?

The city mayor and 15 police patrol officers.

What methods did you use?

The project gathered data on the impact of police arrest/harassment on the women, and found no change in the availability of commercial sex as a result of police action. Project workers gave detailed information about their activities to the police officers, and held an education workshop for police officers. This was very important psychological preparation for activities that followed. The project has also held seminars for specialist STI doctors and has kept the city mayor fully informed, through meetings and copies of project reports.

What difficulties did you face?

The position of city mayor is regularly reappointed (there have been four since the project began), and police officers are transferred in and out of the area.

How did you overcome any difficulties?

Advocacy meetings with every new mayor.

What were the results of your advocacy?

Arrests, violence and extortion by police have declined. Police officers have a better understanding of the lives of SWs. The city mayor has provided a room for counselling and consultation (a few metres away from the police post!), plus some equipment. There have been some legislative changes, giving more emphasis to the social aspects of sex work. Voluntary medical investigations and examinations are now offered to SWs free of charge by STI doctors. The incidence of STIs among service users has declined over the year of the project.

What sources of assistance/support did you find most helpful?

We work closely with National AIDS Foundation (national umbrella NGO), and receive financial assistance from Norwegian NGOs.

What did you learn from doing this advocacy?

Project activities should be very visible so that the authorities can see you are making an impact with your work.

References: Project Manager, Dr. Enkhjargal Erdenebat, Darkhan Uul Railway Women's Council; International HIV/AIDS Alliance technical support visit, 2001.

Handout 1

Case Study 3: Advocacy and lobbying for counselling services, India

What was the problem?

Lack of integration of quality counselling services in the national HIV/AIDS policy.

Who decided to advocate to address the problem?

South India AIDS Action Programme (SIAAP), an NGO.

What was the advocacy objective?

- Strengthen NGO-government collaboration for increased sustainability.
- Maximise effectiveness of existing health services.
- Increase recognition of counselling as an important element of HIV intervention.
- Increase acceptance of counselling by doctors and nurses.
- Improve and help set minimum standards for counselling interventions – for example, attempting to persuade the associations of sexually transmitted infection (STI) doctors in the state to obtain their patients' permission before testing and to provide more privacy and sensitivity.
- Strengthen bridging between institutions and communities.

Who did you advocate to?

- The government.
- Associations of STI specialists.

What methods did you use?

- SIAAP's advocacy strategy was based essentially on building partnerships at all levels.
- SIAAP held discussions with the Tamil Nadu government in 1995. The discussions focused on the possibility of Tamil Nadu becoming the first state in the country to have trained counsellors in all of its hospitals. In doing so, Tamil Nadu would secure its position as the premier state for HIV-related work in the country.
- SIAAP stressed that Tamil Nadu was not being asked to make huge investments, other than granting permission for SIAAP-trained counsellors to be placed in all of its hospitals.
- SIAAP invited representatives from the government's AIDS Control Societies and other professionals to participate in the evaluation of its counsellor training programme. This increased the professional communities' understanding of the programme and encouraged endorsement for the programme within the professional community and government.

What difficulties did you face? How did you overcome any difficulties?

- Equally essential was a consistent presence in communities. In negotiating partnerships, SIAAP representatives had to have personal credibility and integrity and, most of all, sheer persistence. There were more than three years of often frustrating discussions before the project was approved.
- Doctors felt completely overshadowed and undervalued in the decision-making process for HIV-prevention programmes. SIAAP invited some doctors to join in SIAAP activities as colleagues and to participate in key national meetings. SIAAP also publicly acknowledged the doctors' services in HIV prevention. Since many of the doctors worked in government hospitals or were friends of those who did, there was a degree of built-in support for SIAAP in the workplace and not merely among policy-makers.

continued...

Handout 1

Case Study 3: Advocacy and lobbying for counselling services, India...continued

What were the results of your advocacy?

- Significant increases in people accessing and completing treatment.
- Significant increases in women accessing services.
- Marked improvements in privacy, confidentiality and sensitive treatment of patients.
- Non-judgmental treatment for PLWHAs, female sex workers and gay/bisexual men.
- Widespread recognition and acknowledgement of counselling as a critical intervention for HIV/AIDS.
- A network of 84 counsellors in three Indian states.
- Endorsement of SIAAP training programmes by state governments.
- SIAAP director chosen by the National AIDS Control Organisation, (NACO) and UNAIDS to review the national counselling policy.
- Doctors' requests for counsellor placement in hospitals where the service is unavailable.
- Doctors' insistence on SIAAP-trained counsellors to ensure minimum standards.

What did you learn from doing this advocacy?

- It was important to build upon the strengths and not concentrate on the weaknesses of existing services.
- SIAAP's past achievements gave credibility to what it said.
- Advocacy strategies are often not recognised until they have been successful, because they are not integral to the planning process. Planning must include an advocacy component in all projects.

Handout 1

Case Study 4: Introduction of the female condom in Zimbabwe

What was the problem?

In the early 1990s, there were a lot of activities on HIV/AIDS prevention and we would talk about using condoms. But these condoms were male condoms. Yet we were speaking to women. So we were giving male condoms to women for them to bring home and ask their partners or husbands to use. And we found out that women were unable to negotiate the use of condoms in their bedrooms. So women had to think of how to approach their partners.

We think that HIV/AIDS is a population issue. And we asked ourselves: why is it that we only have one device?

Who decided to advocate to address the problem?

Women AIDS Support Network (WASN), an NGO.

What was the advocacy objective?

To ensure the availability of a woman-controlled HIV/AIDS/STI-prevention device, the female condom.

Who did you advocate to?

Directly to parliamentarians, NGOs and women's organisations, and indirectly to the government.

What methods did you use?

We lobbied women, networked with other AIDS service organisations and women's groups.

We took female condoms to a small town called Gokwe for women to try and share their experiences. We started with 45 women at our first meeting, and we asked them to tell their partners that they were going to use female condoms. At our second meeting, the figure dropped to 38. Some of the partners did not agree to be part of it. So we gave 10 female condoms and 10 male condoms to each couple. We would come back every two weeks to Gokwe to find out the views of the women. The experiment lasted six weeks in total. Whenever I went back all the female condoms were used.

At the end of the process, 36 women participated. Some of the male condoms were used while all the female condoms were used. Both women and men liked the female condom. We wondered whether the men liked the female condoms because of a shift in responsibilities. Maybe, but it was positive for us because they have accepted the use of female condoms.

WASN arranged meetings with parliamentarians, NGOs and women's organisations. Some were supportive but some were judgmental. WASN decided to organise a 'Celebrate Life' event for which 8,000 petitions for the availability of the female condom were signed by men and woman in all Zimbabwe's regions and gathered.

We invited the Deputy Speaker of Parliament to come to the Celebration. We asked her to bring the issue and the information about the 8,000 signatures to Parliament.

What difficulties did you face?

Negative statements against the female condom on the radio and on TV.

continued...

Handout 1

Case Study 4: Introduction of the female condom in Zimbabwe...continued

How did you overcome any difficulties?

Intensive lobbying.

What were the results of your advocacy?

Three months after the Deputy Speaker raised the issue in Parliament, the female condom was allowed in Zimbabwe.

What did you learn from doing this advocacy?

This was only a first step – the condoms are expensive, yet women are the poor of the poor. We have to do more.

Reference: Mary Sandasi, Programs Co-ordinator, Women's AIDS Support Network, advocacy workshop, Zimbabwe, June 2001.

Handout 1

Case Study 5: Advocating for school fees to be waived for orphans, Zambia

Who decided to advocate to address the problem of the school fees?

Community care givers – people physically living with the children, particularly those who are not in formal employment, the grandparents, etc.

Who did we advocate to?

The education schools authorities, i.e., Parents Teachers Association (PTA), school boards and then finally the Provincial and District Education Offices.

What methods did you use?

Information packages on the number of children needing support in each particular school; i.e., we provided an up-to-date database on the scale of the problem and lobbied using this information.

What difficulties did you face?

- Trying to make it clear to the schools that we are NOT a funding agency but merely community-based organisations.
- The mobility of children from schools.
- Letting the school authorities know that a child without parental support/care and love needs an education as a means of improving his/her life in the long term.
- More children wanting to be put on the list of orphaned children so as to benefit from the project.

How did you overcome any difficulties?

- Making a contribution to the school as 'support cost'. This is the cost we give the school to help them out in general maintenance and office support.
- Only orphaned children are registered for non-payment of school fees.
- The involvement of the District Education Officials on the CINDI-Kitwe Steering Committee.

What has been the result of your advocacy?

- Children have been expected to pay ordinary school-user fees (although currently, the Zambian education authorities have abolished school fees – exam fees at primary level).
- We have more discussion forums with the education authorities on the system being applied and implemented focusing on Orphans and Vulnerable Children (OVCs).
- OVCs have access to school places at school.

What lessons did you learn from doing this advocacy?

- Let the community members/society have more information about what you want to do and achieve.
- Involve key players in the area to be part of the Steering Committee – for example, District Education Officer, local counsellors, etc.
- Lobby for any government policies that have not yet been enacted concerning children's rights to be implemented.
- Let the 'voices of the children' be heard at well-focused and organised fora.

Reference: Terry Mukuka, Programme Co-ordinator, CINDI Kitwe, Zambia.

Handout 2

Levels of advocacy

Advocacy work can target people with influence at all levels – from a local bar owner to the United Nations. Although there are multiple levels of advocacy work, for the sake of simplicity we can identify three key ‘levels’ of advocacy:

- ♦ Local (village, district, city, state, etc.)
- ♦ National (the whole country)
- ♦ International (more than one country)

For example, if our advocacy issue is the availability of condoms in hotels:

Local level: The owner of a local hotel has influence within the hotel, so persuading them to sell condoms will have a local impact.

National level: The owner of a national chain of hotels has influence over all their hotels, so persuading them to sell condoms could affect hotels all over the country.

International level: The board of directors of the Holiday Inn company has influence over every Holiday Inn hotel in the world, so persuading them to sell condoms could have an international impact.

In reality the problem or issue may have a combination of local, national and international causes, so the level of your advocacy work will depend on:

- The scale of the problem or issue (it may have a purely local cause)
- Where you can have the greatest impact on the problem or issue (a hotel may be part of a national chain, but it may be more realistic to persuade the local hotel manager first and then work with the manager to advocate at the national level afterwards)
- The resources of your organisation (i.e., different levels of advocacy take different amounts of staff time, skills and funds)
- Your organisation’s networks and relationships (for example, one of your trustees may know the owner of the national hotel chain)
- The mission of your organisation (for example, your activities may be purely within one district).

Working together in coalitions can be a strength at every level, but becomes particularly important as you move from local to national to international level and face greater bureaucracy and power.