Advocacy Training Curriculum

Advocating for Youth Population's Sexual Reproductive Health and Rights

2010

This project is funded by European Union

MAMTA

HASAB

India HIV/AIDS Alliance

HUMILITY – COURAGE – WISDOM SASO

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Abbreviations

AIDS:	Acquired Immune Deficiency Syndrome
ART:	Antiretroviral therapy
CEDAW:	Committee on the Elimination of all Forms of Discrimination against Women
CHC:	Community Health Centre
CRC:	Convention on the Rights of the Child
CSO:	Civil Society Organization
HASAB:	HIV/AIDS and STD Alliance Bangladesh
HIV:	Human Immune Deficiency Virus
ICPD:	International Conference on Population and Development
IPPF:	International Planned Parenthood Federation
KP:	Key Population
MDG:	Millennium Development Goal
NGO:	Non-Governmental Organization
PHC:	Primary Health Centre
PMTCT:	Preventing Mother to Child Transmission
RH:	Reproductive Health
SASO:	Social Awareness Service Organization
SRH:	Sexual and reproductive Health
UNGASS:	United Nations General Assembly Special Session
VCTC:	Voluntary Counselling and testing centre
WHO:	World Health Organization
YKP:	Young Key Population

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Introduction

1. Background and Context

The Millennium Development Goals (MDGs) and other international commitments such as the ICPD Program of Action, the Millennium Summit and the 2001 and 2006 UNGASS meetings on HIV/AIDS address young people's SRHR policy issues as priorities, recognizing that young people now often constitute the largest demographic segment in different countries. The actions included a commitment to reduce HIV prevalence among young people in the hardest-hit countries by 25% by 2005, and, globally, by 2010[1].

Governments – including those in India and Bangladesh - have acknowledged and pledged to tackle the complex social and legal barriers to increase access to and uptake of SRH education and services amongst young people through a range of policies and programs. The rise in prevalence of HIV amongst young people[2] in these two countries has accentuated the additional and vital need to converge SRHR and HIV programs and policies to enhance the coordination of efforts and to improve achievement of SRH and HIV related outcomes. In reality, policies regarding SRH have been inconsistent in their execution, at all levels – which can be attributed to several factors including the top-down vertical programming approaches taken to working with youth (i.e. separate programs by different Ministries with limited coordination and lack of rationalization) compounded by the factors described in section 1.5.1, reinforced by societal norms and conservatism that maintain strong taboos related to premarital sex, sexuality and reproduction, and sexual orientation/choices reinforce HIV-related stigma and discrimination (amongst adults and other young people).

There also remains insufficient engagement of civil society organizations (CSOs) with governments and decision-makers - and in particular, the meaningful involvement and participation of young people themselves in the design, implementation and review of these. Consequently, young people not only still lack full legal, economic, and social rights, but also formal mechanisms or platforms to advocate for those rights – especially the young people from marginalized or vulnerable groups, for whom there are additional legal barriers and social discrimination to overcome.

The word convergence is beginning to be widely used in the context of HIV and sexual reproductive health (SRH) services by both the National AIDS Control Organization (NACO) and the Ministry of Health and Family Welfare (MOHFW).

There is a growing need for the integration of sexual and reproductive health (SRH) as critical to the effectiveness of responses to HIV and AIDS, and the success of HIV and AIDS programs.

Women, men and young people come into regular contact with the health care system seeking reproductive health services, either within clinical settings or through community based programs. These are opportunities for people at risk of infection, or already living with HIV, to access vital prevention, treatment and information services. SRH services provide a platform upon which interventions for HIV prevention, care and support and treatment can be built (such as voluntary HIV counselling and testing (VCT), condom promotion, management of sexually transmitted infections (STIs) and contraceptive services). Similarly, SRH services provide critical opportunities to give broader SRH-related services where appropriate. In addition, the realization of sexual and reproductive rights is not only an important end in itself, but also plays a critical role in addressing the underlying causes of vulnerability to HIV and sexual and reproductive ill-health.

[1] UNAIDS, 2003

[2] 50% of all new HIV infections in India and XX% in Bangladesh are among young people between 15-24 years (UNICEF India www site, 2009 & XXXXXX for Bangladesh)-- PLEASE CECK

Key Populations (KP) especially young KPs such as men who have sex with men, sex workers and people who use drugs are more vulnerable to violations of their rights, including their rights to SRH and HIV-related services. Integrating services, where appropriate, can help de-stigmatize HIV and AIDS whilst simultaneously addressing the dual need for both types of service and care among all sectors of the population.

2. The Need for an Advocacy Curriculum

Advocacy plays a key role in identifying the issues and resultant actions from key stakeholders. Training people in the advocacy strategy shall help to identify, treat and respond effectively to SRHR issues of young people, as good SRHR of young people is essential for the health sector and the communities. Advocacy is a critical support to the effort to improve adolescent reproductive health. It helps ensure that programs for youth are enacted, funded, implemented, and sustained by building support with the public and opinion leaders. Through education and examples, advocates support young people's development to ensure that all youth grow up safe, responsible, and healthy. Researchers, managers, NGO personnel, and other concerned groups and individuals have found it necessary to become advocates, but they often have little knowledge of or training in the subject.

To achieve this, the India HIV/AIDS Alliance in partnership with MAMTA, SASO (India) and HASAB (Bangladesh) has been implementing a project to improve the reproductive and sexual health and rights of young people in Asia ("Community Action for Sexual and Reproductive Health and Rights Policies in Asia".) with support from the European Commission.

The project aims at developing innovative advocacy mechanisms for linking youth organizations/ groups in India and Bangladesh, and increase civil society organizations' and young people's capacity to participate in and influence SRHR policy and programming, including HIV and AIDS, locally, nationally and regionally.

For this purpose, the project conducted two important activities to assess the present status on both the kind and type of material available to build skills on advocacy and also the present capacity of these CSOs to undertake such advocacy initiatives.

1. **CSO capacity assessment in India and Bangladesh:** This activity mainly identified the current capacities of a selected group of CSOs in India (from Uttar Pradesh and Manipur) and Bangladesh on skills required to conduct advocacy around SRHR issues on young people (including those from key populations).

2. **Desk review of existing advocacy material:** This desk review considered the existing training modules and training support materials on SRHR-related advocacy. The purpose of this activity was to identify and review existing SRHR training modules to avoid duplication, identify useful examples and sections for adaptation and to fill current gaps in the existing tools.

The review of material clearly brought out the fact that a wide range of advocacy documents is available. Most of them are quite comprehensive and necessitate that the intended audiences have good understanding of SRHR and youth issues as well as familiarity with the process of advocacy.
The review also showed that there was a need to adapt case studies or introduce ones that are more specific to the region of intervention (South Asia) and with which the intended users can identify. Importantly these case studies provide an opportunity to introduce issues that will actually be addressed through this project and discuss advocacy plans and strategies around them.

Another significant gap is the lack of specific guidance on 'involvement/participation of young key populations and on SRHR/HIV convergence-related advocacy. Though every document mentions the participation of these groups, none of them provides concrete steps or direction.

Based on the findings of the capacity assessment and the desk review, with leadership from MAMTA, project partners developed a draft curriculum during a workshop in Dhaka in July 2009. The outline, content and main messages were finalized and context-specific case studies documented. The draft curriculum was subsequently pilot-tested through workshops with CSOs in Bangladesh, Manipur and Uttar Pradesh before it was finalized.

3. The Curriculum – purpose

The Training curriculum is developed with the view that community-based advocacy is a crucial intervention, and that much more needs to be done to equip groups, networks, and organizations at the grass root level with the information and advocacy skills to demand that community needs and priorities be addressed.

The training curriculum aims:

1. At facilitating development of understanding and skills on :
   - SRHR-HIV issues with focus on young people and particularly those from vulnerable population groups
   - Approaches that can facilitate participation of youth particularly those from key populations
   - Undertaking result focused advocacy,
2. At guiding preparation of context specific advocacy plan and
3. At facilitating planning and organizing trainings on SRH-HIV convergence advocacy.

Audience:

Participants: This curriculum was developed for training of CSOs from a range of areas of expertise that have an interest or plan to engage in advocacy related to young people's SRHR. No prior experience in SRHR, HIV or advocacy is necessary to follow this curriculum.

Trainers/facilitators: It is expected that at least a team of two trainers would be conducting this training. In addition to prior experience in facilitating trainings, the team of trainers should have experience and expertise in both advocacy and sexual reproductive health and rights of young people. The division of the sessions between the trainers should be based on their comfort and expertise. The trainers should meet at the end of each day to review the day's work.

This curriculum aims at comprehensively including and addressing the particular needs of young people from key population communities – their specific SRH needs, their vulnerabilities, their engagement in advocacy and their empowerment. Although it may not always make the differentiation, the curriculum's references to 'young people' infer to include and emphasize young people from key populations.

4. The Curriculum – structure

The module is intended for three and a half days of training.

Session One: Young People's Sexual Reproductive health and rights: This session provides an overview of key SRHR-related concerns of young people from a gender and rights perspective. At the same time, participants are given an opportunity to talk about sexuality and related issues while exploring their own values and attitudes towards this. The participants will thus develop a better understanding of the convergence/integration of SRHR and HIV.

Session Two: Understanding Advocacy Concepts and Processes: In this session, participants will be exposed to different definitions of advocacy, concepts and processes. Participants will develop a better understanding of various definitions and processes involved in advocacy action.

Session Three: Various Steps in an Advocacy Initiative: The session focuses on providing a good understanding of various steps involved in advocacy and takes the participants through 'hands on' skill-building on various steps.

Session Four: Message Formulation and Information Packaging: In this session, participants will learn the skills to formulate an advocacy message and the right kind of message delivery tools to support their advocacy efforts.

Session Five (a): Partnering with Media: Public communication is an essential component in an effective advocacy campaign and the media is an essential tool for reaching stakeholders with key message/s. In this session, participants' skills will be built to establish, maintain, and promote constructive relationships with the media.

Session Five (b): Building Partnerships for Advocacy: Networks can play an important role in public education and advocacy for young people's sexual and reproductive health and rights. In this session the participants will not only explore and discuss the reasons for forming advocacy networks but will also learn about essential aspects of structuring and maintaining networks. Participants would also share their own experiences in this area.

Session Six: Participation of young people and key populations in Advocacy Work: This session provides ways of creating an enabling environment for meaningful participation of youth and young key populations in advocacy and decision making. In addition, the session will help participants to develop understanding on various key elements and changes required at organizational level for the meaningful engagement of young people and YKPs in advocacy and decision making processes.

Session Seven: Measuring Advocacy: This session aims at providing an understanding of measuring advocacy efforts and the development of appropriate indicators.

Session Eight: Developing an Implementation Plan: This session focuses on building skills of participants for preparing feasible advocacy action plans.

Each session in the curriculum is organized in the following way-

- **Session Introduction:** This includes a brief on the session's theme, learning objectives, activity topics, suggested time for each topic and preparation required for the session.
- **Activities:** Each session has a set of activities with an aim to bring in various participatory approaches for effective adult learning. Estimated time is provided for each activity, but changes in time limit and deadlines may be important depending on the background and skills of the training participants.
- **Handouts:** Wherever needed, handouts are provided at the end of each session. These provide the participants a summary of messages/information shared during the session and act as a reference during some of the activities.
- **Suggested reading material:** This section provides facilitators with useful reference reading material for preparation of relevant activities and for moderating/facilitating discussions.

Each training day is scheduled, on an average, to be an eight hour working day, of which about 6.5 hours are spent in training sessions. Each day can be started with 15 minutes recap and ended with a 15 minutes wrap up.

Evaluating and follow up: An end of the training evaluation form needs to be prepared in advance to enable the trainers to assess overall satisfaction of the participants at the end of the training and to improve future trainings. A suggested format will be provided as annexure. Another way to evaluate the training program is to review advocacy implementation plan developed by the participants during the last session to assess how well each theme of the training has been incorporated.

5. Training Techniques

A number of training techniques are proposed for effective training. These have been selected to promote adult learning through the use of participatory methods. For the guidance of the facilitators a few techniques have been explained below:

I. Brain storming

Description

This is a participatory technique used to stimulate creativity and out of box thinking of a group of participants. The participants are invited to spontaneously give ideas, comments, phrases or words related to the topic or a selected component of it. Participants may be invited to suggest factors/elements of an issue or possible solutions to a problem. During brainstorming, participants should articulate one idea at a time. They should be discouraged from giving long explanations or justification for what they say unless it is asked for. In brainstorming session, nothing is right or wrong. Participants should contribute freely to the discussion.

Uses

- Opportunity for participation by many in the workshop to think and reflect about a new topic.
- Varied ideas are raised over a short period of time.
- Opportunity to be imaginative/creative and to think out of the box.
- As an icebreaker at the start of a session/module.
- Draws in participants who are reluctant to talk.
- Contributions can be made without any inhibitions.

Things to be aware of before deciding to use Brainstorming

- The technique demands discipline in order to overcome the temptation in most people to pass judgment on ideas of others as soon as they are revealed.
- Do not criticize, pass judgment on or reject contributions, however wild the responses might be. Create a "safe space", where all contributions are welcomed and more participants are encouraged to contribute.

Process

1. Divide the participants in groups or treat the entire group as one.
2. Introduce the topic. Ensure that the goal/objective of this exercise is understood by the participants.
3. Write all responses as they come up without comments or questions.
4. If used in sub groups, the ideas can be recorded by a volunteer in each group.
5. Presentation of the ideas given by the participants.
6. Evaluate and consolidate the ideas presented, based on/referring to the goal/objective of the exercise.
7. Summarize the discussion.State that there are no wrong or right ideas in a brain storming session.

II. Small group discussion

Description

A small group discussion is an activity that allows learners to share their experiences and ideas or suggest solutions to a particular problem. If there are 3-4 small groups and each group is given a different task to discuss or work on, then in a short time 3-4 problems can be addressed. If this is the case, then small group discussions should be followed by a plenary discussion so that all the problems are presented to all the participants.

Uses

- Enables participants to present their ideas in small groups. Discussions are less inhibited than in a larger group discussion,
- Reluctant participants are able to contribute since they feel less threatened in a small group,
- Enhances problem solving skills,
- Helps participants to learn from each other,
- Gives participants a greater sense of responsibility in the learning process.
- Promotes team work,
- Clarifies personal values,
- Participants develop greater control over their learning and
- Participants are less dependent on the trainer.

Things to be aware of before deciding to use small group discussion

- The task given to the group should be very clear.
- Only limited objectives should be assigned which can be completed in a short period of time.
- The group should be aware of time limit for the discussion.
- Participants should be able to listen to each other even if they do not agree to what others say.
- Group discussion should not be dominated by any one or two people.
- Group size should be of 4-7 people.
- Questions help the discussion.
- Everyone should be encouraged to participate.

Process

1. Arrange the participants in a small group.
2. Introduce the task that describes what should be discussed in the group.
3. Ask each group to designate a discussion facilitator, a recorder and a person to present the group's findings to the larger group.
4. Check to make sure that each group understands the task.
5. Give the group time to discuss-this should not require the trainer's involvement unless the participants have questions for the trainer.
6. Have one person from each group summarize the findings of the group (this could be a solution to the problem, answers to a question or a summary of the ideas that came out during the discussion).
7. Identify differences and common themes among the different groups.
8. Ask the participants what they have learned from the exercise.
9. Ask them how they might use what they have learned.

Note: There will be several small or large group discussions during the course. The groups should choose different presenters, chair persons and rapporteurs for each. This will provide the participants experience of these assignments in meetings.

III. Case study

Description

A case study is a written description of a hypothetical situation that is used for analysis, critical thinking and discussion. The purpose of case studies is to illustrate good and/or bad practice in dealing with an adolescent who has a particular health problem. Within the time available, it is possible to lead the case studies in a number of ways. Always remember to allow the participants sufficient time for reading. Because some can read faster than others, it helps to keep the fast readers occupied while waiting for the others to finish. At the same time it is important to avoid putting pressure on those who are slow readers.

Uses

- To discuss specific problems in a given situation.
- Provides an opportunity to develop problem solving skills.

Advantages

- Participants can relate to the situation,
- Involves an element of mystery and.
- In a hypothetical situation, there is no risk of getting personally involved.

Things to be aware of before you decide to use a case study

- The case must be closely related to the topic under consideration and to participant's work experience.
- Problems are often multi faceted and present conflicts of interest or situations.
- There is not always just one right solution.
- It requires a lot of planning, time and knowledge of participant's reality if you have to write the situation yourself.
- Discussion questions need to be carefully designed to allow focused discussion.

Process

1. Introduce the case study.
2. Give participant's time to be familiar with the case.
3. Avoid discussing questions in great detail or solving the problem.
4. Give participants time to find solution(s) for the problem(s).
5. Invite participants to present their solutions/answers.
6. Ask the participants what they have learned from the exercise.
7. Ask them how the case might be relevant to their own environments.
8. Summarize.

IV Role play

Role-play is one of the tools used in the training course to offer hands-on experience. This experience allows the participants to discover some one else's point of view while looking at the world through another person's eyes; personal challenge in finding ways to express ideas and emotions as another person. They find out for themselves how well they handled the situation and learn from the feedback provided by the observers as well.

Uses

Role-plays are primarily for teaching communication and counseling skills, and they offer the practical experience of actually using those skills. Role-play is a general term, which refers to the dramatic process of taking on the characteristics, behaviour or attitudes of someone else- a character in the play.

Advantages

It is the gap between the actual person and the character which gives a role-play its creative potential. There are several rules, which help in maintaining the distinction:

Things to be aware of, before you decide to use a case study:

- It is important that the role-player does not identify too closely with the character he/she is playing.
- Be clear about your role, and about your responsibility within the role-play.
- Be open to, and aware of, the roles and responsibilities of others within the group during the role-play.
- Check that you are clear about the purpose of the whole role-play.
- The emphasis will be on play and fun, the dramatic development of a character and a story, and the creation of theatre.
- Accept feedback regarding the way in which you portrayed your character as well as specifics about your character. Do not take the remarks personally.
- Although the participants should have the maximum opportunity for role playing, they may feel less inhibited if the facilitator begins by very briefly demonstrating bad practices in a role play which the group may find easy to criticize.

Process

- A role-play is assigned to a pair or a group of participant's. The role-players are requested to choose a character in the role-play. It is not necessary for women to play female characters or vice versa.
- They are requested to read the situation to know the character they will be playing.
- They are requested to act out the way the character in question may behave in a real life situation.

- They are instructed to demonstrate communication skills and use correct approach when needed and to bring out specific issues as per the requirements of the role-play situation.
- Rest of the participants are requested to observe the role-plays closely so that they can contribute to the discussion that will follow. What messages or communications are being transmitted, either verbally or through body language? How are the characters listening to each other? What quality of listening is apparent? What options are being employed for resolving the conflict?
- Role-plays are generally given 5-7 minutes only, since the idea is to practice communication skills and not completely solve the problem. However, Facilitators sometimes let the role-play go on for longer duration if some interesting point has come up that would give opportunity for discussion. Some role-plays need to cover specific issues and would need longer duration to complete.
- After the Facilitators announce to close the role-play there is a round of applause followed by feedback from the observers.
- In the end the role-players announce loudly that they are not the characters anymore and quickly de-role themselves.

V Value Exercise

Value clarification exercise is a good method to open up conversations, dialogue and reflection. Through listening to other's opinions and viewpoints and by explaining one's own viewpoint, it is possible to create new knowledge, both within the group and in the individual.

Uses

These exercises are used to break monotony, infuse energy and encourage participation in the group as well as they help in dealing with sensitive topics in an easygoing manner.
Value clarification exercises offer participants a chance to build up on their opinions and express themselves. The aim is never to establish what is right and what is wrong, but to show respect for all opinions and to learn to regard the diversity of ideas and values as a stimulus for a better exchange of views.

The following are some of the value games that are used for training purposes:

- The Hot Seat
- Four Corner Exercise
- Stand on a Line
- Rank Order Exercise
- Listing Exercise
- Unfinished Sentences

Advantages

These exercises offer participants a chance to build up and express opinions. The aim is not to establish what is **right** and what is **wrong**, but to show respect for all opinions. Also, they encourage participants to learn to regard the diversity of ideas as a stimulus for a better exchange of views.

Things to be aware of, before you decide to use a value exercise:

The trainer should remain neutral to the opinions and try to elicit as many aspects of a given problem as possible. Remember, there is no single, definite answer in such an exercise.

Training Methods and Exercises			
Method	**What is it?**	**When can I use it?**	**Comments**
Presentation	Facilitator does a presentation using audio-visual aids	To provide knowledge, information and concepts	One way communication. Good way to provide information / introduce a subject or summarize a session.
Discussion	Participants exchanging ideas for the purpose of reaching specific objectives	To increase knowledge, to improve communication skills and to test progress towards learning objectives.	Pre-defined objectives shared with participants prevent discussions from going astray. Useful with panel of participants or outside experts as well as with participants working in small groups.
Reading	Participants receive information from printed documents.	To convey information or concepts.	An efficient way to deliver large amount of material. Provides a permanent record of what the information giver wants to convey and thus becomes a reference. Method is the most effective when it includes immediate application to problems or projects, discussion or testing. Handout provides reading material and is for take-home. Only small portions are required to be read during this training.
Brainstorming	Participants generate and share ideas, in a non- judgmental environment, for the purpose of solving problems	While starting a new topic, it may serve as an icebreaker	It provides an opportunity for participants to be imaginative. Varied ideas are exchanged in a short period of time.
Role-play	Participants re-enact situations encountered in real life without a script	To understand the dynamics in communication skills; to analyze and model behaviors	It may be spontaneous or more structured with descriptions of character's role given to participants. Feedback after the role-play should focus on which behaviour worked and which didn't and why.
Games	Participants use data to solve problems, often in competition with each other	Many uses; to illustrate a point about learning, to develop skills in team work, to involve participants in training, to name a few.	Effective in breaking the ice, in changing pace or reaching objectives dealing with increasing knowledge and skills.

Personal plan of action	Participants prepare plans to apply skills that they have learned to their own life situations	To help apply new knowledge and translate it into concrete changes on the job.	Participants can do action planning at any time during a course. It is important to build the planning in an incremental manner. This way the participants are not overburdened towards the end of the workshop. The participants can also do a review of the work done during the entire workshop.
Value Games	Participants use their own values to understand.	They understand own value systems on critical issues of sexuality and gender norms	They help in dealing with sensitive topics in an easygoing manner.

Proposed Training Schedule**

Day	Session	Time
ONE	**Young People's Sexual Reproductive Health and Rights**	**5 hours**
	Understanding Advocacy Concepts and Processes	**2hours 30 minutes**
TWO	**Steps in an Advocacy Initiative**	**5 hours 40 minutes**
	Message Formulation and Information Packaging	**2 hours 15 minute**
	Building Partnerships for Advocacy	**2 hours**
THREE	**Partnering with Media**	**2 hours 15 minutes**
	Participation of Youth and Vulnerable Populations in Advocacy Work	**4 hours 10 minutes**
	Measuring Advocacy	**2hours 15 Minutes**
FOUR	**Developing an Implementation Plan**	**3 hours 15 minutes**

Session 1

Young people's Sexual and Reproductive Health and Rights

Introduction	This session provides an overview of youth sexual and reproductive health from a gender and Rights perspective. At the same time, participants will have an opportunity to talk about sexuality and related issues while exploring their own values and attitudes towards this. Through various activities, participants can expect to have a better understanding of issues of Convergence/Integration in context of SRH and HIV services and programs. An awareness of the sexual and reproductive rights is also provided through this session.
Objectives	**By the end of the session the participants will** • have an opportunity to explore and clarify their own attitudes and values on sexuality, • have a good understanding of key SRHR issues of young people, • have identified sources of vulnerability that can be addressed through advocacy, • understand the concept of SRHR/HIV convergence and • be aware of the key SRH rights (IPPF Charter on sexual and reproductive rights) and how these can be applied to practical advocacy work.
Activities	1A. Overview of key SRHR issues (45 minutes) 1B. Value clarification exercises (45 minutes) 1C. Power walk (15 minutes) 1D. Risk and vulnerabilities (75 minutes) 1E. Understanding convergence (60 minutes) 1F. Sexual and Reproductive Rights (60 minutes)
Time	**5 hours**
Preparation	**Handouts of IPPF Charter on sexual & repro rights** **Photocopies of case studies (Vulnerability and Risk)** **Photocopies of Rights situations (SRH Rights)** **PPT on various terminologies, ICPH (P o A), and MDGs** **PPT on Risk and Vulnerability** **PPT on Convergence/Integration** **PPT on Rights**

Activity 1A:
Introduction and Overview of key SRHR issues of young people

Time: 45 minutes

Objective:
To understand the project context and key SRHR issues of young people in the country (locale-specific where possible) and to identify areas for advocacy in the context of the project

This is the first activity and it is expected that a presentation would be prepared on topics provided below;

Steps

1. Prepare power point providing information on the following:
2. Represent each box as separate slide.

Demography *No. of young population in the country, state/district* *Sex ratio* *Education status* *Economic status/Employment* *Demographic dividend*	**Key SRHR issues** *Mean age at sexual debut* *Mean Age at marriage* *Childbearing/fertility* *Use of Contraceptive (include unmet need)* *Abortions* *STIs* *HIV* *(Include data from national surveys for each of the SRHR issue identified)*
Youth Key populations *Which groups are included in this category,* *Estimates of total numbers of young people recognized to be KPs and* *Vulnerabilities of KPs*	**Status of laws and legislations related to young people SRHR** *eg; access to contraceptives* *Legal abortions* *Age at marriage* *Consent for sexual intercourse* *Sex work* *Drug use* *Alcohol* *Same sex partners* *Access to HIV testing* *Consent for medical procedures*
Key national policies and programs addressing young people's health and development	**Status of health services (mainly public health services) and access of young people to SRHR services** *Highlight issues around access of youth and especially KPs to health services in the district/locally in the intervention areas*

3. Exhort participants to ask questions on the presentation.

Activity 1B:
Value clarification exercises
time: 45 minutes

Activity Objective: To clarify individual & group values and attitudes on sexuality

Steps

1. Begin by saying, "Before we start discussing advocacy, it is important that we all have a common understanding of young people's sexual reproductive health and rights. We all as individuals hold personal values and beliefs when it comes to sexuality and its gender dimensions. Before we start to work, it is important to clarify our own values on these issues so that these do not become barriers in our work with youth and especially those who belong to key populations. But first, we must create an environment in which everyone freely expresses his opinions."

Ask participants to think about what will make them feel comfortable about speaking openly and make it easier to participate fully during the session. Add to the list below:

- Discussions need to be respectful and not judgmental.
- If you are unsure about something that you want to share, ask!
- Free to ask questions,
- Free to tell facilitators when uncomfortable or tired,
- Not interrupted while speaking and,
- Personal experiences, opinions shared within the room should be kept confidential.

2. Share with the participants that they should start the session with an activity.
3. Give Clear Instructions to the participants.
   - ***The Hot Seat:*** The participants sit on chairs, in a circle. There should be one chair more than the total number of participants.

Clarify the rules:

- **If you agree with the statement, get up from your chair, cross the floor and exchange chairs with someone else who shares the same opinion.**
- **If you do not agree with the statement, remain seated.**
- **If you did not have time to make up your mind, then too remain seated.**

4. Prepare 10 to 12 statements on any topical theme, but be sure to deliver one statement at a time. You may start with less threatening phrases like:

- Life without music would be disinteresting
- It would be nice to live abroad for a few years

Some of the statements that can be used:

- Young people should stick to the prescribed social norms, no matter what their beliefs are.
- A girl should be a virgin when she gets married.
- I will not choose a girl who is not virgin, for my son.
- Homosexuality is another natural sexual orientation just like heterosexual orientation.
- Promoting contraceptives amongst young boys and girls will promote sexual act.
- A man who do not use condom does not care for his partner.
- Women have the right to decide on contraceptives.
- If I suggest using condoms, my partner will lose trust in me.
- All girls should have the choice of opting for an abortion ,if they do not want to keep the baby.
- All women have the right to access to safe abortion, irrespective of their age.

(The statements may be reframed or adapted depending on the cultural context. Use only five or six to keep the time)

5. After each statement, ask some of the participants to share their stance on the particular statement. Make sure, there is no internal discussion. Address the group collectively and enumerate the opinions elicited from the participants.

Summarize the activity by saying that we all, as individuals, hold different values and opinions. This is also true for the community, youth and the stakeholders that we work with. We need to recognize and respect different opinions but at the same time not let these become a barrier in our work. Sometimes we may be willing to set aside our values but, we still need to deal with cultural sensitivity of target groups and stakeholders. It is important therefore, to always consider how to make programs culturally sensitive.

Note for the facilitator: The Hot Seat develops concentration and stimulates the interest of the participants on a given theme. Through this activity, facilitator/s also recognize the values that exist within the group. Some of these issues can be taken up for discussion at various points during the training. Avoid getting into discussion or challenging any opinion expressed by the participants at this stage. It is important to establish an atmosphere where the participants feel confident enough to share their views and opinions honestly. Any misinformation or myth that appears to be held by the participant/s can be addressed at an appropriate opportunity during the training.

Activity 1C:
Power Walk
time: 15 minutes

Objective: To sensitize participants to power relations and to the experiences of marginalization by young people in the society.

Steps

1. Prepare a space in the room that is large enough for all participants to move around comfortably for this activity.
2. Make copies of one identity card per participant i.e., each participant should get one card. (e.g.; A pregnant rural girl, teacher, doctor, a woman living with HIV, transgender, a young girl who has experienced sexual violence, leader of the network of gay men, head of an NGO, a female sex worker, a male sex worker etc.).
3. Represent a line on the floor and explain that this is the starting line.
4. Hand out one identity card to each participant and instruct participants to read it without showing it to anyone else.
5. Give participants 1-2 minutes to familiarize themselves with their new 'identity'.
6. Instruct participants that you will read out a statement. If their answer to the statement is 'YES', they must take one step forward. If their answer is 'NO', they must take a step back. If they do not know what their answer is, or if the statement is not relevant to their identity, they must not move.
7. Read the following statement as an example: "I wear glasses." Everyone wearing glasses should take a small step forward, and everyone not wearing glasses should take a small step backward. Once everyone understands the rules, start the exercise by reading out the following statements.
8. Read out the following statements:

    - I can get warm clothes when the weather gets cold.
    - I went to or expect to go to secondary school and complete my education.
    - I can find out about the world around me through newspaper and television.
    - I am able to read a newspaper.
    - I am not living with HIV.
    - I have access to comprehensive reproductive healthcare.
    - I can influence the decision made at municipal level that affects me.
    - I get to meet visiting officials from government agencies with responsibility for youth, or HIV programs.
    - I get the opportunity to play, for leisure, to go for movies and spend time with friends.
    - I am in no danger of being sexually exploited or abused.
    - I can access primary health services if I need them.
    - I can protect myself from HIV.
    - I can pay for the treatment at private hospital, if necessary.
    - I can expect to be treated with respect at the health centre.
    - I am in no danger to be physically abused.
    - I sometimes attend workshops and seminars.
    - I have access to plenty of information about health issues that concern me.
    - I have access to social assistance if necessary.

9. By the end of this activity, participants will be standing at different distances from the starting line, where some are way in front of the others, and some have ended up behind the line, further back from where they started. With all participants standing in their positions, select some of the following questions to generate discussion:

   Who are those at the front? Why are they at the front?
   How did you feel watching others move ahead while you did not?
   What do you want to say to those in the other groups?

10. Lead a discussion on the 'individuals' left behind and the reasons for the same. Are they facing multiple levels of discrimination and why (e.g. poor, women, illiterate, HIV status, etc.?) Emphasize that:

    - Power-relations have a huge impact on who we are and what we can be.
    - For those who are left behind, it is impossible to catch up without specifically targeted assistance.
    - Resources and capacities alone are not enough. An enabling environment is fundamental to realization of people's rights/ potential.

11. End the activity by saying: 'Because communities are very heterogeneous, it is important to make deliberate efforts to reach the poor and the marginalized, especially the youth.' Share that you will discuss this issue in detail in later sessions when the participation of youth and KPs will be taken up.

Activity 1D:
Risks and Vulnerabilities
time: 75 minutes

Activity Objective:

1. To understand the sources of vulnerability of youth and especially young KPs and how advocacy can address them.
2. To identify areas for advocacy in the context of the project.

Steps

1. Divide the participants into 2 breakout groups. Hand out the case studies. Explain that each group will discuss case studies for 15 minutes and should answer questions asked at the end of the case study.
2. The facilitator can also use only one case study by reading it aloud and facilitating a brainstorming session on the questions provided at the end of the case study.
3. List the responses to each question separately and then use power point presentation to explain risk and vulnerabilities.

Note for the facilitator: Before distributing the case studies, the facilitator must spend some time to explain the difference between risk and vulnerability. (Refer to the reference reading material at the end of the session)

Case Study One

My name is Parvati. We are eight children in all. My mother and my uncle fought over property when I was eight years old. My uncle got us into debt and then left us. My family had problems. I wanted to study but no one encouraged me. My education was stopped as soon as I passed Class Five. At 15, I was married off to a man who turned out to be an alcoholic. A woman in the neighborhood, noticing our poverty, told me I could earn money by getting into sex work. She told me she made a living selling sex. I listened to what she said, but was reluctant to do it for fear of my husband and the elders in my family. A year later my husband passed away. I went to this woman and she introduced me into sex work. I was very careful that no one should come to know about it. Gradually our family finances improved through my work. Whilst I was a sex worker I delivered a boy and I got him educated through my earnings. Now I want to give up sex work. I want to stop because of the fear of AIDS. Earlier I did not know about this, but now I hear of many people getting HIV. I am afraid of leaving my son behind as an orphan if I get HIV. But I cannot see any other option for me till the time my son starts to support both of us.

1. ***List the situations which Parvati can control in above circumstances?***
2. ***List the situation which Parvati cannot control in above circumstances?***
3. ***What can Parvati do to protect herself?***
4. ***Which are the vulnerabilities that can be addressed through our project interventions? (This should be based on the experience of the CSOs and the strategies that CSOs have already used in the past).***

Case Study Two

My name is Najmus. I have one brother and two sisters. At the early age of seven I knew that I was attracted to boys. At the age of 13, everyone ridiculed me, calling me names. I never liked the way they treated me. I even thought of killing myself, but I learnt to be strong. I thought to myself that God is the one who made me like this and I should be proud of myself, however I am. I have, since then, left my home.

I just loved to wear saris and even now dressing like and feeling like a woman gets the best out of me. I have many lovers whom I meet often. We have heard about AIDS but do not really know how we can protect ourselves. I used to work in a small dispensary. The people there found out I was an MSM and I lost my job. Now I must sell sex sometimes to other men in order to survive. I wish that my community (other MSM) had other ways to make a living and hope that one day the world will treat them as equals because they are human too.
I want to return to my village and consider getting married and having a family in the future.

1. ***List the situations which Najmus can control in above circumstances?***
2. ***List the situation which Najmus cannot control in above circumstances?***
3. ***What can Najmus do to protect himself?***
4. ***Which are the vulnerabilities that can be addressed through our project interventions? (This should be based on the experience of the CSOs and the strategies that CSOs have already used in the past).***

Activity 1E:
Understanding 'Convergence'

Time: 45 minutes

Activity Objective: To understand the SRHR needs of young KPs,
To understand the concept and relevance of 'Convergence' within SRH and HIV services and programs and
To identify areas for advocacy.

Steps

1. Ask the participants to discuss the following situations in small groups (of three) (10 minutes) and share with the larger group how the services and /or community based programs could respond to the following situations. Each group should identify at least 3 services (could be information, counseling, referral etc.) required in each case and the place, where they would be accessible.

Situation 1: An unmarried woman in her second trimester seeks abortion.
Situation 2: A young man with STI asks for contraception counseling and services.
Situation 3: A very young couple comes to you; they got married some years ago. They come to you for family planning counseling.
Situation 4: A young transgender comes to the Drop in the centre with symptoms suggestive of STI.
Situation 5: A young couple comes for advice at Primary Health Centre (PHC). One of them has tested HIV positive, and they want to make sure that the other partner is protected.
Situation 6: A young woman who injects drugs has become pregnant after being raped.
Situation 7: A woman who injects drugs visits the Drop in center and tells the coordinator that she may be pregnant.
Situation 8: 18 year old HIV positive seeks advice on medicine and nutrition at the PHC nearest to his home.
Situation 9: A young woman testing negative, asks the counselor how she can safely have a baby. Her Husband is HIV Positive.

2. Ask each group to make a presentation in a plenary. Note key points emerging from the discussion on a flip chart. Ask relevant open-ended questions, if required. The purpose is to bring out the need for broader based programs and services that address the health needs of clients which include KPs and PLHIV.

3. Summarize the discussion by sharing that various changes taking place around us make it necessary for us to review our approach to programs and services and address the special needs arising out of these situations. One such approach is the greater convergence of SRHR and HIV in programs and policies. See reference material section xx for information.

4. **Make a PowerPoint presentation** presenting key concepts related to **Convergence.** Draw upon the responses shared by the participants during this activity. The presentation should provide a view on convergence from the perspective of KPs and PLHIV. (Refer to the reference reading material at the end of the session to prepare the PowerPoint presentation).

5. Share that 'Convergence' of programs and services is an important theme /issue for our advocacy work and that we will discuss more about this in later sessions.

Activity 1F:
Sexual and Reproductive Rights

Time: 45 minutes

Activity Objective:

1. To create awareness of sexual and reproductive rights and understanding on how these can be used as arguments in advocacy and
2. To identify areas for working with marginalized groups.

Steps

1. Start by asking the participants, "What do human rights mean to you? Share it in one word that you most commonly associate with it." Note the responses on the flipchart.
2. Share the definition of rights on the PowerPoint/flipchart.
3. List sexual and reproductive rights on a white board.
4. Read the situations given below, a case situation and ask participants to identify which sexual and reproductive rights of young people are being violated. Tick the relevant right written on white board.

Rights Situations
21 year old Meena is pregnant the third time. In the past she has had two miscarriages. She desperately wants a baby. But her husband wants a male child. He forces her to undergo a sex determination test at a private clinic. The test shows that the fetus is female. The husband forces her to undergo an abortion. 1. Which rights are violated in this situation? 2. As head of the CSO, what would you do to address this issue?
A 24 year young man is being forced by his parents to marry the daughter of their rich family friend. But he is in love with his best male friend and his family thinks something is wrong with him. 1. Which rights are violated in this situation? 2. As head of the CSO, what would you do to address this issue?
17 year old Haseena has been denied contraceptive services because she is not married. 1. Which rights are violated in this situation? 2. As head of the CSO, what would you do to address this issue?
A young woman living with HIV wants to have a baby. The doctor in the clinic tells her not to. 1. Which rights are violated in this situation? 2. As head of the CSO, what would you do to address this issue?
A young boy studying in class VII is asked by his teacher to stay back after school. He then abuses him sexually. He threatens him not to tell anyone about it or he would see that he is expelled from school. Now he often makes him stay back and have sex with him. The boy is scared and fears that if his parents come to know they will get angry and will not believe him if he told them what is happening. 1. Which rights are involved in this situation? 2. What would you do if you were his school Principal and had come to know of this?

A young boy studying in class VII is asked by his teacher to stay back after school. He then abuses him sexually. He threatens him not to tell anyone about it or he would see that he is expelled from school. Now he often makes him stay back and have sex with him. The boy is scared and fears that if his parents come to know they will get angry and will not believe him if he told them what is happening.

1. Which rights are involved in this situation?
2. What would you do if you were his school Principal and had come to know of this?

A 14 year old girl feels lonely and isolated because she is married to an older man in another village against her will. She knows that he has other sex partners, but he refuses to use a condom when having sex with her, because he wants her to have a child.

1. Which rights are involved in this situation?
2. What would you do if you were her school Principal and had come to know of this?

Summarize the discussion by covering the following-

A right is a claim that we are justified in making. For example:

Sexual rights are human rights. Sexual rights are constituted by a set of entitlements related to sexuality that emanate from the rights to freedom, equality, privacy, autonomy, integrity and dignity of all people.

- The rights of all people to decide freely and responsibly on all aspects of their sexuality, including protecting and promoting their sexual health, be free from discrimination, coercion or violence in their sexual lives and in all sexual decisions, expect and demand equality, full consent, mutual respect and shared responsibility in sexual relationships. We also have the right to say 'no' to sex if we do not want it.
- Reproductive rights: The rights of couples and individuals to decide freely and responsibly the number and spacing of their children, to have the information, education and means to do so, attain the highest standards of sexual and reproductive health and make decisions about reproduction free of discrimination, coercion and violence.

All people have rights and are called **right holders.** The people or entities who are obliged to deliver and ensure these rights are called **duty bearers.** Most of the time, **duty bearers are the states (government)** that are responsible for protecting people's rights and their access to these rights. States (government) are accountable to people and to the international community in terms of what they do to protect and deliver human rights in their countries.

Handouts

IPPF Charter on Sexual and Reproductive Rights

The Right to Life

IPPF recognizes and believes that all persons* have a right to life and that no one shall be arbitrarily deprived of their life. IPPF further recognizes that genocide is a crime under international law, and that, this applies where measures including family planning are imposed which are intended to prevent births within a national, ethnic, racial, religious or cultural group with the intention of destroying, in whole or in part, that group, and, therefore, commits itself to the following:

1.1 No woman's life should be put at risk or endangered by reason of pregnancy. This right refers in particular to avoidable deaths – especially to the need to reduce the risk factors for high-risk pregnancies, such as those which are "too early, too late, too close or too many".
1.2 No child's life should be put at risk or endangered, particularly not by reason of her/his gender.
1.3 No person's life should be put at risk or endangered by reason of lack of access to health care services and/or information, counselling or services related to sexual or reproductive health.† *AND further commits itself to taking all steps to ensure the attainment of the following right:*
1.4 The right of all girl infants to be free from the risk of female infanticide.

The Right to Liberty and Security of the Person

IPPF recognizes and believes that all persons have a right to liberty and security and, therefore, commits itself to the following:

2.1 All persons have the right to be free to enjoy and control their sexual and reproductive life, having due regard to the rights of others.
2.2 All persons have the right to be free from any medical intervention related to their sexual and reproductive health saves with their full, free and informed consent.
2.3 All females have the right to be free from all forms of genital mutilation.*
2.4 All persons have the right to be free from sexual harassment. *AND further commits itself to taking all steps to ensure the attainment of the following rights:*
2.5 All persons have the right to be free from externally imposed fear, shame, guilt, beliefs based on myths, and other psychological factors inhibiting their sexual response or impairing their sexual relationships.
2.6 All persons have the right to be free from forced pregnancy, sterilization and abortion.

The Right to Equality and to be Free from all Forms of Discrimination

IPPF recognizes and believes that all human beings are born free and equal in dignity and rights, and also recognizes the right of women not to be discriminated against* by way of legislation, regulation, customs, practices, social and cultural patterns of conduct or other customs or practices, which are based on the idea of inferiority or superiority of either of the sexes or on stereotyped roles for men and women and, therefore, commits itself to the following:

3.1 No persons should be discriminated against in their sexual and reproductive lives, in their access to health care and/or services on the grounds of race, colour, sex or sexual orientation, marital status, family position, age, language, religion, political or other opinion, national or social origin, property, birth or other status.
3.2 All persons have the right to equal access to education and information to ensure their health and well-being, including access to information, advice and services relating to their sexual and reproductive health and rights, irrespective of race, colour, poverty, sex, sexual orientation,

marital status, family position, age, language, religion, political or other opinion, national or social origin, property, birth or other status.

3.3 All women and girl children have the right to appropriate nutrition and care throughout their life-span, and to be free from prejudicial, customary and all other practices that are based on the idea of inferiority or stereotyped roles for men and women and/or amount to discrimination against them.

3.4 No woman should be discriminated against in her access to education, information and/or services related either to development, or to her sexual and reproductive health and rights, including access to fertility regulation services, by reason that the consent of another is required.

3.5 No person should be subjected to any sexual or reproductive health care program which has the effect of discriminating against particular population groups.

3.6 All persons have the right to protection from all forms of violence caused by reason of their race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

3.7 All women have the right to protection from discrimination in social, domestic or employment spheres by reason of pregnancy or motherhood. *AND further commits itself to taking all steps to ensure the attainment of the following right:*

3.8 No person shall be discriminated against in their access to information, health care, or services related to their sexual and reproductive health, rights and needs, throughout their life-span, on the grounds of gender, age, sexual orientation or mental or physical disability.

The Right to Privacy

IPPF recognizes and believes that all persons have the right not to be subject to arbitrary interference with their privacy, family, home or correspondence and, therefore, commits itself to the following:

4.1 All sexual and reproductive health care services, including information and counselling, should provide clients with privacy and ensure that personal information given will remain confidential.

4.2 All women have the right to autonomous reproductive choices including choices relating to safe abortion.

4.3 All persons have the right to express their sexual orientation in order to have a safe and satisfying sex life, having due regard to the well-being and rights of others, without fear of persecution, or denial of liberty or social interference. *AND further commits itself to taking all steps to ensure the attainment of the following right:*

4.4 All sexual and reproductive health care services, including information and counselling services, provided should be made available to all individuals and couples, especially young people, on a basis which respects their rights to privacy and confidentiality.

The Right to Freedom of Thought

IPPF recognizes and believes that all persons have the right to freedom of thought, conscience and religion; that the right to freedom of opinion and expression includes the right to hold opinions without interference and to seek, receive and impart information and ideas via any media and regardless of frontiers and, therefore, commits itself to the following:

5.1 All persons have the right to freedom of thought and speech related to their sexual and reproductive lives.

5.2 All persons have the right to protection against restrictions on grounds of thought, conscience and religion to their access to education and information related to their sexual and reproductive health.

5.3 Health care professionals have the right to conscientious objection with regard to providing contraception and abortion services only if they can refer the client to health professionals willing to provide the service immediately. No such right exists in emergency cases where lives are at risk. *AND further commits itself to taking all steps to ensure the attainment of the following right:*

5.4 All persons have the right to be free from the restrictive interpretation of religious texts, beliefs, philosophies and customs as tools to curtail freedom of thought on sexual and reproductive health care and other issues.

The Right to Information and Education

IPPF recognizes and believes that all persons have the right to education and, in particular, to specific educational information to ensure the health and well-being of persons and families including information and advice on sexual and reproductive health and rights, and, therefore, commits itself to the following

6.1 All persons have the right of access to education and correct information related to their sexual and reproductive health, rights and responsibilities that are gender-sensitive, free from stereotypes, and presented in an objective, critical and pluralistic manner.

6.2 All persons have the right to sufficient education and information to ensure that any decisions they make related to their sexual and reproductive life are made with full, free and informed consent.

6.3 All persons have the right to full information as to the relative benefits, risks and effectiveness of all methods of fertility regulation and the prevention of unplanned pregnancies.

The Right to Choose Whether or Not to Marry and to Found and Plan a Family

IPPF recognizes and believes that the right to choose to marry and to found and plan a family is implicit in the right of all persons of full age* to marry † and to found a family without any limitation due to race, nationality or religion and, therefore, commits itself to the following:

7.1 All persons have the right to protection against a requirement to marry without that person's full, free and informed consent.

7.2 All persons have the right of access to reproductive health care services including those who are infertile, or whose fertility is jeopardized by sexually transmitted infections.

The Right to Decide Whether or When to Have Children

IPPF recognizes and believes that the right to decide whether or when to have children is implied by the right, that all persons have, to decide freely and responsibly the number and spacing of their children and to have access to the information, education and means to enable them to exercise this right, and further recognizes that special protection should be accorded to women during a reasonable period before and after childbirth, and, therefore, commits itself to the following:

8.1 All women have the right to information, education and services necessary for the protection of reproductive health, safe motherhood and safe abortion and, which are accessible, affordable, acceptable and convenient to all users.

8.2 All persons have the right of access to the widest possible range of safe, effective and acceptable methods of fertility regulation.

8.3 All persons have the right to be free to choose and to use a method of protection against unplanned pregnancy which is safe and acceptable to them.

The Right to Health Care and Health Protection

IPPF recognizes and believes that all persons have a right to the enjoyment of the highest attainable standard of physical and mental health and, therefore, commits itself to the following:

9.1 All persons have the right to the highest possible quality in health care including all care related to their sexual and reproductive health.
9.2 All persons have the right to comprehensive health care services including access to all methods of fertility regulation including safe abortion and diagnosis and treatment for infertility and sexually transmitted infections including Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS).
9.3 All persons, and in particular the girl child and women, have the right to protection from traditional practices which are harmful to health.
9.4 All women have the right to pregnancy and infertility counselling which empowers them to make their own decisions, based on information impartially presented.
9.5 All persons have the right to sexual and reproductive health care services as part of primary health care, which are comprehensive, accessible, both financially and geographically, private and confidential and, which pay due regard to the dignity and comfort of that person.
9.6 All women have the right to appropriate services in connection with pregnancy, confinement and post-natal health care, as well as adequate nutrition during pregnancy and lactation.
9.7 All persons have the right to the protection of health, and safety in working conditions, including the safeguarding of the function of reproduction.
9.8 All working mothers have the right to be accorded paid maternity leave, or maternity leave with adequate social security benefits.
9.9 Every person has the right to sexual and reproductive health care including the following rights: Information to know about the benefits and availability of sexual and reproductive health services and to know their rights in this regard.

Access to obtain services regardless of race, sex or sexual orientation, marital status, age, religious or political beliefs, ethnicity or disability, Choice to decide freely on whether and how to control their fertility and which method to use ,Safety to be able to protect themselves from unwanted pregnancy, disease and from violence, Privacy to have a private environment during counselling and services ,Confidentiality to be assured that any personal information will remain confidential, Dignity to be treated with respect, empathy, courtesy, consideration and attentiveness, Comfort to feel comfortable when obtaining services, Continuity to receive sexual and reproductive health services and supplies for as long as needed, Opinions to freely express views on the services provided –are our basic rights with regard to health and reproductive health.

The Right to the Benefits of Scientific Progress

IPPF recognizes and believes that all persons have the right to enjoy the benefits of scientific progress and its applications and, therefore, commits itself to the following:

10.1 All persons shall have the benefit of and access to available reproductive health care technology, including that related to infertility, contraception and abortion, where to withhold access to such technology would have harmful effects on health and wellbeing.
10.2 All persons shall be entitled to protection from and information on any harmful effects of reproductive health care technology on their health and well-being.
AND further commits itself to taking all steps to ensure the attainment of the following right:
10.3 All clients of sexual and reproductive health services have the right to access all reproductive technologies that are safe and acceptable.

The Right to Freedom of Assembly and Political Participation

IPPF recognizes and believes that everyone has the right to freedom of peaceful assembly and association and, therefore, commits itself to the following:

11.1 All persons have the right to assemble and to canvass for sexual and reproductive health and rights.
11.2 All persons have the right to form an association that aims to promote sexual and reproductive health and well-being.
AND further commits itself to taking all steps to ensure the attainment of the following right:
11.3 All persons have the right to seek to influence governments to place a priority on sexual and reproductive health and rights.

The Right to be Free from Torture and Ill Treatment

IPPF recognizes and believes that all persons have the right not to be subjected to torture or to cruel, inhuman or degrading treatment or punishment and not to be subjected to medical or scientific treatment without free and informed consent and, therefore, commits itself to the following:

12.1 All children* have the right to protection from all forms of exploitation and, in particular, sexual exploitation, child prostitution and all forms of sexual abuse, assault, and harassment, including coercion of a child to engage in any unlawful sexual activity, the exploitation or use of children in prostitution or other unlawful sexual practices and the exploitative use of children in pornographic performances and materials.
12.2 No person should be subject to medical trials or experimentation related to sexuality or fertility regulation methods or techniques without their full, free and informed consent.
12.3 All women have the right to protection from traffic in women or exploitation of prostitution of them.
12.4 All civilians – women and men – have the right to be protected from degrading treatment and violence in relation to their sexuality and reproduction, especially during times of armed conflict. *AND further commits itself to taking all steps to ensure the attainment of the following right:*
12.5 All persons have the right to protection from rape, sexual assault, sexual abuse and sexual harassment.

Reference Reading

Key Definitions:

Sex:
Sex refers to the biological and physiological characteristics which define humans as female or male. In general use in many languages, the term sex is often used to mean "sexual activity", but for technical purposes in the context of sexuality and sexual health discussions, the definition above is preferred.
Source: WHO Draft working definition, October 2002

Gender:

Gender refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.

Sexuality

Sexuality is a complicated part of each of us that includes physical and psychological expressions of pleasure and intimacy. Culture, religious beliefs, and family traditions, all affect who we are sexually. Sexuality may change with age, experience, and health conditions. (http://www.medscape.com/viewarticle/726602)

Reproductive health "….is a state of complete physical, mental and social well-being, in all matters relating to the reproductive system and its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so." (Paragraph 7.2)

Sexual health

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.
Source: WHO Draft working definition, October 2002

Sexual and reproductive health (SRH) refers to physical, emotional, social and spiritual well-being in those areas of life concerned with sexuality and having children. It includes our feelings and desires, sexual relationships and activities, having children, protecting ourselves from infection and making choices about our sexual and reproductive lives.

Components of SRH

1. Promote safe and responsible sexual behavior,
2. Increase dual protection and condom use,
3. Reduce mother to child transmission of HIV,
4. Reduce stigma and discrimination,
5. Minimize missed opportunities to increase access and coverage of services,
6. Build upon existing programs, structures and institutions and promote universal access to both,
7. Provide services for people living with HIV which meet their needs and respect their rights and.
8. Ensure cost-effective and efficient services while eliminating duplication and promoting coordination.

Risk refers to activities that put a person at risk of HIV or sexually transmitted infection (STI), unintended pregnancy or other harm; unprotected sexual intercourse is an example of a risk.

Vulnerability is a measure of the inability of an individual or community to control risk of infection. For example, a sex worker may not be able to afford to refuse unprotected sex for more money.

Key populations are those populations who are most likely to be affected by and to affect the spread of HIV. They are often excluded or marginalized communities and include people who use drugs, sex workers, men who have sex with men, transgender and people living with HIV. Key populations can vary depending on the epidemiological context and play a crucial role in the response to the epidemic.

Rights:

A right is a claim that we are justified in making.
All people have rights and are called **right holders**. The people or entities who are obliged to deliver and ensure these rights are called **duty bearers**. Most of the time, **duty bearers are the states (government)** that are responsible for protecting people's rights and their access to these rights. States (government) are accountable to people and to the international community in terms of what they do to protect and deliver human rights in their countries.

Why are human rights important?

Rights enable us to demand if necessary what we are entitled to as human beings. Human rights do not need to be earned and cannot be taken away from us.
Rights are associated with **Human Dignity** and **Respect for each and every person.**

Implementing human rights has three elements

Respect: nobody can violate my right: that is to refrain from interfering or violating directly or indirectly an individual's ability to enjoy a right;
Protect: Human rights protect the dignity of all people. When human rights are not protected, people can't achieve their full potential. In a public health context when people's rights are not protected, it becomes difficult for them to make choices that will lead to a healthy lifestyle. This can make people more vulnerable. This requires taking specific measures including punitive action to prevent other stakeholders such as non-state actors or other individuals from violating this right;
Fulfill: this means taking all necessary positive and proactive steps.

Sexual and Reproductive Rights:

The unique nature of sexual and reproductive rights
Sexuality is a natural and fundamental part of being human and as such affects every person's life. It is about our feelings, how we express our sexual life, and shape our identity.
(Young) women's freedom to make reproductive choices is critical for gender equality and development.
Sexual rights are essential for guaranteeing the fulfilment of reproductive rights

The Right to Sexual Health is the Ability to Enjoy:

- Enhanced quality of life and personal relations.
- Freedom from sexual abuse, coercion and harassment.
- Safety from sexually transmitted infections.
- Success in achieving or preventing pregnancy. There are many women in the world who want to have children but cannot have.

The Right to Reproductive Health is the Ability to:

- Reproduce and to regulate one's own fertility.
- Go safely through pregnancy and childbirth.
- Carry reproduction to a successful outcome through infant and child survival and well-being.

Challenges to sexual and reproductive rights are as follows:

Challenges operate at different levels:

- Health & population policies and education system often affect adversely on access to certain services and use of health services;
- While poor clinical standards and poor quality of care and health system reforms create barriers to availability and affordability of services.
- Community based stigma and discrimination, gender-based norms and attitudes hinder access to sexual and reproductive health information and services.

Some of the highlights of the reproductive rights laid down in the ICPD are:

- Concerned persons must exercise the right taking into account the needs of their living and future children and the community.
- Mutually respectful and equitable gender relations are crucial. For this, women should be involved in planning, implementation and evaluation of services.
- Gender inequalities can further be addressed by information, counseling and services for adolescent and adult men to facilitate their greater participation.
- Particular attention will be given to adolescents to deal in a positive and responsible manner with their sexuality.
- The complete incorporation of all related services in the primary health care system with efficient referral at least by the year 2015.
- Community and various groups in it must be actively involved in the process.
- Special attention must be given to migrants and displaced people who tend to be under-served and especially adolescents and women among them.
- Reproductive and Sexual security including freedom from sexual violence and coercion and the right to privacy.

Sexual and Reproductive Rights: IPPF's Charter

The IPPF Charter on Sexual and Reproductive Rights identifies a number of basic human rights, which may be used for advocacy in the area of HIV/AIDS.

The 12 rights of the IPPF Charter on Sexual and Reproductive Rights are sourced in international human rights law, based on the the dignity and worth of every person by virtue of being human. The major conventions behind the rights are The International Covenant on Civil and Political Rights, The International Convenant on Economic, Social and Cultural Rights, and in relation to sexual and reproductive rights such as The Convention on the Elimination of All Forms of Discrimination Against Women, the Women's Convention, (CEDAW), The Convention on the Rights of the Child (CRC).

The 12 rights in the IPPF Charter on Sexual and Reproductive Rights

- The Right to Life.
- The Right to Liberty and Security of the Person.
- The Right to Equality and to be Free from all forms of Discrimination
- The Right to Privacy.
- The Right to Freedom of Thought.
- The Right to Information and Education.
- The Right to Choose Whether or Not to Marry and to Found and Plan a Family.
- The Right to Decide Whether or When to Have Children.
- The Right to Health Care and Health Protection.
- The Right to the Benefits of Scientific Progress.
- The Right to Freedom of Assembly and Political Participation.
- The Right to be Free from Torture and Ill Treatment.

What is Convergence?

At the basic level, HIV-SRH convergence is defined as a very wide range of activities or processes, which are undertaken with an objective to provide a complete package to enable people to access services for HIV and sexual and reproductive health (SRH) which overlap. It entails mutual referrals and communication activities between these two services, enabling communication on HIV issues and relevant referrals within SRH settings and vice-versa.

Secondly, converging HIV and SRH services means paying attention to dual-purpose interventions such as diagnosis and treatment of reproductive tract infections (RTIs) and sexually transmitted infections (STIs), counselling and provision of male and female condoms, and prevention of parent-to-child transmission (PPTCT) services.

Thirdly, and more comprehensively, HIV-SRH service convergence means provision of partially integrated services such as adding voluntary counselling and testing to family-planning services, introducing family-planning services in HIV clinics, and providing SRH counselling, HIV counselling and life-skills and sex education in both.

Why Convergence?

The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. The inter relation between sexual and reproductive health and HIV/AIDS are now widely recognized. In addition, sexual and reproductive ill-health and HIV/AIDS share root causes, including poverty, gender inequality and social marginalization of the most vulnerable populations. The international community agrees that the Millennium Development Goals will not be achieved without ensuring access to SRH services and an effective global response to HIV/AIDS.

Stronger linkages between SRH and HIV/AIDS programs should lead to a number of important benefits. Much remains unknown, however, about which linkages will have the greatest impact, and how best to strengthen selected linkages in different program settings. However, the following benefits can be expected:

- Improved access to, and uptake of key HIV/AIDS and SRH services,
- People living with HIV/AIDS will have better access to SRH services tailored to their needs,
- Reduced HIV/AIDS-related stigma and discrimination,
- Improved coverage of underserved and marginalized populations with SRH services,
- Greater support for dual protection against unintended pregnancy and sexually transmitted infections (STIs), including HIV, for those in need, especially young people,
- Improved quality of care and.
- Enhanced program effectiveness and efficiency.

People who are most vulnerable to HIV - or key populations like sex workers, MSMs, TGs, or IDUs and their sexual partners, as well as those living with HIV, are likely to be of reproductive age and also may have an unmet need for family-planning and abortion services. Most key populations are marginalized and stigma is a significant problem for them, impacting on, among other things, their access to services.

Although there is increasing recognition of their right to sexual and reproductive health (SRH), women with HIV or from key populations are not always able to access the information and services they need. Stigma, lack of confidentiality, lack of health care provider knowledge, and having their rights subsumed by priorities to prevent peri-natal transmission, all act as barriers for people living with HIV and key populations to access SRH services. It is urgent that these barriers are addressed immediately. Family planning protects against unwanted pregnancy, reduces maternal mortality and unsafe abortion, reduces the number of HIV-infected babies, and reduces HIV-related infant deaths. Although these facts are well known, programming and funding in the areas of family planning and HIV remain largely vertical and often fail to include men.

Furthermore, making the realization of sexual and reproductive rights a key component of any efforts to address HIV is critical to ensure that vulnerability is addressed. Realising sexual and reproductive rights is about more than enabling access to services and information. Lack of sexual and reproductive rights are symptoms of gender, class and other inequalities and often acts as systemic barriers to effective HIV and SRH-related programming. They also create further disempowerment, preventing those affected from taking a full and active role in their communities, as well as having a negative impact on their broader health and well-being. By contrast, the realisation of sexual and reproductive rights, including choice, pleasure, joy and fulfilment, is inextricably linked to equity and empowerment, access to services and protection from violence.

Session: 2

Understanding Advocacy Concepts and Processes

Introduction	In this session, participants will be exposed to the different advocacy definitions, concept and processes.
Objectives	By the end of the session the participants will : Have understood advocacy as a concept Be able to identify key steps of an advocacy process Know the principles on which advocacy should be based
Activities	**2A:** Principles of Advocacy: Advocacy definitions and concept (15 min.) **2B:** Advocacy in Action (60 min.) **2C:** Listing Steps in Advocacy Process (45 min.)
Time	**2.0 hours**
Preparation	**Flip Charts, Chart paper, Markers and Sketch Pens, LCD projector or OHP** **PPT: Advocacy definitions and steps and** **Photocopy of the case studies**

Activity 2A:
Advocacy Definitions and Concept
Time: 15 Minutes

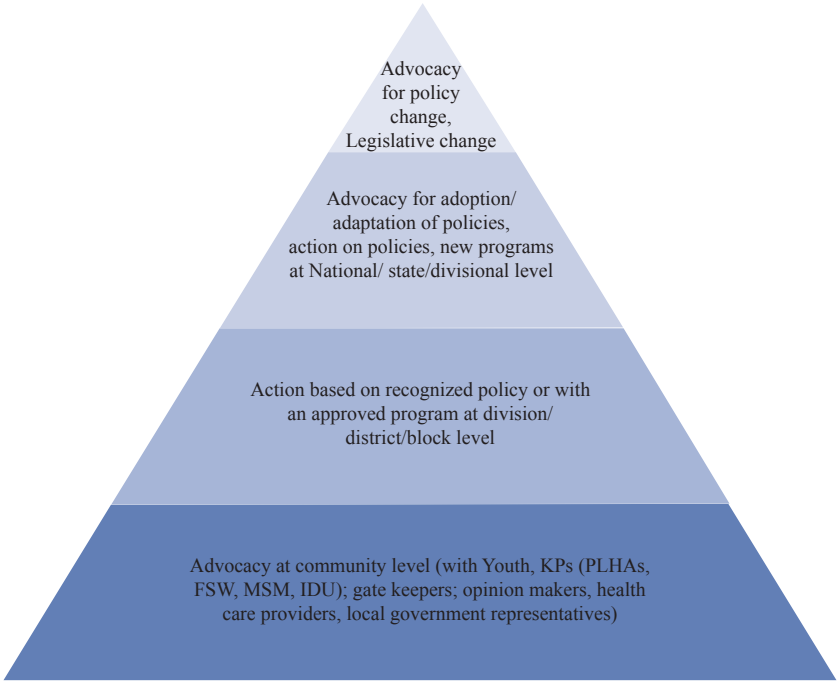
Activity Objective: Learn and understand the concept of advocacy and know its definitions

Steps

1. **Brainstorm** in plenary on the word advocacy. Ask participants to describe in one word/one statement on what they understand by the term **advocacy.**

Note the responses on the flip chart or the white board.

2. **Sum up** the responses by presenting the key definitions of advocacy. Explain that advocacy can be undertaken at various levels and may have many layers to it. In any project/advocacy initiative, it is important to identify at which level we want to make a difference/change.



Suggested Definitions

Advocacy is speaking up, drawing a community's attention to an important issue and directing decision makers towards a solution. Advocacy is working with other people and organizations to make a difference.

CEDPA

"Advocacy is an ongoing process to change values, attitudes, actions, policies and laws by influencing people and organizations (including the wider population in some cases), systems and structures at different levels."

Advocacy can be conducted at local, regional, national or international level and takes many different forms.

Activity 2B:
Principles of Advocacy
Time: 60 Minutes

Activity Objective: To discuss the Rights Based Approach and Social Justice Principles on which advocacy should be based

Steps

1. Start the activity by sharing the following situation:

Think of yourself as a senior staff /head of an organization working with young people, MSM, people who use drugs, sex workers, or people living with HIV/PLHIV (any one of these constituencies). You are now taking up advocacy on their behalf. A meeting of all the senior staff members of the organization is being called. You are asked to draw a list of the most important values or principles that may affect this advocacy work and present it in the meeting as the starting point for discussion. (These pertain to larger organizational level rather than about the issue per se.)

2. Divide participants into three or four large groups. Ask each group to brainstorm and prepare a list of important issues. Ask each group to make a presentation in the plenary.

Note for the facilitator: This may be an entirely new area of discourse for the participants. Guide them in coming up with appropriate responses by asking the relevant questions. If there is more than one facilitator, then they could support each group during the group work. Make sure that all of them have read through the reference reading material presented at the end of the session.

Activity 2C:
Listing Steps in advocacy
Time: 45 minutes

Activity Objective: To understand various types of advocacy and key steps in advocacy process

Steps

1. Share some examples (that participants can relate to) regarding an advocacy initiative or campaign that has resulted in visible change. These case studies/examples do not necessarily have to refer to a policy change or a national level change, but can include examples where change has been brought at local level by CSOs, CBOs or through participation of the target groups. The aim is to share such stories and motivate the participants that change is possible and also to help them to understand the concept of advocacy.
2. Explain that advocacy can be of two types: **Proactive and Reactive**
   Proactive advocacy is the skill of looking ahead and preparing your organization or program for long-term success. Instead of waiting for an issue, proactive advocacy involves reaching out to key stakeholders and working for change.
   Reactive advocacy, as the name suggests, is a reaction of response to issues/situations as they arise.
3. Divide the participants in to **two groups**. Distribute following case studies to the groups (one to each group):
4. Ask each group to go through the case study and find various elements of the advocacy process and discuss in the group (15 minutes).
5. Then ask the participants to answer the following questions:
   a. What was the issue that they were advocating for?
   b. What changes were they trying to achieve?
   c. What are the key steps involved in each of the case studies?
   d. Which elements of the definition of advocacy shared earlier, do you see in these case studies?

6. Summing up: Link up the discussion with why advocacy is required and how it contributes to policy /program development or change at system and community level.

Case Study One: The Abortion Law in Nepal

From once having one of the most restrictive abortion laws in the world, Nepal has now become one of the countries which have more liberal laws in the region in handling the issue of abortion. In 2002, abortion was legalized on demand in the first trimester and on grounds of rape and incest during the first 18 weeks. The procedure is also allowed any time during a pregnancy in case of a fetal impairment or when the mother's life is in danger.

Under the previous law, ending/termination of a pregnancy was illegal and a punishable act resulting in an almost complete ban on abortion. This in turn led to the innumerable procedures done in clandestine manner (secretly) and as a result unsafe abortion accounted for up to 50 per cent of all maternal deaths. Complications from unsafe abortion accounted for almost 60 per cent of all hospital admissions involving women. Apart from this, women were routinely sent to jail for undergoing abortion procedures. Many were also charged with the more serious crime of infanticide, which carried a sentence of life imprisonment — the same punishment as for murder.

Mounting for Change

The abortion law was changed through adoption of an anti-discrimination bill, put forward by women's rights activists, who were supported by health experts. The demand for the legalization of the abortion procedure emerged from the recognition that punishing those who sought abortion was unfair, discriminatory and violated women's human rights.

These views were based on two key sets of evidence: medical and legal analyses. Quantitative and qualitative data gathered by public health activists showed that unsafe abortion practices had resulted in death of thousands of women. Meanwhile, the legal analysis showed that women's rights to life, health, non-discrimination were violated by the government through the implementation of this law.
The process of law reform was led by Nepalese women who (1)developed strategic alliances between urban activists and women at the grass root level; (2) established strong linkages between national non- governmental organizations (NGOs) and international organizations through consistent networking and information sharing; (3) undertook awareness- raising campaigns by national NGOs and grass root organizations to generate a demand for legal reform; (4) targeted advocacy with government officials for the legal reform; (5) provided comprehensive technical input given by NGOs on the draft bill which was informed by laws in other countries; (6) raised public awareness about the harmful impact of abortion law through national advocacy campaigns across communities by use of radio, television and print media; and (7) engaged directly with the members of parliament on many occasions.

Some Stumbling Blocks

While history was made with the amendment of abortion law in 2002, its implementation has posed challenges. These include the failure of the government to ensure access to safe abortion services. Likewise, the law had no mechanism of accountability in cases when abortion is denied or a woman's need for abortion is exploited by illegal providers. Many women are also unaware of the specific provisions of the law. Women from low income groups, rural women, who form the majority of the female population are confronted by barriers to access services since they lack the economic means to obtain essential health services. In 2006, a **National Network for the Reproductive Rights of Women** was launched. The network consists of groups who worked together in support of the abortion law reform and those who specialize in research, service delivery, and legal advocacy. Today, these groups are collectively advocating for the introduction of a comprehensive abortion law to ensure women's access to reproductive health services and accountability for the violations of reproductive rights.

Case Study Two: Woman living with HIV wins, goes back to work

This is about the triumph of human spirit and perseverance, and about how a community can come together to dispel HIV-related misconceptions. Even though it took her sometime, this 28-year-old woman, who is living with HIV, as is her six-year-old daughter, managed to convince the villagers of Longe, Kolhapur, that neither she nor her daughter is a threat to society. This August, the Longe gram panchayat "respectfully requested her to return as an anganwadi worker and allowed her daughter to attend the village school."

The woman told TOI, "I am relieved that I can live with dignity. This is an important win."

It all started in early 2009. Sanjeevani Kulkarni, founder-president of the NGO, Prayas, which works for the upliftment and fair treatment of the HIV-affected, narrated the woman's story. "Her husband was first detected with HIV in early 2009 at the village primary healthcare centre. She too underwent the test. Both the woman and her daughter tested positive, though her older son did not," she said. "When the villagers came to know their status, they were not uncooperative. They helped the family in many ways."

Eventually, the woman's husband passed away in late 2009. Though she continued to be in good health, several eyebrows were raised at the fact that she was an anganwadi sevika. "Parents were worried that her proximity to their children would prove detrimental to their health and well-being and that her little daughter would pass on the infection to other children in the village school. Now these worries are neither scientific nor logical. Nevertheless, she was asked to stay home with the promise that her salary would be sent to her. Her daughter was denied admission to the school. When this state of existence was unacceptable to her, the woman left the village with her children," Kulkarni said.

She went to Mumbai this June and got in touch with the media, as well as various NGOs that work for people living with HIV. Her voice was heard and gradually the wheels of hope began spinning once again, especially when *Tehsildar* came to know the situation.

A meeting with the gram sabha of Longe village was initiated. Officials from the district HIV program, various NGOs, like the Network of Positive People, Lotus Medical Foundation, Red Cross Society, Sakhi Sanghatan and Jeevan Jyoti, as well as members of the Maharashtra State AIDS Control Society were present.

At the meeting, Sanjeevani Kulkarni and Pravin Naik, district HIV program officer, Kolhapur, put to rest every niggling suspicion and query in the villagers' mind. "The meeting lasted for over two hours, and we were successful in convincing the villagers that the woman and her child were far from being a threat," said Kulkarni. "The villagers promised to look after her and her daughter in every way."

Drupada Kumhare, *sarpanch* of Longe, said, "We are convinced that there is no way that one can get infected with HIV just by coexisting with a positive person." Deputy sarpanch Subhash Patil said, "We were afraid that our children could get infected if her daughter would play with them. But now we know that there is no such chance."

A village-level committee comprising of the *sarpanch,* deputy sarpanch as well as members of the village conflict redressal committee will support the woman. "She is in good health. And so far, there has been no need for anti-retroviral therapy for her," added Kulkarni.

Source: *From the Times of India, August, 19, 2010.*

Reference Reading

Principles of Advocacy

The Rights-based Approach: The rights-based approach (RBA) has marked a new approach to development. Following are some of the principles that come with the Human Rights approach.

Universality -

Human rights apply to everyone everywhere and under any circumstances! "All human beings are born free and equal in dignity and rights." The universality aspect is what distinguishes human rights from other acquired rights such as citizenship rights and contractual rights. In that sense, human rights are ***"inalienable*** in that they cannot be taken away from someone or voluntarily given up."

Non-Discrimination and Equality

"Everyone is entitled to all the rights and freedoms, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status." It is important to note that, in seeking to achieve equality, states might need to have affirmative action programs to help bringing equality to traditionally marginalized and disadvantaged groups.

Indivisibility

Rights are indivisible, and should be taken in a holistic way. No right is more important than another. For instance, we cannot negotiate with one group to get some rights and let go of other rights. Using RBA for development, we might set priorities to fulfill rights, but it does not mean that we let go of other rights.

Interdependence and Interrelatedness:

All human rights are closely interrelated and interdependent and affect one another. The right to education affects the right to work and the right to good health, and vice versa. This principle helps us to link the root causes of problems to the symptoms of the problem.

Participation

Participation means that everyone is entitled to freely and fully contribute to, participate in and enjoy political, economic, social and cultural development of their communities. The right to participate needs to be protected and guaranteed by the state and other entities.

From this reality of "what is," social justice advocates around the world have created different visions of "what should be" in a just and decent society. It is a society which:

Respects and protects human rights,

Respects and preserves the dignity of all people, regardless of differences,

Protects people from abuse, violence, and humiliation caused by communities and institutions,

Protects people from risk and harassment when they participate and exercise their rights,

Provides public space for people to challenge unjust behavior and

Engages people in decision making processes that affect their lives.

Principles for advocacy from the rights-based approach-Accountability

This principle is important for human rights. All people have rights and are called right holders. The people or entities who are obliged to deliver and ensure these rights are called duty bearers. We can think of anyone as a right holder as well as a duty bearer. However, most of the time, states are the duty bearers, responsible for protecting people's rights and their access to these rights. Most of the time, states are accountable to people and to the international community in terms of what they do to protect and deliver human rights in their countries. RBA also recognizes that other non-state parties could be duty bearers.

Accountability is done by having the state as the principal duty bearers do the following:

- Accepts responsibility for the impact it has on people's lives;
- Cooperates by providing information, undertaking transparent processes and hearing people's views; and.
- Responds adequately to those views.

Accountability, is a central piece in the rights-based approach as a framework for social justice advocacy. The accountability principle has contributed the most in helping development workers to establish their involvement in politics as a legitimate activity. Advocacy draws on this principle to engage citizen groups in the political process and frame the development process as a political one.

2. **Advocacy as empowerment:** It helps people realize their power, and use it to participate effectively in making and shaping public decisions. Advocating a cause by only using elites to talk on behalf of the disadvantaged and marginalized, no matter how well intentioned these elites are, results in having the marginalized and disadvantaged feel more disempowered and more dependent on others to claim their rights. Deep and strong involvement of those affected by the policy or issue especially disadvantaged and marginalized, serves the purpose that advocacy is a means to help people realize their power and give effective input in the decision making processes. In all of our advocacy work, we need to assess how much each activity and step can advance (or hinder) people's sense of power and their ability to influence public policies.

4. **Reshaping Power Balance:** Power is a very important – if not the most important – concept in advocacy. Many people describe advocacy as a power game in which the **powerless gain enough power to influence the power holders.** When you are advocating a cause, you certainly need to analyze the power structure and design strategies that should allow citizens, especially the powerless disadvantaged and marginalized groups, to balance out the current power holders.

   Taking the dimension of power into account is crucial to our advocacy work. Many groups, especially those who are disadvantaged, fragmented, or marginalized, may feel that they are totally powerless. When you ask why they have not taken any actions to address an injustice in their community, they may answer by saying, that a company is too powerful, or has too many connections, or too many people in the area work for them, etc. In other words, they see themselves as powerless and the other party as powerful.

5. **Inclusive:** Advocacy efforts should seek to be inclusive of all who support a just advocacy cause. The more advocacy campaigns are open to diverse people to join, the more successful they will be in bringing about a lasting change and in helping people realize their power.

Including everyone from the different sections and groups of society is certainly not the answer at all times. The real question is whether one or more of these groups should be with us at the table when we make decisions, but could not join either because of being invisible, or because of some rejection from others towards that group. Another question should be related to the level of their participation as we might just be happy with a token participation without really allowing them to play a leading role as needed.

6. Transparency

Transparency as a concept is closely related to Rights-based approach. Transparency provides information for active people to ask those who are responsible for public decisions about the rationale behind their decisions. Transparency is an essential means of holding public officials accountable.

For people to exercise their right to participate in the development process, they should be able to trace down the decision making processes that are used in making public policies that affect their lives. Transparency does not necessarily mean that ALL decision and the rationale behind them are made public all the time, as some decisions are sensitive ones. It should, however, create a system to make the process and rationale of making decisions visible to other parties that the public trusts to see and judge the legitimacy of such decisions.

7. Accountability

Accountability refers to the **obligation** to justify words and deeds to society in general, and to a specific set of internal and external stakeholders[3]. It embraces the actors, mechanisms and institutions by which civil society organizations are held responsible for its actions. It includes financial accountability and performance accountability more broadly. There is an increasingly more powerful dimension of accountability which goes beyond serving a functional purpose to focusing on long term impact and ultimate added value. Accountability comes in the core of what advocacy should do. While Transparency provides information for people to ask those who are responsible for public decisions, **Accountability requires public decision makers to assume responsibility for their decisions.**

8. Internal Accountability

We often hear of NGOs and CSOs that are busy focusing on holding public institutions accountable for their decisions and actions, while these very organizations do not make themselves accountable enough to their members and the public. Internal accountability of these groups is critically important for their power, credibility and legitimacy.

Questions that can help groups address issues of accountability include:

- *Who makes what kinds of decisions in the organization?*
- *How transparent and open is that decision-making process?*
- *To whom is leadership accountable once those decisions are made?*
- *For what are they accountable?*
- *What are the mechanisms by which they are or can be held accountable? For example – by periodic elections, annual performance reviews, etc.?*
- *How can we improve our internal accountability?*

[3] Civicus: World Alliance for Citizen Participation, Civil Society Watch, August/September 2003

9. Legitimacy

Legitimacy usually implies that an organization is authentic and is justified in its actions. Legitimacy could be derived from many sources, including membership, legal recognition, experience, or relevant knowledge of the issues at stake. Civil society organizations face a critical challenge in their justifications to voice their opinions or speak on behalf of others, especially vulnerable or marginalized communities.

The concept of legitimacy refers to perceptions by key stakeholders that the existence, activities and impacts of CSOs are justifiable and appropriate in terms of central social values and institutions.

Cause-Based Legitimacy

In advocacy, legitimacy is not only based on valid representation of a group of people or organizations, it is also based on having a legitimate cause. The question here is "is this a just cause to advocate for?

It is crucial to know that some causes might not be popular among the people in your community, or they may not be popular only in the beginning. Many widely accepted causes and values were not accepted in our communities in the beginning. Examples of such values are remarriage of women/girls some 200 years ago, or sex education today. Non-existence or rejection of some values does not necessarily mean that such values are not good in themselves. They might simply mean that we need to work hard for challenging the deep-rooted existing values and for building strong constituencies around them.

Session 3

Steps in an Advocacy Initiative

Introduction	This session is built on the learning from session two, where participants have learned about basic advocacy definitions and concept and session two, which focuses on the youth SRHR issues. The session taking lead from both focuses on various steps of advocacy. The various activities also help participants identify various requirements to do the effective advocacy on youth SRHR issues.
Objectives	By the end of the session the participants will • Be able to enumerate various steps in advocacy. • Develop skills to formulate feasible advocacy goal and objectives. • Identify various types of material used for advocacy.
Activities	**3A:** Identify and Prioritize issues for Advocacy **3B:** Formulate Advocacy Goals and Objectives **3C:** Identify stakeholders and Partners **Activity 3D:** Generate Evidence **Activity 3E:** Identify Advocacy Activities
Time	**4hours**
Preparation	• Print out of worksheets and handouts in advance. • Read and prepare from additional reading provided in the end of this session. • Prepare PPT on Understanding the Stakeholders.

Activity 3A:
Identify and Prioritize issues for Advocacy

Time: 1 hour

Activity Objective: Learn to identify key youth SRHR problems and issues to advocate

We have learned about the advocacy definitions and key steps from session one and understood the youth sexual and reproductive health issues from session two. In this session, the participants will go through the first few steps and learn to apply them in practical work. But as an advocate we cannot conduct or take advocacy on each of the issues. These issues and problems are always related to the context (local, regional or any other). Thus it is important to identify issue/problem which we want to advocate or one which we want to see change. The identification of the core problem/issue for advocacy is first step for conducting sound advocacy.

Steps

Now we will use the problem tree analysis exercise to identify the core issues of the problem. Constructing a problem tree will help participants identify the root causes and consequences of the problem and identify where exactly to intervene through the advocacy work.

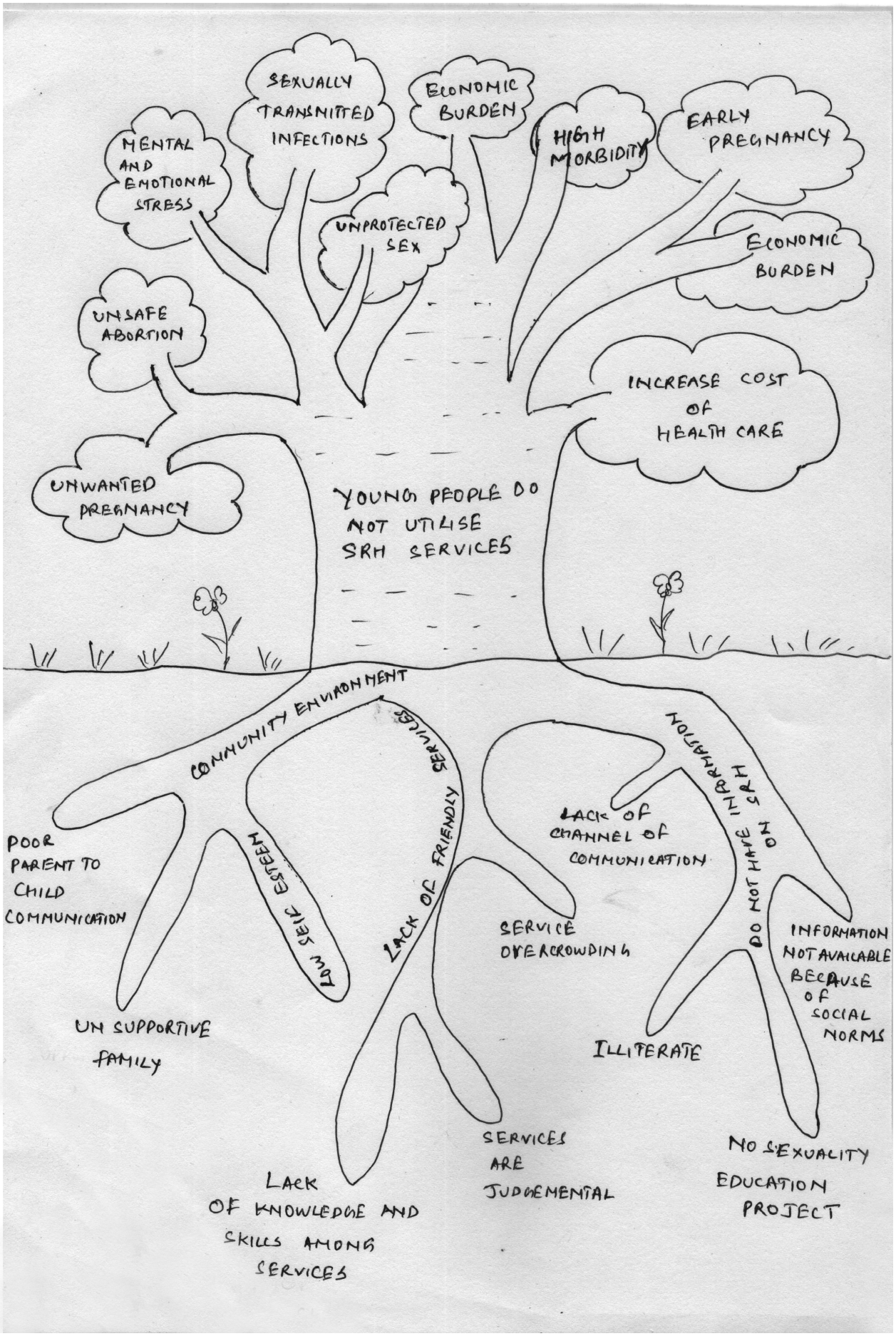
Exercise: The Problem Tree

1. The Problem Tree is a useful tool that helps us distinguish between these three distinct aspects: the problem, root causes and consequences.

   If we draw a tree:
   - **The trunk** is the **problem statement**
   - **The branches** are **Consequences or Result**
   - The **roots** are underlying causes for the problem

   Below is the example of a problem tree

   Problem statement: ***Young people do not utilize SRH services.***


SEXUALLY TRANSMITTED INFECTIONS
ECONOMIC BURDEN
MENTAL AND EMOTIONAL STRESS
HIGH MORBIDITY
EARLY PREGNANCY
UNPROTECTED SEX
ECONOMIC BURDEN
UNSAFE ABORTION
INCREASE COST OF HEALTH CARE
UNWANTED PREGNANCY
YOUNG PEOPLE DO NOT UTILISE SRH SERVICES
COMMUNITY ENVIRONMENT
POOR PARENT TO CHILD COMMUNICATION
LOW SELF ESTEEM
LACK OF FRIENDLY SERVICES
LACK OF CHANNEL OF COMMUNICATION
DO NOT HAVE INFORMATION ON SRH
SERVICE OVERCROWDING
INFORMATION NOT AVAILABLE BECAUSE OF SOCIAL NORMS
UN SUPPORTIVE FAMILY
ILLITERATE
SERVICES ARE JUDGEMENTAL
NO SEXUALITY EDUCATION PROJECT
LACK OF KNOWLEDGE AND SKILLS AMONG SERVICES

2. Divide the participants in two to three working groups (depending upon number of participants). Distribute flip charts and markers. Now ask each group to identify or choose an issue/problem (youth sexual and reproductive health and rights) that is relevant to their context or one that they are likely to address through their project/s. (30 min).

Some of the Issues for Group Work

1. *Young people do not get the required SRH services.*
2. *PLHIV do not access to public health services.*
3. *Services do not address the health needs of the KPs.*
4. *Non-conducive /non-supportive community environment for young people's sexual and reproductive health issues.*
5. *Young people from key populations are discriminated in health services.*

Encourage the participants to identify or construct their own problem statements.

3. Check with all the participants in each group whether the problem identified by them is commonly understood or they want to take up different problems/issues that are more rooted in their local and country context. Different groups could choose different core problems.

4. After this, each group makes a presentation in the plenary.(05 minutes for each group).

Important: The ***problem*** tree will be a reference point for the activities that follow, for example defining goal and objectives of the advocacy action. We will now refer to the problem tree exercise in identifying goals and objectives of the advocacy project.

Put up the problem trees on the wall of the training hall for next session on goals and objective.

Activity 3B:
Formulating Advocacy Goals and Objectives

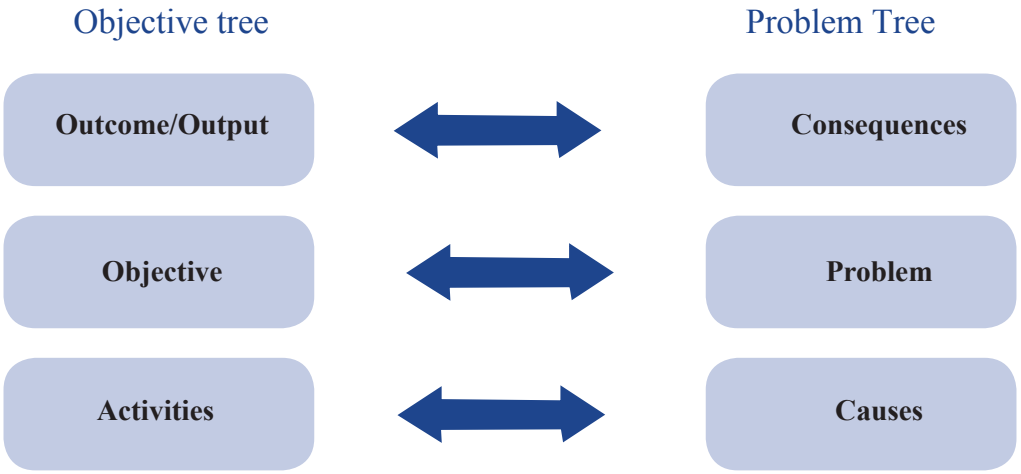
Time: 1 hrs 30 minutes

Activity Objective: Learn and understand the formation of advocacy goals and objectives

The purpose of this activity is to describe the range of potential solutions or improvements that can be made in relation to the problems that people are currently experiencing. This is simply done by transforming the problem tree into an objective tree, or by turning the negative statements in the problem tree into positive statements – which then make up the objective tree. The objective tree helps us visualize the situation that we would like to see existing in the future.

Steps

1. Refer to the problem tree developed during preceding activity. Explain to the participants that cause effect relationship of problem tree will become means-end relationship in the objective tree. Draw the following on flip chart/white board.



2. Explain that the purpose of developing goal and objectives is to ensure that an advocacy campaign is focused on a specific purpose and that changes that we aim to bring about through advocacy processes are clear.

Through a power point presentation, explain how to formulate an advocacy goal and objective.

An advocacy goal is the long-term result of your advocacy effort; it is the change you want to see. It is your vision or your dream. Participants should envision how the policy environment will be changed as a result of their advocacy efforts. For Example, will all people (including PLHIV) have access to effective SRHR services? Will the government draft, approve, and implement a national HIV/AIDS policy that takes into account SRHR services to PLHIV? These examples represent a long-term vision for policy change.

A**n advocacy objective** is a specific, short-term result that contributes toward your goal. A sound objective is specific, measurable, realistic, and time-bound. Often, advocacy campaigns work on two or more objectives simultaneously in their efforts to achieve a single goal. It is important that an advocacy objective identifies the specific policy body with the authority to fulfill the objective as well as the policy decision or action that is desired.

Clarify the relationship and differences between an advocacy goal and objective (10 min)

Share the following example

- **Goal** – To increase utilization of SRH services by YP till 2015.
- **Objective** –
  - o To advocate with District /State program managers/authorities for initiation of youth friendly health services in at least X PHCs in the district/state/division by 2012.
  - o To advocate with identified stakeholders for increased access to SRH information and health services through AEP in government schools, in X districts/states/division by 2013.

3. Ask each group to develop the goal and objectives and present them(30 minutes).

Tell participants that while formulating advocacy goals, they will focus on the SRH problem that they had previously identified in **problem** tree exercises. The advocacy goal also needs to be a result that can be attained by the implementation of the policy/program or commitment that they had identified. Reinforce the four **elements that should be kept in view while developing an objective.**

a) Policy/Program "actor" or decision maker
+
b) Policy/Program "action" or response
+
c) Outcome/Degree of change
+
d) Time

Ask participants if they have any other questions before starting to develop their own objectives. .

4. Now ask participants to revisit their goals and objective. Ask participants to make changes/ amendments based on the discussion.

Activity 3C:
Identifying stakeholders and Partners

Time: 45 minutes

Activity Objective: To understand the ways to identify stakeholders and characteristics of various stakeholders

We have learned to identify issues for advocacy in an activity during this session. And then we defined our objectives and goals of advocacy from these problems. To advocate for any issue, it is important to know about each institution, individual and organization that may play a very critical role, positive as well as negative. Thus it is important to carry out the identification and analysis of stakeholders who will be required to be addressed through advocacy efforts.

Steps

1. Power Point presentation on **Understanding Stakeholder (10 minutes).**

Stakeholders are…

- People affected by the impact of an activity and
- people who can influence the impact of an activity.

Stakeholders include all individuals and groups who are affected by, or can affect, a given operation. Stakeholders can be individuals, groups, or organizations.
It is useful to classify various stakeholders into sub-groups according to the role they may play in relation to advocacy activity. This is done on the basis of how relevant they are for the campaign and in what way they can influence its outcome or will be affected by its impact.

2. Take the example from problem tree analysis (Young people do not utilize SRH services.) Brainstorm for 10 minutes to identify all the possible stakeholders associated with this issue. List the stakeholders on a flip chart using the following matrix.

Advocacy Objective: To advocate with District /State program managers/authorities for initiation of youth friendly health services in at least X PHCs in the district/region/state by 2012.	
PRIMARY STAKEHOLDERS Those individuals and groups who are ultimately affected by an activity, either as beneficiaries (positively impacted) or adversaries (adversely impacted).	**SECONDARY STAKEHOLDERS** Other individuals or institutions with a stake, interest or intermediary role in the activity.

3. In the next step, discuss and demonstrate how stakeholder analysis is done. Draw the following stakeholder analysis matrix. Share the example below. Ask each group to draw a matrix and to fill it up for the three or four most important stakeholders identified in the previous step.

"Stakeholder analysis" is a term that sounds very technical. However, it denotes something rather simple, namely the basic concept of putting yourself into other people's shoes, of trying to understand how other individuals and organizations may think and feel, and of finding ways to get them on your side.

An example is shown below: (15 minutes)

Advocacy Objective: To advocate for the initiation of Youth friendly health services (AFHS) in at least X PHCs in the district/region/state by 2012.

NAME OF SHAREHOLDER	PROBLEMS	POSITION	POTENTIAL
	What are the main problems facing this group (and, more importantly, in relation to this particular problem)?	What is their position on this issue/what is their stand on the issue?	What power do they have to change the situation or to prevent change?
Young People	They do not have the time or money to leave their work /school and come to the health facility. They are fearful of disclosing their concerns because they may be judged , discriminated or the information will not be kept confidential.	Have greater access to young people related health services (condoms, counselling etc).	Positives: Some of the young people can potentially be part of the effort as peer educators, youth advocates.
Doctors and Support Staff	Do not perceive a problem or they are not aware that the young people need different treatment	Some of them are interested in improving services, others may show low level of interest as they perceive this as an additional workload And Are NOT concerned that young people DO NOT ACCESS HEALTH CARE SERVICES. Not sure of how to provide youth friendly services to young people	Positives: They have understanding of basic issues. Negatives: may not have sufficient knowledge and skills to deal with sensitive issues, lack Rights perspective, have judgmental attitude towards youth sexual health concerns.
District Health Officer/Chief Medical Officer	Day to day functioning of health system, ensuring availability of resources (financial and human)	Interested in enhancing coverage, demonstrating progress on certain components of the national health programs.	Has decision making power.
CSOs			
Department of health			

Ask the participants to now work together in the groups to develop a stakeholder matrix that is in line with the goals and objectives prepared by the group. (30 minutes)

Activity 3D:
Gathering Relevant Evidence
Time: 40 Minutes

Activity Objective: To learn about importance of evidence and its use in advocacy work

Doing background research for advocacy is much like detective work. There are many problems that are easy to detect and that are often common in different settings. But to have the best possible effect, you need to find the solutions that work best in the local community.

The key element of successful advocacy is finding the right evidence to back up demands. The data used to build up a case for advocacy, must come from sources that stakeholders consider reliable.

This activity will provide more understanding on methods of identification and generation of relevant data required for advocacy.

1. Refer to the problem tree and objectives and goals prepared by the participants. Give the following chart to the groups (same groups which prepared problem tree and worked on goals and objectives).
2. Ask the participants to prepare separate chart for each objective.

Advocacy Objectives:			
Information available	**Information Required**	**Possible Sources**	**Methods**
What is available for the advocacy work?	What data and Information is required to make advocacy effective?	Where will this be available?	What method is required to get the information?
Data on Young people's Vulnerabilities in NACO-BSS, and NFHS data	Problems at Local level and attitudes of service providers	District health system	Survey, Interview, Case studies of Positive young people

Discuss other possible sources of data collections and summarize the discussion on the importance to have factual data based information for advocacy work. If not reflected in the charts, emphasize the wide range of sources of evidence including qualitative evidence, such as community testimonies, case studies, media reports, consultation findings, etc.

Activity 3E:
Identifying Advocacy Activities
Timi: 45 Minutes

Activity Objective: To learn about various types of activities required for advocacy.

After the identification of problem and relevant stakeholders, one of the critical aspects for planning is deciding the number and types of activities required to carry out successful advocacy initiative. This session would enhance participants understanding on various types of activities any advocacy would require along with various types of stakeholders.

Steps

1. Ask participants to suggest different types of activities that might be used to reach out to identified stakeholders and thus achieve the advocacy objective identified in the earlier step. Taking the same example as in the previous steps, we will try to identify appropriate activities.

Share the following example

Identified problem/ Goal	Objective	Stakeholders	Activities
Young people do not access health services	To advocate with authorities for initiation of youth friendly health services in at least X PHCs in the district/region/ state by 2012.	Chief Medical Officer, District and State Health Department	One to One meeting with CMO and other doctors+ Press Release on Key issues
		Doctors, Auxiliary Nurses Mid wives	Sensitization meeting of Doctors, Cross Visit to other examples
		District authorities including CMO, DPM Counseling Unit, NGOs, Doctors, ANM, Village and panchayat leaders	Stakeholders Meeting
		District authorities	Advocacy Marches and rallies on days of special significance (e.g.; International Youth day, World HIV Day)
	To advocate with identified stakeholders for increased access to SRH information and health services through AEP in government schools, in X districts/states/ division by 2013	District Education officer,	One to One meeting with Education officer and principals
		Teachers	
			Sensitization workshops for teachers/principals/doctors
		Community Leaders and Parents	BCC campaign in the local community through drama, dance, or song performances
		All the above + Community and young people	Press Releases, Newspaper Articles

2. Tell participants that while deciding which activities they will use to reach their target audiences, they need to consider the audience's characteristics as it is an important aspect of deciding the activities to be used.

Now see if the activities that have been identified are relevant for the stakeholders by using the checklist below.

Audience Characteristics:

Size:	- Large - Small
Literacy:	- Literate - Low-literacy
Age:	- Young - Middle-age - Elder
Social and political standing:	- Government official, - Community/religious leader - Community member
Access to media:	- Access - Little access
Knowledge about the advocacy issue:	- Knowledgeable - Little knowledge

Ask participants if there are any other characteristics that would be important to identify before choosing an activity. Add to the Flip Chart list.

3. Now tell participants to identify the activities that are most appropriate for each of the stakeholders identified. When the presentations are made in the plenary, ask participants to explain why they think that particular activity is appropriate for that type of audience. It is important to share with the participants that given that, each audience will have multiple characteristics, each activity may be appropriate for several different stakeholders. (15 minutes).

Note for the facilitator: Remind the participants that the availability of resources is an important point to consider while deciding the activities.

Reference Reading

Reading for Activity 3A

What Is Advocacy

Advocacy as a process must have a clear direction and objectives. You need to know what you want to achieve, and you must have a plan of how you will achieve your objectives. This goal-orientation is another key component of advocacy.

Advocacy is not something you can do alone. The more people who share your concern and join you in asking for change, the better your chances of succeeding. Building up this support network is a crucial step in any advocacy campaign.

Advocacy is about making changes. If you read carefully the two definitions above, you will notice that they mention things like legislation, public policies, funding, or public perceptions of social norms. You may already have noticed that the changes advocacy is aiming at are not changes in individuals but changes on a larger scale: laws, policies, budgets and public perceptions.

Advocacy is a dynamic process involving an ever-changing set of actors, ideas, agendas, and politics. This multifaceted process, however, can be divided into five fluid stages: issue identification, solution formulation and selection, awareness building, policy action, and evaluation. (Note: This framework is not intended to correlate with the modules.) These stages must be viewed as fluid because they may occur simultaneously or progressively. In addition, the process may stall or reverse itself.

Reading for Activity 3B

An advocacy objective aims to change the policies, programs or positions of governments, institutions or organizations. Your advocacy objective is what you want to change, who will make the change, by how much and by when. Generally, the time frame for an advocacy objective will be 1-3 years. An objective is an incremental and realistic step toward a larger goal or your vision; it is not a general goal (increase family planning use among couples). Rather, the policy advocacy objective must focus on a specific action that an institution can take. An objective should be specific and measureable.

Elements of an Objective

1. Policy/Program “actor” or decision maker
   +
2. Policy/Program “action” or response
   +
3. Outcome/Degree of change
   +
4. Time

The **ACTORS** or decision makers are those who have some influence over whether the policy and program commitments are implemented (i.e., an official of the Ministry of Education , a principal of a secondary school, a district health official, etc.).

The **POLICY/PROGRAM ACTION** is the specific action or response the decision makers will take to either implement the policy commitment or address the key factors that are keeping the policy commitment from being implemented (i.e. allocate funds to support an initiative).

The OUTCOME is the amount of change desired. This will include deciding on:

Scope: At what level (institutional, community, district, regional, or national) is the advocacy campaign working to see change?

Scale: How much or to what degree of change are they hoping to see?

The amount of **TIME** refers to how long it will take for the decision makers to implement the actions and for the advocacy campaign to see outcomes.

Facilitator can also run the checklist on objectives if time permits to measure whether they are SMART or not.

Reading for activity 3C

Stakeholders are…

- People affected by the impact of an activity and
- People who can influence the impact of an activity.

Stakeholders include all individuals and groups who are affected by, or can affect, a given operation. Stakeholders can be individuals, groups, or organizations.

Definitions of Stakeholders

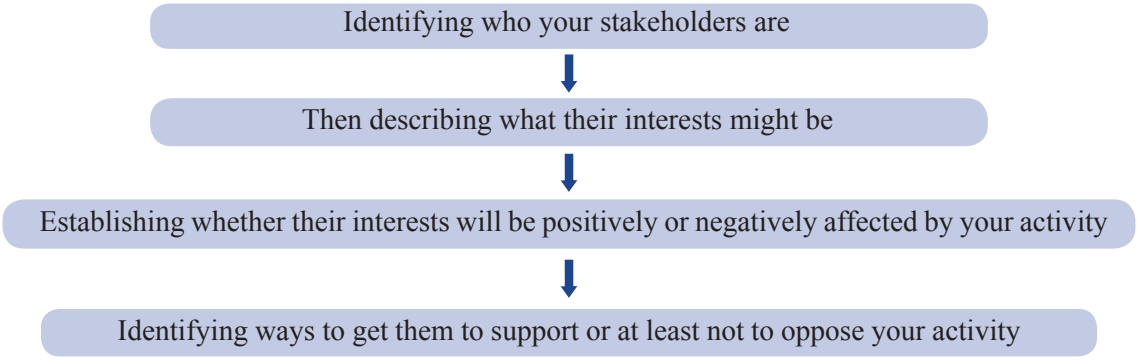
Primary stakeholders	Those individuals and groups who are ultimately affected by an activity, either as beneficiaries (positively impacted) or dis-beneficiaries (adversely impacted).
Secondary stakeholders	Other individuals or institution with a stake, interest or intermediary role in the activity.
Key stakeholders	Those who can significantly influence or are important to he success of an activity. 'Influence' refers to how powerful a stakeholder is while 'importance'refers to whether responding to their problems, needs and interests is a priority in the activity.
Beneficiaries	Those stakeholders who benefit directly from positive outcomes of your efforts. Sometimes they can help you advocate
Gatekeepers	Those who control access and have a significant influence Over the flow of information and thus the outcome of your efforts.They may be media representatives, teachers, parents, religious leaders, or others, Because of their power over the flow of information, gatekeepers are often very important to address when doing an advocacy campaign.

A stakeholder analysis can help to identify:

- *The interests of all stakeholders, who may affect or be affected by the project,*
- *Potential issues that could disrupt the project,*
- *Key people for information distribution during execution phase,*
- *Groups that should be encouraged to participate in different stages of the project,*
- *Communication planning & stakeholder management strategy during project planning phase and*
- *Ways to reduce potential negative impacts & manage negative stakeholders.*

Stakeholder analysis is a useful tool for identifying individuals and groups who may impact on your activity or who your activity may have an impact on, and for describing the nature of their stake, roles, and interests.

Steps in conducting stakeholders Anylisis



Why should Stakeholder Analysis be done?

There are many reasons why stakeholder analysis can be helpful for your work, be it for planning an advocacy campaign or for another activity.

Stakeholder analysis helps to:

- Identify people, groups, and institutions that will influence your work (either positively or negatively) and describe the nature of their stake, roles, and interests,
- Anticipate the kind of influence, positive or negative, these groups will have on your initiative and
- Develop appropriate strategies for each interested party to get the best possible support for your initiative and reduce any obstacles to successful implementation of your program.

As a result, it will be easier for you to:

- Get full support from those whose interests are in line with your activity,
- Get those on board who may be opposed to your activity by communicating benefits that suit their needs and
- Make sure that those who you cannot get on board won't put any obstacles in your way.

A stakeholder analysis facilitates many aspects of advocacy planning, such as:

- *Campaign planning*
- *Objective setting*
- *Message development*
- *Networking and establishment of partnerships*

It is especially important to keep in mind that:

- Your analysis is only as good as the information collected,
- Matrices can oversimplify complex situations,
- Jargon can be threatening to some,
- Beware of too subjective observation or over-interpretation – it always helps to work in groups and
- There is not one correct approach only – make it clear to your stakeholders (or trainees for that matter) that every situation requires flexibility and practical thinking.

Session 4

Message formulation and information packaging:

Introduction	The success of an advocacy campaign largely depends on how well an advocacy message has been created and presented to others and how well it conveys the change that we want to bring about. To do so, we may need to develop some advocacy materials. However, developing materials is not an end in itself – we only do it to support other advocacy efforts! In this session, participants will learn the skills to formulate an advocacy message to support their advocacy efforts.
Objectives	By the end of the session • Participants will be able to explain the key elements of advocacy messages and • Participants will be able to develop messages for identified audiences and choose an appropriate delivery format.
Activities	**4A:** Reviewing characteristics of effective advocacy message (45 min) **4B:** Formulating and delivering an advocacy message (90 min.) **4C:** Packaging information communication /messages (30 min.)
Time	**2 hours 15 minutes**
Preparation	• Collect examples of advocacy messages from newspapers, campaigns brochures, leaflets, posters. • Photocopy scenarios for the role play. • Advocacy communication material (e.g. , fact sheets, advocacy kits or briefing kits, newspaper articles, etc.)
Presentation Materials	PPT: What make an advocacy message effective? PPT: Packaging advocacy messages

Activity 4A: Reviewing Characteristics of Effective Messages

Time: 45 minutes

Activity Objective: To understand the characteristics of an effective message.

Steps

1. Tell participants that they will be reviewing different messages to see which one appeals to them. Refer to the four or five advocacy messages posted on newsprint paper around the room.
2. Ask participants to move around the room, reading the messages, and standing by the message that appeals most to them.
3. When all of the participants are standing by a message, ask them to brainstorm with the other participants who selected the same message about specific characteristics (i.e. what they like in the message) of the message that make it appealing.
4. Have each group present these characteristics to the whole group.
5. Lead a discussion on what characteristics seem most important for a good message. Ensure that the characteristics mentioned below come out in the discussion.

Effective Messages (Sample Responses):

- Use of facts and figures
- Use of real-life examples
- Appealing on a personal level
- Simple, concise
- Appropriate language
- A credible messenger
- Tone and language are consistent with message (serious or humorous)
- Call to action

6. Now ask the participants to answer the following questions about each of these messages:
   - What issue /problem is the message addressing?
   - Who is the audience for this message?
   - What is the call to action?
   - Can the message be improved or presented from another perspective?

Try to re-write the message if necessary, to ensure that it is an effective advocacy message.

7. Now write the following on a white board or chart paper -

You can divide a good advocacy message into four parts:
S - Statement
E - Evidence
E - Example
Action - Request for Action[1]

8. Explain the following to end the session:

"SEE Action" is not only the result of what one wants to achieve, it is also a recipe that can be used in formulating the message. Let us take a closer look at what this means;

You start your message by a statement that conveys the very essence of your issue. You follow by giving evidence to support your statement – this is where all those facts and evidence you looked for come in. Next, move to an example: this is where you can bring the issue to life; give it a human face, and get emotions involved. Finally, wrap it all up by requesting that your target audience takes action to improve the situation. You need to be quite specific here – your target audience should know exactly what you are asking them to do.

Important: Collate relevant brochures, posters, advertisement campaigns from the newspaper locally prior to the training.

Activity 4B:
Developing and delivering Advocacy Messages: Small-Group Work

time: 75 minutes

Activity Objective: To develop basic skills on formulating/writing/articulating an effective advocacy message.

Steps

1. Tell participants that they will now work in groups to develop advocacy messages for a specific target audience or stakeholder. Divide participants into small groups. Distribute a role-play scenario to each group. ***(The role plays can be developed based on the case studies presented below)***. Explain that each group will develop a 5-7 minute role-play demonstrating how it chose to develop and deliver relevant message/s on the issue described in the scenario. Allow the group 30 minutes to develop the role-play.

Remind participants that they should develop a clear and concise central message that they are able to communicate in about 5 minutes to the stakeholder.

2. Ask each group to present their messages—as a role play (face to face meeting with the stake-holder). After each role play lead a discussion based on the following questions:
   - What was the central advocacy message? Was it clear?
   - Put yourselves in the place of the target audience. Were you informed, persuaded, and moved to act? Why or why not?
   - What was most effective about this advocacy message?
   - Does anyone have any ideas for strengthening the message?
   - In addition to the words used, what else did the advocate do which helped him to convey his message / communicate better?

3. Sum up by reminding participants that an effective advocacy message is a critical part of a successful advocacy campaign and the time spent on developing an effective message is a worthwhile investment.

Note for the facilitator: It will also be interesting if two groups can be given the same issue but different stakeholders to develop messages for. For example – on the issue of sex education, one group can be asked to advocate with the School Principal and the other with the Director of the Education Board. This should bring up the differences in packaging of information for specific stakeholder/s.

Case Study 1

- *Ministry of health in your country had, two years back, devised a SRH program for young people which had provision for setting up youth friendly clinics in the Public health facilities. You do not see any progress on this front. Your organization has been invited by the 'Secretary- Health' for a special meeting on Youth Health and development. One of the key issues to be discussed is the provision of quality services in rural areas.*
- *You have been nominated by your organization to attend the meeting.*
- *Prepare a note listing the issues you are going to raise in the meeting and the information/ evidences you will provide in support.*

Case Study 2

- *You are the Secretariat for a network of non–government organizations working with sexual and reproductive health with a special focus on young people. Your country has recently witnessed a growing opposition for sex education. As a result the sex education curriculum has been withdrawn from schools. A committee has been constituted to look in to the curriculum and give recommendations on the contents of the curriculum. You have been invited by Chair of the committee to share with her the actual needs of young people. You are in favor of Sex education and would like to put across your views on it but you fear opposition by other invitees.*
- *Prepare a note listing the objections that people are likely to raise, and how best to respond to them.*

Case Study 3

- *You are the Media and IEC consultant for the organization. You want media to educate people on the Right of key populations to Sexual and Reproductive Health in the public health facilities. But most media houses do not find this a saleable/relevant issue and hence give no coverage to it. Your Director wants you to meet the editor of a leading newspaper and sensitize her on the importance of the issue.*
- *In briefing you about the editor, your boss alerts you that the editor does not hold very favorable views on issues related to key populations.*
- *She asks you to prepare a note listing the objections she is likely to raise, and how best to respond to them with evidences.*

Activity 4C:
Packaging advocacy messages
time: 30 minutes

Activity Objective: To demonstrate/share some examples of communication material developed for advocacy purpose.

Steps

1. Collate fact sheets, briefing kits /advocacy kits, brochures, reports, newsletters, case studies (especially those developed by organizations working on SRHR, youth) and share them with the participants in the plenary. Discuss the merits and limitations of each one of them and what should be the key considerations while deciding which ones to use in your project/campaign.

2. The template given below can be used to draw out a plan for packaging and delivering of advocacy messages.

3. Take the advocacy goal identified by the various groups during problem tree analysis and stakeholders identified thereafter. Fill in the following table.

4. Facilitator should continue with the same group who worked on the problem tree and goal objective exercise. (20 minutes)

Who are the Audience	
Action that you want the audience to take	
Message content	
Format(s)	
Time and place of delivery	
Messengers (Who will deliver the message)	

Reference Reading

Message Formulation (Developing Advocacy Messages) And Information Packaging

What is a Message?

Message is a word we often use in our everyday talk: we want to leave a message to a friend telling where we went; we may receive a message from a teacher, parent or a boss, asking us to come and see him or her. It is possible to send messages by mobile phones too. If you phone someone's house and find that they are not home, you can leave them a message to call you back.

What is common for all these messages is that they are **short and concise**. We do not call a long letter a message; neither would we call a book or a report a message. It is important to remember that not all of the messages are written down either. We may have just asked a family member of a colleague to ask them to call us. Most people would not write it down; they would just tell it once they see the person.

Message is an idea you want to convey to someone – the same idea can be conveyed with different words at different times. **Message can be written down, or it may be delivered when talking with someone. A message is conveyed successfully when the person you delivered it to, understands what you mean, and agrees to do what you asked him to do.**

Effective Advocacy Messages

DEFINITION
An advocacy message is collection of sentences that: Informs, Persuades and Moves the audience to action.

Essential Points For Discussion

An effective advocacy message is one that:

- **Informs** the audience about the advocacy issue or problem.
- **Persuades** the audience that the problem needs to be addressed,that the benefits of addressing it outweigh any risk, and that the proposed solution (s) are appropriate and effective strategies.
- **MOVES the audience to action,** A successful message is one that gives a clear call to action and inspires the audience to actually take the action (s) that are proposed,

Advocacy vs. BCC or IEC messages

- Advocacy messages are generally aimed at motivating people to take an action for collective good.
- BCC and IEC messages are aimed at educating and motivating people to take an action for their individual well-being.

For example, while BCC or IEC messages may focus on heightening knowledge about HIV and how one can protect oneself against infection, advocacy messages may focus on motivating others to ensure that programs and services are available for increasing awareness of the problem of HIV infection amongst a particular group.

Besides being simple and concise, effective messages also:

- Use facts and figures,
- Use real-life, human examples,
- Are appealing on a personal level,
- Use appropriate language,

- Use a credible messenger,
- Use tone and language that are consistent with the message (i.e. serious, humorous)and
- Provide a clear call to action.

Advocacy Message has a Formula!

With advocacy messages, we need to **be a little more structured** than with our everyday messages. Advocacy message is not a personal message anymore; it is the message from an advocacy campaign to the rest of the world – it tells everybody what changes the campaign wants to bring.

Let us imagine that we are trying to get a politician to support the inclusion of HIV prevention classes or adolescence education program into the school curriculum for 13 –16 year olds. Here is one example of how we could use the SEE Action formula:

Prevention that starts early is the best way to protect young people from HIV. Studies have shown that young people who have received accurate information on HIV prevention and responsible sexual behavior in early adolescence are less likely to be infected with HIV later in life. In Scandinavia, where young people who receive correct information about HIV, sexuality and relationship in school, have the best knowledge and skills to protect themselves. This is borne out by the fact that the incidence of HIV and unwanted pregnancies in this region is the lowest in the world. Young people in India and Bangladesh also have a right to knowledge and skills to protect themselves. To make this happen, we seek your support for the implementation of Adolescence Education Program in schools in Classes VIII to XII.

SEEING action is good, but there are variations to this format, too. The message may consist of only the statement, with evidence and an example. Another message may consist of only the statement, evidence and a request for action. You need to decide what form works best with your particular message.

In message development, you, in fact, further narrow down the objective of your campaign. You try to concentrate the very core of your campaign into a short, clear message. Try not to include more than three points in your message – the best and most effective messages have one main point only. The most common mistake in any campaign is to try to communicate too many issues and details in too short a span of time. Even if you ask for ten changes in your message, people will probably only remember one or two of your points afterwards.
In the development of the message, define what to advocate and summarize the goals in a few sentences.

The five key elements you have to take into account when designing your advocacy messages are as follows:

Five Key Elements of an Advocacy Message

1. Content/ Ideas

The content should be easy to understand. It should say what you want to achieve, why, how to achieve it and what action you want the target audience to take- what action you want to see. Selection of appropriate message appeal is important.

2. Language

To get the message across, it is important to choose words and phrases that are understood clearly by the target audience. The language used should be clear, concise and free of jargon.

3. Source/Messenger

Source is someone who sends the message. It may be a person that delivers it face-to-face to you target group, or a newspaper that carries information about your campaign. If the source is well known and credible, it is likely that audience will respond to the message.

4. Format

The format that will give the maximum impact should be carefully selected. The format could include face-to-face talk, brochure, pamphlet, leaflet, poster, television etc.. or sponsor a web site.

5. Time and Place

The time and place where a message is delivered can influence its impact. Select the time and place of message delivery carefully.

Producing Effective Advocacy Materials

When you decide that you need to produce some material to support your advocacy campaign, you need to first sit down and do some thinking. Make sure you know who you are trying to reach with your materials, and why. It is impossible to make effective material if you do not yourself have a clear idea of who will use them and how. If you want to target a group that is already very familiar with the HIV/AIDS prevention issues, you need to design your material in a different way than a group that does not have correct information about how HIV/AIDS is transmitted.

Regardless of whom you will design your materials for, same rules of thumb apply to all material.

- When planning the material, make sure your core message is placed so that each reader will see, hear, and remember it. Do not let several messages compete for your audience's attention: do not drown your main message into a sea of too many facts, examples and anecdotes.
- Do not try to say everything at once- concentrate on what really matters.
- It you want your audience to take action, make it very clear what impact their action will have.
- Highlight the human aspect of the issue you are promoting.

There are many different kinds of advocacy materials that you can consider producing. If you want to learn more about these materials, see the list of recommended reading for hints on where to look for more advice.

Some of the most commonly used materials include:

- Fact sheets:
- Question and answer sheets;
- Background sheets
- Briefing kits;
- Policy papers;
- Brochures;
- Case studies, success stories;
- Press releases;
- Media advisories;
- Visual images: videos, films, photos, etc.

Remember that print publications are not the only way to package information. You can disseminate the information through workshops, seminars, presentations, press events and so forth. If you decide to make print materials to support your advocacy campaign, make sure that they are clear and well structured, and that the ideas are presented logically. Both the text and images should be easy to understand, and need to appeal to the target audience. Your core message must be presented so that even the busiest reader will see it.
Be realistic with your plans of producing the material. Look at the resources – money, time, people – your campaign has at its disposal. Make sure that producing your material will not put too much of a strain in any of these three resources.

Also think about the **use**, not **production** of your material. Only the material that are eventually read by your target audience can have any impact. There is no point in spending time and money on producing materials that you may not be able to effectively distribute to your target audience. A brochure that gathers dust in someone's bookcase will not change anything; personal contact can often be more effective. Most people tend to pay more attention to other people than they do to anything written.

Producing advocacy material is important for your campaign, and making good decisions about which type of materials you produce, helps you to be more effective. It is wisest to prioritize your needs: it is better to have one or two clear, well-made products than several not-so-good ones.

Printed materials

How you decide to reach the people you want to influence will depend on a number of factors. First and foremost will be what resources you can tap – both funds and expertise. Second will be, how successful the different ways of putting your message across are likely to be in your target groups. For instance, well produced educational booklets will succeed with teachers and educators – and the investment may well be worth it if one of your main objectives is to persuade them that sexual and reproductive health should be included in the school curriculum. However they are quite expensive to produce and will not be the same sort of document you would want to send to the young people themselves. What follows are some printed material options for you to consider.

Publications can be used;

- For reaching and mobilizing the public,
- As a way to catch the attention of the media and others on your issue and campaign and
- To report progress or findings.

Fact sheets/Fact cards

Fact sheets or fact cards list facts about your issue or a particular topic. They can be extremely efficient ways to impart information to the public, the media, or policy makers because they sum up the issues succinctly. They can also use data that are of interest to the public.

While writing fact sheets or fact cards, make sure you use the most current data you can find, and footnote or indicate where and from whom the data originated. This will greatly increase your credibility in the eyes of people who use them. Do not spend much money on them since you may wish to up-date frequently.

Session 5A

Partnering with Media

Introduction	Public communication is one essential component in an effective advocacy campaign and the media are essential tools for reaching stakeholders with key message/s. It is inevitable that CSOs will need to work with media at some point in their advocacy efforts and therefore it is important to develop a strategy for building relations with the media. In this session, we will discuss how to establish, maintain, and promote constructive relationships with media so that their power and influence can be used to persuade decision makers.
Objectives	By the end of the session the participants will : • be able to describe the role of media in advocating on SRHR issues and • have a good understanding of the tools and methods for engaging with media.
Activities	5A 1: Meet the Press 5A 2: Reviewing Media reports /articles from advocacy perspective 5A 3: Writing Press releases
Time	**2 hours 15 minutes**
Preparation	Compile media articles and reports from local newspapers. Make copies of the same to be used during the session
Presentation Materials	Confirm participation of the media representative (confirm time, prepare a brief introduction about this person) PPT presentation: Partnering with the media

Activity 5A 1:
Meet the Press
time: 60 minutes

Advocacy Objective: To create awareness about how the print media functions.

Steps

1. Just knowing how the media works and what they are trying to achieve is a tremendous first step towards bringing media as an important stakeholder in an advocacy campaign.

Invite a beat reporter or editor of a local newspaper or a journalist/reporter from the TV channel. Brief him to speak with in 40 minutes.

2. Arrange an interaction with the participants on the following lines:

   - What kind of issues are they interested in?
   - How are issues identified for reporting?
   - How do they collect information on these issues?
   - What makes an event interesting enough /worthwhile to be covered by media?
   - What kind of information would they seek from CSOs?
   - What would be the best way to build a long term and fruitful partnership with media?
   - What is the best way to contact reporters/journalists?
   - Some tips for getting media interested in the issues and increasing coverage?

3. Summarize the key points emerging from this interaction.

4. Link them with the PowerPoint presentation: partnering with the media(15 minutes)

Activity 5A 2:
Reviewing Media reports /articles from advocacy perspective

time: 30 minutes

Activity Objective: To analyze the media reports of our own work and to identify ways in which this can be strengthened in the future.

Steps

1. Bring some news reports, articles that have been published in the newspaper, covering SRHR issues. Give each group some of these reports and ask them to analyze these reports/articles.

    - Which issues are being covered?
    - What kind of impact do they seem to make?
    - Have they been able to accomplish what they were meant to do?
    - Do they merely report events? Are these missed opportunities to advocate for the issue? What could have been better?

Recordings of interviews (on radio or TV) can also be used for this exercise. Wherever required, seek permission from the person /organization to use this as a training resource.

2. Analyze them to see if they are convincing, effective, and capitalize on this opportunity to highlight the key issues involved.

Activity 5A 3:
Writing Press Releases
time: 45 minutes

Activity Objective: To develop basic skills on writing a good media /press release

In our experience, activities or events from the advocacy projects are more often covered through the local print media. This presents a potential opportunity to highlight and advocate for the issues locally or at district/division/state level. One of the most common mistakes that we make is to focus on the present (the event or activity) and lose sight of the larger picture and thus loose an opportunity to advocate.

The purpose of this exercise is to develop skills on how to structure and arrange the facts in a press release so that it highlights the issues, sends out key advocacy message to specific stakeholders as well as gets noticed.

Steps

1. Instruct the participants to practice writing and delivering a press release in small groups using the guidelines for a press release and the sample template below.
2. Have the participants prepare a three-minute presentation to deliver/read out the press release.
3. Have a discussion in plenary on which ones were most convincing and why?.

Ask the participants to make a press release on the same issue/s that they have chosen for group work in session 3.

Handout: Guidelines for a Press Release

- Ask each small group to select an issue (issues can be the same as the ones used in session 3)
- Groups discuss what needs to be done in order to address the problem. (Again refer to group work done in session 3)
- Write a clear press release on:
  i. What is the issue?
  ii. What action is taking place?
  iii. Who is doing it?
  iv. Why is it being done?
- Present the source of the information clearly.
- Articulate the vision and commitment for bringing change to the issue/problem identified.

Summarize the session by covering following points

1. Make sure the information is worth publishing.
2. Tell the audience that the information is intended for them and why they should continue reading it.
3. Start with a brief description of the news and then distinguish who announced it, and not the other way around.
4. Ask yourself, "How are people going to relate to this and will they be able to connect?"
5. Make sure the first few lines of press release are effective, as they are the most important.
6. Avoid excessive use of adjectives and fancy language.
7. Deal with the facts.
8. Provide as much contact information as possible: Individual to contact, address, phone, fax, email, Web site address.
9. Make sure you wait until you have something with enough substance to issue a release.
10. Make it as easy as possible for media representatives to do their jobs.

Reference Reading

Working with the Media

Public communication is one essential component in an effective advocacy campaign and the media are essential tools for reaching large number of people with your message. It is inevitable that CSOs will need to work with media at some point in their advocacy efforts and therefore it is important to develop a strategy for building relations with the media. This section outlines how to establish, maintain, and promote constructive relationships with the various media so that their power and influence can be used to persuade decision makers and achieve the objectives of an advocacy campaign.

Working with the media offers various advantages in conveying one's message to the public: it can

- Influence government policy and legislation,
- Build credibility,
- Recruit members and supporters,
- Inform the public about the issue and change public attitudes,
- Extend the reach of your message and cause,
- Improve communication between the media and civil society organizations and
- Increase the frequency and accuracy of reporting on various issues.

Without a good strategy, media coverage can have some disadvantages: it may

- Spread false information about issues like HIV and AIDS, sexual health information and services, access to condoms, sexuality education,
- Distort the intentions behind advocacy efforts,
- Create greater public criticism of leaders or organizations,
- Expose contradictions and weaknesses and
- Have a negative effect on political and financial support for programs

The support of the media can be a powerful tool, since media shapes the public's views and opinions. Policy makers and other groups involved in political processes and public life usually pay close attention to the media. If you get your message to the masses through media, you can reach a large group of people at the same time.

While you are developing your contacts with the media, it is good to analyze which types of media you can have access to, and where each of their sympathies usually lie. Media that often report about health or youth issues will have much more interest in your campaign than would, for instance, a financial paper. Knowing the readers, listeners or viewers of each media helps you to choose where to concentrate your attention. A newspaper may not help you much in reaching illiterate community leaders in the rural areas. Community radio, on the other hand, will probably not reach a politician at central level.

Understanding How the Media Operates

One of the greatest challenges for those working with the media is to understand accurately how and why the media behaves the way it does. Understanding some of the key points below may not make working with the media easier, but it will certainly reduce much of the frustration that is caused by misperceptions and expectations that media will never fulfill. The media are not simple transmitters of information; they act as filters in deciding what is reported based on their own interests, which are sometimes driven by cause, profit, or business reasons, or by what is deemed the most "interesting."

Journalists are in the business of telling stories that they think people will want to hear or read, so they will always choose the "interesting" over the "important."

Journalists are looking for "the five C's of news" in writing their stories:

- Conflict
- Contradiction
- Controversy
- Colorful language
- Characters

These C's are neutral—they can work in your favor or against you, but the more of them you have in your advocacy messages, the more likely is that your story will be told.
Journalists want good stories; they do not seek to help or harm the source of their information or the characters in their story, but they may not avoid helping or harming you or your cause in telling the story.

Contacting The Media

Creating a Media List
Before you begin to contact the media in your area, you should familiarize yourself with the local media. Watch the evening broadcasts and read the paper daily to get a feel of how different stations and papers cover public health issues. This will give you an idea of who would be most interested in covering your story. Find out which reporters cover public health and track them to see how they cover the issues and if this is the type of reporter you would want to cover your story.

It is also important to think about the audience that the station/paper reaches. You want to make sure that you use the best outlet to reach your intended audience. If you want to mobilize the community, look at a local paper whose readers are mainly in the community you are trying to reach. If you are trying to get the attention of legislators, you may want to find a paper that covers politics and reaches a broader audience.

Once you know what papers or stations you want to reach, you should create a list of media contacts. This list is perhaps the most important tool for conducting media advocacy. Developing such a list takes time, and it should continuously evolve. You will need the names of reporters, editors or producers, their address, phone numbers, fax numbers and e-mail addresses so that you will be able to send them your information in the format most appropriate for the type of story. (Also, some reporters read their e-mail – others do not. It pays to find out which type of format your key reporters prefer.) Keep all of this information for future reference.

Once you have your list, keep it updated. Keep media sign-in sheets from any events you hold and keep a log of all contacts you make with the media. Update your list with new contacts. This will keep you up-to-date on who covers which beat so that you will always have that information at your fingertips.

Finally, remember to create a good working relationship with the media. It will work to your advantage if you have a few "friends" in the media. That way, when you are contacting the media, you know that you have a few reporters you can rely on. This will make it easier than trying to contact everyone on your list. One well-placed, comprehensive story told from your organization's point of view, has a greater impact than a smattering of brief stories that don't adequately convey your message.

Building Effective Relations with Media

Set goals: Know what you want to accomplish through the media, and be realistic; these goals should be focused on advancing the overall objectives of the advocacy campaign.

Get to know individual reporters: Find out who covers SRHR or health issues at the local newspapers, radio, and TV stations. Make personal contact to find out what they are interested in and to share the work you are doing.

Become known as a dependable source: Build a reputation as a source of good information and analysis of things that are happening around these issues.

Know the "rules": Learn how deadlines work, when reporters need information, and what kind of information is most helpful to them. Meeting journalists halfway to help them succeed at their jobs will make them more likely to support your effort to publicize information about your cause.

Media Tools
Press Releases
A press release is a concise, attention-getting news bulletin that describes an event or issue of significance. Write a press release when something newsworthy happens to your campaign or issue.

You can issue a press release to:

- announce results of a research effort or campaign,
- publicize your reaction to a new rule or law,
- celebrate important anniversaries and/or historical events and to
- announce formation of a new project, organization, or intervention.

How to write a press release:

- Use newspaper style.
- Use short, fact-filled sentences and paragraphs.
- Include the five W's in your first paragraph: Who? What? Why? When? Where?
- Introduce the most essential information in the first paragraph.
- Paragraphs should appear in order of priority.
- Attribute quotes to a named, specific person or organization.
- Be concise; the press release should not exceed one page.
- Print your logo on the press release; eye-catching paper or logos will help your group's release to stand out among the many others that journalists receive.
- Don't be afraid to stress the controversial aspects of your campaign as these will help you get good coverage and make your case.
- Include a contact name and telephone number Press/Media Advisory.
- This is done for the purpose of alerting the media to some upcoming function or event. It is not yet news, but will be, later on. The purpose is to get the media to put this in their diaries or files and to be present when the story breaks. Some examples of situations where you might issue a press release are to announce:
    - o an upcoming meeting or public activity,
    - o the launch of a campaign,
    - o the appointment of new board members

Opinion Features/Op-Eds

Opinion features are opinion editorials (op-eds) or longer pieces written by someone in the campaign or organization on the issue for which you are advocating. They appear on the newspapers' editorial page or features section.

Op-eds should be between 500 and 1,000 words, crisp, and if they are provocative, they are more likely to be published. Ask for guidelines from the editors on how they would like to run the op-eds. It is important to speak to the editors first before writing the op-ed. You can even discuss what angle to take if you are able to develop a relationship with the editor.

Evaluation determines whether a media campaign is successful or not. If a measurable goal was set and clear indicators developed, then an evaluation technique should be able to measure success in reaching the goal.

Some common techniques include:

- tracking the number of press releases and events held and how many are taken up in various media,
- using questionnaires, focus groups, or other types of discussion feedback to gauge whether the public heard about and was influenced by the messages of your advocacy campaign and
- establish a file of press cuttings (from print articles, Web sites, and tape from radio and TV) and analyze how key messages were covered and the tone of the coverage (positive, negative, or neutral)

Session: 5B

Building Partnerships for Advocacy

Introduction	Networks can play an important role in public education and advocacy on youth sexual and reproductive health and rights. Networks allow different groups to work together towards a shared goal by coordinating strategies and pooling resources. In this session the participants will not only explore and discuss the reasons for forming advocacy networks but will also learn about essential aspects of structuring and maintaining the networks. Opportunities will be created for the participants to share their experiences of working in networks.
Objectives	By the end of the session the participants will : • Have discussed the benefits of partnerships in an advocacy initiative/campaign. • Understand how to build and maintain partnerships. • Understand methods for effective network participation.
Activities	**5 B1:** Definition of Advocacy Networks and their significance **5 B2:** Working mediums for Network
Time	**2 hours**
Preparation	**Flip Charts, Chart paper, Markers and Sketch Pens, LCD projector or OHP** **PPT on Benefits of working in partnership** **Structure and processes in a network**

Activity 5B 1:
Networks for Advocacy
Time: 60 Minutes

Objective: To understand the benefits/ importance of partnerships and networks in advocacy work

Steps

1. Start the session by saying

Networking, if put in very simple terms, means "initiating and maintaining contact with other individuals and organizations who share or support your goals and who can help achieve them."

Advocacy Networks are groups of organizations and individuals working together to achieve changes in policy, law, or programs for a particular issue. A network consists of individuals or organizations willing to assist one another or collaborate.

2. Ask the participants if they are working in advocacy partnership/ networks already? If yes, ask them to share any experiences they have of working in partnerships (or less formal alliances). Ask participants to share what worked well in the partnership and what aspects they found challenging.

   Do they perceive any benefits of working in partnership? What kind of benefits has this brought to them?

   In what ways do they think networking /partnerships have influenced the achievement of advocacy objectives?

   Note the responses on a flip chart.

   Then summarize through a power point slide covering following aspects (refer to reference reading material for preparation of the slides).

   - Why do we need partnerships for advocacy?
   - What kind of benefits are there in advocating through alliances/network?

3. Map existing advocacy partnerships (key issues, geographical coverage, partner's profile and funding support). (This will be a useful reference while working on the Advocacy Implementation Plan).

Activity 5B 2:
Working in Partnerships
Time: 60 Minutes

Objective: To know how to create and maintain network and partnership

Steps

1. Ask participants to share any experiences they have with working in partnerships (or less formal alliances). Ask participants to share what worked well in the partnership and what aspects they found challenging. Record on Flip Chart.
2. Ask participants to brainstorm the different issues that should be agreed upon by all partners when first forming the partnership. Record on Flip Chart.
3. Ask participants to brainstorm actions that partners can take to ensure that a partnership runs effectively. Record on Flip Chart.
4. Ask participants if they think it would be strategic to work in a partnership for the advocacy campaigns that they are planning. Ask participants to elaborate why they would or would not want to.
5. Tell participants that the key to an effective partnership is to ensure common expectations and open communication.
6. Summarize by Reading the Information in Box.

Key Features of Working in Partnerships

When different organizations work in partnership, they can strengthen each other by pooling their collective resources, and they can complement each other's efforts. However, partnerships can also be challenging and potentially full of conflicts. Good planning and communication between partners can help ensure the success of a partnership.

Forming a Partnership

1. Involve all partners in defining the goals and objectives of the partnership and clearly communicate them to any new members. Sometimes the most challenging part of a partnership is agreeing on the goals and objectives.
2. Assess the strengths and potential contributions of all partners.
3. Define clearly the purpose and goals of the partnership, what is expected of the partners, and how they can expect to benefit from the partnership.
4. Decide how to share credit. A partnership can be slowed down when its members become too focused on who will receive publicity, credit, or blame for its work. At the very initial stage, agree on procedures that will allow all members to participate and share in any public benefits that result from the activities.
5. Establish a structure. Some partnerships can run completely democratically, but usually some structure is needed. Create roles and leadership responsibilities. Provide opportunities for members to change roles over time.

Maintaining a Partnership

- Maintain frequent communication and contact with all partners. This is essential in order to keep everyone feeling connected and informed about developments related to the project or issue.
- Become familiar with the different partner members and their positions and opinions.
- Keep meetings focused on the agenda and on schedule, make sure all voices are heard during meetings, and record ideas and action items in the minutes. Frequent, lengthy meetings are usually not the most effective or efficient way to conduct coalition business.
- Be transparent about financial issues, including the funds that each member has raised or contributed to the advocacy effort and how these funds are being used.
- Do not be afraid to tackle difficult issues. The best policy is to address them through open, positive communication, either in meetings or individually, if the issue is too sensitive.
- Stay focused. With multiple organizations involved, it can become tempting to move in many different directions. Partners should constantly remind themselves why they are together and what forms their common advocacy agenda.
- Be consistent. Since coalitions run on relationships, try to ensure the same person, or people, participate on behalf of your organization every time. Make sure those people are authorized to speak for your organization.

Reference Reading

Working in partnership

Advocates constantly build partnerships among people and sometimes organizations in order to bring about change. When different organizations work in partnership, they can strengthen each other by pooling their collective resources, and they can complement each other's efforts. However, partnerships can also be challenging and potentially full of conflicts. Good planning and communication between partners can help ensure the success of a partnership.

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What are Advocacy Networks?

Networks are universal. Whether acknowledged as such or not, most people belong to formal or informal groups or networks organized around family life, jobs, religious activities, or recreational interests. People routinely use their personal and professional networks for a variety of reasons—looking for a job, raising funds for a school or community centre, campaigning for a politician, or pressing leaders to expand the services available at the local clinic.

Networks are invaluable in policy advocacy because they create structures for organizations and individuals to share ownership of common goals. In the area of reproductive health, a network's membership usually will include representatives of NGOs, women's groups, community organizations, key populations and professional associations made up of nurses, midwives, physicians, or lawyers. Local religious and traditional leaders are potential members whose perspective and influence could be invaluable in achieving the network's objectives.

A network's advocacy issues will depend upon local political realities and the opportunities for change that exist as well as the specific interests of network members. To be successful advocates, networks need to be well organized and operate efficiently. Their founding members have to bring together the resources, time, energy, and talents of many different people and organizations and then skilfully take advantage of opportunities to influence the policy process on behalf of their goals and objectives. When they succeed, networks help create a supportive and self-sustaining environment for the issues that they advocate for.

Elements for Forming and Maintaining Networks

A. Formation Stage

- Establish a clear purpose or mission.
- Involve individuals and organizations that share the mission.
- Build a commitment to participatory process and collaboration.

B. Maintenance/Growth Stage

Organization

- Define clear, specialized roles.
- Establish a loose or fluid organizational structure. Vertical or hierarchical structures do not build strong networks.
- Compile a skills inventory, including the skills/expertise of individual members and institutional resources (fax, Internet, meeting space, etc.).
- Prepare to fill expertise gaps by recruiting new members.
- Establish a communication system (i.e., telephone tree).
- Create a member database (name, address, organization mission, type and focus of organization, etc.).

Leadership

- Share leadership functions (i.e., rotating coordinating committee).
- Set realistic goals and objectives.
- Divide into subgroups/task forces to take on specific tasks according to expertise.
- Spread responsibilities across all members to reduce workload and avoid burnout.
- Promote participatory planning and decision making.
- Foster trust and collaboration among members.
- Keep members motivated by acknowledging their contributions.

Meetings/Documentation

- Meet only when necessary.
- Set specific agenda and circulate it ahead of time. Follow the agenda and keep meetings brief. Finish meeting on time. Rotate meeting facilitation role.
- Keep attendance list and record meeting minutes for dissemination after the meeting.
- Use members' facilitation skills to help the network reach consensus and resolve conflict.
- Discuss difficult issues openly during meetings.
- Maintain a network notebook to document network activities, decisions etc.

From: The Policy Project

Advantages	Challenges
• Greater leverage with more organizations, • Different skills from different or. ganizations make the effort richer, • Access to a wider audience, • Access to greater resources, • More creativity from more organizations, • Higher profile with more participants, • Rapid achievement from coordination, • Snowball effect-one thing leads to another.	• Members of a coalition must be willing to give up their identity to a bigger body. • Not all of the priorities of each agency will be addressed. • Disagreements on who is in control may arise. • It is not always possible to assess and give credit to individual agencies. • Perceptions of time and prioritisation are not always consistent among member agencies. • Salaries or other forms of compensation are not always evenly distributed among coalition members, and this can be a source of tension across organizations.

Advantages	Disadvantages
• Enlarges your base of support; you can win together what you cannot win alone. • Provides safety for advocacy efforts and protection for members who may not be able to take action alone. • Magnifies existing resources by pooling them together and by delegating work to others in the coalition. • Increases financial and programmatic resources for an advocacy campaign. • Enhances the credibility and influence of an advocacy campaign, as well as that of individual coalition members. • Helps develop new leadership. • Assists in individual and organizational networking • Broadens the scope of your work.	• Distracts you from other work; can take too much time away from regular organizational tasks. • May require you to compromise your position on issues or tactics. • May require you to give in to more powerful organizations. Power is not always distributed equally among coalition members; larger or richer organizations can have more say in decisions. • You may not always get credit for your work. Sometimes the coalition as a whole gets recognition rather than individual members. Well run coalitions should strive possible. • If the coalition process breaks down it can harm everyone's advocacy by damaging members' credibility.

Tools For Sharing Information And Knowledge In Network

(Sourced from the book 'Work the Net' by GTZ pages 103 to 129)

Telephone

Phone calls are an effective way of communicating once a relationship is established. They are useful for quick and urgent information, to discuss sensitive issues that could be misunderstood if written by email, or to talk about confidential matters. With services like Skype (http://www.skype.com) free telephone calls are possible, and expensive long-distance calls no longer hinder frequent communication among network members. Phone conferences are an effective and cheap alternative to face-to face meetings. However, there should not be too many participants. When more than five

to seven participants attend a phone conference, coordination becomes difficult. What is valid for face-to-face meetings holds even more for phone conferences. Careful preparation and facilitation is crucial.

Emails

Emails have become a widespread means of communicating and have even begun to replace postal communications. Emails provide excellent possibilities for cheap and rapid interaction, disseminating information, or collecting feedback. Email does have problems, however. For instance, senior officials or decision-makers may be reluctant to use emails as their statements are written down and can be forwarded very quickly to a wide audience. Another disadvantage of emails is their perceived anonymity, as well as the increasingly informal language. People are generally hesitant to answer emails if they do not know the sender. In addition to these problems, people have increasing difficulties handling the growing number of emails they receive every day. Spam – emails for promotion – flooding inboxes aggravates this problem.

For smooth email correspondence, the following basic rules of good email correspondence should be considered:

- Emails should have short and informative subject lines.
- The text should be short and well structured.
- Do not address too many different topics in one email; it is better to write two emails.
- Never write insulting statements in emails and be aware that emails can be forwarded easily.
- Settling conflicts by email normally does not work; face-to-face meetings are necessary.
- Include an email signature with your address and phone numbers. Answer your emails in 48 hours. If you do not know the answer or if you do not have the time to respond, inform the sender and give an indication of when you will answer.

Electronic newsletters

Electronic newsletters are an effective way of regularly informing the network's members and stakeholders about ongoing activities, interesting events, or other relevant information. Electronic newsletters should not be longer than two to three pages when printed. The section of each topic addressed should not be longer than 10 lines. Include web links with contact details showing where more information is available. The increasing number of electronic newsletters has also reduced their outreach and many are no longer read. Despite these problems, if well edited and attractive to read, electronic newsletters remain an effective way to deliver regular information to a wide group of people.

Websites

Websites are an effective way of delivering information to a large audience. Nevertheless, networks should be aware that Internet access is still not available in many places, or if it is available, it is very slow. What is valid for print publications is also true for websites: information must be provided in an attractive way. The website must have a simple structure, and texts have to be written in a concise way. Networks can help their specific focus group to find information by structuring the websites properly: with pages designed for decision-makers, sponsors and contributors, professionals, experts, or the media. Websites must be updated regularly, and planning for the resources to do this is absolutely necessary. An outdated website is worse than no website at all. Thus website managers are well advised to keep the information up to date and to send reminders to other members responsible for updating information. Websites have become the 'business cards' of networks and should be cared for accordingly.

Session 6

Participation of Youth and Vulnerable Populations in Advocacy Work

Introduction	This session provides ways of creating enabling environment for meaningful participation of youth and YKP in advocacy and decision making. In addition, the session will discuss key elements and changes needed at organizational level for promoting meaningful engagement of young people and KPs in advocacy and decision making processes. How organizational policies, like Child protection policies, can facilitate YP and KP engagement will be discussed. The key advocacy steps discussed previously will be revisited to identify opportunities to involve young people. Gender consideration while involving the YP & KP will be integral to this session.
Objectives	**By the end of the session the participants will be able to** 1. Describe the meaningful engagement of young people and KPs in advocacy and decision making and its key elements 2. Identify the changes needed at organizational level
Activities	**Activity 6 A1:** Word Association ('Youth' 'Participation') **Activity 6 A2:** Ladder of youth participation **Activity 6 B1:** On Engaging Young People: Key elements **Activity 6 B2:** Engaging Young People in Program: Exploring different roles and possibilities **Activity 6 C1:** Engaging Young People: Changes at organizational level **Activity 6C2:** Need for Protection Policies
Tim	**4 hours 10 minutes**
Preparation	**Photocopies of** • Hart's Ladder of Young People's Participation • Real Adolescent Participation Checklist by Rakesh R. Rajani, February 2000, UNICEF • Sample Child protection policy **PPT on** • Youth Participation • Engaging Young People: key elements • Considerations for organizations • Different group assignments with instructions

Activity 6A 1:
Word Association
time: 20 minutes

Objective: To understand youth participation including participation of Young Key

Steps

1. Begin by putting down the word 'participation' on the flip chart. Ask the participants to say what comes to their mind on seeing this word. Go around quickly getting one response from each participant or as long as people are thinking of associations.
2. Don't evaluate or comment about responses.
3. Next add the word 'Youth' in a new colour before the word 'participation' and check with the participants if they would like to add any new associations or remove certain associations that had been put earlier. Add the new words too in the new colour and underline the ones participants suggest should be removed and ask the reasons for the same.
4. Now have a discussion on *what is youth participation. After the word youth is added,* some new words may come up like empowerment, enabling environment, training; these point towards, the question- *how can it be made possible*. You can circle them in a different colour and tell the participants that we will bring these up later in our discussions.
5. In the end share a few definitions of Youth Participation on Power Point.

Youth participation in simple terms means young people partaking in and influencing processes, decisions and activities.

Activity 6A 2:
Ladder of youth participation
time: 40 minutes

Objective: same as the previous activity

1. Put the following questions on the white board/flipchart:
   a) Have you involved youth in planning and decision making in any of your programs? If yes, which program?
   b) In what aspects of the program were youth involved?
   c) Did you involve youth from key populations? In what way they were involved?
   d) Did you involve young girls? Provide examples.
   e) How will you assess the level of participation on a scale of Poor, Fair and Good for
   1. Young people in general;
   2. Young KPs;
   3. Young girls.
   f) Have you involved youth in planning and decision making process. If not, what have been/ are the barriers? If yes, give examples.

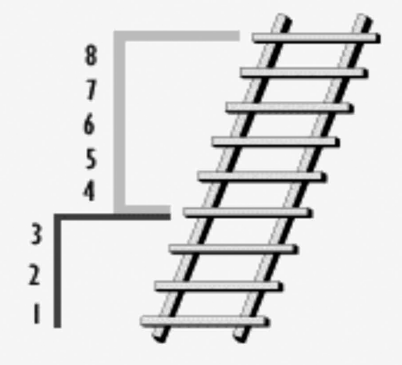
2. Divide the participants in groups of five-six (make a maximum of five groups). Ask each group to discuss the questions and assess the level of participation of young people in general and young people from key populations. Also ask them to highlight the barriers faced, if any. Don't have any presentations at this stage.

3. Give about 20 minutes for discussion. Convene them into the larger group.

4. Introduce the Ladder of Participation. (Distribute the handout of Ladder of participation)

The **Ladder of Participation** is a model developed by Roger Hart for thinking about youth participation. The bottom three rungs describe youth involvement that is not true participation whereas the top five rungs describe increasing level of participation. The higher we move on the ladder, better is the participation.

Rung 8: Young people and adults share decision-making
Rung 7: Young people lead and initiate action
Rung 6: Adult-initiated, shared decisions with young people.
Rung 5: Young people consulted and informed
Rung 4: Young people assigned and informed
Rung 3: Young people tokenized
Rung 2: Young people are decoration
Rung 1: Young people are manipulated



5. After this presentation, ask the participants to go back to their original groups and again discus the level of participation of young people. Ask them to assess the level of participation again. Give them 15 minutes.

6. Let each group come back and share the key discussions in their group on participation of young people before and after the presentation on Ladder of youth participation. The presentation should be for about 5 minutes for each group.

Summarize by saying, ***'The ladder of participation highlights two important characteristics about true participation of youth. First, simply having a young person present does not result in true participation. Young people must have a certain level of empowerment, responsibility and decision-making power to participate meaningfully. Second, the quality and type of the partnership between young people and adults is important'.***

7. Share the following case study as an example of meaningful participation.

Case Study: 'Alliance' Brings Sex workers on 'Board'

Alliance India has been a leader in fostering and supporting the development of community-driven approaches to HIV prevention, care & support and impact mitigation which includes reducing stigma and discrimination, particularly among the most vulnerable and marginalized communities. Alliance India works with female sex workers, men who have sex with men and transgender people in Telangana and Rayalaseema regions of Andhra Pradesh.

In year 2006, a decision was taken to create a new entity by changing the status of Hyderabad project office to that of an organization. Therefore, a board was formed and the organization was named Alliance for AIDS Action (AAA). Eight members were identified across the social, development, academic and community spectrum to be the board members. In order to ensure equal representation, a community representative Ms. Sumitra, President of a CBO of FSWs was also appointed as a board member. As one of the most active peer educators, exemplary CBO president and a strong woman, she was expected to make a mark at different levels of management and there was a lot of expectations from her.

In the first board meeting however, Sumitra, contrary to the expectations remained quiet and looked intimidated. Even after being given several opportunities by her colleagues on the board,there was little response.

The Alliance team was quick to realize that efforts had to be made in order to empower Sumitra to play her role as part of the board. In order to be an active and contributing member of the Board, Sumitra was expected not only to bring her in-depth understanding of the ground to the planning process but to also ask relevant (and often probing) questions and give her inputs where the programming was not realistic or did not meet the expectations of her peers (other sex workers).

Realizing that Sumitra had the potential but was not able to fully contribute; the Chair had a separate meeting with Sumitra. Following the meeting certain steps were taken:

To ensure that she is able to comprehend the proceedings, Sumitra was provided an interpreter for two way communication in local and English languages. She was asked to present a detailed account of the ground level program activities, participatory site assessments, training to outreach workers and fellow educators on HIV/AIDS issues, an issue on which she had a good understanding.

A decision was taken that Sumitra will always be accompanied with at least one more FSW from wherever she chooses. That will provide her moral support to contribute meaningfully as a Board member.

In the following meetings Sumitra was accompanied by another of her peers (FSW) and with the help of translator/ interpreter, Sumitra was able to participate in the discussions. Not only she was able to contribute but was eventually designated as the vice-president of the board. A resolution relating to the statutory requirements was placed before the Board and the resolution to this effect was unanimously passed.

8. After sharing the above case study, discuss meaningful participation through the study. Ask participants what are the key lessons learned from this story. Record points on whiteboard/ flipchart. Refer to the box below for the discussion:

Lessons for Discussion

- Collectivization provides a lot of strength. Even in a conducive environment, it is not easy for people to speak, it is necessary to create conditions which are most non-threatening for people to speak up.
- In any advocacy activity where the community is expected to participate, support has to be provided to address issues like language, isolation, preparedness, advocacy skills, stigma and discrimination, privacy and confidentiality, etc.
- It is very important to have commitment at highest levels to bring about change, but only commitment is not enough.
- There has to be institutional backing and resources available to invest in the empowerment of community.

Activity 6B 1:
Engaging Young People in the Program:
Exploring different roles and possibilities
time: 60 minutes

Steps

1. Recap the discussions and experiences shared by participants during the previous activities on engaging young people in the program.

2. Briefly discuss how young people and key population can be engaged in different aspects of advocacy.

   Emphasize that young people are a diverse group and different individuals need to be supported according to their specific needs. Particularly, any program with vulnerable groups must recognize the totality of individuals and not just their sexual behavior or drug use.

3. Present the following framework to the group; give them an example of how to fill the matrix; divide them in five groups and ask them to identify further steps and work on the same for next 20 minutes.

Let us assume that **we are going to advocate for enhancing young people's including Young KPs' access to SRH information and services through YFHS.**

Advocacy Steps	How YP can be involved	How KPs can be involved	Preparations required by the organization
Step 1:Situation Analysis	As researchers, using simple techniques that they can be trained in. Adults engage in participatory assessments with children.	As researchers, using simple techniques that they can be trained in.	Need to decide which YP depends on project and context. Need to be representatives of different subgroups. Time needed for training of selected YP in this area.
Step 2: Program/ project Planning			
Step 3: Program Implementation (Communication , advocacy, and publicity, Community outreach, Peer promotion)			
Step 4: Monitoring / Evaluation			
Step 5: Research activities			

4. Ask the groups to present the framework. After first two presentations, ask the other groups if they have anything to add.

5. Summarize by saying the following:

Participation of Young people and KPs flourishes when an enabling environment is created. An environment where young KP feel safe and comfortable, and the methods used are age- and community-appropriate and friendly. Young people, including those from key population communities, are more likely to participate in positive ways when they have opportunities to:

- Feel physically and emotionally safe
- Don't feel judged and feel that they are taken seriously
- Build relationships with caring, connected adults
- Acquire knowledge and information
- Engage in meaningful and purposeful activities in ways that offer both continuity and variety.

6. Introduce the table below as indicator of participation. Let every member see their organization stage. Fill this chart for each type of group:

1. Young People
2. Young Women
3. Young MSM
4. Young sex workers
5. Young people who use drugs

Self reflecting Chart to see level of Participation in Organization

Levels	**Degree of Participation**			
	No Participation	**Participant**	**Programme Preparation**	**Decision**
Governing Board				
Employee				
Activity				

7. Discuss in plenary, what the situation is and what we need to do about the present scenario.

Activity 6C 1:
Need for Protection Policy
time: 60 minutes

Objective: To build a case for bringing in place a Protection Policy into organizations working with young people and young KP

Steps

Protection policies is a broad term to describe philosophies, policies, standards, guidelines and procedures to protect different people from both intentional and unintentional harm – this is particularly important when we work with children. In the context of this training, it applies particularly to organizations – and individuals associated with those organizations that work with and for adolescent and youth in their care. When we are working with members of key population communities, there are particular issues that we may have to address.

1. *Divide the participants into seven groups (or as many as the situation requires which the facilitator would like to be discussed during the session) and ask them to* look at the following questions and situations:

What would you do if:

- *A staff member and/or volunteer of a youth program is looking at websites with pornography, including child pornography'*
- *'A peer educator of your program is alone in a room with a young girl/boy. Afterwards the boy/girl complains the peer educator has touched him/her intimately.'*
- *'A young person who is living with HIV, tells you that a staff member of your organization has told his teacher and parents of his HIV status, even though the young person had not openly shared this information.'*
- *'You notice that male staff members are making inappropriate and suggestive comments to a sex worker who comes to your office frequently as a member of your project planning committee.'*
- *'The young man who uses drugs and has been a staff member in your team has stopped coming to the office. Your colleagues tell you that the police have been hanging around the office.'*
- *'A staff member tells you that the young man who is a staff member of your MSM-focused project has been called names by other staff members.'*

2. Give each group one situation and twenty minutes for discussions. Ask them to identify a person who will come and make a presentation to the larger group. Note key points on flip charts.

3. Summarize.

Protection policies, including child protection policies, are important policies for organizations working with young people. It is one of the ways to respond to these types of concern. This policy is a way to fulfill and protect the rights of both recipients of the program and the program provider.

Policies, procedures and adaptations that organizations can take to facilitate participation of young people including young key populations should address the following issues:

- Informed consent by young people (and guardians where necessary),
- Privacy and confidentiality, particularly regarding identity, profession, drug use, sexuality, HIV status or other private or potentially sensitive matters,
- Vulnerability to abuse in community, in the workplace, by colleagues, peers or in reaction to their involvement in the advocacy or program,
- Systems for complaint and redress in cases of stigma, discrimination and violence,
- Capacity for all staff to identify, appropriately react to and report cases of stigma, discrimination and violence and
- Sensitization of all staff regarding protection, stigma, confidentiality and privacy.

4. Distribute a sample copy of child protection policy.

5. Now Put up a power point slide show of the following points and repeat with audiences one by one.

Fifteen tips for good practice

Fifteen tips for good participation practice.....

_ Provide training and support for young people e. g. assertiveness training, negotiation and communication.
_ Provide training and support for adult decision makers to help them engage with young people and listen to their views.
_ Provide young people with jargon free information that is accessible to them.
_ Ensure that each group of young people is aware of and encouraged to be part of projects. Consider their specific access needs.
_ Ensure meetings are accessible – at times and locations young people can comfortably manage.
_ Offer a variety of options so that these young people have a choice in the ways they wish to engage.
_ Make participation voluntary and don't expect long term commitment.
_ Allow adequate time for projects; results will not be achieved immediately.
_ Value the input of young people – take their views seriously and give clear feedback on the impact of their contribution.
_ Ensure there is clear and transparent communication about the limits to their involvement.
_ Make sure there is the necessary financial commitment to the project.
_ Set up systems for reviewing and continuously improving the process of involving young people.
_ Have fun in the project; build in opportunities for socialization.
_ Recognize young people's contribution and input e. g. certificate of achievement.
_ Provide support to the project staff to develop their skills in working with young people.

Reference Reading

(Term 'Young people' used here encompasses, Youth)

Why Youth Involvement?
The terms youth participation and youth involvement are used interchangeably. Youth participation can be viewed as a means to an end or as an end in itself. UNICEF and other organizations emphasize youth participation as a basic right. If a program is designed to benefit young people, they should have input and involvement into how it is developed and administered. Others see youth participation as a means of helping to achieve program goals for youth or communities. To assess this goal, researchers seek evidence that involving youth in programs can lead to stronger program outcomes. In the reproductive health and HIV/AIDS fields, the goal is to show that increased youth participation can help lead to such outcomes as improved knowledge, attitudes, skills, and behaviors.

Many analysts see both points of view as important. While a rights-based approach is the underpinning of youth participation, youth involvement should also achieve improved program results in order to justify staff time and financial resources.

Two reasons to participate
There are different interpretations of the aims of participation. One of the most commonly made distinctions is participation as a means and as an end.

Participation as a means –*is* used to achieve effective project implementation, the idea being that participation is a good way to get things done. For example a youth participation project might be set up to involve young people in designing the local youth centre because they are more likely to know what the target population would find attractive, and hence they can ensure a popular and successful youth centre.

Participation as an end sees involving young people in decision making as a goal in itself, regardless of whether it actually results in better decisions.
Apart from this distinction between participation as an end (*moral approach*) versus participation as a means (*pragmatic approach*) there are other issues to consider:

Legal obligation

- As signatories of the UN Convention on the Rights of the Child (UNCRC), we are obliged to observe Article 12 (Children's views must be considered and taken into account in all matters affecting them, subject to the children's age and maturity).

Moral obligation

- Children and young people have a right to take part in matters which concern them.

For the social and political good

- To help build young people's confidence and ability to express themselves.
- To help young people develop a commitment to their own decisions.
- To help young people grow up to be active citizens.
- To enhance our understanding of issues which affect young people.

Barriers to youth participation

Personal barriers
Personal biases, attitudes and characteristics of individual adults towards young people can be a big obstacle. Several projects report that some adults believed young people could not and should not be involved in decision making and were openly hostile to the opportunities being given to them.

Young people may not wish to get involved in organizational structures. They may lack the confidence or feel cynical about the difference their involvement will make.

Young people's lives are dynamic and constantly changing - a long term commitment may not always be possible. There is often therefore an issue of sustainability and turnover of the young people involved in organizations.

Structural (Institutional) barriers
Organizational structures and procedures can be very unfriendly to young people. Formality, jargon, lengthy meeting procedures can all deter young people from feeling part of the process.

Young people may be selected by adults, rather than by election or by their peers. This can raise problems of whether the young people are meant to be representative of a wider body of young people and if so, how will they report back to them. Young people who willingly give up their time may not represent the diversity of the youth community; there is a risk that participation may only advance the interests of articulate and confident young people.

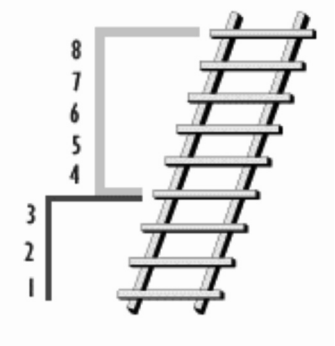
The nature of the political processes may be such that real decision making takes place behind the scenes and young people are frustrated to find they have very little influence over complex power structures.
Young people's influence may be restricted to marginal issues, like decorating venue or pictures in a brochure, but they may not be allowed to contribute to more important issues - such as choosing the content of a sex education program.

Cultural/Social barriers
In many societies, being young also means being quiet and obedient. The participation of young women in particular can face gender and can be hindered by socio-cultural barriers and so requires specific support.

Adults often expect young people to adopt their language and behavior to fit into adult working practices rather than looking at ways they could adapt to working with young people. Bear in mind that involving young people in decision making may take longer and need more support.

Meaningful participation:
The Ladder of Participation is a model developed by Roger Hart for thinking about youth participation. The bottom three rungs describe youth involvement that is not true participation whereas the top five rungs describe increasing level of participation. The higher we move on the ladder better is the participation.

Rung 8: Young people and adults share decision-making
Rung 7: Young people lead and initiate action
Rung 6: Adult-initiated, shared decisions with young people.
Rung 5: Young people consulted and informed
Rung 4: Young people assigned and informed
Rung 3: Young people tokenized
Rung 2: Young people are decoration
Rung 1: Young people are manipulated



The bottom rungs of the ladder are (1) Manipulation and (2) Decoration (3) Tokenism. These three rungs describe levels of "non-participation" that have been contrived by some to substitute for genuine participation. Their real objective is not to enable young people to participate in planning or conducting programs, but to enable adults to 'educate' or 'cure' them. Rung 4 and 5 progress to levels that allow the young people to hear and to have a voice: (3) Informing and (4) Consultation. But under

these conditions the young people lack the power to ensure that their views will be heeded by the powerful. When participation is restricted to these levels, young people are only in advisory capacity and the power or right to decide remains with the adults.

Further up the ladder are levels of young peoples' power with increasing degrees of decision-making. Young people can enter into a (6) Partnership that enables them to negotiate and engage in trade-offs with traditional power holders. (7) 'Delegated Power', where young people lead and initiate action and (8) where there is shared decision making, the participation of young people is optimum.

Some points to remember:

- Young People's participation is not a project, it is not event based; it is a running theme through every action or intervention and it requires a major paradigm shift.
- Youth involvement needs to be invited and encouraged not coerced and manipulated.
- Young people's participation should never put young people at risk and needs to protect their rights.
- The level of involvement varies according to the capacities of young people.
- Resistance can also be a form of participation which may communicate an opinion or attitude to an issue or the manner of their involvement.
- Youth involvement doesn't mean that adults uncritically give up their responsibility or agree to everything that young people say.

Real Adolescent Participation Checklist (by Rakesh R. Rajani, February 2000, UNICEF) (Activity 6B1)

(Though the original checklist has been developed in context of adolescents (10-19), it can be applied in context of youth (15-24) or young people's (10-24) participation)

What is REAL participation?	What is FALSE participation?
Is it voluntary? Real participation is something a young person should want to.	If adolescents are made to demonstrate against their will, or forcibly "volunteered" into committees.
Is it equitable? Real participation is inclusive; it does not discriminate on the basis of sex, wealth, rural/urban location, ethnicity, disability, etc.	If activities are only practically accessible to rich or urban adolescents or only boys are asked questions, or only the smart ones are selected for meetings.
Is it valued? Real participation requires all participants, including adolescents, to be valued, listened to and taken seriously.	If adolescents are present, but get little chance to participate. When they do, people don't listen carefully or take adolescents' views into account.
Is it respectful? Real participation means addressing each other with respect and care, not derision or patronizing.	If the chair of the meeting ignores the adolescents or speaks to them in a way that shows he does not value their presence or what they have to say.
What's the point of it? Real participation requires young people to see the value of doing the exercise.	If adolescents are simply told what to do, they don't really know or understand why they are doing it.
Does it matter? Real participation happens when the area or issue is important or of interest to young people.	If adolescents are made to participate in something that they don't care much about and it feels like a waste of their time.
Does it make a difference? Real participation means young people's contributions have an influence and make a difference.	If adolescents are asked for contributions that make no difference whatsoever in influencing thinking or changing conditions.

Are the physical arrangements fair and conducive? How the seating is arranged makes a big difference.	If the adults sit in chairs while adolescents are on the floor, the room's periphery or under the hot sun.
Is it done in a language that adolescents understand well? Real participation requires adolescents to feel competent and comfortable in the medium of communication.	If discussions are held in English in a rural district, or the manner is very formal and full of "big words".
Are the rules fair for all? Real participation is done in a manner in which everyone can participate equally and comfortably, and often involves adolescents in making the rules.	If some adults dominate, while adolescents don't get a chance or are cut off too early. People are made to contribute in ways they do not know or like.
Are the children participants adequately informed and prepared? Real participation means adolescents have had enough time, opportunity and support to prepare.	If adults have experience and information whereas the adolescents are just pulled in with little sense of what is happening and time to prepare.
Are the allowable roles fair? Real participation assigns roles and responsibilities fairly, and allows everyone to play a role they are capable of whenever possible.	If teachers make all the decisions and rules while adolescents just answer questions, or adolescents are only made to park bicycles and serve tea.
What's the level? Real participation goes beyond show and allows young people to initiate ideas, make decisions and take actions to the maximum extent of their capability.	If adolescents are told to participate in certain ways without having a say in the content or method of participation, or adolescents are only consulted when they are also capable of responsible decision making.
Is it honest? Real participation respects ethics, avoids manipulation and is clear in its purpose and methods.	If adolescents are not told the truth or deliberately left in the dark about what is happening.
Is it safe? Real participation takes all steps to ensure no participation is endangered.	If confidentiality is not maintained where appropriate, such as, when the adolescent who tells the truth about something, is punished.
What happens afterwards? Real participation is clear and transparent about how the output of the participation will be taken forward, and how it connects with other processes. It often aims to institutionalize participation for sustainability.	If adolescents participate actively on something important but it is not clear what follow-up will take place or what will be done with their contribution. Session report is not shared or checked with adolescents.

Engaging young people: Key elements (Activity 6B1)

Young people are seen as competent members of the community being served. Their participation as full and active partners in program design, decisions, implementation, monitoring and evaluation is valued and sought.

Many organizations are showing a growing appreciation for the importance of involving young people in all aspects of programming. There has also been a change from problem-based approaches to young people, which focus on protecting young people from the risks to which they are exposed towards building on their competencies and positive characteristics. There are many ways to facilitate the process of meaningful participation of young people. What works in one context may not necessarily work in another.

Program experience and research suggest 10 elements that lead to effective youth-adult partnerships.

- **Clear goals for the partnership:** Young people and adults should understand the reasons for and objectives of the partnership.
- **Shared decision-making power:** If young people have no power to make decisions, their participation is not one of partnership.
- **Commitment from highest level:** Those in the highest level of the organization should commit fully to partnerships in order to be feasible and meaningful.
- **Clear roles and responsibilities:** Be clear on which young people and adults have roles in the partnership and ensure that those people understand everyone's roles and responsibilities.
- **Careful selection:** Select the appropriate young people and adults for the partnership. Young people vary widely in their level of development and readiness to assume responsibility, and adults vary widely in their degree of commitment to work with young people.
- **Relevant training:** Young people need to be empowered to participate. They need to be assisted to develop resource power, knowledge power, positional power, and personal power. Young people may need training in communication, leadership, advocacy, and technical areas. Adults may also need training in working with young people as well as in technical areas.
- **Awareness of different communication styles:** Different styles of communication do not necessarily imply disrespect, disinterest, or different goals and expectations. Asking questions and assuming the best about others can help diffuse conflicts that arise from different communication styles.
- **Valuing participation:** Part of valuing youth involvement is to hold young people accountable for their responsibilities, just as one would with adults. The skills and commitment that adults bring to the partnership should also be valued.
- **Room for growth:** Establish ways for young people to advance to increased levels of responsibility.
- **Awareness that young people have other interests:** Young people may not be able to meet high levels of obligations because of other commitments and priorities. Work with young people to develop a level of responsibility that matches their time and commitment.

Changes that are needed at the organizational level

Changes need to be made to the ways in which organizations are structured and function. Organizations that endorse the concept of youth-adult partnerships must also be willing to alter the organizational environment if institutional barriers exist that are detrimental to young people and their ability to participate. Some barriers that could make youth involvement difficult include:

Work hours and meeting times

An organization's hours of operation usually coincide with times when young people are at school, work or engaged in household chores.To engage young people, program planners must find non-traditional times at which to hold important meetings. For adults, this may mean altering schedules to hold meetings in the late afternoon, early evening, or on the weekend. For young people, this may mean gaining permission from school or other work to attend a daytime meeting.

Transportation

Many young people do not have assured access to a vehicle. Program planners should schedule meetings in easily accessible locations or provide immediate travel reimbursement or pre-payment for the cost of travel.

Training

In organizations that have always operated from an exclusively adult perspective, staff may need training in cultural competency. Whether working directly with young people or not, staff will need

to accept young people's perspectives and ideas. Recognize differences among young people (for example, age, sex, education).Build in support for young people with unique needs (for example girls, those living with HIV and AIDS). Organizations and their staff must make a determined effort to let young people know that they are valued.

Equal decision-making
The goal of equal decision-making may not be realistic or attainable if adults have financial responsibility, if young people are short-term interns, or if the work requires technical skills that young people do not have. In these cases, it is important for adults to be honest with young people about the situation and identify areas where young people can make meaningful contributions to decision-making processes.

Representation
It is important, and often difficult, to ensure that the young people who are participating in programs are representative of other young people. Clarify types of young people needed and how they can be involved.

Selectionof young people needs to be transparent. Those responsible for the selection process – usually adults – need to be transparent about their criteria and its limitations. A young person, for example may be representing a project, a geographic area, an age group, a type of background or social situation (out of school/street children).

To be inclusive of the KPs:

- Speak to young people to identify the KPs, their location and what may help them participate.
- Speak to the KPs and find out what would make participation feasible and enjoyable.
- Explore the reasons for their exclusion/inability to participate as this will help understand issues of diversity within young people as a means to integrating all vulnerable young people.

Gender is an important consideration. Gender equity in groups means more than having the same numbers of boys and girls participating. This may include separate smaller group discussions that allow girls and boys to express themselves more freely, actively challenging gender stereotypes about who does what in the group, etc.

It is recommended that issues of gender, geographic area, age, social situation or vulnerability among other factors be critically considered. When working with representative young peoples' groups, transparency in selection is important, as well as guarding against generalization of their input to cover all young people.

Resources
Young people can participate effectively if their capacities are built to play the role they are expected to play. This process can be slow and time consuming. The organization has to be willing to commit financial and human resources for this process.

Procedures and policies
With input from young people and adults, organizations should develop policies on youth-adult interactions. For example, if a program involves overnight travel, young people and adults should be clear about their roles and responsibilities in travelling together. The policies will need to respect young people's desire for independence and, at the same time, address the legal liability of the organization, the comfort level and legal responsibilities of adult staff, and parental concerns about security. Organizations may also consider establishing policies requiring the consent of parents or

guardians for youth participation, for staff driving young people to meetings, and other policies, specific to a particular institution's work.

Including youth aged 18 to 24 years may be easier since they are more mature. Moreover, institutions can usually integrate them into their pre-existing management structures since they are starting their professional careers and legally require the same support structures as adults.

Involving younger youth ages 10 to 17 years requires more serious reflection. For considering younger youth for a project, groups should consult with an authority on the local child labor laws and policies. These youth may be able to volunteer and provide valuable insight and skills, but they may require additional structures and support systems. Parental consent should be sought and parents should be made aware of how to contact their children during work hours.

People Living with HIV

Involving people living with HIV/AIDS (PLHIV) in the work place has pros and cons that should be given serious consideration prior to involvement. Participation of PLHIV can give perspective and sensitize institutions to the realities that PLHIV face. This may ultimately improve the quality of its services to this group. It may also encourage individuals to help others in their communities, as well as empower PLHIV to build confidence in their own abilities. In some cases, being open about HIV status can give hope and inspiration to other PLHIV.

However, PLHIV should not be pressured to go public with their status, and their privacy must be protected. Great stigma is often attached to being HIV-positive. Families and communities alike may not be prepared to accept or deal with such traumatic news.
The institution should prepare staff and volunteers in advance to ensure readiness to deal with these issues for both HIV-positive and HIV-negative staff. It should consider providing access to qualified psychological counselors and referrals to support groups for PLHIV.

To protect and promote human rights of the PLHIV working in the organization:

Consider if the organization:

- has clear policies about the rights of staff/volunteers;
- has clear policies for staff/volunteers who are HIV positive;
- It actively involves staff/volunteers in all areas of development (including developing job descriptions and evaluation tools);
- Ensures that the rights of staff/volunteers are upheld; and
- Ensures that there are mechanisms within the agency for people to influence decisions?

You can ask to see the agency policy manual and do your own review to look for policies and practices that support the rights of PLHIV, volunteers and staff people.
If you answered "no" to any of these questions, you may want to explore more. Look into any of the agency's staff and volunteer policies. If there are no policies which clearly take into consideration PLHIV, ask why not.
Perhaps there's room to work in the agency to make sure policies and support mechanisms are in place. If there is no mechanism for appeal or for conflict resolution, again ask why not and see if you can assist in developing those tools.

Awareness When Recruiting Youth

After careful consideration of all of the above factors, an institution should set recruitment standards for all demographic categories, with an emphasis on the population it serves. It should develop strategies to recruit qualified candidates from each group, monitor and evaluate how well recruitment standards are met, and study the relationship of recruitment approaches with project outputs.

Session 7

Developing an Implementation Plan

Introduction	In the previous sessions, participants have identified their issues, defined the advocacy objectives, analyzed the support and opposition and the target audiences, developed advocacy messages and understood how to measure an advocacy work. This session presents the action planning stage of the workshop. Up to this point, the workshop has focused on building skills on various stages of the advocacy process. To develop this plan, it is required to draw together all the thinking and hard work you have done till now. This plan will be the map that helps you to reach your objective: it will tell what needs to be done, when, and by whom. This session provides us an excellent opportunity to work as team.
Objectives	By the end of the session the participants will : 1. Develop basic skills to formulate realistic implementation plan and 2. Be able to mobilize and leverage resources
Activities	**7A:** Reviewing the Steps of Planning an Advocacy Initiative /Campaign **7B:** Developing an Advocacy Implementation Plan **7C:** Defining Resources
Time	**Time: 3 hours 15 minutes**
Preparation	**Photocopy of Hand out- Steps in Planning an Advocacy Campaign,** **Copy of the worksheet**

Activity 7A:
Reviewing the Steps of Planning an Advocacy Initiative /Campaign:
Time: 45 Minutes

Activity Objective: To revise the key steps in advocacy process.

Steps

1. Tell participants that at this stage of the training, it is important to review what they have learned about planning an advocacy campaign so far. Remind participants of the various steps that have been discussed (identifying an issue; formulating an advocacy goal and objective; identifying stakeholders; selecting appropriate activities and materials; and developing advocacy messages).

2. Review each of these steps using examples from the group work during earlier sessions, and asking participants:

    - What are the most important considerations for this step?
    - What did you learn about this part of the advocacy process that you didn't know before?

3. Distribute Handout: Steps in Planning an Advocacy Campaign. Explain that this handout provides a summary of key elements of each step in planning an advocacy campaign. Share that in rest of the session the focus will be on developing an implementation plan.

4. Before moving to the step of developing an implementation plan for their advocacy campaign, ask the participants to take 10 minutes to think / reflect individually on their future advocacy plans.

    - Would they like to develop a plan that can be taken up by an existing partnership/ network?
    - Is there an advocacy component within an ongoing SRHR project that they would like to strengthen?
    - Would they like to develop a plan which will be a new initiative addressing SRHR and youth? For example: an advocacy plan for their individual organization.

5. Now ask each participant to share what they intend to take on as advocacy initiative in the next one or two years. Note the responses on the flipchart.

Advocacy campaign through Network	Advocacy plan within an ongoing project	New Initiative

Based on this sharing, participants can work in breakout groups or pairs or individually. The purpose is to bring together participants who plan to develop similar or joint advocacy implementation plans.

Note for the facilitator: The aim is to facilitate the development of clear and concrete implementation plans that are not just seen as outputs of training but more importantly as a plan that is owned by the participants and which they are motivated /committed to take on over the next one or two years.

Activity 7B:
Developing an Advocacy Implementation Plan

Time: 2hours

Activity Objective: To support the participants in development of realistic and feasible Advocacy Implementation Plans

Steps

1. Ask participants to brainstorm reasons why it is important to have an implementation or action plan before starting their advocacy activities.

2. Distribute and review Worksheet: **Advocacy Implementation Plan.**
   Acknowledge that there are many different formats used for implementation or action plans but regardless of the format used, the crucial point is to plan out the activities before implementing them.

3. Tell participants that while filling out their implementation plans, they should identify the target audience, the type of activity, which resources are needed, who will be in charge of the activity, and the time frame for each advocacy activity.
4. Remind them to identify and include preparatory activities that need to be completed before beginning their advocacy activities. (Preparatory activities would include collecting data or information on the issue, meeting with potential partners, creating fact sheets, etc..) Ask participants if they have any questions about the implementation plan.

5. Let participants rejoin their working groups to complete their implementation plans. Attend to each group to answer questions and help participants stay on track.

6. Ask each group to present part of their implementation plan, sharing their advocacy objective, target audiences, the activities, and their projected time-frames to the rest of the group. After each presentation, lead a discussion about whether the chosen activities and target audience would be effective in reaching the advocacy objective and whether the time frame is realistic.

Sample Advocacy Implementation Plan

<table>
<tr><td colspan="7">Goal: Make SRH services accessible to all Young People in the state/ division by 2015</td></tr>
<tr><td>Objectives 1:
To advocate with District / State program managers/ authorities for initiation of youth friendly health services in at least X PHCs in the district/state/ division by 2012.</td><td colspan="6">Indicators
1. Increased knowledge about the youth policy/strategy on SRHR/YFHS amongst local health authorities.
2. Increase in number of health official/s willing to take action on this issue of YFHS.
3. Increase in number of elected representatives who publicly support the issue/or say that the issue is important.
4. Health Authorities agree to include YFHS as part of their annual work plan.
Increase in number of Doctors who support the idea of youth clinic being initiated in their health facility.</td></tr>
<tr><td>Objectives 2:
To advocate with identified stakeholders for increased access to SRH information and health services through AEP in government schools, in X districts/states/ division by 2013.</td><td colspan="6">5. Increased knowledge about SRHR/YFHS/Sex education amongst elected representatives
6. Number of officials in the relevant departments having increased knowledge about the benefits of sex education</td></tr>
<tr><td colspan="5">Stakeholders:
Health functionaries, Doctors and other health providers, locally elected representatives, Religious leaders, Authorities dealing with HIV/AIDS, media, Youth

Local education department, education boards, Principals, Teachers, locally elected representatives of the government, Community leaders, religious leaders, , Elected representatives</td><td></td><td></td></tr>
<tr><td colspan="5">Partnerships (Partners, Network, Alliances)
Youth Coalitions, clubs or networks, Networks of Positive People, NGO Network, Youth Clubs</td><td></td><td></td></tr>
<tr><td colspan="7">Advocacy Activities under Objective one:</td></tr>
<tr><td>Stakeholder/s</td><td>Activity</td><td>Indicator</td><td>Means of Verification</td><td>Resources required</td><td>Timeframe</td><td>Person in charge of the activity</td></tr>
</table>

District Health Authority	One to One Meeting	Number of meetings with district Health Officers and Civil Surgeon Number and type of issue Discussed	Minutes of the meeting with key decisions taken and follow up	Briefing or Advocacy Kit on youth friendly health services (development and printing costs)	One month	Senior program Manager for the first meeting, followed up by project officer
Doctors/health care providers and local health authorities	Sensitization Meeting	Number of officials / doctors and other stakeholders participating from the health department	List of participants Minutes of sensitization meeting	Venue and logistics, travel costs for the team members	Three months	Senior Program Manager, supported by the Project officer
MEDIA	Press Release on sensitization meeting for doctors Invite to cover youth events	Number of Issue based coverage of the events by media	Media Clippings	Briefing Kit with Relevant information (e.g.; local data on youth, analysis of health related data, desired actions from various stakeholders) Cost of printing, communication	In tandem with the major events/ activities	relation person / Senior Program Manager
Local elected representative/s	One to one meeting	Number of meetings	Statement /by representative in meeting/ assembly/ parliament	Compilation of relevant information about provisions in the national / local health policy/ programs, spending on youth, desired action/s	Six month	Senior Program Manager/ Director

Community leaders	Meeting with Panchayat representatives and religious leaders	Number of meetings with panchayat and religious leaders on the issue of youth SRHR and their needs	Minutes of the meetings capturing verbatim of Panchayat and religious leaders, opinion	Simple Pamphlet and booklets of information in vernacular language	Regular with build up to one large meeting	Program officers and community workers/

Monitoring plan:

1. Review activity reports and minutes from the meeting/s
   - Whether the Meeting has right participation?
   - If the relevant material was distributed or not?
   - Whether the press release was sent on time?
   - Minutes circulated to the relevant stakeholders or not?
2. Technical support and monitoring visits monthly/quarterly
3. Media monitoring
4. Action plans and forecast, monthly quarterly
5. MIS based reports; quarterly/half yearly

Activity 7C:
Defining Resources
Time: 30 minutes

Activity Objective: To bring about an understanding on various resources required to carry out advocacy
To review the existing/available resources and potential sources/opportunities for mobilizing/ leveraging resources for advocacy

Steps

1. Ask participants to brainstorm the meaning of a resource. Record ideas on flipchart and summarize by noting that resources can either be money, manpower, or materials.

2. Ask participants to include necessary resources for each activity in their implementation plans. Record these in the sample worksheet (i.e. money, manpower, or financial).

3. Tell participants that when thinking about what resources are needed, they should consider how they are going to get such resources.

Essential points for discussion

- Does the organization have enough money at this time to pay for the resources?
- Can the existing human resources take on these activities as part of their present job responsibilities?
- Can the resources be leveraged (from existing resources, from the government, other linkages)?
- Is there an opportunity to apply for a grant?

4. Ask the group to brainstorm possible sources of support for their advocacy campaign. Record ideas on a flip chart, and offer any additional ideas and suggestions that you may have.

5. Plan a time line for the next meeting and follow up so that participants can share their experiences as well as an update on the activities in the implementation plan.

Handout: Steps in Planning an Advocacy Campaign

1. Identifying an Issue (See Worksheet: Problem Tree)

   - Identify problem issue that affects your community which you think needs to be addressed.
   - Consider how the problem is addressed in national/state/divisional policies and whether policy commitments are being implemented at the community level.

2. Formulating an Advocacy Goal and Objectives (See Worksheet: Advocacy Goal and Objectives)

   - Define an advocacy goal—i.e. the broad, long-term result or vision that you are hoping to achieve.
   - Formulate SMART advocacy objective(s)—i.e. the specific results that contribute to the goal.

The objectives define the change you want to see, including who will be targeted, the actions you want them to take, the degree of change, and the time frame.

3. Identifying and Analyzing Stakeholders (See Worksheet: Stakeholder Analysis)

   - Identify primary Stakeholders —i.e. the policy makers and institutions with the direct power to affect your advocacy objective.
   - Identify secondary Stakeholders —i.e. those who are positioned to influence your primary audiences.
   - Analyze the primary and secondary Stakeholders to understand their knowledge, values, and beliefs about the advocacy issue.

Remember to gather relevant evidences to build your case for advocacy with various stakeholders.

4. Selecting Appropriate Activities (See Worksheet: Identifying Advocacy Activities)

   - Consider the key audience characteristics (literacy, social standing, etc.) that influence what types of advocacy activities and materials will be most effective in reaching and convincing the target audiences. Also consider other factors such as timing and cost.

5. Developing Advocacy Messages (See Worksheet: Advocacy Messages)

   - Develop clear, concise messages that are tailored for each target audience.
   - Ensure that messages include a call to action for a specific target audience.

6. Developing a Monitoring Plan (See Worksheet: Developing Indicators)

   - Identify what information to collect (called the "indicators") and how to collect that information (called "means of verification").

7. Developing an Implementation Plan (See Worksheet: Advocacy Implementation Plan)

   - Identify the target audiences, the type of activity, which resources are needed, who will be in charge of the activity, and the timeframe for each advocacy activity.
   - Identify preparatory activities that need to be completed before beginning the advocacy activities.

Worksheet for Developing Advocacy Implementation Plan

Advocacy Implementation Plan
Location (In which state and district / division will it be implemented?):

Developed by (write name, designation, and organization/network):

Goal:				
Objectives:			**Key Indicators:**	
Stakeholders:				
Partnerships (Partners, Network, Alliances)				
Advocacy Activities:				
Stakeholder/s	Activity	Timeframe	Person in charge of the activity	Resources required
Monitoring plan:				

Reference Reading session 8

Planning an Advocacy Campaign/Initiative	
Define Issue	**The problem that requires action**
Determine Goals and Objectives	**Long-term results of the advocacy effort and specific short-term results**
Identify Stakeholders (Target Audience)	**The decision makers who have the power to bring about the desired change and people or institutions who can influence the decision makers.**
Select Activities and Materials	**The manner in which the audience will be reached.**
Develop a Message	**The message will inform, persuade, and move the specific Audience to action.**
Develop an Implementation Plan	**Ensuring that the activities are well-organized and implemented as planned.**
Develop a Monitoring and Evaluation Plan	**Assess whether the activities are effective in meeting the advocacy objectives**

References

1. A guide to measuring advocacy and policy, Organizational Research Services, 2007
2. Advancing the Sexual and reproductive health and human rights of people living with HIV
3. *Advocacy Guide for HIV/AIDS, IPPF*
4. Advocacy Guide for Sexual Reproductive Health and Rights, IPPF
5. Advocacy in Action – A Toolkit to Support NGOs and CBOs Responding to HIV/AIDS
6. Advocacy Intervention Package: Prevention of HIV/AIDS amongst young people
7. Advocacy Tools and Guidelines: Promoting Policy Change, CARE International, (2001).
8. Advocating for Adolescent Reproductive Health, Advocates for Youth, 1998
9. An Advocates Guide to the International Guidelines on HIV AIDS and Human Rights
10. Fact Sheet on Advocacy, Marie Stopes International, 2006
11. Hand book, HIV and AIDS Advocacy & Media Relations, 2008 *Religions for Peace*
12. Handbook on Advocacy, MAMTA Health Institute for Mother and Child
13. Lead the change: Young Women, HIV and Sexual and Reproductive Health and Rights, flyer by World Aids Campaign, Girl Empower network and YWCA
14. Measuring up Advocacy: Facilitators guide, HIV-Alliance
15. Media Advocacy Manual
16. Mobilising Communities on Young People's Health and Rights, An Advocacy Training Guide, Family Care International
17. Mobilizing Communities on Young people Health and Rights: An Advocacy Training Guide
18. Networking for Policy Change: An Advocacy Training Manual, The POLICY Project, 1999
19. *The Advocacy Kit* by Susan K. Flinn, Training manual, HIV and AIDS Advocacy & Media Relations, 2008 *Religions for Peace*

Annexure

1.	What did you like about the program?
	i. Development of Advocacy Messages ii. Facilitators Techniques iii. Concept of the Program iv. Participatory method through group work and presentation v. Explanation through slide presentation and curriculum in Manipuri. vi. Exercising of the rights. vii. its focusing on the youths and the marginalized sections of the society.
2.	What did you not like about the program/organization/arrangements?
	i. All the arrangements are right. ii. Venues of the program iii. Irregular power supply iv. Negligence/lack of active participation from some participants.
3.	In what ways did the program help you?
	i. This program will help me to make goals and objectives of an advocacy program. ii. Increase knowledge on the needs of SRHR amongst the KPs iii. Life skill development iv. Creating an advocacy plan. v. The way how the advocacy is done. vi. Knowledge up-dation and sharing vii. It helps me to gain more knowledge and experience
4.	Which of the learning from the program you will apply in your job?
	i. Youths and KPs advocacy. ii. Linkages with media. iii. It can be applied while working with Youths and KPs. iv. Selection and analysis of stakeholders using some guideline. v. How to conduct advocacy. vi. Involvement of youths in different section
5.	Did the program serve you a development agenda? In what way?
	i. Yes, I feel motivated to work in KPs issues. ii. Motivation to work in this issue. iii. Formulation of implementation plan. iv. Developing advocacy agenda. v. Working with KPs vi. Participation and network
6.	Which session did you like most and why?
	i. Program Planning ii. Identification of problems, objective, stakeholders etc. iii. Way of presentation. iv. Problem Tree. It can find out the unbelievable root causes and consequences. v. Group exercises develop participation and skills vi. Role play
7.	Any comments
	i. Facilitator is an expert in taking session and provided better understanding. ii. He knows how to motivate and encourage for active participation. iii. Well arranged.. iv. Need final curriculum both English and Manipuri. v. Need more energizer/games after post lunch session.

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