

# RESOURCES

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# APPENDIX

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## Suggested techniques to use during training

It is assumed that most terms will be familiar to everyone. The following descriptions are not intended as definitions, nor is this an exhaustive list of all possible methods to use! You need to keep the participants interested — five days is a long time! — so use a variety of approaches during the workshop.

**Brainstorm:** a rapid, creative period in which individuals provide many ideas in a short time. All ideas are included at this point, with the wording used by the person who suggested them. A time for judgement and explanation can follow a brainstorming session.

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**Buzz group:** similar to a brainstorm but in a smaller group, often, but not always, feeding back ideas to whole group.

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**Discussion:** Whole group discussions are generally led by the facilitator, who uses a mixture of “open” and “closed” questions to lead the group in exploring a certain topic. Generally, open-ended questions lead to greater creativity. Questions can also be encouraged from people in the group, and a discussion “chaired” by the facilitator, who keeps the group on the topic at hand. Small group discussions can be set up, with one member of the group acting as chair, and one as rapporteur. Discussions can be fed back to the whole group in a plenary (see below). It is often quicker to do this by putting up flipcharts recording the discussions, and the whole group moving around to read them. It is not always necessary to feed back all small group discussions to the whole group.

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**Games:** Games are a fun way to generate debate and discussion, enable people to get to know each other, and to raise energy levels when concentration is falling.

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**Group work:** Participants are split into small groups of no more than five, for brief discussions that can be fed back in a plenary, or for longer periods of collaborative activity. Groups can be self-selected, or organised by facilitator, depending on the aims of the session.

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**Practical:** Using materials provided, participants work individually or in groups on practical skill development — for example, practising page-layout.

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**Presentation:** A facilitator or participant may give a demonstration or short talk to illustrate key learning points. A general rule is that the attention span of those observing a presentation is about 10-15 minutes! Longer presentations can be broken up by practicals, group work, discussions, and so on.

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**Plenary:** A period when the whole group meets together, after a period of group work, when ideas and feelings can be shared and explored by the whole group. Generally, though not always, chaired by the facilitator.

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**Role-play:** Role-plays can be a great way of getting participants to explore their feelings about a topic and relate issues to their own realities. It can also allow people a greater freedom of expression, as they are speaking in character and not as themselves. If you give them a script, make sure it is appropriate for their - and the listeners - language level. If you just give them the scenario, make sure your actors are confident enough to perform.

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Arrange the room appropriately to make the most of voice projection and encourage creativity with expressions and added props. Be sure to evaluate and discuss the role-play afterwards with the entire group - the role-play is a means of creating discussion and debate.

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**Grouping by facilitator:** Involves the facilitator grouping ideas and feedback into categories in front of the participants. This can be a challenging exercise that improves with practice.

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## Checklist for organising the workshop

You may find it useful to develop a checklist of tasks you need to complete before the workshop starts, and whose responsibility they are. This example was used for the Bangladesh workshop; yours may be similar to or quite different from this one. You may want to make an electronic copy for staff members to update the status of their tasks.

Description	Responsibility	Comments	Status
Communication and confirmation			
Initiation fax, email, letters			
Guests of honour, Resource personnel, Facilitators and Moderators, Media personnel			
Venue			
Accommodation arrangement			
Accessibility arrangement			
Food (Breakfast, lunch, brunch/snacks, dinner)			
Presentation facility			
Workshop folder			
Thank-you letter and money receipt			
Program schedule - I			
Pen and notepad - I			
Badges for participants			
List of participants			
Certificate, group photo, souvenir, greetings card			
Presentation and documents			
Annual report, newsletters, special reports			
Organisation display materials			
Logistics and stationery			
First aid box			
Computer, printers, OHP,VCP, laptop, photocopier, tape recorder, camera and video camera			
Whiteboard, flipchart board			
VHS cassettes, audio cassettes			
Stapler and pins, hole-punch, glue, paper clips, binder clips, ruler, sticky tape, NT cutter, flip card, pens, tags, pins, paper for certificates, poster and art papers, offset-paper 500			
Documentation and reporting			
Photo documentation (inauguration-closing, audience, interviews, sessions, group photo)			
Distribution and dissemination			
Field trip			
Arrangement of minibuses/vehicles			
Contact with organisers/personnel			
Media coverage, promotion and sale documents			
Banner (entrance and background)			
Press releases			
Budget and finance			
Preliminary budget			
Expenses track-record			

## Example workshop schedule

Below is the schedule used for the Communicating for Advocacy workshop in Cambodia. This is an example only, and your schedule can reflect the specific focus of your workshop. You may want to extend some sessions that are of interest to the participants and omit others.

### Communicating for Advocacy workshop schedule (this is flexible according to group priorities)

	DAY 1 (times are different for today)	DAY 2	DAY 3	DAY 4 (times are different for today)	DAY 5
Session 1 8.00-8.30am	Opening ceremony and group photo 7.30-8.30	Daily feedback bulletin	Daily feedback bulletin	Daily feedback bulletin	Daily feedback bulletin
Session 2 8.30-10.00am	Welcome: introduction	Developing advocacy strategies: goals and objectives	Communication materials (IEC). Display and analysis	Group fieldwork	Develop communication materials
10.0-10.15am	Tea/coffee				
Session 3 10.15am-12.00pm	Introductions (continued). Participants' case studies	Developing advocacy strategies: stakeholder analysis. Audience analysis	What materials and tools are already available? Print, electronic. Communication practical skills	Fieldwork (continued)	Develop communication materials (continued)
12.00-1.30pm	LUNCH				
1.30-1.45	Partner presentations				
Session 4 1.45-3.00pm	Participants' case studies (continued)	Working with the media	Communication practical skills continued	Analysis of fieldwork	Presentation of Communicating for Advocacy materials
3.00-3.15pm	Tea/coffee				
Session 5 3.15-4.30pm	What do we all mean by communication and advocacy? Arriving at working definitions	Use of project management tools	Practical research skills: Developing topic guides for communicating for advocacy approaches	Practical material development: develop messages and content	3.45-4.30pm Workshop lessons learned, training skills
Session 6 4.30-5.00pm	Sum up and plan for next day	Sum up and plan for evening and next day	Sum up and plan for evening and next day	Sum up and plan for evening and next day	4.30 Workshop evaluation and wrap-up 7.00pm Farewell dinner

## Energisers

Here are some examples of successful energisers used in workshops. More are given in the reference “100 Energisers”.

### Foot stomps

People form a circle and the leader starts to stomp his or her foot with the person next to them. The next person should stomp his other foot together with the foot of the person on his other side. The stomping continues in the circle. During this, the leader will again initiate a new round of stomps, and then there are two rounds of stomps going on. The aim is to keep them all going without breaking the cycles of stomping.

### Travel to space

Only the facilitators know the rules and how to travel to space. In order to be able to travel to space, you must bring something for every letter of your first name.

For example:

**J** – acket      **O** – ranges      **H** – airbrush      **N** – otebook

The people who do not know the rules will just suggest things to take, but will be denied travelling to space until they work out the pattern and then say objects starting with the letters from their name.

### The god says...

Someone must be nominated as the god. This person will give instructions to the rest of the group, such as, “God says to close your eyes”. Because the god has told them, the participants must obey. If the god does not start the instructions with “god says” then people must not do the action. If you do not do something the god tells you to do, or if you follow an instruction that did not begin with “god says”, then you are out of the game.

### Mrs Murphy

This is quite a silly game and is good to play at the start! Participants form a circle and someone is nominated to begin. This person says to the person on their right: “Is Mrs Murphy there?” The person on their right replies: “I don’t know, let me ask my neighbour”, and asks the next person on the right: “Is Mrs Murphy there?” This goes around the circle, back to the first person. It then begins again, but this time the person speaking has to do so trying not to show their teeth!

### Basketball/volleyball/football

Form three groups, each assigned with actions to represent the three sports.

- Shoot for the basketball group    ● Spike for the volleyball group
- Kick for the football group

After the group does its action, it should point to another group, which will then do its action and in turn choose a new group to do the action.

## Perception of truth: the story of the three frogs



At the Philippines workshop, the ‘story of the three frogs’ was shared, which was related to training methodology. The story goes like this:

“Once upon a time there was an old well. At the bottom of the well lived three frogs: A, B and C. Life in the bottom of the well was full of contentment and happiness. The frogs were living harmoniously and peacefully.

One day, when frog B ate a mosquito, he accidentally looked up at the sky and told the two other frogs that the sky was as big as the mouth of the well. Frogs A and C agreed with frog B. But then afterwards, as time went by, the frogs grew big. So the space was not enough for them. In order to have enough space, frog A decided to jump up on one side of the well. As he looked up at the sky, he commented that the sky was bigger than the mouth of the well and there was a shining object in it. Frog B did not believe it and insisted that the sky was as big as the mouth of the well and there was no shining object in it. But Frog A insisted that the sky was bigger than the mouth of the well and there was shining object in the it. So the two quarelled.

Frog C became confused as to which of his two friends, frog A or B, was telling the truth. Frog C believed what Frog B was saying but could not ignore Frog A. Frog C then decided to jump up to the other side opposite the position of frog A. Frog C commented that A was right that the sky was bigger than the mouth of the well but said that there was no shining object in it. Frog B became extremely angry with both A and C. Soon, the peaceful, harmonious relationship between them had broken down and ended.

After so much quarrelling, they became tired and there was a long silence. Frog A broke the silence. Frogs A and C then decided to exchange places. Frog A jumped to C’s side and C jumped to A’s side. They agreed that they would look at the sky at the same time.

They did this but still said that they had seen what they had observed earlier when they were in their original places. Frog A still insisted that the sky was bigger than the mouth of the well and there was a shining object in it while frog C insisted that there was no shining object.”

Based on this story, Dyeri asked the participants who among the three frogs was correct. The possible answers to this question were:

- all of them were correct and no one was wrong
- all of them were wrong and no one was correct
- A and C were correct
- A and B were correct
- B and C were correct

Dyeri also asked which of the three frogs was telling the truth. The possible answers to this were:

- all of them told the truth and no one was wrong
- all of them were wrong and no one told the truth
- Only A and C told the truth
- Only A and B told the truth
- Only B and C told the truth

Dyeri concluded that perception of the truth is affected by the three factors:

- position (location, socio-economic status)
- time (time of day or season) — the position of the shining object (the sun) had moved from east to west (it was afternoon when the frogs A and C decided to exchange places)
- experience (the event that one has gone through).

*Source: Philippines workshop*

## Communicating for advocacy workshop: Daily evaluation form

Day.....

Please evaluate each day by circling a number below according to what you think.

1. Objectives were clearly defined at the beginning of each session

Strongly disagree   1   2   3   4   5   6   7   8   9   Strongly agree

2. The amount of material covered in each session was appropriate

Strongly disagree   1   2   3   4   5   6   7   8   9   Strongly agree

3. The depth of content in each session was appropriate

Strongly disagree   1   2   3   4   5   6   7   8   9   Strongly agree

4. The accompanying notes were clear and useful

Strongly disagree   1   2   3   4   5   6   7   8   9   Strongly agree

5. The information today will be helpful in my work

Strongly disagree   1   2   3   4   5   6   7   8   9   Strongly agree

6. The facilitators clearly explained the subject matter of each session

Strongly disagree   1   2   3   4   5   6   7   8   9   Strongly agree

7. The interaction of facilitators and participants was

Poor   1   2   3   4   5   6   7   8   9   Excellent

8. The sessions were

Too short       Just right       Too long

9. What sessions/topics were most useful and why?

## Strategies for communicating for advocacy: advocacy in an Asian setting

### Challenges of Asian settings

1. Authoritarian politics, including controlled mass media
2. Feudal relations that prevent more critical thinking
3. Religious domination

### Realities

Conflicting and confusing images and messages from sophisticated and well-funded advertising campaigns, the Internet, cable television, and transnational religious fundamentalist groups.

### Who to mobilise?

**Politicians:** Differentiate between legislative and executive. If elected officials, think about how long they will be in office. How sensitive are the officials to public opinion? How far can they go in changing policies?

### Celebrities

- How much visibility is gained for the campaign by their presence?
- Are they appropriate role models (consider their personal lifestyle and any other endorsements they may have made)

### Experts and public intellectuals

- Who do they appeal to?
- How far will they go?

- Can they be formed into quick reaction teams/'truth squads'?

### Special interest groups/subpopulations

- Parents
- Mothers
- Youth
- Women

### General communications principles for advocacy in Asia

1. Keep messages simple
2. Be aware of the 'first minute'
3. Be respectful, but not too solemn
4. Be assertive, but avoid self-promotion
5. Be evidence-based
6. Get personal but do not play with people's emotions
7. Learn to use figures of speech; irony, sarcasm, metaphors
8. Promote media literacy by tackling images of the opposition
9. Be aware of reinforcing existing prejudices, biases
10. Be tech-friendly but not tech-bound
11. Issue tailored calls for action
12. Cultivate linkages and networks

To reiterate, build credibility, constituencies and coalitions.

### Reminders for advocacy campaigns

- Know your cause/mission
- Know who your friends are, who the opposition is
- Craft and implement the strategy through participatory processes and collaboration
- Assess the situation, especially trends
- Decide on your communication strategy
- Share leadership functions
- Monitor and evaluate

**Successful advocacy depends on** credibility, constituencies and coalitions.

### Objectives

#### To persuade:

- letters to editors
- newsletters
- press conferences
- public forums
- information packs

#### To motivate:

- case studies
- policy forums
- site visits
- newsletters (insider)
- action alerts/action packs

#### To inform/alert:

- letters to editors
- public service announcements
- press briefings
- fact sheets
- press releases
- newsletters
- posters

*From a talk given by Dr. Michael Tan of HAIN at the Philippines CFA workshop.*

## Case Study: 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 little 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 the armed forces headquarters.

### What was the advocacy objective?

To gain support from the high-level authorities of the armed forces to increase STIs/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 cooperation 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 United Nations Development Programme. 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.

*Source: Ms Solongo Bekhbat, Mongol Vision Public Health Organisation, in Advocacy in Action, International HIV/AIDS Alliance, 2002*

## Communication definitions

- Communication means exchange of information between all stakeholders  
(Department For International Development (DFID), UK)

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- Good communication is a two-way sharing of information. It involves finding out people's view, listening carefully to what they say and understanding their solutions. It includes being observant and appreciating the constraints people face at home  
(AHRTAG/Healthlink Worldwide, UK)

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- Communication is a process for partnership and participation. It is based on two-way dialogue, where there is an interactive interchange of information, ideas, techniques and knowledge between senders and receivers of information on an equal footing. It leads to improved understanding, shared knowledge, greater consensus and identification of possible effective action  
(Exchange, UK)

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- People-centred communications help people to become aware of their own ability to understand and change the situation in which they live  
(Werner)

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- Communication is the process not a product. Listening is a key skill in the process  
(Exchange)

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- Communication can involve participatory mechanisms, service delivery, advocacy, civil society building, and research dissemination, networking activities, different uses of mass media  
(DFID)

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- Communication is about recording, learning from sharing experiences, results and lessons learned  
(Healthlink Worldwide/Exchange)

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- Good communication does not need to be expensive or complicated. Instead, it needs to be appropriate and of good quality – in terms of style, format, content and accuracy  
(International HIV/AIDS Alliance)

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- Local knowledge and experience form an important part of communications activity. This ensures a high degree of local relevance and promotes empowerment through local control  
(Linny)

## Advocacy definitions

- Advocacy is a set of targeted actions directed at decision makers in support of a specific policy issue  
(The Policy Project, Futures Group, USA, 1999)

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- Advocacy is the process of using information strategically to change policies that affect the lives of disadvantaged people  
(BOND, UK, 2003)

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- Advocacy is promoting a concept and spreading knowledge  
(Pacific AIDS Alert, No 21., 2001)

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- Advocacy is any effort to influence policy and decision makers, to fight for social change, to transform public perceptions and attitudes, to modify behaviours, or to mobilise human and financial resources.  
(Advocacy for Immunisation, GAVI, PATH, 2001)

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- Advocacy is a process to bring about change in the policies, laws and practices of influential individuals, groups and institutions  
(International HIV/AIDS Alliance workshop in Zimbabwe, 2001)

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- Advocacy is pleading for, defending or recommending an idea before other people  
(SARA/AED training guide, 1997)

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- Advocacy is an on-going 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  
(International HIV/AIDS Alliance workshop in India, 2002)

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- Advocacy is about building a convincing case and getting it across to people who are in a position to influence, formulate or implement policy and the decision-making process  
(Workshop on essential drugs, WHO, 2001)

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- Advocacy consists of different strategies aimed at influencing decision-making at the organisational, local, provincial, national and international levels  
(SARA/AED training guide, 1997)

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- Advocacy is putting a problem on the agenda, providing a solution to that problem, and building support for acting on both problem and the solution  
(SCF Advocacy workshop in Brazil)

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- Advocacy is a social change process affecting attitudes, social relationships and power relations, which strengthens civil society and opens up democratic spaces  
(SCF Advocacy workshop in Brazil)

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- Advocacy is speaking with and on behalf of the poor to address the underlying causes of poverty by influencing the decisions of governments, companies, groups and individuals whose policies or actions affect the poor  
(Tearfund)

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- Advocacy is the process of influencing key decision makers and opinion formers (individuals and organisations) for changes to policies and practices that will work in poor people's favour  
(ActionAid)

## Checklist of criteria for analysing an advocacy objective

Criteria	Objective 1	Objective 2
<input checked="" type="checkbox"/> Do qualitative or quantitative data exist which show that reaching the objective will result in real improvements in the situation?		
<input checked="" type="checkbox"/> Is the objective achievable? Even with opposition?		
<input checked="" type="checkbox"/> Will many people support the objective? Do people care about the objective deeply enough to take action?		
<input checked="" type="checkbox"/> Will you be able to raise money or other resources to support your work on the objective?		
<input checked="" type="checkbox"/> Can you clearly identify the target decision makers? What are their names or positions?		
<input checked="" type="checkbox"/> Does the objective have a clear, realistic time frame?		
<input checked="" type="checkbox"/> Do you have the alliances with key individuals or organisations needed to reach your objective? Will the objective help build alliances with other sectors, NGOs, leaders, or stakeholders? Which ones?		
<input checked="" type="checkbox"/> Is the objective easy to understand?		
<input checked="" type="checkbox"/> Will working on the objective provide people with opportunities to learn more about and become involved with the decision-making process?		

*Adapted from An introduction to advocacy: training guide, R. R. Sharma, SARA , 1995*

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## How to... analyse legislation or policy

### Introduction

The first step in analysing and influencing a piece of legislation or policy is to understand what it is actually saying and consider whether it can be improved.

### Questions to ask when reading public policy or legislation

The following list of questions may help you analyse a policy or legislation:

1. Who benefits from this legislation or policy (if anyone)?
2. Who loses (if anyone)?
3. What will be the consequences five years from now of enforcing this?
4. How does the legislation or policy affect marginalised groups?
5. Is this something that ordinary people can understand?
6. Who supports this law/policy, and why?
7. How did this issue first come to the notice of decision-makers?
8. What is the financial cost?
9. Can it be enforced? If so, by whom, and how?
10. What is the penalty if you don't obey this law/policy?
11. Does the law/policy violate the UN Declaration of Human Rights or any other convention signed by your country?
12. Is the law/policy consistent with your own country's Bill of Rights and/or Constitution?

### How to use your analysis to influence legislation and policy

Once the answer to these questions have been agreed you need to act by writing a position paper to the policy-makers, sending a press release to the media, organising a meeting, giving a presentation, and so on.

*SOURCE: Advocacy in Action, International HIV/AIDS Alliance, 2002*

## Tailor messages and materials to the information needs of various audiences

<b>Example — Advocacy issue: immunization</b> (from <i>Advocacy for immunization...</i> , GAVI, 2001)		
<b>Audience</b>	<b>Potential concerns</b>	<b>Possible messages</b>
<b>Decision-makers/politicians</b> <ul style="list-style-type: none"> <li>● President/Prime Minister</li> <li>● Minister of Health</li> <li>● Minister of Planning</li> <li>● Local administration</li> <li>● Parliament and Congress</li> </ul>	<ul style="list-style-type: none"> <li>● Budgetary implications</li> <li>● Public opinion</li> <li>● Opportunity to show leadership and take credit for success</li> <li>● Liabilities of inaction</li> </ul>	<ul style="list-style-type: none"> <li>● Most cost-effective intervention</li> <li>● Right of every child</li> <li>● Programme gaining access to children never reached before</li> <li>● New vaccines are available that can save thousands of young lives</li> </ul>
<b>Donors</b> <ul style="list-style-type: none"> <li>● Foundations</li> <li>● Bilateral agencies (e.g. SIDA, USAID, DFID, JICA)</li> <li>● Multilateral agencies (e.g. World Bank)</li> </ul>	<ul style="list-style-type: none"> <li>● Ability to document results</li> <li>● Cost-effectiveness</li> <li>● Feasibility of integrating with existing initiatives</li> <li>● Sustainability of project</li> <li>● Benefits of foreign aid</li> </ul>	
<b>Journalists</b> <ul style="list-style-type: none"> <li>● Health reporters</li> <li>● Foreign correspondents</li> <li>● Editors</li> <li>● Feature writers</li> <li>● Columnists</li> <li>● Economics/labour reporters</li> <li>● Women's issues reporters</li> </ul>	<ul style="list-style-type: none"> <li>● News value and timing</li> <li>● Potential controversy</li> <li>● Has the story been told before?</li> <li>● Are there good visuals and spokespersons?</li> </ul>	<ul style="list-style-type: none"> <li>● Key messages will depend on the outlet</li> <li>● Stories on success of immunization and people who benefit from it</li> <li>● News stories on outbreaks, trend</li> <li>● Human interest stories about volunteers</li> </ul>
<b>NGOs</b> <ul style="list-style-type: none"> <li>● Relief organisations</li> <li>● Development organisations</li> <li>● Human rights organisations</li> <li>● Children's organisations</li> <li>● Practitioners' organisations</li> </ul>	<ul style="list-style-type: none"> <li>● Donor and membership support</li> <li>● Impact on beneficiaries</li> <li>● How message fits with mission statement</li> <li>● Common agendas and shared visions</li> <li>● Potential to play a unique role</li> </ul>	<ul style="list-style-type: none"> <li>● Immunization depends on mobilising your communities</li> <li>● Your constituents can help</li> <li>● Help build local infrastructure to improve the health of your community</li> </ul>
<b>Health practitioners</b> <ul style="list-style-type: none"> <li>● Public- and private-sector health workers</li> <li>● Medical associations</li> <li>● Research, academic institutions</li> </ul>	<ul style="list-style-type: none"> <li>● Feasibility of eradication</li> <li>● Opportunities to use new research and innovations</li> <li>● Financial and legal implications for one's work</li> </ul>	<ul style="list-style-type: none"> <li>● Immunization works</li> <li>● Helps build health infrastructure, — surveillance systems, training for health staff</li> </ul>
<b>Corporations and industry</b> <ul style="list-style-type: none"> <li>● Multinationals</li> <li>● Local businesses</li> <li>● Labour organisations</li> </ul> <b>General public</b> <ul style="list-style-type: none"> <li>● Issues popular with the public find their way onto the political agenda and the ground swell of public opinion can have a strong influence on governments</li> </ul>	<ul style="list-style-type: none"> <li>● Impact on workforce</li> <li>● Impact on markets</li> <li>● Cause-related marketing potential</li> <li>● Personal level of risk</li> <li>● Response of government/health authorities to protect the public</li> <li>● A moral duty to help others</li> </ul>	<ul style="list-style-type: none"> <li>● A good, measurable social investment</li> <li>● Your investment can help the local community</li> <li>● Helping tackle problems in poor countries can make good business sense</li> <li>● Immunization is a priority in countries where you work</li> </ul>

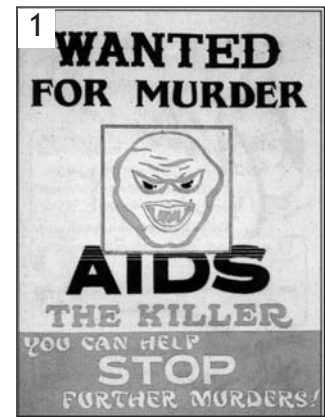
## Audience analysis: communicating for advocacy

Audience	How to contact them	What do you think they know already? What is their attitude towards the issue?	Potential concerns	Possible advocacy and communication message

## Stereotypes and stigmatization, including gender issues

### 1. Brochure cover

- What is the main message here?
- What does it say about people with AIDS?
- Did the people who made this brochure realise people living with AIDS will also see it?
- Does this message encourage solidarity?



### 2. Poster

- What is the main message here?
- What behaviour is being promoted?
- Who is held responsible for HIV transmission?



### 3. Page from a colouring book

- What is the main message here?
- Who is held responsible for infidelity?
- What does this say concerning violence against women?
- What does this say about 'good' and 'bad' women? What does this say about women accepting male violence?



### 4. Poster

- What is the main message here?
- What behaviour is being promoted?
- Who is held responsible for HIV transmission?

### 5. Brochure illustration

- What idea is presented here?
- Does this present a realistic picture of family life? What prevents men from sharing in household tasks and care activities?
- How can men be encouraged to act like the man in the picture?



Source: Card 2: Recognizing stereotypes and stigmatization, in Facing the challenges of HIV/AIDS/STDs

## How to make an article attractive

- ✓ DO draw the reader in with a good beginning. This can be done by:
  - Introducing why the information is important, e.g. “Many people with AIDS are being cared for at home because hospitals with very limited resources cannot cope with growing number of patients”.
  - A good quotation or example, e.g. “A young man who had tested HIV-positive two years previously was very distressed because his parents were putting pressure on him to get married...”
  - Asking a relevant question, e.g. “The term empowerment has become popular among development workers. But what does it actually mean?”
  - Summarising what the information is about (answer who, what, where, why, how), e.g. “A popular music show on AIDS was launched by Zambia’s national radio station in 1993”.
- ✓ DO write simply in plain language. On medical topics you may act as a translator.
- ✓ DO write in short, snappy sentences.
- ✓ DO cut out the ‘padding’. Most writers include extra words that add nothing useful.
- ✓ DO break up information into digested chunks, e.g. summary boxes, definitions, “What can I do?”, “How to...”, fact files, advantages and disadvantages.
- ✓ DO make it clear what the article is and why it is worth reading. Do this through:
  - The header (or running header) stating the theme
  - The headline, e.g. “Clean needles save lives”
  - The standfirst or introduction, e.g. “AIDS Action describes the benefits and limitations of anti-HIV drugs and explains why AZT may not be worth the cost”
  - The caption (to describe a photo), e.g. “Demonstrations and practice give people more confidence to use condoms”.
- ✓ DO find out how many words fit on to a page with a decent-sized picture. Edit the article down to this. The spell-check on a word-processing package will count words per page.
- ✗ DO NOT expect readers to have to read half the article before they find out what it is about.
- ✗ DO NOT use complicated sub-clauses. “Take a breath” and start a new sentence.
- ✗ DO NOT start with words from officialdom, e.g. “The 47th World Health Assembly of the WHO launched a global initiative...” This is a real turn-off.
- ✗ DO NOT use jargon, unexplained scientific language, or learned words when simple ones will do. Avoid words that will be ambiguous to readers with English as a second language.
- ✗ DO NOT assume the reader knows a lot about the topic. A brief introduction (a couple of sentences is sometimes enough) always helps.
- ✗ DO NOT bombard the reader with information. Readers cannot take in many statistics. Write in a flowing style, as naturally as possible.
- ✗ DO NOT (if possible) carry parts of articles on to other pages. It is messy, unless it is on a facing page, and confusing for the reader.

## What makes a photograph suitable for publication?

Use this checklist to help you decide whether to use a photo or not.

### Relevance

The photo must be relevant to the text.

### Visual interest

The photo should be good quality, with the subject in focus. It should have good lighting with a range of tones to include grey tones as well as black and white. It should not have scratches or marks.

### People in the photo

The people pictured should look involved and interested, e.g. at a training workshop the participants and trainer should look as if they are communicating. The people should be similar in culture and background to the readers of the newsletter. The photo must respect people's dignity.

### Health

The photo should:

- show good practice, e.g. a lively discussions between a health worker and a mother, rather than a health worker lecturing a silent mother
- show PHC or CBR in action, e.g. community health workers in a village health clinic, rather than doctors in white coats in a hospital ward
- be informative, e.g. a photo of a skin rash can help health workers to recognise visual symptoms of illness
- break down unhelpful stereotypes, e.g. health workers should not always be shown as doctors in white coats with stethoscopes.

## What makes a photograph *unsuitable* for publication?

### Technical

The photo is unsuitable if it is out of focus, or has too much white or not enough range of grey tones (if black and white).

### People in the photo

The photo is unsuitable if they are angry at having their photo taken, or are obviously distressed or upset. It is also not useful if they have their eyes closed or half-open. Do not use a photo if it is culturally insensitive. For example, an explicit photo of a woman breastfeeding may not be appropriate.

### Health

Do not use a photo that shows bad practice, for example a health worker at a clinic or workshop talking to people who do not appear interested or involved. A photo may be informative but cause distress to the readers of the newsletter. For example, a child that is severely malnourished.

## Putting advocacy work into context: The story of Rosario

Rosario, a one-year-old baby, is the fourth child of Lucy and Jaime. The family lives in an urban-poor community in Manila, Philippines. The water under the shanty towns serves as the sewage and toilets for most families living in the community. The people get their water supply from deep wells.

Jaime is a daily wage earner in a construction firm. His family migrated to Manila to try their luck in the city. However, life in the city has not been good for them either. Even though they budget for their expenses, they are still always buried in debts.

All of their four children are malnourished. They all have the same illnesses — they always have a cough, fever and diarrhoea, their tummies swollen like a drum. Tape worms emerge when they move their bowels, which Lucy believes to be normal because she was told that tapeworms help digest food in the stomach. Lucy did not breastfeed her children because she was told that she has heart disease and could not breastfeed.

The children have not been immunized. The one who always gets sick is Rosario. She is the skinniest, palest and always has diarrhoea. One day, Rosario gets ill from chicken pox. Lucy takes her to the nearest health centre, but they are not given free medicines. Lucy buys the prescribed medicines but when each runs out, she is not able to buy replacements because she had no money.

When Rosario does not recover well from her illness, she is taken to a private hospital because the community health centre will not admit her. The hospital demands a P1,200 (US\$23) deposit. Fortunately the community captain, a usurer, lends them P1,500 (\$28), but with interest to pay.

Because they are afraid that the hospital bill would rise further, the family decides to take Rosario out of the hospital even though she is not yet well.

After one week of continuous fever and diarrhoea, Rosario becomes weaker, dehydrated and eventually dies.

## The importance of teaching media literacy

Media literacy is the development of an informed and critical understanding of the nature of the mass media, the techniques used and the impact of these techniques.)

### We live in a mass-media-saturated world:

- TV: millions of programmes (segmented local/cable by class, age, some sexual differentiation)
- Radio: hundreds of thousands of programmes (segmented AM/FM by class, age)
- Newspapers: tabloids and broadsheets
- Magazines: women's magazines, showbiz news (segmented by class, sex, age). Topsellers can sell hundreds of thousands per issue.

### Globalisation of mass media

- Cable television
- Internet
- International media outfits (e.g. UPI, Reuters, CNN, BBC) supplying news to local newspapers.

### Media ownership

- Local: large corporations and some religious groups
- International: e.g. CNN – Ted Turner; BBC – British government; Fox News and UPI – Rupert Murdoch

*Media needs to sell news*

- Tendency to sensationalise, exoticise

- Tendency to over-simplify facts: short articles, one-minute sound bites

- Tendency to home in on bad news

*Media dependency on advertising*

- Political advertisements
- Commercial advertisements. Largest advertisers: food and beverages; tobacco/alcohol; pharmaceuticals; telecommunications; appliances

*What to watch out for:*

- Advertorials – planned news items, often in the guise of feature articles to promote particular products or services. Very common in health/science pages. (Infomercials are long, up to 30 minute, presentations on TV to promote a product.)

### Consumerism (especially for ads)

Young people need to be taught to question the ads, especially those that tell them what they “want”, “need”, or “must” buy.

### A media literate person:

- Is able to make choices in a media-saturated environment
- Is sensitive to and respects multiple points of view
- Is discerning in looking at the messages
- Will become a more effective and ethical communicator.

*From the Philippines workshop, adapted from John Pugente, Jesuit Communication Project*

## Expectations and concerns

### Healthlink Worldwide's objectives for the workshop

1. Define advocacy and communications and recognise the values that drive different approaches.
2. Understand some of the strategic and tactical choices that can be made in advocacy.
3. Recognise the elements and importance of planning for advocacy and communication work.
4. Explore the diversity of activities that combine in effective advocacy and communications campaigns.
5. Discuss and practice use of project planning and management tools.
6. Develop a supportive network among similar organisations.
7. Discuss the role of advocacy and the contribution it can make to an organisation.
8. Look at the importance of using different media in advocacy and communication activities.
9. Consider a range of methodologies and participatory approaches.
10. Discuss methods of monitoring and evaluation appropriate to each work situation.
11. Create information pack relevant to further use after the workshop.
12. Devise an appropriate action plan to develop on return.
13. Discuss useful follow-up activities and how these will fit into an overall strategy for each organisation.
14. Develop greater understanding and awareness of international advocacy work.
15. Begin to develop local, national and international contacts and networks and explore their potential benefits.

### Additional points generated in discussion at the Cambodia workshop

#### Expectations

1. To exchange experience and good practice.
2. To consider the political context and link advocacy to government initiatives.
3. To gain expertise in working in rural areas.
4. To establish new contacts with other organisations.
5. To understand how to link advocacy with health.
6. To have a clear understanding of advocacy and apply it in the Cambodian context.
7. To be able to develop an advocacy strategy.
8. To learn what makes an effective strategy.
9. To link with government officials and influence government work.
10. To identify funding in order to carry out the work.

#### Concerns

1. Language (the biggest concern) — the workshop is only conducted in English, with no translation.
2. Lack of time to share experiences.
3. Not able to implement what is learned due to lack of funds.
4. Not enough on monitoring and evaluation of initiatives.
5. Worried that workshop would be too theoretical, not practical enough.
6. Worried that the approach of government organisations would not be looked at.

## Final evaluation for participants

### How useful were the sessions for your work?

1 indicates not very useful and 5 indicates very useful. Please tick the relevant boxes.

Session	1	2	3	4	5
Communication and advocacy definitions and clarification					
Developing advocacy strategies					
Stakeholder and audience analysis					
Working with the media					
Use of project management tools					
IEC materials – use and analysis					
Communication practical skills – written and visual					
Practical research skills – developing topic guides					
Fieldwork					
Analysis of fieldwork and presentation					
Production of communication materials					

1. What is the most important and/or useful knowledge or skill you gained in the workshop? Why is this so important/useful?

2. What is the least important and/or least useful knowledge or skill you gained in the workshop? Why is this not important/useful?

3. What did you enjoy most in the workshop?

4. How well did you learn during the workshop? What motivated you to, or prevented you from, learning?

5. How was the balance between instruction from the facilitator and working in groups? Should there be more or less of something? Please specify.

6. Comment on the resource materials/handouts provided.
7. Comment on the support provided to you during the workshop. Did you feel it was adequate?
8. How will you use the knowledge, skills, methods and insights developed in this workshop in your future work?
9. If this workshop was run again, would you recommend it to a colleague? Why? Would you make any changes? Please specify.
10. Will you use and/or adapt any of the training sessions in your future work?
11. Do you have any other comments or suggestions?

## Expectations

On the first day, a number of expectations were described. They are broadly categorised as objectives below. Please comment on how well you think these were achieved using a scale of 1 – 5 (1 = lowest, 5 = highest). Please tick.

<b>Expectations</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Learn more about communications and advocacy					
Increase skills/capacity					
Find out more about disability issues					
Share experience					
Make new contacts and form networks					

[example]



This certificate is presented to

.....  
for participating in the  
Communicating for Advocacy Workshop

May 25th-29th 2003  
Cox's Bazaar, Bangladesh

.....  
David Curtis, Regional Coordinator  
for SE Asia, Healthlink Worldwide

.....  
Shahidul Haque, Chief Executive  
SARPV

Communicating for Advocacy Project Partners:  
Healthlink Worldwide UK, Cambodia Health Education Media Services,  
Social Assistance and Rehabilitation for the Physical Vulnerable, Bangladesh  
Health Action Information Network, Philippines