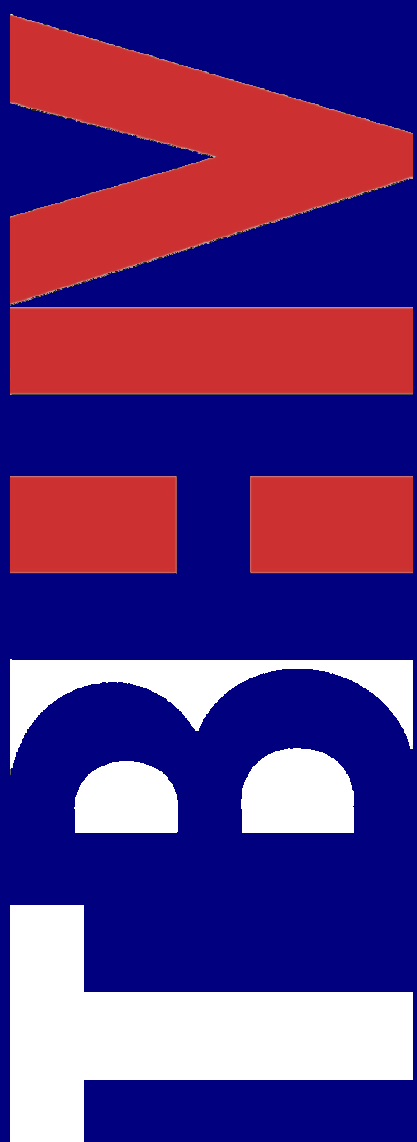


Networking for Policy Change An Advocacy Training Manual



Networking for Policy Change: TB/HIV Advocacy Training Manual

“TB is too often a death sentence for people with AIDS.

It does not have to be this way.”

-Nelson Mandela, International conference on HIV/AIDS, Bangkok, Thailand, July 2004

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Acknowledgments

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Introduction

“TB and HIV (TB/HIV)--two diseases--one patient. For the first time, the goal of working together as one community seems truly achievable, with broad representation and contribution from both the HIV and the TB communities. It is a joint action that works – not TB or HIV programs working in isolation.”

Participants, Third Global TB/HIV
Working Group Meeting
Montreux, Switzerland, June 2003

Purpose of the Manual

It is through advocacy—a set of targeted actions in support of a specific cause—that a supportive and self-sustaining environment for TB/HIV (the intersecting epidemics of TB and HIV) goals can be created. This training manual was prepared to help representatives of nongovernmental organizations (NGOs) and other formal groups of civil society to form and maintain advocacy networks and develop effective TB/HIV advocacy skills. The manual’s tools and approaches can be used to affect TB/HIV policy decisions at the international, national, regional, and local levels.

This document is adapted from *Networking for Policy Change: An Advocacy Training Manual*, a resource for facilitators of family planning and reproductive health advocacy issues worldwide. The training manual includes information on networking, communications, and policy environments; exercises on conceptualizing, implementing, monitoring, and evaluating advocacy campaigns; and relevant materials for advocates. Facilitators can use the training techniques employed in the manual in various contexts. However, this manual is specifically adapted for trainings when TB/HIV is the focus of advocacy.

Why advocacy manual on TB/HIV?

TB and HIV are global emergencies whose deadly interaction affect millions and threaten global public health. HIV infection is a leading risk factor for TB through promoting the progression of latent and recent infections of *Mycobacterium tuberculosis* (MTB) into active disease. It also increases the rate of recurrence of TB. The number of TB cases has been on the rise over the last two decades coinciding with increase in adult HIV prevalence rate particularly in sub-Saharan Africa, amounting up to a ten fold increase in some countries. HIV is the main reason for failure to meet TB control targets in high HIV settings. Likewise, TB is among the leading causes of death among people living with HIV/AIDS.

Collaborative TB/HIV activities can improve TB and HIV control. Collaborative TB/HIV activities have the objectives of reciprocating between TB and HIV/AIDS programs, reducing the burden of TB among persons living with HIV/AIDS (PLHAs) and reducing the burden of HIV among patients with TB. Implementation of collaborative TB/HIV activities need to be

accelerated in countries to address the epidemic of HIV related TB. Sound implementation of these activities requires the collaboration between TB and HIV/AIDS programs at all levels. Joint action is needed now to provide optimum patient centered TB and HIV prevention and care. The creation of this training manual is one of the first advocacy steps to make the joint TB/HIV action effective at global, regional, national and local levels. This manual will serve to solicit political and popular support and resource mobilization to accelerate the implementation of collaborative TB/HIV activities.

Who Should Use This Manual?

This advocacy manual is intended to reach individuals and institutions at national and local levels who advocate for TB and HIV.

How the Manual Is Organized

The manual is based on the principle that advocacy strategies and methods can be learned. It is organized around a well-developed model—tested over time and within diverse cultures—for accomplishing advocacy objectives. The components of the model are the same regardless of the advocacy goals—whether to build district capacity to implement collaborative TB/HIV activities or to enhance and expand PLHAs support group’s involvement in collaborative TB/HIV activities.

Following a general overview of TB/HIV issues, the following three sections are addressed:

- **The Power of Numbers : Network for Impact**
- **Actors, Issues, and Opportunities: Assessing the Policy Environment**
- **The Advocacy Strategy: Mobilizing for Action**

The building blocks of advocacy are the formation of networks, the identification of political opportunities, and the organization of campaigns. The manual includes a section on each of these building blocks, with specific subjects presented in individual units. Each section begins with a general introduction to the topic. Units within each section contain background notes, learning objectives, and handouts. The approximate time required to complete each unit is indicated as are the needed materials and preparation. Within each unit, activities such as role plays, discussions, and brainstorming are presented to help participants internalize their learning. Each unit concludes with a brief summary and a preview of the next unit.

While the manual can be used in its entirety, it is designed to be used in sections depending on the particular needs of the network. For example, if a group of NGOs has already formed a network and has decided it needs a better understanding of both the policy process and how to become skilled advocates, a workshop could be organized on Sections II and III. To take another example, if NGOs are interested in forming an advocacy network or making their existing network function more effectively, it would be appropriate to organize a workshop on Section I. By focusing only on the introduction to each section and the background notes for each unit, networks can also use the manual as a general reference on advocacy without undertaking any specific training activities.

Training Methodology

This manual is based on the following adult learning principles:

- The learning is self-directed.
- It fills an immediate need and is highly participatory.
- Learning is experiential (i.e., participants and the facilitator learn from one another).
- Time is allowed for reflection and corrective feedback.
- A mutually respectful environment is created between facilitator and participants.
- A safe atmosphere and comfortable environment are provided.

Training techniques used in this manual include the following:

Presentations - activities conducted by the facilitator or a resource specialist to convey information, theories, or principles;

Case Study Scenarios - written descriptions of real-life situations used for analysis and discussion;

Role-Plays - two or more individuals enacting parts in scenarios as related to a training topic;

Simulations - enactments of real-life situations; and

Small Group Discussions - participants sharing experiences and ideas or solving a problem together.

Role of the Facilitator

It is the responsibility of the facilitator to present each unit's background material and activities as clearly as possible. Skills used to enhance communication include the following:

Nonverbal Communication

- Maintain eye contact with everyone in the group when speaking. Try not to favor certain participants.
- Move around the room without distracting the group. Avoid pacing or addressing the group from a place where you cannot be easily seen.
- React to what people say by nodding, smiling, or engaging in other actions that show you are listening.
- Stand in front of the group, particularly at the beginning of the session. It is important to appear relaxed and at the same time be direct and confident.

Verbal Communication

- Ask open-ended questions that encourage responses. If a participant responds with a simple yes or no, ask "Why do you say that?"
- Ask other participants if they agree with a statement someone makes.
- Be aware of your tone of voice. Speak slowly and clearly.
- Avoid using slang or other "special" language.
- Be sure that participants talk more than you do.
- Let participants answer each others' questions. Say "Does anyone have an answer to that question?"

- Encourage participants to speak and provide them with positive reinforcement.
- Paraphrase statements in your own words. You can check your understanding of what participants are saying and reinforce statements.
- Keep the discussion moving forward and in the direction you want. Watch for disagreements and draw conclusions.
- Reinforce statements by sharing a relevant personal experience. You might say “That reminds me of something that happened last year...”
- Summarize the discussion. Be sure that everyone understands the main points.

Effective facilitation includes the following:

Setting the Learning Climate

- Read each unit and review all materials and activities before each training session so that you are fully comfortable with the content and process.
- Start on time and clearly establish yourself as the facilitator by calling the group together.
- Organize all the materials you need for the session and place them close at hand, stay within the suggested time frames.
- Gain participants’ attention and interest by creating comfort between yourself and them.
- Anticipate questions.
- Prepare responses and examples to help move the discussion forward.

Presenting the Objectives

- Provide a link between previous units and the current one.
- Use the background notes that begin each unit to introduce the topic under consideration.
- Inform participants of what they will do during the session to achieve the unit’s objectives.

Initiating the Learning Experience

- Introduce, as appropriate, an activity in which participants experience a situation relevant to the objectives of the unit.
- Let participants use the experience as a basis for discussion during the next step.
- If you begin a unit with a presentation, follow it with a more participatory activity.

Reflecting on the Experience

- Guide discussion of the experience.
- Encourage participants to share their reactions to the experience.
- Engage participants in problem-solving discussions.
- See that participants receive feedback on their work from each other and from you.

Discussing Lessons Learned

- Ask participants to identify key points that emerged from the experience and the discussion.
- Help participants draw general conclusions from the experience. Allow time for reflection.

Applying Lessons Learned to Real-life Situations

- Encourage participants to discuss how the information learned in the activity will be helpful in their own work.

- Discuss problems participants might experience in applying or adapting what they have learned to their own or different situations.
- Discuss what participants might do to help overcome difficulties they encounter when applying their new learning.

Providing Closure

- Briefly summarize the activities at the end of each unit.
- Refer to the objective(s) and discuss whether and how they were achieved.
- Discuss what else is needed for better retention or further learning in the subject area.
- Provide linkages between the unit and the rest of the workshop.
- Help participants leave with positive feelings about what they have learned.

Covering All the Details

- Prepare all training materials (resources for research, reference materials, handouts, visual aids, and supplies) and deal with logistics (venue, tea breaks, and audio-visual equipment) in advance.
- Clarify everyone's roles and areas of responsibility if other facilitators are helping to conduct the training. Meet with the co-facilitators daily to monitor the progress of the workshop and to provide each other with feedback.
- Ask participants to evaluate the training both daily and at the end of the workshop.
- Plan follow-up activities and determine additional training needs.

General Guidance to the Facilitator

- Use the materials flexibly. Many of the notes and handouts can be used in more than one activity.
- In many cases, where the manual uses an approach that is applicable to all audiences, the activities need not be changed.
- Encourage participants to provide examples of their own experiences and advocacy opportunities of TB/HIV issues. The issues vary from country to country and community to community, and the voices of workshop participants will make the subject real and create and maintain the advocacy programs that are so critical to society.
- Many advocates are already fighting for greater attention to TB/HIV concerns and you can bring out these experiences to enrich the training dialogue.

OVERVIEW

TB and HIV/AIDS ISSUES

A. The Global TB and HIV/AIDS Epidemic^{1,2}

- At the end of 2005 a total of 40.3 million people were estimated to be living with HIV/AIDS, of whom 25.8 million (64%) were in sub-Saharan Africa and 7.4 million (18%) in South and South-East Asia.
- Tuberculosis, although curable, is one of the most common causes of HIV-related illness and deaths. By the end of 2005, sixteen million adults living with HIV/AIDS were estimated to be co-infected with *Mycobacterium tuberculosis*, with 79 percent of those co-infected living in sub-Saharan Africa and 13 percent living in South East Asia.

B. How HIV Fuels the Tuberculosis Epidemic^{2,3}

- HIV fuels the tuberculosis epidemic in several ways. HIV promotes progression to active TB both in people with recently acquired and with late *M. tuberculosis* infections. HIV is the most powerful known risk factor for reactivation of latent tuberculosis infection to active disease. HIV infected people are more susceptible to TB infection when they are exposed to *M. tuberculosis*.
- HIV not only increases the number of TB cases, but also alters the clinical course of TB disease. As HIV-related immunosuppression increases, the clinical pattern of TB disease changes, with increasing numbers of smear-negative pulmonary TB and extra-pulmonary TB cases. TB is more likely to be disseminated and more difficult to diagnose as immunosuppression progresses.
- Escalating tuberculosis case rates over the past decade in many countries in sub-Saharan Africa and in parts of South East Asia are largely attributable to the HIV epidemic. Since the mid-1980s, in many African countries, including those with well-organized programs, annual tuberculosis case notification rates have risen up to fourfold, reaching peaks of more than 400 cases per 100,000 population. Up to 70 percent of patients with sputum smear-positive pulmonary tuberculosis are HIV-positive in some countries in sub-Saharan Africa.

C. Current Tuberculosis Control Strategy and Targets^{4,5,6}

- The WHO's Stop TB Strategy has four objectives: achieve universal access to quality diagnosis and patient centered treatment, reduce the human suffering and socioeconomic

¹ UNAIDS & WHO. 2005. *AIDS Epidemic Update*. Geneva: UNAIDS/WHO.

² Adapted from WHO. 2005. *Guidelines for Implementing Collaborative TB & HIV Programme Activities*. Geneva: WHO.

³ Adapted from WHO. 2004. *Strategic Framework to Decrease the Burden of TB/HIV*. Geneva: WHO.

⁴ Adapted from WHO. 2004. *Interim Policy on Collaborative TB/HIV Activities*. Geneva: WHO.

⁵ Adapted from WHO. 2006. *The Stop TB Strategy*. Geneva: WHO.

⁶ Adapted from WHO 2006. *The Global Plan to Stop TB, 2006-2015*. Geneva: WHO

burden associated with TB, protect vulnerable populations from TB, TB/HIV and multi-drug-resistant TB, and support development of new tools and enable their timely and effective use.

The components of the strategy and the implementation approach are:

- Pursue high-quality DOTS expansion and enhancement
 - Political commitment with increased and sustained financing
 - Case detection through quality-assured bacteriology
 - Standardized treatment, with supervision and patient support
 - An effective drug supply and management system
 - Monitoring and evaluation system and impact measurement
 - Address TB/HIV, MDR-TB and other challenges
 - Implement collaborative TB/HIV activities
 - Prevent and control MDR-TB
 - Address prisoners, refugees and other high-risk groups and situations
 - Contribute to health system strengthening
 - Actively participate in efforts to improve system-wide policy, human resources, financing, management, service delivery and information systems
 - Share innovations that strengthen systems, including the Practical Approach to Lung Health (PAL)
 - Adapt innovations from other fields
 - Engage all care providers
 - Public–Public and Public–Private mix (PPM) approaches
 - International Standards for Tuberculosis Care (ISTC)
 - Empower people with TB, and communities
 - Advocacy, communication and social mobilization
 - Community participation in TB care
 - Patients’ Charter for Tuberculosis Care
 - Enable and promote research
 - Program-based operational research
 - Research to develop new diagnostics, drugs and vaccines
- The Global Plan to Stop TB, 2006-2015 is a comprehensive assessment of the action and resources needed to implement the Stop TB Strategy and to achieve the following targets, also found in the Millennium Development Goal 6: to detect 70 percent of sputum smear positive patients and cure 85 percent of those detected by 2005; reduce prevalence of and deaths due to TB by 50% relative to 1990 by 2015; and eliminate TB as a public health problem (1 case per million population) by 2050.

D. Toward Universal Access: WHO's Priorities in HIV/AIDS⁷

In 2005, leaders of the G8 countries agreed to “work with WHO, UNAIDS and other international bodies to develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all those who need it by 2010.” At the June 2006 General Assembly High Level Meeting on AIDS, United Nations

⁷ WHO's Contribution to Scaling Up towards Universal Access to HIV/AIDS Prevention, Treatment and Care: WHO Plan 2006-2010.

Member States agreed to work toward the broad goal of “universal access to comprehensive prevention programs, treatment, care and support” by 2010.

WHO's HIV/AIDS work in the period 2006-2010 is structured around five Strategic Directions, each of which represents a critical area that the health sector must invest in if countries are to make significant progress towards achieving universal access. Within each strategic direction WHO is concentrating its efforts on a limited number of priority health sector interventions, where WHO has demonstrated a comparative advantage and where there is sound evidence that the priority interventions have the potential to make a significant impact.

These strategic directions and their associated priority interventions are:

Strategic Direction 1: Enabling people to know their HIV status through confidential HIV testing and counseling

Priority interventions:

- Voluntary HIV counseling and testing (VCT)
- Provider-initiated HIV testing and counseling (PITC)
- Infant HIV diagnosis and family counseling and testing

Strategic Direction 2: Maximizing the health sector's contribution to HIV prevention

Priority interventions:

- Prevention of sexual transmission of HIV
- Prevention for people living with HIV/AIDS
- Prevention of mother to child transmission (PMTCT) of HIV/AIDS
- Prevention of HIV transmission through injecting drug use (harm reduction)
- Prevention of HIV transmission in health care settings
- Assessment and development of new HIV prevention technologies (including vaccines, microbicides, male circumcision and pre-exposure prophylaxis)

Strategic Direction 3: Accelerating the scale up of HIV/AIDS treatment and care

Priority interventions:

- Antiretroviral therapy for the management of pediatric and adult HIV/AIDS
- Prevention and management of opportunistic infections, other HIV-related conditions and co-morbidities
- HIV/AIDS care, including nutrition, palliative care and end of life care
- Linking HIV/AIDS and tuberculosis services

Strategic Direction 4: Strengthening and expanding health systems

Priority interventions:

- Leadership and stewardship
- National strategic planning and management
- Procurement and supply management
- Laboratory strengthening
- Human resource development and management
- Strategies for sustainable financing

Strategic Direction 5: Investing in strategic information to guide a more effective response

Priority interventions:

- Surveillance of HIV/AIDS and sexually transmitted infections (STIs)
- HIV drug resistance surveillance and monitoring of antiretroviral therapy (ART) programs
- Monitoring and evaluation of and reporting on the health sector's contribution in scaling up towards universal access
- Operational research

For each of the priority interventions, WHO will:

- Advocate for action and mobilize partnerships, including the empowerment of people living with HIV/AIDS
- Synthesize existing knowledge, support operational research and disseminate the evidence base on the effectiveness of each intervention and models of good practice for service delivery;
- Articulate global and regional policy options;
- Set norms and standards and develop, update and adapt assessment, policy, program, training and monitoring and evaluation tools and guidelines for their implementation;
- Provide technical assistance to countries and help build sustainable institutional capacity to scale up national HIV/AIDS responses;
- Support the monitoring and evaluation of the implementation of interventions, including assisting countries to select indicators and set targets; and
- Facilitate the integration of gender and equity issues into the design, delivery and monitoring and evaluation of the interventions.

E. The International Response to HIV related TB: An Evolving Approach³

- The Global TB/HIV Working Group of the Stop TB Partnership was established to coordinate the global efforts to address the dual TB and HIV epidemics. The Global TB/HIV Working Group has been instrumental in coordinating the global response and has developed the interim policy and the minimum package of guidelines to address the HIV-related TB epidemic.
- There is increasing international commitment to improve access to treatment of people living with HIV/AIDS, which accrues its benefits to HIV infected patients with TB.

F. Objectives and Recommended Activities for Collaborative TB/HIV Activities⁴

- The goal is to ensure that HIV prevention, care, and treatment should be a priority concern of TB programs and that TB treatment, care, and prevention should be a priority concern of national HIV/AIDS control programs.
- The objectives of collaborative TB/HIV activities are: (1) to establish the mechanisms for collaboration between tuberculosis and HIV/AIDS programs; (2) to decrease the burden of tuberculosis in PLHAs; and (3) to decrease the burden of HIV in patients with tuberculosis. The recommended activities are presented in Table 1.

Table 1. Recommended Collaborative TB/HIV Activities.

<p>A. Establish the Mechanism for Collaboration A1. Set up a coordinating body for TB/HIV activities effective at all levels A2. Conduct surveillance of HIV prevalence among patients with tuberculosis A3. Carry out joint TB/HIV planning; conduct monitoring and evaluation</p>
<p>B. Decrease the Burden of Tuberculosis in PLHAs B1. Establish intensified tuberculosis case-finding B2. Introduce isoniazid preventive therapy B3. Ensure tuberculosis infection control in health care and congregate settings</p>
<p>C. Decrease the Burden of HIV in Patients with Tuberculosis C1. Provide HIV testing and counseling C2. Introduce HIV prevention methods C3. Introduce co-trimoxazole preventive therapy C4. Ensure HIV/AIDS care and support C5. Introduce antiretroviral therapy.</p>

G. Definition of Countries for Collaborative TB/HIV Activities

- **Definition of Category I:** Countries in which the national adult HIV prevalence rate is greater than or equal to 1 percent (generalized epidemic level) **OR** in which the national HIV prevalence among a certain population group (tuberculosis patients, injecting drug users, etc) is greater than or equal to 5 percent (concentrated epidemic level).
- **Definition of Category II:** countries in which the national adult HIV prevalence rate is below 1 percent **AND** in which there are administrative areas with an adult HIV prevalence rate of greater or equal to 1 percent.
- **Definition of Category III:** Countries in which the national adult HIV prevalence rate is below 1 percent **AND** in which there are no administrative areas with an adult HIV prevalence rate of greater than or equal to 1 percent.

H. Recommendations to commence collaborative TB/HIV activities

1. **Category I Countries:** should implement all collaborative TB/HIV activities described on the table above.
2. **Category II Countries:** should implement all collaborative TB/HIV activities in those administrative areas with adult HIV prevalence rate $\geq 1\%$ and should implement activities as category III countries in other parts of the country.

3. Category III Countries: should implement the activities aimed at decreasing the burden of TB in PLHAs (intensified TB case finding, isoniazid preventive therapy, and TB infection control in health care and congregate settings)

I. Priority countries for TB/HIV (2006)

The TB/HIV priority countries list in 2006 contained 63 countries including all countries with an adult HIV prevalence $\geq 1\%$, and five additional countries (Brazil, China, India, Indonesia and Viet Nam), which together make up 98% of the global TB/ HIV burden.

The complete list includes:

African region: Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Congo, DR Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Mali, Malawi, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sierra Leone, South Africa, Somalia, Swaziland, Sudan, Togo, UR Tanzania, Uganda, Zambia and Zimbabwe.

Region of the Americas: Bahamas, Barbados, Belize, Brazil, Dominican Republic, Guatemala, Guyana, Haiti, Honduras, Jamaica, Suriname, Panama and Trinidad & Tobago

South-East Asia Region: India, Indonesia, Myanmar, and Thailand

Western Pacific Region: Cambodia, China, and Viet Nam

Europe Region: Ukraine, Russian Federation and Estonia.

SECTION I

THE POWER OF NUMBERS: NETWORKING FOR IMPACT

Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it is the only thing that ever has.

Margaret Mead

Introduction

Why do you hear so much about networking today? Probably because it is working! The Stop TB partners made the development of a shared global plan to control TB one of their first priorities. In 2000, at the Amsterdam Ministerial Conference on TB and Sustainable Development, 22 of the highest-burden countries mapped out their priorities for a plan of action that would have a rapid impact on TB in those areas suffering most from the epidemic. The Amsterdam Declaration for TB Control heralded a unique effort by hundreds of individuals and institutions to draft the Global Plan to Stop TB and win its endorsement. The First Global Partner's Forum which was held in Washington in 2001 included the participation of 200 partners. Today, the Partnership has expanded to include more than 400 partners and it has also evolved substantially in terms of the action it undertakes.

Advocacy Networks at Work

Participants at the Global DOTS Expansion Working Group Meeting held in Cairo in November 2000, called for the establishment of a Global Working Group on TB/HIV. The goal of the Working Group is to reduce the global burden of HIV-related TB through effective collaboration between TB and HIV programs and communities, and promote evidence-based collaborative TB/HIV activities. It also facilitates the sharing of experience and the dissemination of lessons learnt in order to accelerate the implementation of collaborative TB/HIV activities. The Working Group is one of seven working groups in the Stop TB Partnership and has a membership of more than 230 by 2006.

Networking is simply a process for initiating and maintaining contact with individuals and organizations that share or support common goals and agree to work together to achieve those goals.

Through advocacy, networks can engage in high-level dialogue with policymakers and other influential leaders on broad policy issues and national policies. Policy issues at the operational level are another potential focus for a campaign. Such issues might deal with the formulation of specific resource allocation and service delivery guidelines. Advocacy includes both single-issue, time-limited campaigns and ongoing work undertaken by a network around a range of issues—conducted at the national, regional, or local level.

By generating public support for TB/HIV issues and linking them to other important social and economic topics under consideration by policymakers—such as poverty alleviation and job creation—a network can help change the knowledge, attitudes, and practices of major decisionmakers. At the same time, a network can help ensure that more appropriate and representative policies and resource allocations are in place for TB/HIV activities.

Advocacy is a set of targeted actions directed at decisionmakers in support of a specific policy issue.

Advocacy Networks are groups of organizations and individuals working together to achieve changes in policy, law, or programs for a particular issue.

decisionmaking processes, and inventory the skills and resources represented among its members.

The purpose of Section I of this manual is to help participants—whether they are forming a new network or solidifying an existing network—understand that effective networking for advocacy doesn't happen by itself. Before a network can even begin its advocacy efforts, members must create a network identity, strengthen and practice communication skills, define

SECTION I

UNIT 1

I. The Power of Numbers

1. What Are Advocacy Networks?

What Are Advocacy Networks? Background Notes

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 center, 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 TB and HIV/AIDS, a network's membership usually will include representatives of PLHA support groups, NGOs, women's groups, community organizations, and professional associations made up of nurses, midwives, physicians, or lawyers. Local religious and traditional leaders are potential members whose perspective 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. The possibilities with respect to TB/HIV are numerous, for example: ensuring that eligible HIV-positive patients with TB receive ART, ensuring PLWHA are screened for tuberculosis, encouraging stakeholders to support TB/HIV operational research on country specific issues, and assessing the evidence base for efficient and effective implementation for collaborative TB/HIV activities.

What's in a Name?

In order to avoid confusion, **Networks** or **Advocacy Networks** will be used throughout the manual.

POLICY partners in different countries use different names for their advocacy groups—some are called networks and others are called coalitions. The structures and procedures ascribed to these groups also vary. For example, in Bolivia, networks are highly structured and ongoing while in Romania coalitions are structured and ongoing and networks are informal and loose. The name chosen by an advocacy group is unimportant. What matters is that the entire membership understands and agrees on the name, the structure, and the operating procedures.

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 skillfully 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 TB/HIV activities.

The following examples of national and regional HIV and TB networks may be drawn on at any time in this section.

- **The Global AIDS Alliance (GAA)** is a nonprofit organization based in Washington, DC. The organization is dedicated to a collaborative, aggressive Campaign to Stop Global AIDS. The mission is to hasten an end to the global AIDS crisis through mobilizing enhanced awareness, increased funding, and improved policies. The GAA's primary forms of action are:
 - (1) Analyzing: evaluate data and formulate options for action in the fight against global AIDS;
 - (2) Informing: provide the results of this analysis to organizations, the media, and legislators; and
 - (3) Catalyzing: encourage organizations of all sizes and interests (particularly those previously uninvolved), as well as legislators, to act decisively based on this information.

The GAA works closely with diverse partner organizations, including major religious organizations, humanitarian agencies, human rights groups, and AIDS activist groups. Progress is already being made as together we call for decisive political action. <http://www.globalaidsalliance.org/>

- **The Network of African People Living with HIV/AIDS (NAP+)** is a forum that links and aims at improving the quality of life of its membership through lobbying and sharing of experiences and skills. The overall aim of NAP+ is to strengthen the regional voice of people living with HIV/AIDS. Its focus is on information sharing, positive living through behavior change, and promotion of a positive response toward PLHAs in Africa. <http://www.naprap.org>
- **The Global Network of People Living with HIV/AIDS (GNP+)** is a global network for and by people with HIV/AIDS. The central secretariat of the network is based in Amsterdam, Netherlands and has a board of 12 members representing the various international regions. The overall aim of GNP+ is to work to improve the quality of life of PLHAs. This is achieved by helping to build the capacity of people with HIV/AIDS on the global, regional, and national level. The overall program of the network is to create, organize and support a base for the global network by: lobbying for inclusion of people living with HIV/AIDS for interests of PLHAs; linking conferences (global and regional) communication; and sharing capacity building regional and country level focal points. <http://www.gnpplus.net>
- **Treatment Action Group (TAG)** is a nonprofit AIDS advocacy organization dedicated to advocating, public and private entities, for larger and more efficient research efforts in order to find a cure for HIV/AIDS. The organization uses community-based advocacy, education, and mobilization efforts involving AIDS advocates in developed and developing countries. <http://www.aidsinfonyc.org/tag/>

- **Stop TB Partnership** is a global movement to accelerate social and political action to stop the unnecessary spread of tuberculosis around the world. Goals of the Partnership are:
 - By 2005 and to be sustained or improved by 2015: At least 70% of people with infectious TB will be diagnosed (i.e. under the DOTS strategy) and at least 85% of those cured.
 - By 2015: the global burden of TB disease (disease prevalence and deaths) will be reduced by 50% relative to 1990 levels. The number of people dying from TB in 2015 should be less than 1 million.
 - By 2050: TB will be eliminated as a global public health problem. Using the criterion for TB elimination adopted within the USA, this means that the global incidence of TB disease will be less than 1 per million population.

The Partnerships priorities are to expand, adapt, and improve strategies to control and eliminate TB. The Partnership aims to: (a) promote wider and wiser use of existing strategies to interrupt TB transmission; (b) adapt existing strategies to address the challenges posed by emerging threats; and (c) accelerate elimination of TB. The Partnership develops advocacy and resource mobilization strategies in support of these priorities, and coordinates and ‘brokers’ resource flows. The Stop TB Partnership includes seven working groups including the TB/HIV Working group, which was established in 2001 to serve as a coordinating mechanism for the global response to the joint epidemics of TB and HIV. <http://www.stoptb.org>

OBJECTIVES

By the end of this unit, participants will be able to

- Define and list the benefits of networking;
- Identify a network of individuals and organizations within their own personal and professional lives; and
- Develop a list of elements needed to form and maintain successful networks.

TIME

- 4 hours and 20 minutes

MATERIALS/HANDOUTS

- Newsprint, markers, and tape
- The front page of a local newspaper with the main headline cut out for Activity 6
- Copies of handouts
 - I.1.1 Background Notes
 - I.1.2 Elements for Forming and Maintaining Networks
 - I.1.3. Example of HIV/AIDS & TB networks
 - I.1.4. Goals and Objective of the International Union Against Tuberculosis
 - I.1.5. Membership List of an International Network: STOP TB Partnership

PREPARATION

- Read Introduction to Section I and Background Notes for Unit 1.

ACTIVITY 1

Opening Remarks

Time: 30 minutes

- Welcome the participants to the workshop and introduce yourself.
- Review the purpose of the workshop and Section I.
- Facilitate participant introductions.
- Review participant expectations.
- Review the daily agenda and discuss the order and flow of the various units in Section I.

ACTIVITY 2

Introduction to Networks

Time: 15 minutes

Introduce Unit 1 by reviewing the objectives and making a brief presentation on networks and the power of networks for advocacy. Key points to include in your overview of networks follow:

- Networks are universal and almost everyone belongs to one or more networks.
- Networks may be personal or professional; formal or informal; temporary or ongoing. They may include family members, school friends, colleagues, members of the same religious institution, etc.
- Members of a network have at least one thing in common with other members of that network.
- Sometimes networks become the nucleus of a group concerned with taking on or supporting a specific cause or action. Creating or strengthening this type of network—an advocacy network—is the focus of this workshop.
- Advocacy networks are useful and powerful tools for achieving shared goals.
- Advocacy networks are effective because they provide a structure that permits organizations and individuals to cooperate, collaborate, and share expertise and resources to influence policy.
- To be effective advocates, network members must develop skills that enable them to engage in dialogue with decisionmakers at all levels.
- Effective networks are well organized, develop a team identity, function according to agreed upon norms and procedures, establish systems and structures for decisionmaking and communication, and use each member's skills and resources to maximum advantage.
- Include in your presentation, examples of HIV/AIDS networks or TB networks or networks that link HIV and TB. The presentation should also draw from the HIV/TB supplemental Handouts I.1.1--I.1.5.

Transition

Explain to the participants that advocacy groups around the world call themselves by different names—some are networks, others coalitions, still others alliances. As long as the members of the group agree on its name and structure, the name is unimportant. However, in the training

manual, the term “network” or “advocacy network” is used consistently. In the next activity, the participants define “network” for themselves.

ACTIVITY 3

Defining Network

Time: 30 minutes

1. Write the word “Network” on two sheets of newsprint.
2. Divide the participants into two groups and ask each group to line up single file in front of one of the sheets.
3. Ask each person to write on the newsprint a word or short phrase that she/he associates with the word “network”. Continue until each person has contributed to the list.
4. Ask each group to work with the words listed on its sheet of newsprint and to develop a definition of “network” that everyone in the group agrees with.
5. Share the two groups’ definitions and help the participants reach consensus on one definition. They may choose to accept one of the posted definitions or combine parts of each for a new definition.
6. Write the agreed upon definition on clean newsprint and post in the room.
7. Share the following definition with the group.

Advocacy Networks are groups of organizations and individuals working together to achieve changes in policy, law, or programs for a particular issue.

ACTIVITY 4

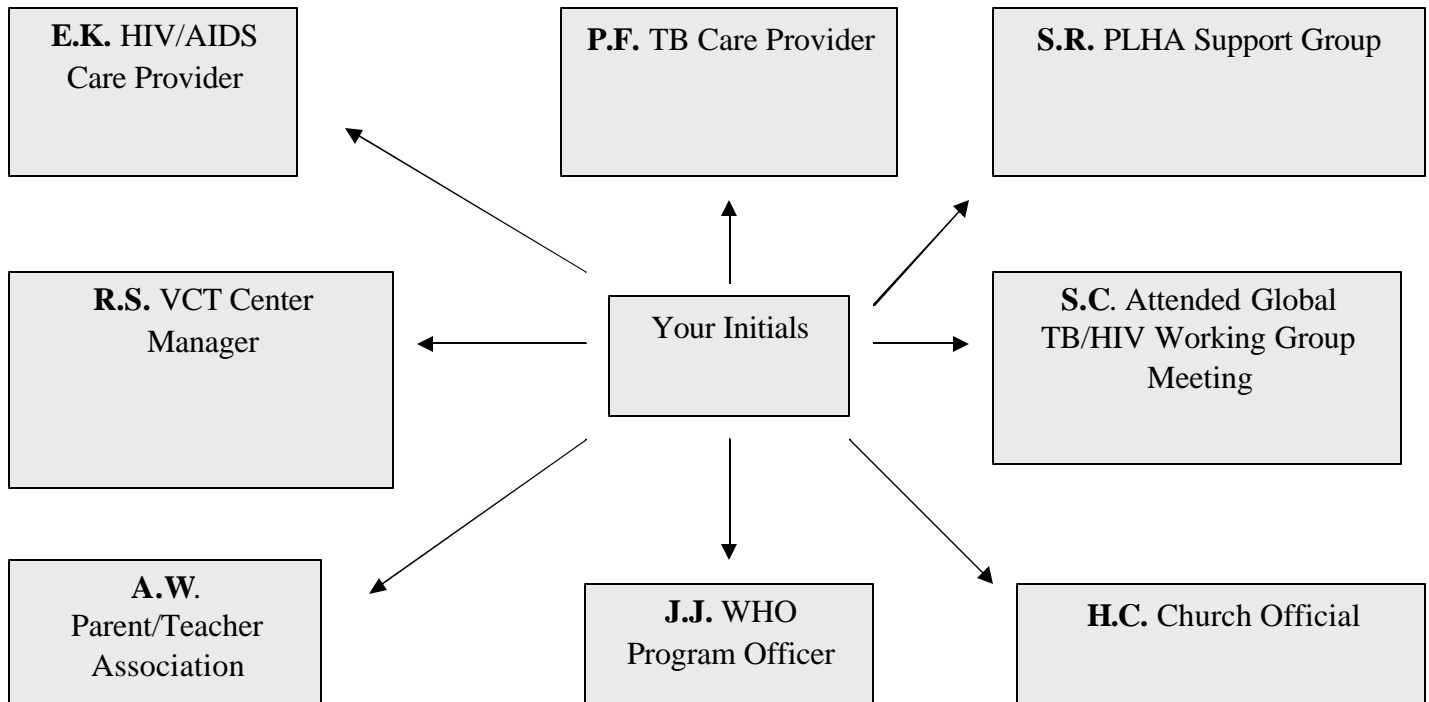
Mapping Individual Networks

Time: 1 hour

Individual Work (30 minutes)

1. Using the example shown below, draw a personal network map on the flipchart to guide the participants in their task.
2. Distribute a one-fourth sheet of newsprint and a marker to each participant.
3. Ask each person to draw a circle in the center of her/his sheet and put her/his initials in the circle.
4. Direct the participants to write the names or initials of people or organizations they know with an association to HIV/AIDS networks, TB networks, individuals, and groups conducting work in both HIV and TB issues in squares and link the squares to the circle. Use a different color for each type of network.
5. Encourage participants to think broadly, anyone with whom they have contact or know with an interest in TB and/or HIV should be included, such as:
 - People they have met at conferences or workshops;
 - A relative in a government office/clinic whose work is connected with TB/HIV;
 - Parents or friends concerned with getting TB/HIV information to adolescents;
 - Editors and writers of newsletters and other publications; and
 - TB/HIV organizations/people they have contacted through the Internet.

Mapping Your Personal Network: An Example



Large Group Discussion: Analysis of Maps (15 minutes)

1. When all the participants have completed their individual maps, ask them to tape them on the wall by slightly overlapping each newsprint with another.
2. With the participants, analyze the maps as follows:
 - Do all of the names on the maps meet the criteria for inclusion (i.e., the mapmaker has contact with the people named and the people have an interest in or linkage with TB/HIV)?
 - What is the nature of the contact and/or frequency of the contact (i.e., close, daily contact with a colleague vs. infrequent communication by mail or at conferences)? Is the contact through personal or professional relationships?
 - Which organizations and individuals appear on more than one map? Highlight these names with a colored marker.
 - Which workshop participants appear on other participants' maps? Highlight these names with a different colored marker.
 - Do you see any opportunities for those individuals/organizations primarily doing HIV/AIDS or TB to collaborate with each other?
3. Ask the group if each participant in the room is a member of the other participants' networks. Explain that the participants are working together in a workshop setting to form or strengthen their network; consequently, each person is part of the others' networks. Draw lines on the newsprint to link the circles to each other to demonstrate how the participants' own networks have expanded.

Through this activity, a wide array of individuals and organizations working in the HIV/AIDS and TB arena should become apparent. For examples of HIV/AIDS and TB networks, refer to HIV/TB supplemental Handout I.1.5.

Large Group Discussion: Benefits of Networks (15 minutes)

1. Ask the participants to look at the large wall map and think about the benefits of belonging to this network. Introduce the discussion by naming the most basic benefit of a network—the exchange of information and the use that members make of the information.
2. Write “Benefits of Networks” on a flipchart and ask participants to identify other benefits.
3. Write their answers on the flipchart. Be certain to include the following:

Benefits of Networks

- ✓ Keep you up to date on what is going on
- ✓ Provide a ready made audience for your ideas
- ✓ Provide support for your actions
- ✓ Provide access to varied and multiple resources/skills
- ✓ Pool limited resources for the common goal
- ✓ Achieve things that single organizations or individuals cannot—power of numbers
- ✓ Form the nucleus for action and attract other networks
- ✓ Expand the base of support

Transition

Remind participants that networks are formed for different reasons, but that they often emerge for the purpose of taking an action. One such action is advocacy. As with any concept, advocacy is understood differently by people in different countries, cultures, societies, and so forth, based upon their experiences. It is important for networks that have decided to commit themselves to TB/HIV advocacy to reach a common understanding among their membership of what advocacy means. The next activity is designed to help participants develop and agree on a definition of advocacy for their network.

ACTIVITY 5

Defining Advocacy

Time: 35 minutes

Brainstorming (5 minutes)

1. Write “Advocacy” on a sheet of newsprint.
2. Ask participants to share words that come to mind when they think of advocacy.
3. Write all responses on the newsprint without discussion.

Small Group Work (30 minutes)

1. Divide participants into four small groups.
2. Ask each group to develop a definition of advocacy by using the words and concepts listed on the newsprint.
3. Direct each group to present its definition and hang it on the wall.

4. When all definitions are posted, ask participants the following:
 - What, if any, common words or themes run throughout the different definitions? (Underline same/similar language and concepts with a colored marker.)
 - Do any of the definitions differ markedly from the others or do they all express similar ideas?
 - What are the most notable differences? Why did that small group feel this way?
 - Does it seem as if everyone has a clear and consistent understanding of advocacy?
 - Does anyone not understand or need clarification?
5. When you feel certain that the participants understand and agree on the meaning of advocacy, write the following definition on newsprint:

Advocacy is a set of targeted actions directed at decisionmakers in support of a specific policy issue.

6. Briefly point out the similarities between the workshop definition and those prepared by the groups.

ACTIVITY 6

Thinking Ahead

Time: 30 minutes

1. Tape the local newspaper (with the main headline cut out) to the wall or flipchart.
2. Divide participants into small groups.
3. Explain that this activity requires participants to look three years into the future and to imagine that their network has just achieved a major TB/HIV advocacy success. Their success is so impressive that it has made national headlines. Ask each group to discuss and agree on the successful advocacy result they would like to see publicized in three years.
4. Once the group members agree, they should write the headline and the first paragraph of the accompanying story.
5. Ask each group to select a representative to present its headline and story to the full group.
6. When the small groups present their headlines to the full group, allow individuals whose issues did not make the headline the opportunity to say what they would have written had the decision been left to them. The exercise is a way to illustrate not only the diversity of actors, but also the diversity of issues associated with HIV/AIDS and TB.

Transition

The headlines and success stories envisioned by the participants are entirely realistic and achievable for advocacy networks if those networks are organized, strategic, efficient, representative, and committed to participation and collaboration. But these characteristics are not automatically present when organizations decide to form a network. Network members must consciously address a wide variety of needs and concerns if the network is to function effectively and efficiently. The next activity is designed to involve participants in identifying the different elements needed to create and maintain a network.

ACTIVITY 7

Practical Considerations for Successful Networks

Time: 1 hour

1. Divide the participants into four groups.
2. Ask the participants to think about the various advocacy visions they have developed and identify the organizational characteristics and elements that would be necessary for their network to achieve its vision.
3. Assign two groups the task of identifying the practical considerations of forming a network, i.e., what is necessary for a network to form?
4. Assign the other two groups the task of identifying the practical considerations of maintaining a network, i.e., what is necessary for a network to continue its work?
5. Ask each group to list its characteristics/elements on newsprint.

Note to Facilitator: If the groups need help getting started, ask a few of the following questions.

Forming Networks

- How do you define a network?
- What is the purpose of a network?
- What is the mission of the network?
- Which organizations or individuals share this mission?
- How many organizations would you invite to help form the network?
- How would you invite them?
- What agenda would you set for the initial meeting?
- What result do you want from the first meeting?
- How many agreed to join?
- What type of commitment are they willing to make?
- What comes next?

Maintaining Networks

- What is the mission of the network?
- How large is the membership?
- What are the skills and resources of the group? Where are the gaps?
- How will you attract members with needed skills/resources?
- How will decisions be made?
- How will all members stay informed?
- How will consensus be reached?
- How will you maintain a balance of power?
- How will conflicts be managed/resolved?
- How will members develop a plan of action?
- How will activities be coordinated?
- How will tasks be assigned?
- How will network activities be documented?
- How will you monitor and evaluate activities?
- How will you reduce or avoid burnout?

6. Ask one of the two groups working on “Forming Networks” to present its list to the entire group. Ask the second group to share any new items from its list but not to repeat items. Add the new elements to the first list.

Note to Facilitator: Refer to the questions listed above to generate additions to the list.

7. Ask one of the two groups working on “Maintaining Networks” to present its list to the entire group. Ask the second group to share any new items from its list but not to repeat items. Add the new elements to the first list.

Note to Facilitator: Refer to the questions listed above to generate additions to the list.

8. At a minimum, the two lists should include the elements shown below.

Elements Needed to Form a Network

- ✓ Clear Purpose
- ✓ Committed members
- ✓ Mission statement
- ✓ Shared vision

Elements Needed to Maintain a Network

- ✓ Clear norms
- ✓ Loose organization
- ✓ Communication system
- ✓ Shared leadership
- ✓ Trust
- ✓ Wide participation by all members

9. Check to make sure that all of the participants understand the elements listed and why they are important for forming and maintaining networks.

SUMMARY

Networks are universal. Everyone belongs to networks even if only for the exchange of information. Certain networks such as “Advocacy Networks” have an additional purpose—to work together to achieve changes in policies, laws, or programs with respect to a particular issue. Advocacy networks are powerful tools for achieving policy change. However, many elements need to come together to make networking successful. **Distribute handouts for Unit 1.**

MOVING AHEAD

Now that participants are familiar with the concept of networks and their potential for achieving advocacy goals, the next unit will focus on building communication skills. Effective communication is a central component of successful networking efforts.

SECTION I

UNIT 2

I. The Power of Numbers

2. Effective Communication

Effective Communication: Understanding One Another

Background Notes

Listening is an underrated skill! Most people believe that they get what they want through talking. Many successful people, however, spend more time listening than talking. When they talk, they often ask questions to learn more.

To increase the likelihood of success in its advocacy efforts, members of a network have a responsibility to communicate with one another as effectively as possible. To do this, they must transmit their messages in a way that ensures that listeners understand the intent of the message. Similarly, members need to be able to interpret other speakers' messages as intended.

Ideally, members of a network express their thoughts, feelings, and ideas openly. They listen carefully to others, and everyone feels free to put forth an idea. Conflicts and disagreements are viewed as natural and differences are talked out among members. In asking questions, for example, members know it is helpful to plan their questions in advance and to ask with a purpose. They tailor their questions to other members and follow general questions with more specific ones. They try to keep questions short and clear.

Developing good communication skills is challenging. A network is more effective if all members strive to transmit their messages clearly and listen carefully to what others say. In that way, the knowledge, experience, and special expertise of members can be shared and used on behalf of the network's objectives.

OBJECTIVES

By the end of this unit, participants will be able to identify and demonstrate effective communication skills.

TIME

2 hours

MATERIALS/HANDOUTS

- Newsprint, markers, and tape
- Copies of handouts
 - I.2.1 Background Notes
 - I.2.2 A Communication Model
 - I.2.3 Observation Sheet for Role-Plays
 - I.2.4 Communicating Assertively and Listening Actively

PREPARATION

- Read Background Notes for Unit 2 and review Handout I.2.2 for Activity 1.
- Draw the communication model from Handout I.2.2 on a sheet of newsprint for Activity 1 (or distribute the handout before the presentation).
- Copy the role-play scenarios and cut each into two sections for Activity 3.
- Select someone to help you act out the role-plays in Activity 2, and discuss the situation to be presented.

ACTIVITY 1

Introduction to Communication

Time: 15 minutes

Introduce Unit 2 by reviewing the objective and making a brief presentation on communication. Major points to include in your presentation on communication follow:

- Listening is an underrated skill! Most people believe that they get what they want through talking. Many successful people, however, spend more time listening than talking. When they talk, they often ask questions to learn more.
- To increase the likelihood of their success in advocacy, members of a network have a responsibility to communicate with one another as effectively as possible. They must transmit their messages in a way that ensures that listeners understand the intent of the message. Similarly, they must be able to interpret messages in the way the speaker intends them to be interpreted.
- Developing good communication skills is challenging. A network is more effective, however, if all members strive to transmit their messages clearly and listen carefully to what others say. In that way, the knowledge, experience, and special expertise of members can be shared and used on behalf of the network's objectives.
- Refer to the communication model you drew on the newsprint and explain the following:
 - Any communication involves a sender and a receiver.
 - The model depicts how communication between a sender and a receiver can be distorted by different factors; it presents some strategies for overcoming the distortions.

- Often the message that the sender wants to communicate is NOT the message that is understood by the receiver. WHY?
- Any time a person begins speaking (the sender), the message is influenced by the speaker's beliefs, attitudes, and knowledge. These same factors influence the way in which the receiver interprets the message.
- In addition, messages can be distorted by the speaker's tone of voice, choice of words, physical condition, personal feelings toward the receiver, and the environment or time of day. These are distorting factors for the sender.
- At the other end of the transmission is a set of distorting factors that affect how the message is received. These include the level of interest, personal feelings toward the sender, physical condition, and demands on time.
- Communication can be improved by adopting strategies for reducing or eliminating distortion. Strategies include using both open and closed questions to help clarify meaning, relying on multiple communication channels to verify the message and its meaning, using simple language when speaking, providing limited information to reduce confusion, and paraphrasing what has been said to ensure understanding.
- The purpose of Unit 2 is to highlight the fact that good communication skills can be learned and to give participants the opportunity to practice those skills.
- Highlight that HIV prevention and care should be a priority and concern for TB programs and that TB case and prevention should be a priority concern for HIV/AIDS control programs. In the past, TB and HIV/AIDS programs primarily pursued separate courses of action, now there is great importance to explore the synergies between the two programs. Determining the synergies and how to collaborate is fundamental.
- Model for collaboration and communication is based programs sharing a common goal, such as high quality comprehensive care and prevention for PLHA and TB. With a common goal, collaboration and effective communication will flow naturally.
- In developing a TB/HIV strategic plan, it is fundamental that both programs communicate and recognize the overlapping burdens of TB/HIV epidemics, the strengths and weaknesses of the National Tuberculosis Program (NTP) and National AIDS Control Program (NACP), and the opportunities for collaboration between NTP and NACP at central and district levels.

ACTIVITY 2

Effective Communication

Time: 30 minutes

Facilitator Role-Plays (10 minutes)

1. Start this activity with two brief role-plays to reinforce the information in the presentation. The first role-play should demonstrate ineffective communication skills. The second should demonstrate good communication skills.
 - You may decide to tailor the role-play to a situation in which TB/HIV network members are communicating about a challenging issue. For example, in developing a TB/HIV strategic plan, the networks members are asked to discuss the overlapping burdens of TB/HIV epidemics, identify strengths and weaknesses of the NTP and NACP, and explore opportunities for collaboration between NTP and NACP at central and district levels. Role-play ought to illustrate difference between poor listening skills and effective communication.

Note to Facilitator: Select another facilitator or one of the participants to help you present the role-play. Take a few minutes to decide on the situation and the roles you are playing. Use the same situation for both role-plays. The topic can be anything. For example, a colleague who takes credit for your work or a manager who gives vague instructions for an assignment.

2. Take no longer than 1-2 minutes for each role-play. No introduction is necessary.
3. In the first role-play, both parties should demonstrate poor listening and speaking skills. Examples include:
 - Angry or defensive tone of voice,
 - Interrupting the speaker,
 - Lack of eye contact/rolling the eyes,
 - Sarcastic manner and tone,
 - Poor body language (slouching, wringing hands), and
 - Lack of clarity in expressing a position/opinion.
4. In the second role-play, both parties should demonstrate good listening and speaking skills. Examples include:
 - Making eye contact,
 - Good tone of voice,
 - Positive body language (sitting up straight, nodding head in agreement),
 - Paraphrasing the speaker,
 - Not interrupting, and
 - Asking for clarification.

Brainstorming (20 minutes)

1. When the role-plays are completed, ask the participants to think about what they observed in the scenarios with respect to language, communication styles, body language, etc. What were the specific behaviors that increased or decreased the level of trust between the two parties?
2. Write the following on newsprint:

Effective Communication Techniques	
Sender:	Receiver:

3. Ask participants to think about the first person in the role-play who demonstrated good communication skills and to describe the behaviors that helped that person deliver a clear message. Write the responses on the newsprint under “Sender.”

Note to Facilitator: If necessary, prompt the participants’ responses with the following questions:

- Did the sender look directly at the receiver? Make eye contact?
- Did the sender use a tone of voice free of anger or defensiveness?
- Did the sender chose her/his words carefully, use short sentences, and speak clearly?
- Did the sender avoid sarcastic comments and inappropriate nonverbal behaviors?
- Did the sender use appropriate body language?

4. Now ask the participants to describe what the receiver did to make certain she/he received the message accurately, without distortion. Write the responses on the newsprint under “Receiver.”

Note to Facilitator: If necessary, prompt the participants’ responses with the following questions:

- Did the receiver look directly at the speaker?
- Did the receiver interrupt the speaker?
- Did the receiver use appropriate body language? Nodded head in agreement?
- Did the receiver ask for clarification?
- Did the receiver paraphrase the sender’s words to be certain he/she understood the message?

Transition

Now that the participants have identified some effective communication skills, they are going to practice using and observing these skills in role-plays. In any communication, the sender and receiver are involved in an exchange of information. As shown in the communication model presented earlier, the way that we send and receive information is influenced by each person’s perceptions and experiences—or distortions. People’s perceptions often vary and lead to misunderstanding or conflict.

The following role-plays separate the roles of the sender (the person who seeks to initiate communication about a given situation) and the receiver (or listener).

ACTIVITY 3

Practicing Communication Skills

Time: 1 hour and 15 minutes

Participant Role-Plays (1 hour)

1. Divide the participants into groups of three and provide each group with copies of the three scenarios and three observation sheets (Handout I.2.3).
2. Explain the following instructions:
 - There are three roles for each scenario—speaker, listener, and observer. The roles rotate from one scenario to the next so that each member of the triad can practice all three roles.
 - Before starting each role-play, the observer should read BOTH role descriptions while the sender and receiver should read ONLY their respective roles.
 - At the start of each role-play, allow 1-2 minutes for preparation.
 - The observer watches the role play carefully and uses the observation sheet (Handout I.2.3) to note effective and ineffective communication skills exhibited by the sender and receiver.
 - Each role-play should take approximately 10 minutes.
 - After each role-play, the observer shares his/her observations with the sender and the receiver (approximately 5 minutes).

Scenario 1

Role-Play to Build Communication Skills

Scenario 1—Sender

You and several colleagues regularly work together to develop project proposals. Normally you divide tasks according to your expertise and work on your respective components until you reach an agreed-upon deadline. At that time, you come together and share your work to bring the whole proposal together. One colleague in particular, the monitoring and evaluation specialist, is rarely prepared with her material. On several occasions, you and other team members have completed your components only to discover that the monitoring and evaluation section is missing. Now you have an important proposal under development with the due date only two weeks away. Offer some feedback to the monitoring and evaluation specialist (the receiver) to ensure that she understands the importance of the due date to the rest of the group.

Scenario 1—Receiver

You are the monitoring and evaluation specialist on a staff team that regularly works together to develop proposals. Several times a year, the team meets to draft proposals. You are always responsible for the monitoring and evaluation section, but you cannot prepare your material until the rest of the project is designed. You rely on the information generated by your colleagues to develop your section. As a result, you usually fall behind the agreed-upon deadline. Your colleagues will offer you some feedback about not meeting the deadline.

Scenario 2

Role-Play to Build Communication Skills

Scenario 2—Sender

You are a member of an advocacy network of NGO leaders in the HIV/AIDS and development field. You and four other colleagues make up the network's coordinating committee which is responsible for mobilizing resources to support the network. Because the network is not legally registered in your county, various members channel funding through their own NGOs to finance the network's activities. As a result of a recent strategic planning process, the network submitted proposals to three private foundations. While making follow-up calls to the foundations, you learn that the Women's Health Association, a member of your network, submitted a proposal in competition with the network's request. The donor tells you that she has granted \$25,000 to the association and now will not be able to fund the network. The Women's Health Association executive director is one of your colleagues on the network coordinating committee. Approach him/ her and express your concern about putting the Women's Health Association's needs ahead of the network's interests.

Scenario 2—Receiver

You are a member of an advocacy network of NGO leaders in the HIV/AIDS and development field. You and four other colleagues make up the network's coordinating committee, which is responsible for mobilizing resources to support the network. As a result of a recent strategic planning process, the network submitted proposals to three private foundations. By chance, you met the program officer of one of the foundations at a cocktail reception. As you discussed the network's activities, the program officer let you know that she was not supporting the network's funding request because she was not convinced that the network was a cohesive group. She let you know, however, that she would entertain the idea of funding your own NGO (Women's Health Association). You prepare a proposal and receive a positive response that the foundation will provide you with a \$25,000 grant. One week later, a colleague from the network's coordinating committee approaches you to discuss the network's funding needs.

Scenario 3

Role-Play to Build Communication Skills

Scenario 3---Sender:

In many districts in sub-Saharan Africa, TB and HIV/AIDS service providers often work in isolation. Regardless of the existence of comprehensive TB and HIV care and support providers,

network of services integrating the two are inexistent. You and the members of the TB/HIV advocacy network have been asked by district coordinating committee to provide recommendations on identifying different links between service providers to create a TB/HIV client referral system. You and the members meet with a group of TB and HIV service providers to discuss opportunities for synergies.

Scenario---Receiver:

You are a HIV/AIDS service provider. In addition to you, there are two HIV service providers and three TB service providers. You and your colleagues have been convened to explore opportunities to link HIV/AIDS and TB services. Historically, the two types of providers have faced many challenges in linking services.

Follow Up to Role-Plays (15 minutes)

When the role-plays are completed, lead a general discussion on what participants observed. Use the following questions to guide the discussion:

- Which scenario was the most difficult to play and why?
- What were the most common behaviors observed?
- How, if at all, did gender or culture influence the exchange?
- What did you learn about your own style of communication?
- What are the implications of the lessons learned for communication within the network, especially with respect to norms?

SUMMARY

By practicing good speaking and listening skills, network members will be able to communicate accurately and skillfully with one another as well as with supporters, policymakers, the media, and the general public. Good communication techniques will help advance the objectives of the network's advocacy efforts. **Distribute handouts for Unit 2.**

MOVING AHEAD

Teamwork, like good communication, is an essential component of successful networks. It is the topic of the next unit.

SECTION I

UNIT 3

I. The Power of Numbers

3. Cooperation Not Competition

Cooperation Not Competition: Building a Team

Background Notes

Characteristics of successful networks—and other teams as well—include a climate of trust and openness, a sense of belonging to something important, and honest communication wherein diversity of experience is encouraged and flexibility and sensitivity to others is practiced. When mistakes are made, members see the mistakes as part of the learning process. Open discussions help members find the causes of problems without assigning blame. Members of effective networks recognize their interdependence and the need for each other's special knowledge, skills, and resources. They know that together they can achieve results that as individuals they could not.

Although effective networks often engage in a form of participatory leadership, they recognize that the role of the leader is that of a facilitator who:

- Listens carefully,
- Creates a climate of trust,
- Eliminates fear,
- Acts as a role model,
- Delegates tasks,
- Shares information readily,
- Motivates and empowers members,
- Deals promptly with conflict,
- Keeps network on track, and
- Runs meetings effectively and efficiently.

Members of effective networks practice cooperation, not competition. They take responsibility for their individual roles in advancing network objectives, but they value their team identity. In addition to pooling their skills and understanding, they recognize that the team approach provides mutual support.

Advocacy requires hard work and a long-

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created to dramatically increase resources to fight three of the world's most devastating diseases, and to direct those resources to areas of greatest need. As a partnership between governments, civil society, the private sector and affected communities, the Global Fund represents an innovative approach to international health financing. As a financing mechanism, the Global Fund works closely with other multilateral and bilateral organizations involved in health and development issues to ensure that newly funded programs are coordinated with existing ones. In many cases, these partners participate in Country Coordinating Mechanisms, providing important technical assistance during the development of proposals and implementation of programs. The Global Fund encourages new and innovative alliances among partners within recipient countries and seeks the active participation of local representatives of civil society and the private sector. By focusing upon the technical quality of proposals, while leaving the design of programs and priorities to partners reflected by the Country Coordinating Mechanism, the Global Fund also encourages local ownership.

Extracts from <http://www.theglobalfund.org/en/>

term commitment. It is easy for one person's commitment and enthusiasm to wane. The synergy that comes from people working together productively on an important issue can sustain efforts, even through difficult times.

OBJECTIVES

By the end of this unit, participants will be able to

- Describe behaviors that lead to team success, and
- Describe the stages of team growth.

TIME

1 hour and 40 minutes

MATERIALS/HANDOUTS

- Newsprint, markers and tape
- Overhead projector
- Copies of handouts
 - I.3.1 Background Notes
 - I.3.2 Behaviors that Facilitate Team Success
 - I.3.3 Stages of Team Growth

PREPARATION

- For Activity 2, cut five squares as shown in the Broken Squares Template at the end of Unit 3.
- Use cardboard or heavy paper and make one set of the five broken square puzzles for each small group.
- Write the rules for the Broken Squares exercise on newsprint.
- For Activity 4, make overhead transparencies of "Stages of Team Growth" (4 pages).

ACTIVITY 1

Introduction to Team-Building

Time: 15 minutes

Introduce Unit 3 by reviewing the objectives and making a brief presentation on team building. Major points to include in your introduction follow:

- Members of effective networks function as a team. They know that they are interdependent and need each other's special skills and abilities. They know that together they can achieve results that as individuals they could not.
- Within the network "team," the role of the leader resembles that of a facilitator—someone who listens carefully, creates trust and eliminates fear, delegates tasks, shares information, empowers other members, handles conflict, and keeps the network moving toward its goals.
- Each member of the network is responsible for his/her individual contribution to develop a "team identity" among the members.

- Advocacy requires hard work and a long-term commitment. It is easy for one person's enthusiasm to wane. The synergy that comes from people working together on an important issue can sustain efforts, even through difficult times.
- The purpose of Unit 3 is to help the participants recognize the importance of team-building within the network. Characteristics of effective networks include a climate of trust and openness, a sense of belonging to something important, and honest communication.

ACTIVITY 2

Broken Squares Exercise

Time: 45 minutes

Note to Facilitator: The purpose of this exercise is to demonstrate the power of team problem solving. Do not share this purpose with the participants until the exercise is completed.

1. Divide participants into teams of five, and assign at least one observer to each team until all participants have been assigned.
2. Introduce the activity by explaining that the game the participants are about to play is a learning experience that will be discussed later.
3. Mix each set of 15 pieces and distribute three pieces at random to each of the five players on each team.
4. Instruct the teams, "Each member of your team has three pieces of paper. When I say 'begin,' the task for each of the five team members is to form five perfect squares of equal size. Your task will not be complete until each of you has a perfect square in front of you. The rules of the game are as shown:"

Rules of Broken Squares

- ✓ No team member may speak
- ✓ Team members may not signal others to give them a piece of the puzzle
- ✓ Members may give pieces of their puzzle to other members of the team
- ✓ Observers will watch to ensure that members follow the rules
- ✓ You have 15 minutes to complete the task

5. Tell the teams to begin.
6. Call an end to the game after 15 minutes.
7. Show the players who were unable to complete the squares how to do so.
8. Analyze what happened during the game and discuss the lessons learned. Use the following questions to guide the discussion:
 - Who was willing to give away pieces of her/his puzzle?
 - Was anyone willing to give away all of his/her pieces?
 - Did anyone finish his/her puzzle and then separate from the rest of the group?
 - Did anyone break the rules?
 - Was there anyone who continually struggled with the pieces but was unwilling to give away any or all of the pieces?
 - Was there a critical point when members of the group began to cooperate?

9. Explain that the purpose of the game was to demonstrate the importance of cooperation in solving problems. People need to share what they know in order to find solutions.
 - What happens to the team when one person finishes and stops working on the team problem?
 - What happens if you ignore another person's task?
10. Ask participants to think about their own organizations.
 - What have you noticed in your own organization that was demonstrated by this exercise?
 - What lessons did you learn about being a more effective team member?

ACTIVITY 3

Behaviors that Contribute to Team Success

Time: 20 minutes

1. Write the following heading on newsprint: "People on Successful Teams..."
2. Ask the full group to think about the behaviors and actions they observed during the game or in the course of other experiences that encouraged teamwork and led to successful outcomes. Ask participants to complete the phrase "People on successful teams..."
3. Write the responses on the flipchart. Be sure to include the following if not mentioned by participants:

People on Successful Teams...

- ✓ Clarify roles, relationships, assignments, and responsibilities
- ✓ Share leadership functions within the group and use all member resources
- ✓ Tolerate ambiguity, uncertainty, and a seeming lack of structure
- ✓ Take interest in each member's achievements as well as those of the group
- ✓ Remain open to change, innovation, and creative problem solving
- ✓ Are committed to keep group communication on target and schedule, while permitting disagreements
- ✓ Promote constructive criticism and helpful feedback
- ✓ Foster trust, confidence, and commitment within the group
- ✓ Foster a norm that calls for members to support and respect one another and remain realistic in their expectations of one another

Transition

The Broken Squares exercise demonstrated quickly and clearly some behaviors that promote team work as well as some behaviors that inhibit team work. The discussion expanded on the characteristics of people who contribute to effective teams. It is easy to identify and even model these behaviors in a workshop setting; however, the real world of working in teams is very different. In real life, the tensions and expectations created when a group of diverse individuals come together to work on a shared task exert a strong influence on how and when the group becomes a "team." It will happen—a team will emerge! The timing may vary, but all teams pass through similar stages of development on their way to becoming effective. The next activity

explains these stages and reassures team members that the changes experienced by their team are normal.

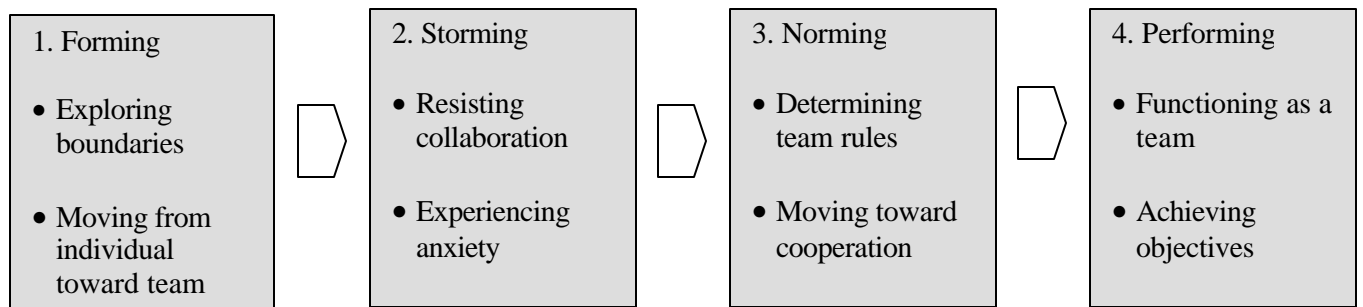
ACTIVITY 4

Stages of Team Growth

Time: 20 minutes

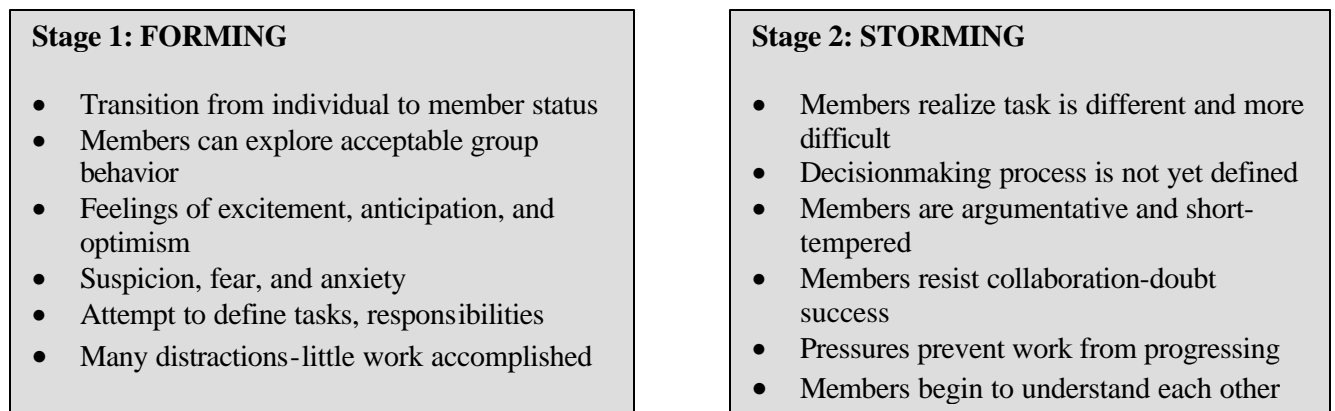
1. Refer to the newspaper with the “Stages of Team Growth” model and introduce the four stages to the participants.

Stages of Team Growth



2. Using the notes from Handout I.3.3, present the transparencies on the characteristics of each stage of team growth.

Stages of Team Growth



Stage 3: NORMING

- Group norms established
- Members accept roles and responsibilities
- Conflict is reduced
- Cooperation replaces competition
- Feel relief that things work out
- Express criticism constructively
- Differences resolved; time and energy spent on work

Stage 4: PERFORMING

- Diagnosis and problem solving begins
- Changes implemented
- Members accept strengths and weaknesses
- Satisfaction with team's progress
- Members develop attachment to one another
- Team is cohesive and effective

3. After the presentation of the four stages of team growth, lead a general discussion of the concept by asking questions such as
- What stage is this network in now? How do you know?

Note to Facilitator: Help the participants think about the characteristics and behaviors they are currently exhibiting and link those to one of the stages. New networks will be “forming” while older networks may be in the later stages. Ask the participants how they could reduce the length or severity of the difficult stages.

- Why is it important and/or helpful to understand the stages of team growth?

Note to Facilitator: Understanding the stages of team growth can help network members recognize and understand what is happening within their group at any given time. It can also help relieve negative feelings or frustration if the group knows it is experiencing the normal characteristics of growth. Members can discuss what is happening at any stage and help move through the hard times.

SUMMARY

Well-functioning teams get things done! After experiencing various difficulties in learning to work together and trust one another, teams develop clarity on their goals and specific roles. Members value clear communication and beneficial team behaviors. They have put in place procedures for group decisionmaking and managing team logistics. **Distribute handouts for Unit 3.**

MOVING AHEAD

A critical task of networks is making group decisions. When many and often diverse opinions are represented, group decisionmaking skills can facilitate the process. In the next unit, participants will practice group decisionmaking and identify the steps in the process.

SECTION I

UNIT 4

I. The Power of Numbers

4. Decision making

Decision making: Reaching Group Consensus

Background Notes

Members of networks are often called on to make hard decisions. Members may find themselves deciding whether to take on a difficult advocacy issue—one that has little popular support or is controversial or they may face the need to choose among pressing issues in response to limited resources. How well they work through the decision making process is important to the overall success of their efforts.

Preparation is an important element in decision making. To make informed choices, network members need information. They also need to know how to set limits on and goals for their discussion. Good listening and presentation skills contribute to the clarity of the discussion as does the ability to keep an emotional distance from the subject under discussion.

The following are some guidelines for reaching agreement:

- Make sure that everyone who wants to speak is heard from and feels that his/her position has been considered.
- Talk through the issue under discussion until reaching an agreement that everyone can support.
- Understand that agreement may not mean that all members of the network agree 100 percent; however, everyone should support the decision in principle.
- Encourage members not to give in to reach agreement but rather to express differences of opinion.
- Ask questions and make sure everyone's opinion is considered before reaching a decision.

OBJECTIVES

By the end of this unit, participants will be able to demonstrate the steps in the decision making process.

TIME

1 hour

MATERIALS/HANDOUTS

- Newsprint, markers, and tape
- Copies of handouts
 - I.4.1 Background Notes
 - I.4.2 Six Steps for Decision making
 - I.4.3 Group Decision making Exercise
- Copies of the three scenarios on group decision making for Activity 2

PREPARATION

Write the task for Activity 2 on newsprint.

ACTIVITY 1

Introduction to Decision making

Time: 5 minutes

Introduce Unit 4 by reviewing the objective and making a brief presentation on decision making. Major points follow:

- Network members will be called on repeatedly to make decisions. Some of these will be difficult decisions, such as choosing an advocacy issue. Members of a network may have strong feelings about TB/HIV issues, and it may be necessary to choose among several important issues. Similarly, members may have different opinions on how to undertake advocacy activities or who should assume responsibility for tasks.
- How efficient and how successful the network is depends in large part on how well the members work through the decision making process.
- The purpose of Unit 4 is to practice group decision making and to learn the steps for effective decision making.

ACTIVITY 2

Exercise on Group Decision making

Time: 55 minutes

1. Divide participants into three groups.
2. Give each group copies of ONE scenario.
3. Refer to the newsprint and explain the task.
4. Stress that the group should focus on the process it used to reach the decision and NOT on the decision itself.
5. Ask each group to report back.
6. Distribute and review Handout I.4.2, "Six Steps for Decision making".
7. Ask the groups to review the steps in their decision making process against the handout, comparing and contrasting similarities and differences.

Task

- a. Read the scenario assigned to your group
- b. Explain how you reached your decision
- c. List on newsprint the steps you followed to reach the group decision
- d. Report back

SUMMARY

Exploring ideas and using participatory decision making processes are central elements in building successful networks. It is in this way that individual members feel ownership of network activities. There are several key components to decision making, such as:

- Preparation,
- Access to information,
- Setting limits and goals in discussions,
- Good listening and presentation skills, and
- Keeping emotionally distant from the subject being discussed.

The following are some simple guidelines for reaching agreement:

- Make sure that everyone who wants to speak is heard from and feels that his/her position has been considered.
- Talk through the issue under discussion until reaching an agreement that everyone can support.
- Understand that agreement may not mean that all members of the network agree 100 percent; however, everyone should support the decision in principle.
- Encourage members not to give in to reach agreement, but rather to express differences of opinion.
- Ask questions and make sure everyone's opinion is considered before reaching a decision.

Distribute handouts for Unit 4.

MOVING AHEAD

In the next unit, participants will put their decision making skills to work as the network begins to develop a mission statement.

Scenario 1 Group Decision making

Scenario 1

You are members of National TB/HIV Coordinating Committee and in charge of a joint planning meeting between NTP and NACP. You are aware that there is general lack of awareness of the link between TB and HIV. At the national level, NTP and NACP are not aware of each institution's strengths, weaknesses, and skills. The purpose of the joint planning meeting is to address the following: (1) what are the strengths and weaknesses of NTP and NACP; (2) what are the particular skills of NTP and NACP; and (3) where are the potential synergies between NTP and NACP.

Task: prepare a detailed agenda, which includes key issues to be discussed at the joint planning meeting.

Scenario 2

The National TB/HIV Committee has hired your organization to undertake an analysis of TB and HIV care and support provision at the district level. One of the goals of the analysis is to understand what is needed for individual service providers to work together to provide comprehensive TB/HIV care.

Task: prepare a brief memo outlining the strategy to gather data for this analysis.

Scenario 3

The first phase in a collaborative TB/HIV activity is an assessment of district level TB/HIV services. This assessment involves collection of base line TB/HIV statistics, identification of groups at particular risk of TB and or HIV infection and a survey of existing district TB and HIV/AIDS service providers. You and your colleagues are members of a district health management team.

Task: prepare a list of five indicators and data sources used for the baseline TB/HIV statistics.

Table 1. Suggested Baseline District Data and Sources

Suggested Baseline District Data	Suggested Data Sources
<p><i>TB Case Notification</i></p> <ul style="list-style-type: none"> ▪ TB case rate/100,000 population ▪ TB treatment outcomes ▪ TB relapse rate ▪ MDR rate 	<ul style="list-style-type: none"> ▪ Cross-sectional surveys ▪ Data from cohorts of patients receiving treatment
<p><i>HIV Rates In</i></p> <ul style="list-style-type: none"> ▪ TB patients ▪ Antenatal clinic attendees ▪ Blood donors ▪ VCT clients ▪ Military recruits 	<ul style="list-style-type: none"> ▪ Surveys of TB patients ▪ Routine surveillance ▪ Laboratory registers ▪ VCT services, laboratory registers ▪ Ministry of Defense data
<p><i>Clinical Data</i></p> <ul style="list-style-type: none"> ▪ # of STIs cases treated ▪ # of AIDS-related hospital admissions ▪ # of cases of <i>C. neoformans</i> meningitis/<i>S.pneumoniae</i>/<i>S.typhimurium</i> cases diagnosed ▪ # of Kaposi's sarcoma cases, non-Hodgkin's lymphoma cases diagnosed 	<ul style="list-style-type: none"> ▪ STIs clinic record ▪ Ward registers ▪ Laboratory records ▪ Histology register, cancer register
<p><i>Commodity Data</i></p> <ul style="list-style-type: none"> ▪ # of condoms distributed 	<ul style="list-style-type: none"> ▪ District/partner condom stock records

SECTION I

UNIT 5

I. The Power of Numbers

5. Mission Statements

Mission Statements: Creating a Common Purpose

Background Notes

One of the first tasks facing a network is to agree on a mission statement. This short statement is needed to focus the efforts of the network. Its purpose is to define the network's philosophy, recruit and motivate members, and guide specific activities. Decisions on activities and more specific goals are reserved for later—after the network has been formed and members have assessed the political climate and built alliances with other individuals and organizations. A mission statement, however, is needed at the outset of organizing efforts. It clarifies—in the broadest of terms— what the network hopes to achieve. The statement should appear in newsletters, press releases, brochures, proposals, publications, and other documents. TB/HIV advocacy efforts may be just one facet of a broader advocacy effort. Thus, a mission statement for the network may not mention TB and HIV health issues specifically.

OBJECTIVES

By the end of this unit, participants will be able to

- Describe the interests that make the group a network or potential network;
- Define “mission statement” and describe its components; and
- Draft a network mission statement.

TIME

2 hours and 15 minutes

MATERIALS/HANDOUTS

- Newsprint, markers, and tape
- Copies of handouts
 - I.5.1 Background Notes
 - I.5.2 Mission Statements
 - I.5.3 Guidelines for Writing a Mission Statement
 - I.5.4 Examples of Mission Statements
 - I.5.5 Sample Logos

PREPARATION

Select five different mission statements from Handout I.5.4. Write each statement on a separate sheet of newsprint, leaving space at the bottom of the sheet for comments. Hang the newsprint sheets around the room.

ACTIVITY 1

What Is a Mission Statement?

Time: 15 minutes

Note to Facilitator: The participants have come together because they share an interest—whether vague or well defined—in advocating for decreasing the burden of TB and HIV to dually affected populations. In this unit, we will try to define that interest in precise terms.

1. Ask participants to define “mission statement.”
2. Write their responses on newsprint.
3. Revise and refine the definition until everyone agrees with it. The final definition should include the elements in the following statement:

Mission Statement: a declaration of organizational purpose

4. Discuss why mission statements are needed.
 - To guide the efforts of the network and its members.
 - To clarify what the network hopes to achieve.

ACTIVITY 2

Characteristics of Good Mission Statements

Time: 45 minutes

1. Refer participants to the examples of mission statements that are displayed around the room.
2. Ask the participants to circulate around the room, read each statement, and write comments on the newsprint about the positive and/or negative aspects of the statements.
3. When participants finish, review the comments on the newsprint and summarize with the group the characteristics of good mission statements.
4. Write the characteristics on a flipchart and be certain that the list includes the following:

Mission statements are...

- ✓ Clear and concise
- ✓ Short—a few lines or a short paragraph
- ✓ Representative of the organizations identity
- ✓ Motivational or inspirational

5. Ask participants to share their own organizational mission statements.
6. If time allows, write a few of the statements on newsprint and post them.

ACTIVITY 3

Writing a Mission Statement for the Network

Time: 45 minutes

Note to Facilitator: The purpose of the exercise is to develop a preliminary draft of a mission statement. Several hours and often days may be needed to discuss fully the content of the statement and to arrive at consensus. Furthermore, key members of the network may not be present at the workshop. They must have an opportunity later on to contribute to the statement.

Triads (30 minutes)

1. Distribute and review Handout I.5.3, Guidelines for Writing a Mission Statement.
2. Divide the participants into triads and ask each group to draft a mission statement for the network that is represented at the workshop.
3. After each group has finished its draft mission statement, ask the groups to post their statements around the room.

Group Discussion and Consensus (15 minutes)

1. Guide a discussion of each proposed mission statement in turn. Indicate in colored markers the elements of each statement that the participants like or do not like.
2. Help the group reach consensus on a draft mission statement.
3. Write the new mission statement on the newsprint and post.

Note to Facilitator: Help reach agreement on one mission statement by starting with the most well-liked statement and adapting it to the suggestions of the group or by writing with all the participants, a new mission statement that includes various components of the statements liked best by the group.

Transition

Developing a network mission statement is an important step in creating network identity. There are other network characteristics that can contribute to a sense of identity for members, particularly the network's name and logo. The name and logo send a clear and concise message about the network's areas of interest and even its general character. Deciding on a name and logo that accurately represent current members and will help attract prospective members is a task demanding the input and agreement of all members.

ACTIVITY 4

Creating a Network Identity: Name and Logo

Time: 30 minutes

1. Divide participants into four groups.
2. Ask two of the groups to come up with 2-3 potential names for the network; ask the other two groups to design 2-3 sample logos for the network (the logo may be the one on the Interim Policy on Collaborative TB/HIV Activities).
3. Write the suggested names from the small groups on the newsprint. Ask the participants for general reactions to the various names.
4. Post the logos designed by the other two groups and ask for the participants' reactions.
5. Use the following questions to facilitate a general discussion of the proposed names and logos:
 - Does anyone have strong opinions in favor of any of the names and logos?
 - Why are those names preferred?
 - Why do people like certain logos? What messages do the different logos convey?
 - Why is it so important to choose the right name and design the right logo?

SUMMARY

Members of a network must participate in answering questions of who they are, as an organization, what they do, and so on. A mission statement that grows out of the discussions about these questions will be a key element in recruiting, retaining, and motivating members and guiding the work of the network. **Distribute handouts for Unit 5.**

MOVING AHEAD

In the final unit of Section I, participants will work together to make decisions about how the network does its work—its structure and management.

SECTION I

UNIT 6

I. The Power of Numbers

6. Putting It All Together

Putting It All Together: Managing the Network

Background Notes

It is important for members forming a network to take time to determine how they will manage the logistics of their efforts. For example, will their meetings be held on an ad hoc basis or scheduled regularly on a monthly or biweekly basis? While meetings can be time consuming and frustrating, they are necessary if the network is to meet its objectives. The challenge is to make meetings as productive and brief as possible by following basic rules such as using agendas, engaging a facilitator, taking minutes, drafting the next meeting's agenda, and evaluating the meeting at its conclusion.

Based on the skills and professional expertise of members, what will be the roles of individuals within the network? Will responsibilities be shared through task forces or committees? Should a steering committee be elected to oversee activities? Would a rotating coordination mechanism be appropriate? How will an identity be established for the network? What will the network be called? Are financial resources available for such things as letterhead and postage? If not, how will members stay in touch? Details such as these should be decided in the planning stage of a network. They can be revised later if necessary.

Keeping members informed and involved is another crucial consideration. Communication maintains trust and interest. It also minimizes misunderstandings and identifies points of disagreement before they become serious problems. Members should receive minutes from meetings, updates, press releases, and information on future events. Are funds and a mechanism in place for this communication?

By spending time at the outset to determine how their network should function, members can avoid numerous problems and misunderstandings later. Once management questions have been worked out, network members are free to concentrate efforts on achieving their advocacy objectives.

OBJECTIVES

By the end of this unit, participants will be able to

- Identify the resources that members bring to the network as individuals and representatives of organizations;
- Identify operational issues of organization and structure;
- Develop a plan for solving these operational issues; and
- Describe norms of network member behavior.

TIME

3 hours and 50 minutes

MATERIALS/HANDOUTS

- Newsprint, markers, and tape
- Copies of handouts
 - I.6.1 Background Notes
 - I.6.2 Organizational/Member Resources Inventory
 - I.6.3 Member Skills Inventory
 - I.6.4 Guidelines for Productive Meetings
 - I.6.5 Organizational Structures for Advocacy Networks

PREPARATION

Read Handout I.6.1 Background Notes in preparation for Activity 1.

ACTIVITY 1

Introduction to Managing the Network

Time: 5 minutes

Introduce Unit 6 by reviewing the objectives and making a brief presentation that includes the following major points:

- Up to this point, the participants have done considerable work to establish the beginnings of a network. They have
 - Recruited network members who represent their own personal networks;
 - Drafted a mission statement that describes the network's reason for being;
 - Devised a name (or suggested names) for the network that identifies its interests and identity; and
 - Designed a logo (or suggested ideas) that creatively depicts what the network finds important.
- But sustaining a network demands more than mission, name, and identity—it takes organization, structure, systems, and resources.
- It is important for members to take the time and make decisions about such things as:
 - How to keep members informed;
 - When will meetings be held and who will decide the agenda;
 - What will be the roles and responsibilities of members;
 - What financial resources are required; and
 - Are financial resources available?
- By spending time at the outset to decide how the network should function, members can avoid numerous problems and misunderstandings later on.
- When management issues are addressed, members are free to concentrate on achieving their advocacy objectives.
- The first activity in this unit involves network members in conducting an inventory of the skills and resources that members and their respective organizations bring to the network. The information will facilitate decisionmaking about members' roles and responsibilities and the activities to be implemented.

ACTIVITY 2

Resource Inventory

Time: 1 hour and 15 minutes

Individual Work (15 minutes)

1. Distribute the Organizational/Member Resources Inventory (Handout I.6.2) and the Member Skills Inventory (Handout I.6.3) to all participants to complete for themselves and their organizations.
2. Explain that the first form looks at resources available within the participant's own organization or offered by the participant her/himself. The second form looks at the skills of the participant only. If two or more participants belong to the same organization, they should work together to complete one Organizational/Member Resources Inventory.

Group Analysis of Information (1 hour)

1. Ask one participant to compile all the information from the following discussion onto one inventory form. The form will be an important resource for the network.
2. In the large group, read each item on the Organizational/Member Resources Inventory and discuss:
 - Whether the resources are available and where—this information should be recorded on one inventory form;
 - If not available, whether the resource may be needed by the network;
 - If needed, how it can be obtained; and
 - Whether other supplies, equipment, or resources should be added to the list.
3. Summarize and compile the information from the Member Skills Inventory in the same way.
4. At the end of the activity, there will be a list of missing resources and skills and some ideas on how to secure the needed items. There will also be master lists of Organizational/Member Resources and Member Skills, both of which should go into a Network Resource Notebook.
5. Collect the individual inventories and photocopy them for the Network Resource Notebook.

Note to Facilitator: The network may want to make the acquisition of the needed resources and skills one of the activities that members must plan in upcoming meetings.

ACTIVITY 3

Network Organization and Structure

Time: 2 hours and 15 minutes

Brainstorming (15 minutes)

1. Refer to your introduction where you discussed several management decisions that must be made to help organize and structure the network's operations.

2. Ask the participants to brainstorm a list of issues that must be addressed if a network is to operate effectively and efficiently. Write their issues on the flipchart. This list should, at a minimum, include the following:

Issues of Organization and Structure for the Network

- ✓ Identification of organizations and individuals who can supply needed skills and resources
- ✓ Scheduling and conducting meetings
- ✓ Recruiting new members
- ✓ Communication—providing information to members
- ✓ Structure—who is in charge of coordinating, communicating, allocating tasks, etc.
- ✓ Strategic planning process
- ✓ Record-keeping responsibilities
- ✓ Financial responsibilities—budgeting, fundraising, accounting

Classification of Issues (15 minutes)

1. Most of the issues identified during the brainstorming exercise will fall into two major categories as follows:
 - **Network Organizational Structure.** Issues of structure include leadership roles; member responsibilities; setting meeting schedules; use of steering or management committees, task forces and/or subcommittees; membership dues/fees, etc.
 - **Network Communication.** Communication issues include systems for informing members of meetings and new developments, communicating with other groups/networks, establishing and maintaining record-keeping systems, etc.
2. Review the list on the newsprint and ask the group to classify each item as belonging to “Network Organizational Structure” or “Network Communication.” Using colored markers, write “S” (structure) or “C” (communication) next to each item depending on the group’s classification.

Working Groups (1 hour)

1. Ask participants to self-select either “Structure” or “Communication” to work on in small groups. Depending on the number of participants interested in each topic, form working groups of no more than seven participants each.
2. Ask each group to review the issues listed for its topic to ensure uniform understanding of the issue, and to develop specific recommendations for how the network should address each issue. Ask each group to write its recommendations on newsprint. For example, the “structure” groups might suggest a specific organizational chart showing leadership and/or decisionmaking structures (examples from other networks are included in Handout I.6.5) or make recommendations for meeting schedules and meeting structure. The

“communication” groups might recommend systems for communication within the network, types of data to collect, and record-keeping systems, etc.

3. After the small groups have worked for about 45 minutes, ask all of the “structure” groups to join together and all of the “communication” groups to join together to share and organize their recommendations, eliminate duplications, and decide how to present their recommendations to the full group. The groups do not need to reach consensus on their recommendations; they may simply present several suggestions to the full group.

Group Presentations and Discussion (45 minutes)

1. Ask the groups to present their recommendations in whatever format and manner they have chosen.
2. After each group’s presentation, facilitate a discussion with the entire group to try to reach agreement on some of the recommended guidelines for managing the network. Record the decisions on newsprint.
3. Similarly, help the group highlight outstanding issues that need to be resolved at some future date. Record these issues on newsprint. For example,

Network Agrees to:

- ✓ Meet formally at least 10 times a year
- ✓ Rotate meeting sites, facilitators, and note takers
- ✓ Develop bylaws
- ✓ Establish a steering committee and vote for committee members
- ✓ Set up a communication system

Network Needs to:

- ✓ Survey members for communication preferences
- ✓ Review skills inventory and design database
- ✓ Decide on subcommittee/task force structure
- ✓ Design member recruitment strategy
- ✓ Decide on fees/dues structure

Note to Facilitator: Participants should recognize that some decisions regarding network operations and management may be made at this time but that not all issues can be decided during the workshop—especially if some organization members are absent or data are unavailable. For this reason, the exercise should focus on recording decisions made by the participants, identifying issues not yet resolved, and making plans for how the network will address them. Suggest to the group that some of these issues can be placed on the agenda for the next meeting of the network.

ACTIVITY 4

Follow Up Meeting

Time: 15 minutes

1. Review both lists from above and ask the participants to identify items that they would like to put on the agenda for their next network meeting. Highlight these items with colored markers. For example, a final decision on the network's name and logo, identification of specific committees, assigning priority to remaining issues, etc.
2. Ask participants to decide on a meeting date and site and solicit volunteers to draft the agenda and contact absent members.

SUMMARY

Management of a network is an ongoing, democratic process that requires input and involvement from as many members as possible. It is best to consider and agree on the main structure for the network at the outset of network formation. Members can then turn their attention to the work they want to accomplish, secure in the knowledge that they have a management plan in place to make the network operate as efficiently as possible. **Distribute handouts for Unit 6.**

MOVING AHEAD

Section I of this manual focused on internal considerations: forming a network, building communication and team skills, understanding the decisionmaking process, drafting a mission statement, and managing the network. Section II helps the network to begin looking outward. It is designed to assist participants in understanding the policy process and determining what advocacy opportunities exist within a particular political context.

SECTION II

II. Actors, Issues, and Opportunities

Actors, Issues, and Opportunities: Assessing the Policy Environment

Introduction

A critical element in the success of any advocacy effort is a thorough understanding of the opportunities that exist for influencing the policy process—nationally, regionally, or locally. In Section I, participants worked through the steps necessary to put together an effective network. Now, network members will learn to determine how—given the realities of their particular political environment—the policy process works and what they can realistically expect to achieve at the policy level. This assessment is important because it focuses the network’s efforts on what is potentially attainable.

Policymaking—a course of action dealing with a problem or matter of concern—occurs within a web of interacting forces. Involved are multiple sources of information, complex power relations, and changing institutional arrangements. These factors feed into three main processes: problem recognition, the formation and refinement of policy proposals, and politics.

Some issues are probably settled by facts, analysis, and persuasion. Others are determined by vote, bargaining, or delegation to someone in authority. In all cases, decisionmakers are generally forced to make policy choices under conditions of ambiguity and uncertainty. Therefore, policy analysis demands a focus on what is actually done as opposed to what is proposed or intended.

Policies create a framework by which government affects the behavior of millions of people. For TB/HIV, policies are tools to promote access to services through enhancing collaboration and linkages between TB and HIV services. For example, a government demonstrates sensitivity to the TB/HIV epidemic by providing HIV testing, comprehensive HIV care and support for HIV infected patients so as to improve their quality of life and survival.

Effective policy action begins with study and research. It may not be easy to determine the processes by which a country formulates and implements TB and HIV policies, particularly if the government’s decisionmaking is complex or in transition from a top-down to a more decentralized process. It is important, however, to identify as accurately as possible the various factors that affect policy development decisions so that appropriate strategies can be adopted to influence the policymaking process. Identifying these factors will help the network use its resources in a manner that maximizes impact.

Until recently, the efforts to combat tuberculosis and HIV/AIDS have been primarily fought through separate and independent courses. Response to tuberculosis has largely focused on the case find and cure approach, known as the DOTS strategy. With regards to HIV, there is little mention to HIV prevention and the care of patients with tuberculosis that have other HIV-related diseases. The response to HIV/AIDS focuses on HIV prevention, and most recently on antiretroviral treatment. In the HIV/AIDS response, there is little attention to care and treatment

of individuals with common HIV-related diseases, such as tuberculosis, pneumonia, and diarrhea.⁸

One of the fundamental reasons that the responses to HIV and tuberculosis have not been coordinated is the separate funding that has maintained the two programs. The *Interim Policy on Collaborative TB/HIV Activities* promotes collaboration between the TB and HIV disease control programs, including joint planning and budgeting.

The international response to TB/HIV is an evolving approach, spearheaded by the TB/HIV Working Group of the Stop TB Partnership, which includes diverse membership from both the TB and HIV communities. The TB/HIV approach calls for all HIV infected patients with TB, particularly in those countries where HIV is contributing significantly to the TB epidemic, to have access to effective patient-centered TB and HIV diagnosis, treatment, and care services.

The first step in the process is to review how the policy process works in the network's particular setting. In Unit 1, workshop participants will combine their knowledge about how policy is formulated and implemented, delineate the steps in the policy formulation process, and develop a visual map to illustrate how policy decisions are crafted in their country.

In Unit 2, participants will move from the general policy arena to the TB/HIV policy environment. They will assess the current political climate and refine the policy map to reflect information about how the government's priorities are determined for TB/HIV policy. Participants will also look for linkages with other policy areas that can potentially affect the network's priorities.

Identifying relevant issues for the network's advocacy efforts is the focus of Unit 3. Participants will rank TB and HIV issues for their network's advocacy efforts and then match the issues with perceived opportunities. The final activity will help participants reach agreement on a specific issue for their network's advocacy campaign.

⁸ Extracts WHO. 2003. *Strategic Framework to Decrease the Burden of TB/HIV*. Geneva: WHO. (15-16)

SECTION II

UNIT 1

II. Actors, Issues, and Opportunities

1. The Policy Process

The Policy Process: Government in Action

Background Notes

Policy formulation is a high level overall plan or course of action embracing the general goals and acceptable procedures of government body. It is a highly political process. No two countries in the world formulate policy in exactly the same way, even in democracies. But even in highly centralized countries, the government is seen as the vehicle to bring about social and economic development and growth. In these countries, however, the ruling elite frequently do not have the political will to act in a way that serves the public good. Political and economic interests often dictate the actions of the elite.

Fortunately, countries around the world are moving away from highly centralized frameworks. There is a growing emphasis on the notion of civil society. Civil society institutions—family, community, professional associations, NGOs, and religious institutions—are seen as an appropriate arena for organizing governance. New forms of decisionmaking are emerging and undergoing refinement. Governments and international donor agencies are recognizing that NGOs can and do play an important role in this process by serving as bridges—or policy champions—between civil society and policymakers at all levels of government.

Many governments, however, remain ambivalent about encouraging NGO and citizen participation in the policy process. They may recognize the importance of citizen participation, but they are reluctant to risk challenges to their policies and actions. Often, too, they lack appropriate mechanisms for involving citizens in the affairs of state.

Regardless of a country's political system or level of receptivity to popular participation, the network's efforts in the government arena will target branches such as the executive, legislature/parliament, judiciary, government ministries and agencies, local officials, and, in some cases, even the police or military. Members need to identify the opportunities for influencing the policy process—whether at the national level where discussions are focused on broad policy issues and official national policies or at the operational level where specific resource allocation and service delivery guidelines are formulated. To be able to identify opportunities, the network first needs to understand the formal rules and procedures its country uses to make policy decisions.

Policy Response to a Demand

The Interim Policy on Collaborative TB/HIV Activities formulated by WHO (2004), responds to a demand from countries for immediate guidance on which collaborative TB/HIV activities to implement and under what circumstances. It is complementary to and in synergy with the established core activities of tuberculosis and HIV/AIDS prevention and control programs.

WHO, 2004. *Interim Policy on Collaborative TB/HIV Activities*

OBJECTIVES

By the end of this unit, participants will be able to explain and illustrate how the policy process works in their country.

TIME

3 hours and 15 minutes

MATERIALS/HANDOUTS

- Newsprint, markers, and tape
- Copies of handouts
 - II.1.1 Background Notes
 - II.1.2 Country X: Policy Process Map
 - II.1.3. Types of TB/HIV Policies

PREPARATION

- Collect information and resource materials on how policy is formulated and/or examples of national policies advanced by your country.
- Identify and invite a local policy expert to make the opening presentation for Activity 2 by addressing the policy process and your country's system of governance. The invited speaker should have a comprehensive understanding of how policy is formulated and implemented. A good speaker might be a professor of political science, a policy analyst, a professional lobbyist, a high-ranking government official, or a parliamentarian.
- Provide the guest speaker with the list of questions presented in Activity 2 and the example of a policy map. Emphasize that his/her presentation should address the questions and include a visual depiction of the general policy process followed in your country. Explain that the purpose of the presentation is to strengthen the policy skills of an advocacy network. Ask the presenter to speak for a maximum of one hour and to allow time for questions and discussion within that time period.
- Write the discussion questions for Activity 2 on newsprint and post.
- For Activity 3, draw the Policy Process Map on newsprint.

ACTIVITY 1

Introduction to the Policy Process

Time: 15 minutes

Introduce Section II and Unit 1 by reviewing the objective and making a brief presentation on the importance of understanding the policy environment. Major points to include in your presentation follow:

- A critical element in the success of any advocacy effort is a thorough understanding of the policy process in the network's country. This understanding includes how TB/HIV issues are identified; how policies are formulated and implemented; which institutions and individuals are involved; what are the roles, relationships, and balance of power among institutions and individuals; and how, when, and where to act to achieve maximum impact from advocacy efforts.

- An in-depth knowledge of the policy environment can help the network identify and recognize advocacy opportunities and critical points of entry both to influence the policy process and guide the network's selection of advocacy issues.
- In addition to understanding the formal rules and procedures that the government follows to make policy decisions, networks should monitor the political, economic, sociocultural, and technological environments to keep abreast of emerging issues and the positions of government, political, religious and local leaders with respect to these issues. Opportunities to influence policy and policymakers can arise at any time.
- In many countries, government and political leaders remain skeptical, if not fearful, of NGOs and other representatives of civil society participating in the policy arena.
- There is a common perception among policymakers that NGOs lack the experience, skills, and knowledge required for policy analysis and formulation. This perception leads to a reluctance or refusal to listen to or collaborate with networks in their advocacy efforts.
- Consequently, it is vital that network members demonstrate a clear and accurate understanding of the process followed and the players involved in making policy decisions.
- The purpose of Section II is to help network members gain insights and skills that will strengthen the network's credibility and professionalism and enhance individuals' ability to engage in dialogue with policymakers.

Transition

In preparation for the expert presentation, review the discussion questions that are posted and explain that the questions will guide the presentation. Remind participants to refer to the questions during the presentation, note when each question is addressed, and record the corresponding answer.

ACTIVITY 2

How Policy Is Made

Time: 1 hour and 30 minutes

Expert Presentation (1 hour)

1. Introduce the speaker.
2. After the presentation, facilitate a question-and-answer session that includes any discussion questions not already answered in the presentation.
3. Thank the presenter and conclude the activity.

Discussion Questions: How Policy Is Made

1. How are ideas or issues generated for new or revised policies?
2. How is a proposed issue introduced into the formal decisionmaking process?
3. What is the process for discussing, debating, and, perhaps, altering the proposal? Who are the players involved?
4. How is the proposal approved or rejected?
5. If approved, what are the steps to move the proposal to the next level of decisionmaking?

Brainstorming (10 minutes)

1. Write “Examples of Policies” as a heading on newsprint.
2. Ask participants to brainstorm any examples of policies currently in place (regardless of the sector) and list their responses on the newsprint.

Collaborative TB/HIV activities

The goal of collaborative TB/HIV activities is to decrease the burden of TB and HIV in populations affected by both diseases through:

A. Establish a Mechanism for Collaboration

- A1. Set up a coordinating body for TB/HIV activities effective at all levels**
- A2. Conduct surveillance of HIV prevalence among patients with tuberculosis**
- A3. Carry out joint TB/HIV planning; conduct monitoring and evaluation**

B. Decrease the Burden of Tuberculosis in PLHAs

- B1. Establish intensified tuberculosis case-finding**
- B2. Introduce isoniazid preventive therapy**
- B3. Ensure tuberculosis infection control in health care and congregate settings**

C. Decrease the Burden of HIV in Patients with Tuberculosis

- C1. Provide HIV testing and counseling**
- C2. Introduce HIV prevention methods**
- C3. Introduce cotrimoxazole preventive therapy**
- C4. Ensure HIV/AIDS care and support**
- C5. Introduce antiretroviral therapy.**

Group Discussion (20 minutes)

1. Refer to the discussion questions on the newsprint and relate each question to ONE of the policies listed during the brainstorming session. For example, with respect to the National AIDS Policy,
 - Where or how was the idea/issue related to the National AIDS Policy generated?
 - How was the issue introduced into the formal policymaking process?
 - What was the process for discussing, debating, and/or altering the proposal for the AIDS policy? Who were the individuals or institutions involved in that process?
 - Who/what bodies were involved in approving the proposal?
 - What steps were followed to move the proposal to the next level of decisionmaking?

ACTIVITY 3

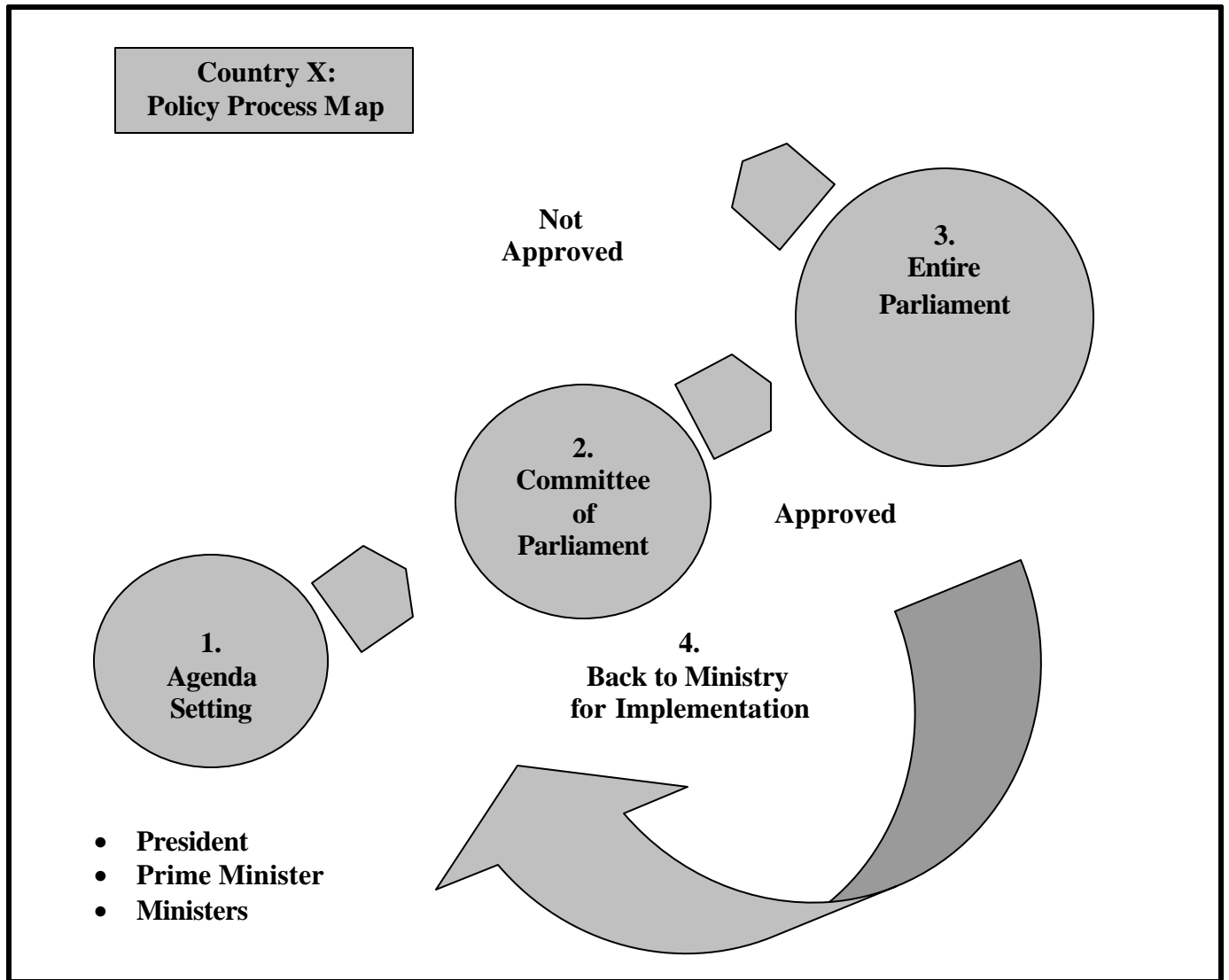
Mapping the Policy Process

Time: 1 hour and 30 minutes

- Consider expanding on the current version of the exercise, which is a national-level policy process map, and base it on read examples.

Small Group Activity (45 minutes)

1. Divide participants into small groups and distribute newsprint and markers to each group.
2. Using the information from the policy expert's presentation and from the group discussion, ask each small group to prepare a visual map, or flowchart, of the policy process in its country. The map should be kept as simple as possible while ensuring accuracy.
3. Refer to the "Country X: Policy Process Map" that you drew on the newsprint to show the participants what a policy process map looks like.



Group Discussion (45 minutes)

1. Ask each group to present its policy map to the whole group and give a brief explanation of the map and what they based their decisions on.
2. Discuss the similarities and differences among the maps. Help the participants reach agreement on one map. Ask a participant to reproduce the final map on paper so it can be photocopied and distributed.

3. If there are MAJOR differences of opinion or gaps in information about how the policy process works, list the areas of discrepancy and the types of information needed for clarification.

SUMMARY

Information sharing and research can help network members clearly understand how the policy formulation process works in their particular setting. Once members have this information, they can apply it to their emerging advocacy strategy. **Distribute handouts for Unit 1.**

MOVING AHEAD

In the next unit, participants will move from a general understanding of the policy process to an analysis of the specific components of the TB/HIV policy environment.

SECTION II

UNIT 2

II. Actors, Issues, and Opportunities 2. Decision making for TB/HIV

Decision making for TB/HIV: Analyzing the Policy Climate Background Notes

To advance the network's policy advocacy agenda, it is important to understand how TB and HIV policy decisions are made and the political climate in which they take place. As a prerequisite to proposing sound policy alternatives, network members need to know how to analyze existing HIV and TB policies and/or laws as well as their shortcomings. What commitments, for example, did the country make in setting targets for universal access to HIV prevention, treatment, care and support by 2010? Is the country honoring those commitments?

Understanding the background of a particular policy provides a basis for determining the level of difficulty likely to be involved in changing the policy. It can also provide guidance for anticipating which groups will oppose the reform and which groups will support it. As joint action toward HIV and TB is at an embryonic stage, policy analysis is fundamental to develop more effective ways in which national HIV/AIDS and national TB programs can collaborate. The following policy steps will need to be taken in reaching the goal of integrated TB/HIV services: (1) critically review policy development aimed at promoting the closer collaboration of national HIV/AIDS and tuberculosis control program activities; (2) analyze barriers to national HIV/AIDS and tuberculosis program collaboration; (3) identify opportunities and mechanisms for more effective national HIV/AIDS and tuberculosis program collaboration; (4) identify the relative advantages of different stakeholders in acting as the main implementers of the different interventions.⁹

OBJECTIVES

By the end of this module, participants will be able to

- Analyze the TB and HIV policy environment, and
- Identify current TB/HIV issues and problems.

TIME

3 hours and 15 minutes

MATERIALS/HANDOUTS

Newsprint, markers, and tape

- Copies of handouts
 - II.2.1 Background Notes
 - II.2.2 Country X: TB/HIV Policy Map
 - II.2.3 World TB Day, 2004: Theme, Objective and Strategy
 - II.2.4 International AIDS Conference (2003 & 2004): Theme and Objective
- Copies of the policy map developed and agreed upon in Unit 1

⁹ Extracts from WHO. 2003. *Strategic Framework to Decrease the Burden of TB/HIV*. Geneva: WHO. (35).

- Name tags or table placards

PREPARATION

- Collect information about the country's commitment for collaborative TB and HIV Activities
- Write each of the questions shown in Activity 1 on a separate sheet of newsprint and post around the room.
- For Activity 2, write the list of TB/HIV policy issues on newsprint.
- For Activity 2, draw the sample TB/HIV policy map on newsprint.
- For Activity 3, write the following titles on the name tags or table placards for the role-play— Interviewer, Government Official, Religious Leader, and International Donor.

ACTIVITY 1

The TB/HIV Policy Process

Time: 45 minutes

Introduction (15 minutes)

Introduce Unit 2 by reviewing the objectives and making a brief presentation. Key points to include in your presentation follow:

- Now that participants have a good understanding of the generic policymaking process, they need to move their thinking to how the process works when policies are formulated specifically for TB/HIV.
- To advance the network's advocacy agenda, network members must understand how TB and HIV policy decisions are made as well as the political climate in which they take place. Before proposing sound alternatives, network members need to know how to analyze existing TB and HIV policies and/or laws as well as their shortcomings.
- By analyzing the policy environment for TB/HIV, the network can identify specific policy issues that might influence its selection of advocacy issue(s).
- Understanding the background of a particular policy or regulation provides a basis for determining the degree of difficulty involved in changing that policy. It can also provide guidance for anticipating which groups will oppose the reform and which groups will support it.
- Gaining a clear understanding of the TB/HIV policy arena includes learning about the decisionmaking process, the key institutions and individuals involved, and the critical issues of the day.

Small Groups (30 minutes)

1. Write each of the following questions on a separate sheet of newsprint and post around the room.

How TB and HIV Policies Are Made

- ✓ Where are issues/ideas generated for TB and HIV policies?
- ✓ What institutions—political, government, or nongovernmental—influence policies and laws on TB and HIV?
- ✓ What other sector's policies (e.g., environment) may be linked to TB and HIV?

2. Review the questions to ensure understanding.
3. Divide participants into small groups.
4. Ask the groups to discuss each question and to reach consensus on their response.
5. Direct each group to write its responses directly on the appropriate newsprint.
6. Read the responses for each question and lead a general discussion of the responses.

ACTIVITY 2

Mapping the TB/HIV Policy Process

Time: 1 hour

1. Explain that participants will work in the same small groups as in the previous exercise.
2. Distribute newsprint and markers to each group.
3. Select one of the following policy issues, or chose one of your own, and assign it to all of the small groups. Ask each group to develop a TB/HIV policy map that tracks the issue from identification of the need to implementation of the policy.

Examples of Recommended TB/HIV Policy Issues

- ✓ Provision of HIV testing to TB patients
- ✓ Promotion of safer sexual practices and condoms to TB patients
- ✓ Intensified TB case-finding by HIV/AIDS service providers
- ✓ Cotrimoxazole Preventive Therapy (CPT) to reduce the morbidity and mortality of PLHA and HIV-positive TB patients
- ✓ TB screening , diagnosis, and treatment at VCT centers including in stand alone centers
- ✓ TB preventive therapy (IPT) at VCT centers including in stand alone centers
- ✓ STIs screening at TB diagnosis and treatment centers
- ✓ STIs treatment at TB diagnosis and treatment centers
- ✓ Community involvement in the management of HIV infected TB patients
- ✓ Integrating TB management in home based HIV/AIDS care services
- ✓ PLHA support group involvement in TB activities
- ✓ ART for HIV infected patients with TB.

4. Direct the groups to use the following references for the mapping exercise:
 - Answers they recorded and discussed in Activity 1.
 - Generic Policy Map they created in Unit 1.
 - Country X: TB/HIV Policy Map that you drew on newsprint.

- Other resource material or references that you have available on TB and HIV health policies in the country in question.

Note to Facilitator: The information included on the TB/HIV map should be much more specific than that included on the policy process map created in Unit 1. The TB/HIV map should include the names of specific institutions and departments involved in the process. In some countries, for example, there are committees for PLHA, TB, and/or HIV/AIDS. These committees are usually responsible for discussing TB and HIV issues, conducting public hearings, and proposing actions to the appropriate governing body. Such committees should be shown on the map.

5. Ask each group to draw its TB/HIV map/flow chart on the newsprint.
6. As each group presents its map, discuss similarities or differences among the maps. Facilitate a discussion to help the participants reach agreement on the most accurate details of each map. Either prepare a new map that reflects these details or revise one of the group maps to include the details. The session should conclude with ONE map that represents all groups' consensus on the TB/HIV policymaking process to be used in Unit 3.

Note to Facilitator: Use your judgment to gauge the accuracy of the TB/HIV policy map. If you think there are significant gaps in the overall group's understanding of the TB and HIV policy processes, ask participants to try to identify the gaps. Help them identify possible resources or references that provide the missing information.

Transition

The network has started to identify and understand the processes and players involved in formulating and implementing TB/HIV policy. As noted in the introduction, however, the network must also look outside the policy environment and start to monitor any relevant trends, issues, and developments that draw the attention of the media, opinion leaders, decisionmakers, and/or international donors. Tracking what's "new and in the news" can suggest issues for advocacy and provide useful information for the network's advocacy campaign.

ACTIVITY 3

"TB and HIV Issues in the News"

Time: 1 hour and 30 minutes

Panel of Experts: a Role-Play (1 hour)

Note to Facilitator: This activity is designed to show network members another way to explore advocacy opportunities—by monitoring what experts in the field of TB/HIV are saying. Participants will role-play a panel presentation in which a journalist interviews three experts on current TB or HIV issues. The activity is intended to help suggest key TB/HIV issues for the network's advocacy campaign.

Emphasize that the purpose of the presentations is to convey to the audience current TB/HIV information and trends as well as the priorities of the panelists' respective institutions. The presentations are NOT intended to promote debate.

1. Ask for five volunteers to play the roles of a
 - TB health care provider
 - HIV/AIDS/STI health care provider
 - Member of PLHA support group
 - NACP representative
 - NTP representative
2. Explain that the journalist will introduce the panelists, ask them questions, and moderate the discussion. Give the journalist the following questions to guide the panel discussion and ask the journalist to probe the panelists' responses with follow-up questions:
 - From your perspective, what are the current developments and "burning issues" in the field of TB/HIV?
 - Our government sent a delegation to the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) where the Declaration of Commitment on HIV/AIDS was adopted. What commitments were made at the Conference and have they been implemented by the government? What follow-up measures did governments commit themselves to? <http://www.ungasshiv.org/index.php/ungass>
 - Make sure that, in addition to asking about the UNGASS, the participants playing the role of journalist also inquire about the government's involvement in the second Stop TB Day, Partners' Forum, and International AIDS Conferences.
 - What policy developments are underway and what are their chances of being implemented?
 - What potentially useful, existing policies are not being implemented?
 - Given the current situation in our country, what policy changes or innovations would you like to see in the TB/HIV sector in the near future?
3. Give the volunteer panelists a few minutes to organize their thoughts while you arrange tables and chairs for the panel and distribute name tags/table placards to the panelists.
4. During the role-play, take notes on the panelists' responses.
5. Conclude the role-play by thanking the journalist and panelists.

Follow Up Discussion (30 minutes)

1. Use the following questions to help the audience summarize the panel presentation and identify priority TB/HIV issues for the network:
 - Based on the information provided by the panelists, what are the priority TB/HIV issues?
 - Are there other critical issues that were not mentioned? What are they?
 - What about the ICPD? Is there still interest and action around the Programme of Action?
 - What, if anything, has happened with respect to ICPD+5?
 - Make sure that, in addition to asking about the UNGASS, the participants playing the role of journalist also inquires about the government's involvement in the second Stop TB Day Partners' Forum in 2004 (New Delhi), and the International AIDS Conferences.
 - How can the information presented by the panelists be used to generate policy advocacy opportunities for the network?
2. List on newsprint for use in Unit 3 the priority TB/HIV policy issues identified by participants.

SUMMARY

Understanding how policy decisions are made for TB and HIV and identifying current TB and HIV issues will help members of the network determine where they should focus their energies.

Distribute handouts for Unit 2.

MOVING AHEAD

The next unit focuses on identifying potential policy issues for action and setting policy goals for the network.

SECTION II

UNIT 3

II. Actors, Issues, and Opportunities

3. Prioritizing Policy Issues

Prioritizing Policy Issues: Making the Best Matches Background Notes

Now that participants have reviewed how policies are formulated, identified current policies and programs, and mapped the decisionmaking process for TB/HIV, they must set realistic goals for the network's advocacy agenda.

The first step in the process is to identify an issue that requires advocacy. Clearly, given the current climate, the network will realize that certain actions are not feasible at the moment. Network members need to know their limitations and focus on areas where they have the potential for making the greatest impact. If they find, for example, that essential drugs are exempted from tariffs and that TB treatment products are not on the essential drug list, they may want to concentrate their efforts on changing the essential drug list to include isoniazid.

Policy research will suggest ways in which the network can define problems, link them to solutions, and translate them into simplified images that will influence both the general public and decisionmakers. Finally, policy solutions must be developed for the issues selected. The solutions will be refined in Section III.

Framing an Issue

When a 14-year old boy who is a good student drops out of school because one of his parents died of AIDS and is facing social stigma, it may be a personal misfortune for the boy and his family. When an alliance of organizations and educators for PLHAs demonstrates that HIV/AIDS stigma threatens the growth of a skilled work force and national economic development goals, HIV/AIDS becomes a problem for government and invites a policy response.

OBJECTIVES

By the end of this module, participants will be able to

- Identify and prioritize issues based on established criteria, and
- Determine an issue for advocacy.

TIME

3 hours and 25 minutes

MATERIALS/HANDOUTS

- Newsprint, markers, and tape
- Index cards
- Copies of handouts
 - II.3.1 Background Notes
 - II.3.2 Checklist for Choosing an Issue
- Copies of the TB/HIV policy map completed in Unit 2
- List of priority TB/HIV issues listed on newsprint in Unit 2

PREPARATION

For Activity 3, write the questions on newsprint and copy the chart on newsprint.

ACTIVITY 1

Introduction

Time: 10 minutes

Introduce Unit 3 by reviewing the objectives and making a brief presentation that includes the following key points:

- Based on the previous assessment of the decisionmaking process for TB and HIV policy formulation and implementation and the identification of current TB and HIV issues, not to mention personal and organizational interests, participants are likely to have a wide variety of ideas for their advocacy agenda.
- Some of these ideas, however, will not be feasible at the moment given the realities of the political climate or the availability of resources. It is important to acknowledge these realities and keep the network focused in areas where it can potentially make an impact.
- This unit takes network members through a process of prioritizing TB and HIV advocacy issues in accordance with established criteria. The activity is intended to help participants look at several key issues both objectively and analytically so that they can work to reach consensus on their advocacy issue.

ACTIVITY 2

Prioritizing TB/HIV Issues

Time: 2 hours

Small Groups (1 hour and 30 minutes)

1. Divide participants into three small groups and distribute one index card to each participant.

2. Ask each participant to choose one TB/HIV policy issue that she/he thinks the network should consider for advocacy and then write that issue on the index card. Participants should consider the following:
 - List of key TB/HIV issues developed in Unit 2
 - Network mission statement prepared in Section I, Unit 4
 - Their personal and professional interests
 - Concerns and priorities of their communities and beneficiaries.
3. Ask the participants to share their cards within their small groups and to reach agreement on THREE priority issues.
4. Distribute copies of the “Checklist for Choosing an Issue” (Handout II.3.2). Ask each group to complete one master “Checklist” for the group.
5. Review and clarify with participants the criteria listed on the “Checklist.” Ask for suggestions for additional criteria and add any to the list.
6. Explain the instructions for completing the “Checklist.” Each small group should do the following:
 - Write the three priority issues across the top of the chart in the boxes labeled “Issue.”
 - Begin with Issue 1 and rank it against each of the 12 criteria listed by writing one of the following terms: HIGH (always or almost always meets the criterion); MEDIUM (often meets the criterion); or LOW (rarely or never meets the criterion).
 - Respond to all of the criteria for Issue 1 before moving to Issue 2. Continue in the same way until all three issues are ranked against the criteria.
 - Discuss the rankings within the small group and choose ONE of the issues as the group’s priority TB/HIV policy advocacy issue.
 - Select a spokesperson to present the issue and a brief description of the process.

Large Group Discussion (30 minutes)

1. When the small groups have finished, ask each spokesperson to present his/her group’s results as well as the highlights of the process the group followed for its assessment and selection. Encourage the spokespersons to focus on how the process helped the group analyze and select the priority issue. Spokespersons should NOT present the individual rankings for the each of three issues.
2. List each group’s priority issue, a total of THREE, on newsprint.

Note to Facilitator: Ideally, at the end of this activity, you will have three distinct issues for the network to consider for advocacy action. If, however, the issues turn out to be the same or similar, you should ask participants to combine similar issues and select another priority issue(s) to ensure some variety in the three final choices.

ACTIVITY 3

Matching Issues and Opportunities

Time: 1 hour and 15 minutes

Small Groups (30 minutes)

1. Refer to the three priority issues and ask participants to self-select the issue they would like to address. Organize a working group for each issue.
2. Write the following questions on newsprint and ask the groups to answer the questions:

- What data are available to support the issue?
- What is the desired policy outcome for the issue over the short and long term?

3. Ask the groups to write their responses on the newsprint chart you have prepared and select a presenter.

	Group 1: Issue	Group 2: Issue	Group 3: Issue
Available Data			
Policy Outcome			

4. Ask each presenter to report his/her group's responses.
5. Ask the other participants for comments or additions to each of the presentations.

Large Group Discussion (45 minutes)

Note to Facilitator: The discussion should provide an opportunity for participants, first, to pull together all the information they have discerned and developed and, second decide on ONE concrete TB/HIV policy issue for the network's first advocacy campaign. During the discussion, encourage participants to use good communication and decisionmaking skills, (e.g., make sure that everyone who wants to speak is heard and encourage participants not to give in to reach agreement but rather to express differences of opinion.)

1. Facilitate a general discussion of the issues and information on the chart by using the following questions:
 - How does the availability of support data and other trends influence the group's thinking about the issues?
 - How achievable are the desired policy outcomes? How do the prospects for success affect participants' thinking about priority issues?
 - What overlap exists between the group's issues and the "current issues" identified in Unit 2?
 - If there is little or no "current" interest in any of the issues, what are the implications for the network in taking on that issue for policy advocacy?
 - Which policies/regulations/laws directly or indirectly affect the issue? Can they be changed?
 - Given all of the analysis and discussion carried out by the network, what one issue should the group select?

2. Conclude the discussion by agreeing on ONE HIV/TB policy issue (e.g., high proportion of TB cases that are HIV/AIDS) for the network advocacy campaign.

SUMMARY

Selecting a realistic policy issue for advocacy requires an understanding of the policymaking process in general and, specifically, the decisionmaking process for TB/HIV. It also requires an assessment of where the opportunities are for influencing the process and a sound analysis of priority issues by network members. **Distribute handouts for Unit 3.**

MOVING AHEAD

Participants conclude this section with a TB/HIV advocacy issue that was chosen based on sound analysis of the policy environment, agreement with the network's mission, and a process for setting priorities. Now the network is ready to begin to design and implement its advocacy campaign. Section III of the manual leads the network through each step of an advocacy strategy.

SECTION III

III. The Advocacy Strategy

The Advocacy Strategy: Mobilizing for Action

“Two Diseases, One patient, One Community”

Global TB/HIV Working Group of the Stop TB Partnership

Introduction

As the process of harmonizing and merging the responses to HIV and TB is at an embryonic stage, galvanizing advocacy networks at global, national, district, community, and individual levels will be fundamental in having an effective response to HIV and TB.

Advocacy is both a science and an art. From a scientific perspective, there is no universal formula for effective advocacy. Nevertheless, experience shows that an advocacy campaign is most effective when it is planned systematically. Advocacy networks frame their issue, set an advocacy goal and measurable objectives, identify sources of support and opposition, research the policy audience, develop compelling messages, and mobilize necessary funds, and, at each step of the way, collect data and monitor their plan of action. Each of these steps requires distinct knowledge and skills to ensure effective and efficient implementation.

Advocacy is also an art. Successful advocates are able to articulate issues in ways that inspire others and motivate them to take action. They have a keen sense of timing and are able to recognize and act as opportunities present themselves. Successful advocates are skilled negotiators and consensus builders who look for opportunities to win modest but strategic policy gains while creating still other opportunities for larger victories. Artful advocates incorporate creativity, style, and even humor in their advocacy events in order to draw public and media attention to their cause. The art of advocacy cannot be taught through a training workshop; rather, it emerges from the network members themselves. Advocacy training provides the tools, but participants must add the spark.

Section III of the manual could alternatively be titled “Pulling It All Together: How to Manage an Advocacy Campaign.” In Section I, the network learned about the characteristics of and practiced the skills that form the groundwork for a collaborative and trusting working relationship. In Section II, participants explored and gained a deeper understanding of the policy environment as the context within which their advocacy efforts will take place. Section III, the final section of the manual, is dedicated to the nuts and bolts of an advocacy campaign. The units in Section III correspond to the different steps of the advocacy process and help participants acquire and build the technical skills needed to implement each step successfully.

SECTION III

UNIT 1

III. The Advocacy Strategy

1. What Is Advocacy

What Is Advocacy? Background Notes

A major challenge in continuing to harmonize the response to TB and HIV is how to attract and maintain attention for TB on the part of the AIDS community and vice versa. A key opportunity for the development of HIV/TB advocacy is at the biennial International AIDS Society (IAS) AIDS Conference and the annual conference of the International Union Against Tuberculosis and Lung Disease (IUATLD). Major global HIV and TB initiatives need to embrace TB and HIV as a key component of their activity.

There are as many definitions of advocacy as there are groups and networks advocating. However, each definition shares common language and concepts. Advocacy is first and foremost a process, occurring over unspecified amounts of time, sometimes brief and often lengthy. Advocacy is also strategic and targets well-designed activities to key stakeholders and decisionmakers. And lastly, advocacy is always directed at influencing policy, laws, regulations, programs, or funding—decisions made at the upper-most levels of public or private sector institutions.

Advocacy includes both single-issue, time limited campaigns as well as ongoing work undertaken around a range of issues. Advocacy activities may be conducted at the national, regional, or local level.

Within the TB/HIV policy arena, advocacy efforts might address such things as enactment of a national policy encouraging collaboration between TB and HIV control programs and integrating separate TB and HIV services. Operational TB/HIV policies—where specific resource allocation and service delivery guidelines are formulated—are also potential objects for advocacy campaigns.

In Unit 1, the network members define advocacy for themselves and gain a thorough understanding of the concept and the strategy by exploring the various steps involved in an advocacy campaign. In addition, the participants identify the characteristics of advocacy that distinguish it from the related concepts of information, education, and communication (IEC); public relations; and community mobilization.

Advocacy is a set of targeted actions directed at decisionmakers in support of a specific policy issue.

OBJECTIVES

By the end of this unit, participants will be able to

- Define advocacy
- Identify the steps in the advocacy process
- Distinguish advocacy from related concepts.

TIME

4 hours and 5 minutes

MATERIALS/HANDOUTS

- Newsprint, markers, and tape
- Copies of handouts
 - III.1.1 Background Notes
 - III.1.2 Sample Definitions of Advocacy
 - III.1.3 Steps in the Advocacy Process
 - III.1.4 Advocacy and Related Concepts
- Card template, “Steps in the Advocacy Process”

PREPARATION

- Invite an expert who is knowledgeable about the importance of tackling HIV and TB through a joint integrated response to HIV/TB. This person could be a community leader, a practitioner, an NGO representative, or district or regional level health officer. You could also consider inviting HIV/AIDS or TB activists who have experience in lobbying the government on HIV/AIDS or TB issues. Ensure the speaker is knowledgeable about HIV/TB advocacy and can clearly articulate the importance moving towards an integrated care and treatment approach to addressing HIV and TB. Ask the presenter to speak for no more than 30 minutes; explain that there will be time for questions and discussion.
- For Activity 3, copy and cut three sets of “Steps in the Advocacy Process” cards using the template at the end of the unit. Each set of cards should be on a different color paper or card.
- For Activity 4, draw the chart “Advocacy and Related Concepts” on newsprint.

Participants from the 3rd Global TB/HIV Working Group meeting (WHO) met in Montreux Switzerland in June 2003. The participants were struck by the extent to which there was common ground between the TB and HIV communities. The goal of addressing the HIV/TB epidemic, as one community was clear, particularly as there were broad representation of TB and HIV communities were present. A senior HIV official from the Ugandan National AIDS programme expressed great optimism in the joint action approach in Uganda. Also during the meetings, evidences of effectiveness of the joint action were shared. Modification in risky sexual behavior in Malawi, and six-fold increase in individuals getting HIV tested were reported. The participants left the meeting with the key lesson that “it is joint action that works, not TB or HIV programs working in isolation”. This mobilization for joint action is an important milestone in achieving the goal of reducing the health burdens of HIV and TB in the world.¹⁰

¹⁰ Extract from 3rd Global TB/HIV Working Group Meeting Notes. Montreux, Switzerland, June, 2003.
http://www.who.int/docstore/gtb/publications/tb_hiv/2003_327/tbhiv_3rdwg03.pdf

ACTIVITY 1

What Is Advocacy?

Time: 1 hour and 5 minutes

Introduction (5 minutes)

Introduce the unit by reviewing the objectives and following major points:

- Advocacy is both a science and an art. From a scientific perspective, while there is no universal formula for effective advocacy, experience has shown that advocacy is most effective when it is planned systematically.
- Networks must follow and include specific steps when designing and implementing an advocacy campaign; each step requires distinct knowledge and skills.
- Advocacy is also an art. Successful advocates are able to articulate issues in ways that inspire and motivate others to take action. Successful advocates are skilled negotiators and consensus builders who look for opportunities to win modest but strategic policy gains while creating still other opportunities for larger victories.
- Artful advocates incorporate creativity, style, and even humor into their advocacy events in order to draw public and media attention to their cause.
- The art of advocacy cannot be taught through a training workshop; rather, it emerges from within network members themselves. Advocacy training provides the tools, but participants must add the spark.
- Section III of the manual is designed to teach both the science and the art of designing and implementing an advocacy campaign. The units in Section III correspond to the different steps of the advocacy process. Participants will learn how to use advocacy strategies and tools to influence decisionmakers and bring about more favorable TB/HIV policies and programs.

Expert Speaker (1 hour)

1. Introduce the speaker.
2. After the presentation, moderate a question-and-answer session for approximately 20 minutes.
3. Thank the presenter and conclude the activity.

Note to Facilitator: Constella Futures, through various projects, has conducted advocacy workshops in many non-English speaking countries, in languages that range from Arabic to Spanish, Russian, French, Turkish, Romanian, and Portuguese. In many instances, the concept of advocacy did not translate readily into the local language such that workshop participants spent considerable time finding the most accurate word or phrase. While it may be helpful to consult with local advocacy groups/experts to determine the most appropriate translation for “advocacy,” it is the participants themselves who must select and agree on the word or phrase that most accurately conveys the local culture’s concept of advocacy.

ACTIVITY 2

Defining Advocacy

Time: 1 hour

Brainstorming (15 minutes)

1. Write advocacy on the flipchart and ask participants to brainstorm words that come to mind when they hear the word advocacy.
2. Record everyone's responses and include all contributions. If words or phrases are repeated, simply add a tick mark (✓) next to the repeated phrases
3. The brainstorming activity should elicit responses such as those below.

Advocacy	
✓ Defending	✓ Influence
✓ Sensitizing	✓ Intervening
✓ Change	✓ Decisionmaking
✓ Persuasion	✓ Selling an idea
✓ Exposure	✓ Lobbying
✓ Communication	✓ Attracting attention
✓ Providing a solution	

Small Groups (45 minutes)

1. Divide participants into small groups of four to five persons.
2. Instruct each group to draft a definition of advocacy. Encourage the groups to use the words on the flipchart to prepare their definitions. Allow 15 minutes.
3. Ask the groups to write their definitions on newsprint and post them on the wall.
4. Read each definition aloud and discuss the definitions by asking the group to identify the following:
 - Similarities among the definitions (i.e., words or phrases that appear in more than one definition). Circle the commonalties with a colored marker.
 - Elements that are unique to a definition (i.e., not repeated in any of the other definitions). Circle the unique words or phrases with a different colored marker.
5. Ask participants to decide whether one of the posted definitions should be the network's agreed-upon definition of advocacy or whether they want to craft a new definition by using the common elements and ideas represented in their definitions.
6. Using clean newsprint, help the group write a definition that reflects the full group's input; post the definition in a location where it can remain throughout the workshop.
7. Distribute Handout III.1.2 and review the definitions listed. The definitions come from a variety of sources, including international advocacy organizations and a POLICY partner network in Ghana.
8. Ask participants to review the definitions and identify points that are consistent with their own definition.

Transition

Now that participants have reached consensus on a working definition of advocacy, they will look at the different steps that comprise the advocacy process. Experience shows that advocacy is rarely an orderly, linear process. Some of the most successful advocacy efforts have resulted from rapid responses to needs and/or opportunities and have materialized amid chaotic environments. The ability to seize opportunities, however, does not replace the importance of a sound process and careful planning. The next activity demonstrates that looking at advocacy in a systematic way helps networks plan and implement effective advocacy campaigns.

ACTIVITY 3

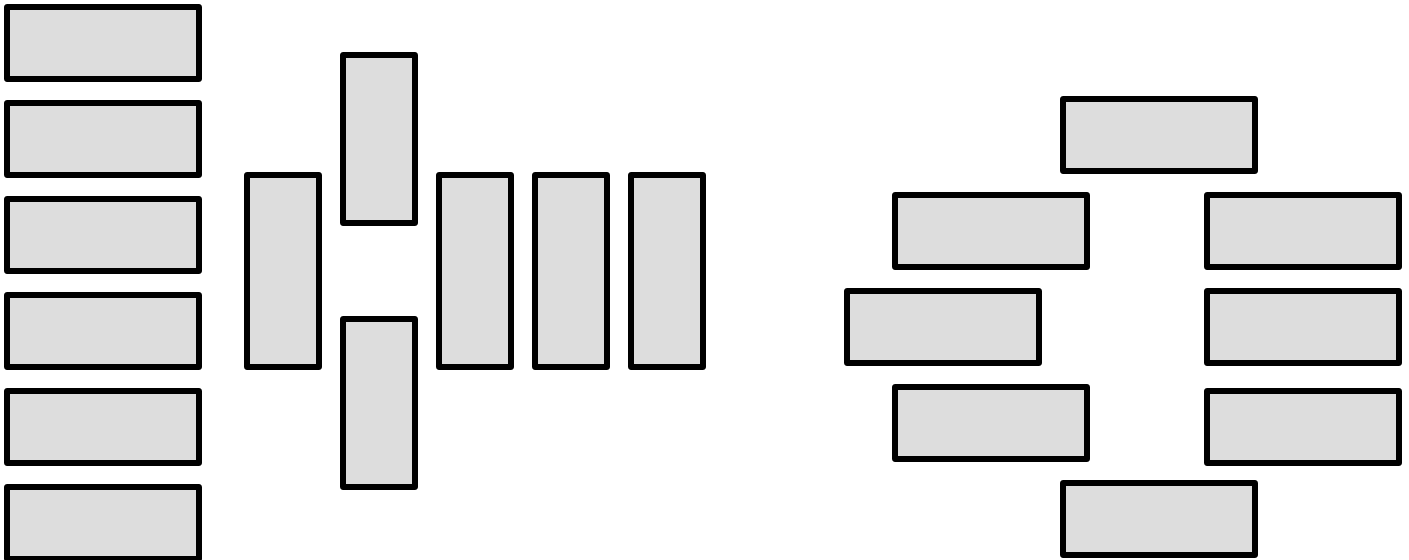
Steps in the Advocacy Process

Time: 1 hour and 15 minutes

Sequencing the Steps (45 minutes)

1. Divide participants into three teams.
2. Distribute one set of advocacy cards to each team. Be certain that the cards are NOT in the correct order when you give the sets to the teams.
3. Explain that each card in the set has one step of the advocacy process written on one side and a brief definition/explanation of the step on the other side.
4. Ask each team to read the cards and reach consensus on the order that would be followed to plan and implement an advocacy campaign. Allow 20 minutes.

Note to Facilitator: Generally, the teams order their cards to look something like the following.



5. Ask the teams to post their cards on the wall or display them on the floor so they are visible to the full group. If possible, have all three sets of cards displayed near one another so that participants can make comparisons.
6. When each team has posted its cards, ask participants to gather around the three arrangements and to identify similarities and differences.
7. Refer to the first set of cards and ask Team 1 members the following:
 - Did everyone agree on the final order?
 - Where did group members disagree on the sequence of cards and what were the areas of debate?
 - Which, if any, steps did participants have difficulty understanding?
8. Ask the other participants if they have questions for the team.
9. Repeat the process for Teams 2 and 3.
10. When all three teams have presented their work, lead a general discussion structured around the following questions:
 - Did the teams all start with the same step? Did they have the same or different ending step?

- Were there any steps that were ordered concurrently in the process?
- Were any important steps left out of the process?

Presentation on the Advocacy Process (30 minutes)

1. Explain to participants that the purpose of the sequencing activity was to introduce advocacy as a systematic process with distinct steps and activities. While the steps may not always occur in the same order during an actual advocacy campaign, it is important to consider each step as a critical and integral piece of the advocacy effort.
2. **Distribute Handout III.1.3:** Steps in the Advocacy Process or present it on an overhead transparency or flipchart.
3. Briefly explain each of the steps in the process by using the notes below as a guide. Write key words and phrases on newsprint as you go through each step. Explain that the remaining units in the workshop will address each of these steps in greater detail, but not in the same sequence as in the model. Some steps are combined in a unit (e.g., message development and channels of communication).

Steps in the Advocacy Process

- I. Define the Issue.** Advocacy begins with an issue or problem that the network agrees to support in order to promote a policy change. The issue should meet the network's agreed-upon criteria and support the network's overall mission (e.g., issue is focused, clear, and widely felt by network constituents). Ask participants to identify ways in which the network could identify issues. Include the following:
 - Analysis of the external environment, including political, economic, social, and other factors;
 - Organizing issue identification meetings;
 - Collecting and analyzing data about the TB/HIV situation (DHS, district registry, population census, national MDR surveys, TB/HIV/STI clinic records, etc.); and
 - Personal testimonies and stories

- II. Set Goal and Objectives.** A goal is a general statement of what the network hopes to achieve in the long term (three to five years). The advocacy objective describes short-term, specific, measurable achievements that contribute to the advocacy goal.

- III. Identify Target Audience.** The primary target audience includes the decisionmakers who have the authority to bring about the desired policy change. The secondary target audience includes persons who have access to and are able to influence the primary audience—other policymakers, friends or relatives, the media, religious leaders, etc. The network must identify individuals in the target audience, their positions, and relative power base and then determine whether the various individuals support, oppose, or are neutral to the advocacy issue.

- IV. Build Support.** Building a constituency to support the network's advocacy issue is critical for success. The larger the support base, the greater are the chances of success. Network members must reach out to create alliances with other NGOs, networks, donors, coalitions, civic groups, professional associations, women's groups, activists, and individuals who support the issue and will work with you to achieve your advocacy goals. How do you identify potential collaborators? Members can attend conferences and seminars, enlist the support of the media, hold public meetings, review publications, and use the internet.

V. Develop the Message. Advocacy messages are developed and tailored to specific target audiences in order to frame the issue and persuade the receiver to support the network's position. There are three important questions to answer when preparing advocacy messages: Who are you trying to reach with the message? What do you want to achieve with the message? What do you want the recipient of the message to do as a result of the message (the action you want taken)?

VI. Select Channels of Communication. Selection of the most appropriate medium for advocacy messages depends on the target audience. The choice of medium varies for reaching the general public, influencing decisionmakers, educating the media, generating support for the issue among like-minded organizations/ networks, etc. Some of the more common channels of communication for advocacy initiatives include press kits and press releases, press conferences, fact sheets, a public debate, a conference for policymakers, etc.

VII. Raise Funds. Advocacy campaigns can always benefit from outside funds and other resources. Resources can help support the development and dissemination of materials, cover network members' travel to meet with decisionmakers and generate support, underwrite meetings or seminars, absorb communication expenses, etc. Advocacy networks should develop a fundraising strategy at the outset of the campaign to identify potential contributors of financial and other resources.

VIII. Develop Implementation Plan. The network should develop an implementation plan to guide its advocacy campaign. The plan should identify activities and tasks, responsible persons/committees, the desired time frame, and needed resources.

On-going Activities

Collect Data. Data collection supports many of the stages of the advocacy process shown in the model. Advocacy networks should collect and analyze data to identify and select their issue as well as develop advocacy objectives, craft messages, expand their base of support, and influence policymakers. Data collection is an ongoing activity for the duration of the advocacy campaign.

Monitor and Evaluate. As with data collection, monitoring and evaluation occur throughout the advocacy process. Before undertaking the advocacy campaign, the network must determine how it will monitor its implementation plan. In addition, the group should decide how it will evaluate or measure progress and results. Can the network realistically expect to bring about a change in policy, programs, or funding as a result of its efforts? In specific terms, what will be different following the completion of the advocacy campaign? How will the group know that the situation has changed?

4. In closing, remind participants that advocacy activities are often carried out in turbulent environments. Frequently, networks do not have the opportunity to follow each step in the advocacy process according to the model presented here. Nevertheless, a systematic understanding of the advocacy process will help advocates plan wisely, use resources efficiently, and stay focused on the advocacy objective.

ACTIVITY 4

Advocacy and Related Concepts

Time: 45 minutes

Note to Facilitator: After reviewing the various definitions of advocacy and the steps in the advocacy process, participants should have a clear sense of the meaning of advocacy. Nevertheless, advocacy is often confused with other concepts that share common elements—IEC (information, education, and communication), public relations, community mobilization, and social marketing. It is helpful to describe these other concepts to reduce any remaining confusion.

1. Explain that Activity 4 is designed to compare and contrast advocacy with related concepts.
2. Show participants the chart you have prepared on newsprint.

Advocacy and Related Concepts

Concept/Approach	Target Audience	Objective	How Do You Measure Success?
IEC			
Public Relations			
Advocacy			
Community Mobilization			

3. Help participants fill in the chart, beginning with IEC. Ask the group the following questions:
 - Who has managed or implemented an IEC campaign?
 - Who is the target audience of an IEC campaign? (Possible responses include women, men, youth, residents of a predetermined geographic area, etc. While audiences vary from one IEC campaign to the next, they typically constitute a particular population defined by sex, age, geography, etc. Write participants' response in the appropriate box on the chart.)
 - What is the objective of an IEC campaign? (Responses should include "raise awareness or change behavior." Write behavior change in the appropriate box.)
 - How do you measure the success of an IEC campaign? In other words, what objective indicators of change will tell IEC campaign organizers that their campaign has succeeded? (Responses will vary according to the campaign's objective, but write several examples in the box, such as the number of condoms distributed, community perceptions of the link between TB and HIV, community perceptions of TB treatment in PLHA)
4. Continue to complete the chart for Public Relations (PR), adapting the questions listed above. Ask the group to think about a local business and to consider how the company uses public relations and advertising to promote its services or products. Using the local example, complete the PR row of the chart. An example from a workshop in Mexico follows:

Business	Aeroméxico, a large Mexican airline
Target Audience	Mexican consumer
Objective	To promote company image and boost sales
Measure of Success	Increased ticket sales; percent increase of new passengers

5. Now, help the group think about an advocacy campaign. Repeat the same questions and fill in the answers on the chart. Common answers for the advocacy questions follow:

Target Audience	Policymakers (the decisionmakers with the authority to affect the advocacy objective)
Objective	To change policies, programs, or the allocation of public resources
Measure of Success	Adoption of a new or more favorable policy/ program; percent shift in resource allocation; new line item in a public sector budget, integration of TB/HIV services etc.

6. Finally, ask the group to think about the concept and practice of community mobilization and then complete the chart. Use the following example to help guide the discussion:

Target Audience	Community members and leaders
Objective	Build a community's capacity to rank its needs and take action
Measure of Success	Increased participation in and ownership of the problem-solving process. Increased contribution in form of time and resources.

7. Summarize the activity by moderating a discussion organized around the following questions:

- What characteristics do all four of these approaches share? Among the range of answers, participants might note that all four approaches include strategies for promoting change and are most effective when planned systematically.
- How does advocacy stand apart from the other approaches? Advocacy always seeks to change a policy, resource allocation, or operational policy. Advocacy efforts usually include an IEC component to raise the awareness of key audiences, but advocacy does not stop with awareness rising. The advocacy process is complete when a policymaker implements the prescribed policy action. While the general public may be one of the audiences for an advocacy campaign, the public is targeted to engender support and pressure policymakers. If the network focuses on the objective of its approach, it will be able to distinguish advocacy from related concepts.

SUMMARY

Advocacy must be defined within each national or regional context, particularly when the term is translated into another language. With its focus on policy change, however, advocacy is universal and easily distinguishable from related concepts such as IEC, public relations, community mobilization, etc. Furthermore, networks must approach an advocacy campaign as they would any strategic exercise, by systematically addressing key steps and activities.

Distribute handouts for Unit 1.

MOVING AHEAD

The first step in the advocacy strategy is selecting the issue. In the next unit, participants will carry out a brief analysis to identify and rank their own TB/HIV issues for advocacy as a prerequisite to developing goals and objectives.

SECTION III

UNIT 2

III. The Advocacy Strategy

2. Issues, Goals, and Objectives

Issues, Goals, and Objectives: Building the Foundation

Background Notes

This unit should be approached with emphasis on decreasing the burden of TB/HIV. Consider the national, subnational, and community level policy environment that would allow collaborative effort to combat TB/HIV.

The first two steps in any advocacy campaign are selecting the advocacy issue and developing the goal and objective. These pieces of the advocacy process make up some of the most challenging, analytic work facing an advocacy network. Completing these steps requires an ability to analyze complex environments and interrelated problems, discern a policy solution for a selected problem, envision a long-term result, and articulate a short-term objective. The quality of the network's efforts in these areas will have an important bearing on the success of the steps that follow. These elements provide the foundation for an effective advocacy campaign. Without a clear, articulated issue and well-defined goal and objective, the remaining steps of the campaign will lose focus.

An advocacy issue is the problem or situation that an advocacy group seeks to rectify. Through advocacy, WHO has raised awareness on the following issues: devastating impact TB is having on women; the dramatic role it plays in the HIV epidemic; and new developments in the TB epidemic, such as the emergence of new strains, new outbreaks, and successful initiatives to control the disease. In this unit, participants will select an issue that is widely felt by their constituency and begin to build an advocacy campaign around that issue.

In various settings, the terms goal and objective are used interchangeably. In some instances, an objective is broad and a goal is narrow; in others, the meanings are reversed. For the purpose of the advocacy workshop, an advocacy goal is the long-term result (three to five years) that the network is seeking. Participants should envision how the policy environment will be changed as a result of their advocacy efforts. An example of policy goal is to decrease the burden of tuberculosis and HIV in population affected by both diseases. An NGO network may not be capable of achieving its goal single-handedly, but the goal statement can orient an advocacy network over the long term.

An **advocacy objective** is a short-term target (one to two years) that contributes toward achievement of the long-term goal. A sound objective is specific, measurable, achievable, and time-bound. Often, networks work on two or more objectives simultaneously in their efforts to achieve a single goal. It is important that an advocacy objective identify the specific policy body with the authority to fulfill the objective as well as the policy decision or action that is desired. Three examples of advocacy objectives in support of the policy goal mentioned above are: (1) By (insert date), MOH will establish the mechanisms for collaboration between tuberculosis and HIV/AIDS programs; (2) By (insert date), District Council will conduct activities to decrease the

burden of tuberculosis in PLHAs; and (3) By (insert date), District Council will conduct activities to decrease the burden of HIV in patients with tuberculosis.

OBJECTIVES

By the end of this unit, participants will be able to

- Select an issue as the focus of their advocacy campaign;
- Develop a long-term advocacy goal for the issue;
- Set a short-term advocacy objective to contribute to the broader goal.

TIME

2 hours and 45 minutes

MATERIALS/HANDOUTS

- Newsprint, markers, and tape
- Copies of handouts
 - III.2.1 Background Notes
 - III.2.2 Developing an Advocacy Goal and Objective
 - III.2.3 Checklist for Selecting an Advocacy Objective

PREPARATION

- Write the definitions of advocacy goal and objective on the flipchart for Activity 2.

ACTIVITY 1

Key TB/HIV Issues

Time: 1 hour

Identifying Issues (30 minutes)

Note to Facilitator: If participants have completed Section I of this advocacy manual, they have likely agreed on a TB/HIV issue for their advocacy action. Assuming that the network has clear agreement on the issue, you can skip Activity 1 and move directly to Activity 2.

1. Review the objectives for Unit 1 and explain that participants will identify priority issues in TB/HIV; select an advocacy issue; set a clear, relevant advocacy goal; and develop objectives.
2. Lead participants in a brainstorming exercise to identify the TB/HIV issues in their country. Ask participants to think about the issues they face in their daily work and the principal concerns and problems of the clients and communities they serve. Some examples are shown below.

TB/HIV Issues in _____

- ✓ Increased international political commitment
- ✓ Clarified roles and responsibilities of National AIDS Control Program and National TB Program
- ✓ Stronger country level support
- ✓ Lack of package of care for PLHA
- ✓ Lack of communication between TB and HIV programs
- ✓ Lack of awareness of the link between TB and HIV
- ✓ Inequitable distribution of resources
- ✓ Need to develop a well-defined package of TB and HIV care/prevention package

Ranking Issues (30 minutes)

1. Review the list of TB/HIV issues with participants to clarify ambiguity and eliminate duplications. Be certain that everyone has the same understanding of each of the issues listed.
2. Explain that participants are going to rank the issues.
3. Ask each participant to come up to the list on the flipchart and tick (v) the three issues that he/she feels are most urgent and/or most relevant to his/her work.
4. Allow sufficient time for each participant to approach the board and tick off his/her issues.

Note to Facilitator: Before participants make their choices, ask them to take a minute to think about the issues listed on the flipchart and to try to define a policy solution for each issue. Use increased international commitment as an example. One strategy to increase the attention of TB/HIV collaborative efforts is to create a Global Working Group on TB/HIV and have representatives at the national and international levels from both HIV and TB sectors. Another strategy is to have the executive directors from UNAIDS and WHO Stop TB Department give press releases or speeches on the advantages of linking TB and HIV programs. This can equally be done at national level by asking the minister of health to give a press release on the magnitude of TB/HIV problem and the importance of implementing TB/HIV activities. If any of the participants is confused or has difficulty thinking in terms of a policy response for the issues listed, refer to Handout III.1.4: Advocacy and Related Concepts.

5. At the end of the voting process, tally the ticks (v) for each issue and write the total next to the issue. Some issues will emerge as especially important to the group.
6. Circle the three issues that received the largest number of votes.
7. Explain that the next step is for participants to choose ONE of the three issues as their highest priority for an advocacy strategy.
8. Discuss each of the three issues in detail by using the following questions as a guide and writing some of the responses on the newsprint:
 - Why is this issue important to the network at this time?
 - What are some examples of policy solutions for this issue?
 - What exactly does the issue encompass?
 - How easy or difficult will it be to build support around the issue?
 - What else is happening with respect to this issue in the external environment?
 - How does it coincide with the group's analysis of "burning issues" in the policy arena (Section II, Unit 2)?
9. Explain that the process is not intended to determine scientifically which is the most important TB/HIV issue. Instead, the purpose is to determine which issue is most crucial to the work and lives of the network and its constituents. Advocates are most successful when they feel a deep concern or passion for their advocacy issue.
10. After each issue has been discussed, help the group reach consensus on a single issue as the focus of its advocacy campaign. Remind the group that it will have the opportunity to take on other issues in the future.

Transition

Now that the network has selected an advocacy issue for its first campaign, participants will work together to develop the advocacy goal and set the advocacy objectives.

ACTIVITY 2

Developing an Advocacy Goal

Time: 45 minutes

1. Introduce the topic of advocacy goals and objectives by sharing the definitions on newsprint or on an overhead transparency. Read the definitions aloud and make the following points:
 - It is important, at this stage, to differentiate between an advocacy goal and an objective because the definitions often vary from one country to another and from one network to another.
 - For the purpose of this workshop, the following definitions are used:

An advocacy goal is the long-term result (three to five years) of your advocacy effort; it is your vision for change.

An advocacy objective is the short-term target (one to two years) that contributes toward your goal.

2. Share the following examples from WHO to clarify the differences and relationship among an advocacy issue, goal, and objective. Write it on newsprint.

Example 1:

Advocacy Issue: Need for promotion of safer sexual practices and condoms to TB patients

Advocacy Goal: Safer sexual practices among TB patients promoted. Package of care for PLHAs available and disseminated

Advocacy Objective: By (insert date), district authority allocates funds for capacity building of TB officers to discuss sexual issues with TB patients and promote condoms when appropriate.

Example 2:

Advocacy Issue: Need for intensified TB case-finding in HIV/AIDS and outreach services.

Advocacy Goal: Early diagnosis and treatment of TB in high-risk groups intensified; increased number of TB cases detected and treated.

Advocacy Objective: By (insert date), district council put in place a program to train HIV/AIDS service providers and other NTP partners about TB diagnosis and referral.

Example 3:

Advocacy Issue: Lack of Cotrimoxazole preventive treatment (CPT) to reduce the morbidity and mortality of PLHAs and HIV-positive patients with TB.

Advocacy Goal: Cotrimoxazole available for PLHAs and HIV positive patients with TB.

Advocacy Objective: By (insert date), MOH to procure adequate cotrimoxazole through the central system and distribute it through existing channels.

3. Ask participants to highlight the difference between the goal and the objective. Include the following points:

- The advocacy goal is a long-term result. It is unlikely that the network can achieve the goal on its own; therefore, the goal can be considered external to the network. In other words, the network will not hold itself accountable for achieving the goal, even though the goal is the ultimate, desired result.
 - The advocacy objective, on the other hand, is achievable by the network on its own. It is a short-term target that is achievable—according to the network’s assessment—within the next one to two years. Success can be measured easily—either the MOH allocates the funds or not. In a sense, the objective is the network’s internal target. The network plans to effect the change with its own resources, energy, and action. The advocacy objective clearly contributes to the broader goal.
4. Divide participants into three working groups.
 5. Ask each group to draft an advocacy goal for the advocacy issue selected by the full group. The goal statement should describe a long-term, desired change related to the issue. Allow 20 minutes and ask the groups to write their goals on newsprint.
 6. Ask each group to share its goal statement.
 7. Review each goal statement by using the following questions to guide the discussion:
 - Is the goal achievable through a series of policy decisions or changes? If policy change cannot contribute to achieving a particular goal, it is probably not an advocacy goal. Often, a goal calls for policy action as well as for public awareness raising. In that case, an advocacy strategy can be used to bring about the necessary policy changes while an IEC/public awareness campaign can focus on changing public behavior or norms.
 - How are the three goal statements similar or different? Help participants combine the goals into one statement or select the one goal they like the best. If none of the statements is an acceptable advocacy goal, return to the definition and the example you shared earlier and work with participants to develop an acceptable advocacy goal.

Note to Facilitator: Before moving on to the next activity, participants must agree on a single advocacy goal as the focus of their campaign.

ACTIVITY 3

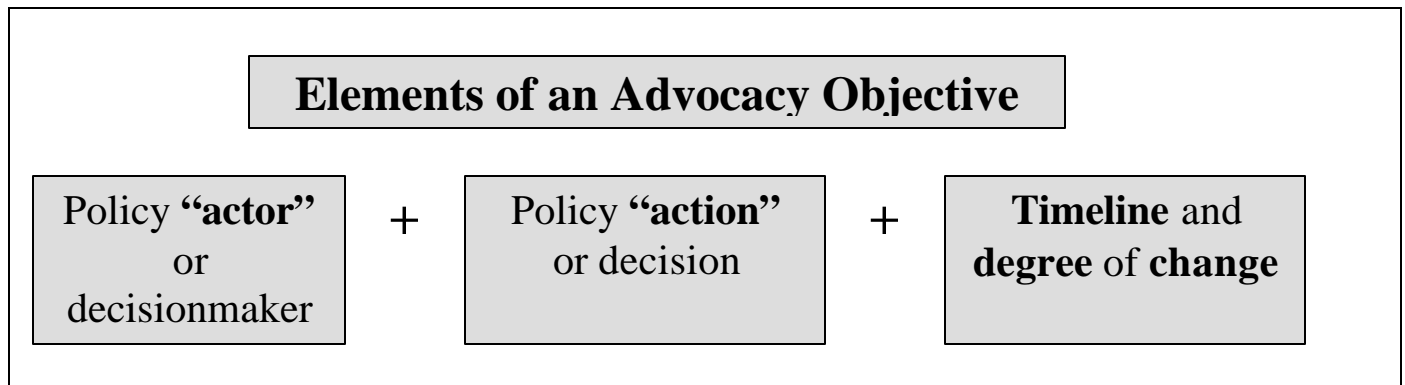
Setting Advocacy Objectives

Time: 1 hour

1. Ask participants if anyone has experience in establishing programmatic objectives. Explain that such experience is helpful in setting advocacy objectives. Sound objectives are essential to any planning process—whether planning a TB or HIV health program or an advocacy campaign. Clear and concisely written objectives can bring clarity and direction to the rest of the planning process.
2. Ask participants to list the criteria or characteristics they generally use to develop programmatic objectives and write their responses on the flipchart. Many groups mention the SMART criteria for objectives as shown below, but others may be listed as well.

Criteria for Setting Objectives
S – Specific
M – Measurable
A – Achievable
R – Realistic
T – Time-bound

3. Now ask participants the following questions:
 - Do the SMART characteristics also apply to advocacy objectives?
 - What, if any, other criteria or elements should be included in an advocacy objective?
4. Explain that an advocacy objective should be SMART but that it should also include several other elements. Write the following on the flipchart and give a brief description of each element:



- Policy actor or decisionmaker is the individual with the power to convert the advocacy objective into action (i.e., Minister of Health, Parliamentary Finance Committee, etc.).
 - Policy action or decision is the action required to achieve the objective (i.e., adopt a certain policy, allocate funds to support a specific program or initiative, etc.).
 - Timeline describes when the objective will be achieved. Advocacy objectives should be achievable within one to two years. Some advocacy objectives also indicate the **degree of change**—or a quantitative measure of change—desired in the policy action. For example, degree of change could be expressed as redirecting 25 percent of the regional HIV/AIDS budget to target TB prevention and treatment services.
5. Divide participants into three working groups and ask each group to draft an advocacy objective that
 - Responds to the advocacy issue
 - Contributes toward achieving the advocacy goal
 - Meets the criteria and elements listed on the flipchart (SMART, etc.)
 6. When the groups have completed the exercise, **distribute and review Handout III.2.3: Checklist for Selecting an Advocacy Objective**. Ask the groups to assess their draft objectives according to the nine criteria listed on the handout.
 7. Invite each group to read its objective and present the results of its analysis. Ask the full group for comments or suggestions and be sure that the policy actor and policy action are clearly identified in each objective.
 8. After the presentations and discussion of each objective, encourage the three groups to refine their objectives if they would like. Explain that the three objectives will be the basis of the upcoming work on audience analysis and message development.

SUMMARY

An advocacy campaign coalesces around an issue or problem that responds to the interests of the network and is of concern to members' constituents. The network, in turn, develops a long-term goal that addresses the issue and sets advocacy objectives that define the policy actions sought to support achievement of the goal. The issue, goal, and objective form the foundation of the network's advocacy campaign and provide the framework within which to design advocacy activities. **Distribute handouts for Unit 2.**

MOVING AHEAD

The advocacy process is off to a sound start. Participants begin to design and tailor strategies for advocacy actions in the next unit as they identify and analyze their target audiences through power mapping.

SECTION III

UNIT 3

III. The Advocacy Strategy

3. Target Audience

Target Audiences: Identifying Support and Opposition

Background Notes

To increase the chances of success, advocacy networks must identify and study all of the individuals and groups that may support the network's issue and goal as well as those that may oppose the issue and goal. The advocacy campaign's target audiences are determined for each advocacy objective and include the primary target audience—persons and/or institutional bodies that themselves have decisionmaking authority—as well as the secondary target audience—persons and institutional bodies that can influence the decisionmakers. Documenting information on these audiences helps the network target its advocacy activities, develop effective messages, and select appropriate channels of communication.

While the categories of people in the target audience are not identical in every setting, the TB/HIV policy target audience is likely to include political leaders, national (i.e. NTP and NACP) and local government officials, private and public sector service providers, the media, religious and traditional leaders, NGOs, women's organizations, PLHA, professional associations, and business and civic groups. In some places and for some issues, the range of audiences is even wider and may encompass groups that are unlikely ever to meet each other, such as foreign donors and traditional healers.

Once the target audiences are identified, the network must determine the level of support or opposition to be expected from those representing the primary and secondary target audiences. For many reasons—lack of political commitment at both international and local levels, differences in culture and philosophy between HIV and TB, inequitable distribution of resources—TB/HIV issues are often controversial. People on both sides of the issue feel strongly that their position is the right one; therefore, they are willing to devote considerable resources to supporting that position.

Whether opposition is mild or strong, advocacy networks should be prepared to address it in ways that are most beneficial to their own efforts. The best advice is to be as informed as possible about the opposition's specific issues and base of support and to preempt oppositional efforts with messages that anticipate and refute the opposition's arguments.

On the other side of the coin, advocacy networks often dedicate themselves to broadening their base of support. The larger the number of persons or groups working to achieve the advocacy objective, the greater are the chances of success. Networks can create coalitions with other networks or formal groups, expand their own membership, create alliances with commercial or private sector entities, and/or generate public and community support to enlarge their support base.

Finally, advocacy networks cannot afford to forget the "undecided" or neutral parties. In some cases, the best investment of time and energy is to appeal to the neutral public. Public opinion

can exert powerful pressure on decisionmakers. In other cases, the network may find policymakers and public officials who appear neutral but in fact hesitate to voice an opinion due to the challenges faced in unifying TB and HIV activities; they may support the advocacy efforts in private but prefer to appear neutral. The network may direct its efforts to convincing these influential “neutrals” to join and publicly support the campaign.

Several decisions are based on a thorough and sound analysis of the advocacy campaign’s target audience. This unit provides an opportunity for participants to identify both primary and secondary audiences for their specific advocacy objectives and to begin assessing the audiences’ level of knowledge and support before turning to the task of message development.

OBJECTIVES

By the end of this unit, participants will be able to

- Use a power map to identify support and opposition around a particular advocacy issue;
- Identify primary and secondary target audiences and analyze their interest in an advocacy issue.

TIME

2 hours and 45 minutes

MATERIALS/HANDOUTS

- Newsprint, markers, and tape
- Three to four pairs of scissors, glue, colored paper, and old magazines that can be cut up for making the power map
- Copies of handouts
 - III.3.1 Background Notes
 - III.3.2 Power Map for Audience Analysis
 - III.3.3 Primary and Secondary Audience Analysis Form
 - III.3.4 Barriers and Opportunities for TB and HIV/AIDS Program Interaction

PREPARATION

- For Activity 1, copy Handout III.3.2 on overhead transparency or draw it on newsprint.
- For Activity 1, write the task on newsprint.
- Place the scissors, tape, colored paper, or magazines on a centrally located table.

ACTIVITY 1

Identifying Support and Opposition

Time: 1 hour and 30 minutes

Introduction (15 minutes)

1. Give a brief introduction to Unit 3 by reviewing the objectives and covering the following major points:
 - To increase the chances of success, advocacy networks must identify and study all the individuals and groups that may support the network’s issue and goal as well as those that may oppose it. These people constitute the target audience. Discuss the types of opposition one might expect TB and HIV/AIDS efforts and the reasons for such opposition.

- A target audience is determined for each advocacy objective. The audience includes the primary target audience—persons and/or institutional bodies that themselves have decisionmaking authority—as well as the secondary target audience—persons and/or institutional bodies that can influence the decisionmakers.
- The network should document information on these audiences as a means of targeting advocacy activities, developing effective messages, and selecting appropriate channels of communication.
- The categories of people in the target audience are not identical in every setting. In the TB/HIV policy context, however, the target audience is likely to include political leaders, national (i.e. NTP and NACP) and local government officials, private and public sector service providers, the media, religious and traditional leaders, NGOs, women’s organizations, PLHA, professional associations, and business and civic groups.
- Once these persons/bodies are identified, the network assesses the level of support or opposition to be expected from those in the primary and secondary target audiences.
- For many reasons—lack of political commitment at both international and local level, differences in culture and philosophy between HIV and TB, inequitable distribution of resources—TB/HIV issues are often controversial. People on both sides of the issue feel strongly that their position is the right one; therefore, they are willing to devote considerable resources to supporting that position. Identifying potential opposition is as important as identifying potential allies.
- The network can address the opposition by becoming as informed as possible about the opposition’s specific issues and base of support. It can preempt opponents’ efforts with messages that anticipate and address their arguments.
- On the other hand, advocacy networks often dedicate themselves to broadening their base of support. The larger the number of persons or groups working to achieve the advocacy objective, the greater are the chances of success.
- Creating broad-based support can be achieved through coalitions with other networks or formal groups, membership expansion, alliances with the commercial or private sector, or public awareness.
- Advocates cannot afford to forget the “undecided” or neutral parties. In some cases, the best investment of time and energy is to appeal to the neutral public. Public opinion can exert powerful pressure on a decisionmaker.
- In other cases, the network may find policymakers and public officials who appear neutral but in fact hesitate to voice an opinion due to the challenging nature of TB/HIV issues; they may support the advocacy efforts in private but prefer to appear neutral. The network may direct its efforts to convincing these influential “neutrals” to join and publicly support the campaign.
- There are many decisions that are based on a thorough analysis of the target audience. In this unit, participants identify primary and secondary audiences for their specific advocacy objectives and begin to assess the audiences’ level of knowledge and support for the issue and objective.

Transition

In this unit, participants continue to develop the advocacy strategy around their issue, goal, and objectives. The participants create power maps to identify members of the target audience as sources of support or opposition for each advocacy objective.

Power Maps (1 hour and 15 minutes)

1. Present the blank power map that you drew on the flipchart or overhead transparency.
2. Explain that participants will work in the same groups as for the advocacy goals and objectives.
3. The task for each group is to create a “power map” that visually depicts the target audience—support, opposition, and neutral actors—for its own advocacy objective.
4. Distribute newsprint and markers to the groups and show them the scissors, colored paper, magazines, glue, etc., that they can use to create their power maps.
5. Review the task that you have written on newsprint by using the blank map as a model.

Task for Power Maps

Step a. Prepare the newsprint. Write your group’s advocacy objective on the top and divide the newsprint into two sides, one labeled support and the other opposition. The middle line depicts neutrality.

Step b. Brainstorm a list of all institutions and individuals with interest in your issue/objective—supporters, opposition, undecided, or unknown.

Step c. For each institution or individual, cut a symbol or picture out of paper/magazine and label it.

Step d. Tape the symbols on the map in the appropriate place—support, opposition, neutral.

6. As you review the task, elaborate on several steps as follows:
 - Step b. Participants should think of traditional as well as nontraditional “actors” in the policy process, including community leaders, celebrities, business leaders, relatives of the target audience, etc.
 - Step c. Groups should be as creative as possible in selecting a symbol or magazine image to depict the different actors. If the actor has broad power or influence over the issue, groups should create a large symbol. If the actor is interested in the issue but has little influence over the target audience or general public, groups should use a small symbol.
 - Step d. If the actor is highly supportive of the issue/objective, the symbol should be placed on the left side of the map. If the actor represents strong opposition, the symbol should be placed on the right side. The line of neutrality is in the center of the map, and those actors who are undecided or whose opinion is unknown should be placed closer to the center line. If any actor is closely linked to another actor, their symbols can overlap or touch to reflect the interrelationship.
7. Use the following example to review the steps in the mapping process:
 - **Advocacy Objective:** With the next 2 years, a more effective interaction between TB and HIV/AIDS programs will be in place.

Target Audience: Representatives from WHO, UNAIDS, The Stop TB Partnership, NTP, and NACP, TB health providers, HIV/AIDS health providers, and PLHA. These would be placed on the left of the map in proper relation to one another. Those opposed to this program might include public health officials who feel the program might take away existing resources. These would be placed on the right side of the map. Encourage participants to think of other specific examples.

8. Allow the groups 45 minutes to complete their power maps.

Note to Facilitator: If you have a camera or photographer at the workshop, this exercise offers a good photo opportunity. Following the presentations, you can take photos of each group with its power map.

9. Ask each group to present its map. Moderate a discussion of each map with the full group. Use the following questions:
 - Are there any additional allies that belong on the map? Who are they?
 - Are there any additional opponents? Who are they?
 - Does the map capture the interrelationships or connections between and among different “actors”?
 - Where on the map do most of the power and influence reside?

ACTIVITY 2

Analyzing the Target Audience

Time: 1 hour and 15 minutes

1. Ask participants to continue working in the same groups as for the power map activity.
2. Distribute and review Handout III.3.3: Target Audience Analysis.
3. Explain that the form is a planning tool that will help the advocacy campaign assess the positions of various actors in the target audience in order to design effective advocacy activities and messages.
4. Ask each group to refer to the actors they identified on their power map. Identify which of those actors are the Primary Audience, the person(s) and/or bodies with the power to achieve the advocacy objective directly; and the Secondary Audience, the person(s) and/or bodies that can influence the Primary Audience. The groups should transfer these names to the appropriate box on the form and complete the remaining columns as follows:
 - Level of Knowledge about the Advocacy Issue. Is the audience well informed or does it lack accurate information? How much does the audience know about the issue?
 - Level of Demonstrated Support for the Issue. Has the audience actively and/or publicly supported the issue? Rank and describe evidence of support.
 - Level of Demonstrated Opposition toward the Issue. Has the audience actively and/or publicly opposed the issue? Rank and describe evidence of opposition.
 - Undecided or Unknown. Has the audience failed to declare its position on the issue, or are you uncertain of its position at this time?
 - Potential Benefits to the Audience. How might the audience benefit from supporting the network’s issue and objective? Might the audience realize political, personal, or professional benefits? Describe any benefits.
5. Remind participants to think broadly when identifying the secondary audience. Influential persons often extend beyond professional circles and include personal relationships. For example, a relative, spouse, or friend of a high-level decisionmaker can be a great intermediary.

6. Allow 45 minutes for the groups to complete their Target Audience Analysis forms.
7. When the groups have completed the forms, invite each group to summarize its work. Moderate a discussion with the full group. Sample questions follow:
 - What are the general observations about the audience analysis, e.g., need more information on actors, the opposition is more vocal/public than supporters, etc.?
 - Overall, do the target audiences evidence more support or opposition?
 - Based on the analysis, how might you focus your advocacy effort? Would you build on the support, neutralize the opposition, or try to convert the “undecided”?
 - Why is it important to identify potential benefits? How might these be used to the network’s advantage?
 - What, if any, additional information is needed for an accurate assessment of the target audience? Where will you get the information?
8. Conclude the activity by reminding participants that the network should continue to collect information on its target audiences and add it to the form. Information on the various audiences will help define the overall strategy and tailor messages.

SUMMARY

Knowing the target audience or actors for each of the advocacy objectives is a critical component of a successful advocacy strategy. The completed power maps and audience analysis forms are road maps for future actions and should be updated as more information about particular individuals is acquired. **Distribute handouts for Unit 3.**

MOVING AHEAD

The next step in designing the advocacy strategy is message development. Each advocacy message is crafted with its audience and purpose clearly articulated.

SECTION III

UNIT 4

III. The Advocacy Strategy

4. Messages

Messages: Informing, Persuading, and Moving to Action

Background Notes^{*}

In today's society, we are bombarded by messages every day. The intent of the message may be to sell us a product, inform or educate us in some way, or change our opinion about an issue. An advocacy communication strategy follows many of the same principles as an advertising or social marketing campaign. It is essential to know your audience thoroughly and to deliver a concise, consistent message that is tailored to your audience's interests.

Most people shape their messages to the needs and interests of a particular audience as a matter of common sense. In other words, the message communicated to a PLHA groups about access to ART would differ from the message transmitted to officials in the Ministry of Health.

Audience research—particularly qualitative research such as focus group discussions and in-depth interviews—helps identify appropriate messages for various policy audiences. Whoever the target audience may be, it is important to remember three other points about advocacy message development.

First, there should ideally be only one main point communicated or, if that is not possible, two or three at the most. It is better to leave people with a clear idea of one message than to confuse or overwhelm them with too many.

Second, messages should always be pretested with representatives of the target audience to ensure that the message sent is the one received. When a network develops an advocacy message directed toward the Minister of Health, for example, it is always useful to practice delivering the message to a supportive Ministry official as a test run. The ministry official may offer valuable feedback about how the message is interpreted.

Third, the message should not only persuade through valid data and sound logic, but it should also describe the action the audience is being encouraged to take. The audience needs to know clearly what it is you want it to do, e.g., include TB in the national HIV/AIDS strategy, and support an advocacy campaign by attending a rally on the steps of Parliament.

This unit addresses the essential components of a message—content, language, messenger/source, format, and time/place of delivery. Participants are asked to apply what they know about advocacy message development through role-play scenarios with decisionmakers.

^{*} Background notes adapted from Elaine Murphy. 1994. *Communicating Population and Family Planning Information to Policymakers*. Washington, DC: The Futures Group Int'l.

OBJECTIVES

By the end of this unit, participants will be able to

- Identify the elements of an effective advocacy message;
- Tailor a message to the interests of a particular target audience; and
- Develop and deliver an advocacy message in a variety of scenarios.

TIME

6 hours and 15 minutes

MATERIALS/HANDOUTS

- Newsprint, markers, and tape
- Four to five advertising messages cut out of local magazines or newspapers
- Copies of handouts
 - III.4.1 Background Notes
 - III.4.2 Message Development Worksheet
- Video camera (if possible) to tape the role-plays and play for group feedback
- Sample role-play scenarios (for adaptation)

PREPARATION

- For Activity 1, write each of the following on a sheet of newsprint: Strongly Agree, Strongly Disagree, and Undecided.
- For Activity 1, write down two controversial statements related to TB/HIV. See Activity 1 for examples.
- For Activity 2, write the definition of advocacy communication on newsprint.
- For Activity 3, cut out four or five examples of advertising messages from magazines or newspapers. Each message should have a simple, promotional phrase such as “Tropical Airways gets you there on time!” as well as pictures/graphics and supplemental text. (Commercial messages work better than social marketing advertisements. If participants are too familiar with the subject matter, they might lose their objectivity.) Paste each message to a sheet of newsprint and post each newsprint page on a different wall in the training room so that all are visible.
- For Activity 5, read the role-play scenarios and adapt them to fit the advocacy objectives developed in Unit 2. Ideally, each scenario should depict a different medium for message delivery (e.g., face-to-face meeting, press conference, public debate). Copy the scenarios to distribute to each working group.

ACTIVITY 1

Techniques of Persuasion

Time: 45 minutes

1. Post one newsprint page (Strongly Agree) at one end of the longest wall in the training room, post the second newsprint page (Strongly Disagree) at the other end of the same wall, and post the third newsprint page (Undecided) in the middle of the wall.
2. On a slip of paper, write two controversial statements that will elicit both strongly positive and strongly negative responses from participants. You should develop these statements according to the local environment. Past workshops have used the following successfully:

- Sexuality education should be incorporated into the formal curriculum of primary school (grades one through six).
 - You are the director of emergency (or trauma) services for a local hospital. You learn that one of your nurses is HIV-positive and therefore you dismiss her from post.
3. Explain that this activity is designed as a warm-up to the topic of message development. Participants will engage in an exercise on public opinion and persuasive techniques.
 4. Point out the three sheets of newsprint on the wall and explain that they represent a continuum of public opinion, ranging from “strongly agree” to “strongly disagree.” Participants should imagine that they are participating in a quick public opinion survey. Tell participants that you will read a statement aloud and that they will express their opinion by standing at the point on the continuum that best reflects their viewpoint. They need not stand precisely under any of the signs but rather may choose to position themselves at any point along the continuum as appropriate. The participants must react to the statement exactly as you read it—they may not alter or question it.
 5. Be certain that everyone understands the instructions before you read the first statement.
 6. Read the first statement slowly and clearly so that everyone hears the same words. Read the statement slowly a second time. Ask all participants to stand up and position themselves along the continuum according to their opinion.
 7. Once each participant has taken a position, explain that the purpose of the activity is to practice the skill of persuasion. Participants standing under “strongly agree” or “strongly disagree” will try to convince the “undecided” to move over and support their position. If any participant changes his/her opinion during the exercise, he/she should move to the appropriate point on the continuum.
 8. Turn first to those standing under “strongly agree.” Invite one or two participants to explain their position in an effort to persuade the “undecided.” Check to see if any “undecided” feel persuaded to move.
 9. Next, invite one or two participants who “strongly disagree” to articulate their position in an effort to persuade the “undecided.”
 10. Finally, ask the remaining “undecided” why they did not move and whether they feel inclined to change their minds.

Note to Facilitator: Try to manage the group in such a way that a heated argument does not develop. If the discussion gets too heated, simply remind participants that the objective of the activity is not to debate the issue but rather to convince an undecided audience.

11. After 5 to 10 minutes have elapsed for the first statement, stop the discussion and read the second statement. Follow the instructions as for the first statement.
12. After 5 to 10 minutes have elapsed for the second statement, stop the discussion and ask participants to return to their seats.
13. Moderate a discussion about what the participants learned from the exercise. Discussion questions and possible responses follow:
 - As you stood along the continuum, which persuasive techniques influenced you to change your position? (Try to pinpoint the specific argument or communication technique that led them to change their opinion.)
 - Use of facts and figures
 - Use of real-life, human examples
 - Appealing to individuals on a personal level
 - Listening to the speaker’s viewpoint

- Did the speakers use any techniques that alienated you?
 - Loud/aggressive voice
 - Exaggeration of the facts
- When the objective is to build support for your cause or issue, which is more effective—to debate with your adversaries or to persuade neutral parties?
 - The response may vary from one advocacy campaign to another; however, in many cases, an attack on the opposition simply heats up the debate. At times, an attack approach alienates a neutral public.
- If any of the “undecided” failed to change their opinion, why were the arguments unappealing and unpersuasive?

Transition

As demonstrated in the activity, advocacy communication often involves the ability to persuade a policymaker, an influential person, or the public to support the network’s position and to take action. This type of communication demands messages that are tailored to the specific audience the network is trying to reach. The communication could seek to inform an audience about an issue in order to generate support, persuade an audience to join and support the advocacy effort, or move the audience to take action and implement the desired policy change.

ACTIVITY 2

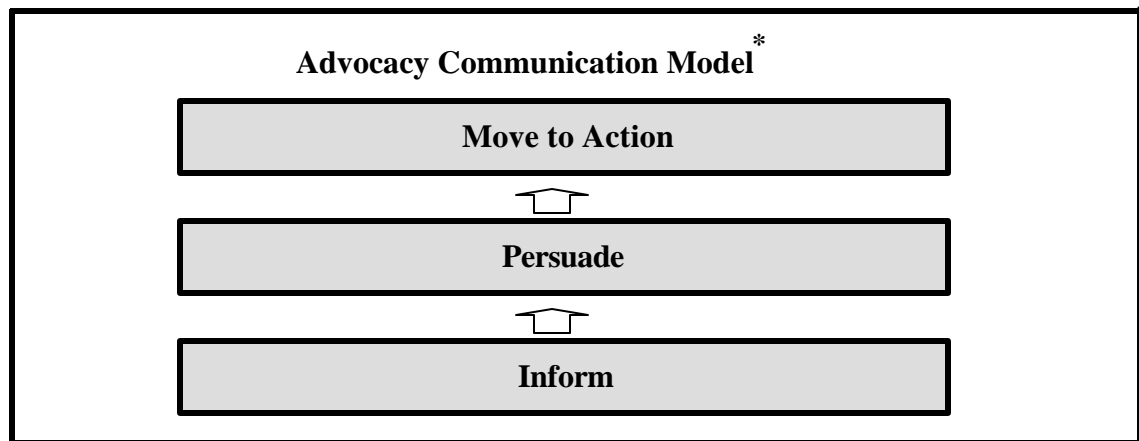
Advocacy Communication

Time: 1 hour and 30 minutes

1. Review the definition of advocacy communication on newsprint.

Advocacy Communication is any **planned** communication activity that seeks to achieve one of the following communication goals: inform, persuade, or move to action.

2. Draw the Advocacy Communication Model on newsprint and use the following notes to guide a discussion of communication:



- One necessity for effective communication is a clear understanding of the audience and the ability to see the issue from the audience’s perspective. This is a tremendous challenge—the ability to put yourself in your audience’s shoes and see how the audience members will benefit from supporting your cause.
- During the audience analysis, each working group identified the potential benefits to the target audience from supporting the advocacy objective/issue. In other words, how will each individual in the target audience benefit professionally, politically, or personally from supporting the issue (or conversely, what does each risk)? The answers to these questions should be considered and incorporated into the advocacy messages directed to each member of the target audience.
- Look at the model and note that advocacy communication (as well as IEC campaigns) often focuses on the first level—to inform a target audience. To move the audience along to higher stages, audience members need information to develop a thorough understanding of the issue, the situation, and the desired policy change.
- Once the audience is informed, the communication strategy moves to achieve the next higher-level objective to produce greater impact. That level seeks to persuade the audience to feel as strongly as the network does about the issue and to adopt the desired position.
- Once audience understanding and support are achieved, communication moves to the highest level, the point at which advocacy messages move the audience to act in support of the issue.
- Every advocacy communication effort should seek to reach the highest possible level—that is, to move the audience to action. As participants prepare to develop advocacy messages, they will determine the desired action for each audience and how to move the audiences to action through the advocacy messages.

Transition

The next few activities focus on developing persuasive advocacy messages by looking at the characteristics and elements of messages and practicing message development.

ACTIVITY 3

Elements and Characteristics of a Message

* Adapted from a model developed by CEDPA consultant Thomas Leonhardt

Time: 1 hour and 15 minutes

Warm Up (30 minutes)

1. Point out the four or five advertising messages that are posted around the room.
2. Read each message aloud and ask participants to stand next to the message that most appeals to them. Give the participants a minute or two to review each of the messages before they make their selection.
3. After everyone has selected a message, ask participants to talk with the others standing in their group to identify the characteristics of the message that make it appealing. Ask each group to write those appealing characteristics (or why the group likes the message) on the newsprint surrounding the message.
4. Invite each group to share its list of appealing characteristics. While the groups are reading their lists, capture the key characteristics on the flipchart. Be certain to include the characteristics shown below:

Characteristics of Effective Messages

- ✓ **Simple**
- ✓ **Concise**
- ✓ **Appropriate language**
- ✓ **Content consistent with format**
- ✓ **Credible messenger (spokesperson)**
- ✓ **Tone and language consistent with the message (i.e., serious, humorous)**

5. Conclude by reminding participants to keep these characteristics in mind when they begin developing TB/HIV advocacy messages. It is important to remember that not everyone understands TB/HIV issues or considers them priorities and that messages must be kept simple and precise in order to inform, persuade, and move audiences to act.

Elements of a Message (45 minutes)

1. Write the following elements of a message on newsprint:

Five Elements of Messages

- ✓ **Content/ideas**
- ✓ **Language**
- ✓ **Messenger/source**
- ✓ **Format/medium**
- ✓ **Time/place**

2. Review each element of a message using the following notes:
- **Content/ideas.** The content refers to the central idea of the message. What is the main point you want to communicate to your audience? What single idea do you hope the audience will take away after receiving your message?
 - **Language.** Language consists of the words you choose for communicating your message. Is the language appropriate for your target audience? Is the word choice clear, or could it be interpreted differently by various audiences? Is it necessary to use a local dialect or vernacular to communicate the message?
 - **Messenger/source.** Source refers to the person or people delivering the message. Is the messenger credible to your target audience? Is it possible to include beneficiaries as spokespersons or messengers? For example, you might invite a community or religious leader to join you for a high-level meeting with a policymaker, you might ask a pregnant teen who has dropped out of school to speak to youth groups, etc. Advocacy networks can send a powerful and more meaningful message to policymakers by letting the message come from a member of the affected population.
 - **Format/medium.** The format or medium is the communication channel you choose for delivering the message. What is the most compelling format to reach your target audience? Different channels are more effective for certain audiences.

Brainstorming: Ask the group to brainstorm a list of communication media for advocacy messages. Record the responses on the flipchart and be certain to include the following:

Message Medium	
✓ Face-to-face meetings	✓ Poster, flyers in public places
✓ Executive briefing packe	✓ Petition
✓ Public rallies	✓ Public debate
✓ Fact sheets	✓ Press release
✓ Policy forums	✓ Press conference
	✓ Contests to design posters, slogans

After the participants have brainstormed an exhaustive list of ways to deliver messages, ask them to think about the criteria they would use when choosing an appropriate medium. Possible responses may include the following:

—**Audience.** Some formats are more effective and more appropriate for specific audiences. For example, high-level policymakers have little time and many constituents. The message needs to give them the facts and move them to action quickly; also, always leave information for them to read later. Effective media for policymakers include briefing packets, fact sheets, face-to-face meetings, and policy forums.

—**Cost.** Using mass media such as radio or television can be extremely costly. The advocacy network should seek out any free or reduced-cost opportunities if the mass media is the medium of choice.

—**Risk.** When a network goes public with an advocacy issue— especially a controversial one—risk is always involved. Certain advocacy tactics entail more risk than others. Public debates and live forums highlighting both sides of an issue can turn into “heated” events. Nevertheless, risk can be minimized through careful planning, selection of speakers, rehearsals, etc.

—**Visibility.** The advocacy network may choose one medium over another if it can make use of a contact or connection to raise the visibility of an event. Perhaps a celebrity or high-ranking public official is willing to pay a site visit to a project or make the opening speech at a meeting. Such an event may provide an excellent opportunity to recruit other decisionmakers and promote a particular advocacy objective.

—**Time/place.** When and where will the message be delivered? Are there other political events that you can link up with to draw more attention to the issue? Some advocacy groups connect their advocacy activities with events such as International HIV/AIDS Conference or World AIDS Day or World TB Day. Is there an electoral campaign underway that might make policymakers more receptive than normal to your message?

Transition

By now, participants should have a basic understanding of the characteristics and elements of effective advocacy messages. The next activity provides an opportunity for the participants to practice developing and delivering advocacy messages to members of their target audiences.

ACTIVITY 4

Developing Advocacy Messages

Time: 1 hour

1. Ask participants to return to their audience analysis teams.
2. Distribute and review Handout III.4.2: Message Development Worksheet.
3. Instruct each team to select one of the individuals or institutions from its target audience analysis form and complete the Message Development Worksheet for that audience.
4. Allow 30 minutes to complete the task.
5. Invite each group to present a summary of its worksheet.
6. After each presentation, ask the other participants for their comments, questions, or suggestions. Use the following questions as a guide for the discussion:
 - What was the central idea of each message? Was it clear?
 - Was the content appropriate for the message’s audience? Why or why not?
 - What additional information should be included? Omitted?
 - Were data used effectively?
 - Was the desired action clearly articulated? Was it appropriate?
 - Do participants agree with the choice of format, spokespersons, time, and place?

ACTIVITY 5

Delivering Advocacy Messages

Time: 1 hour and 45 minutes

The One-Minute Message (15 minutes)

Note to Facilitator: The final activity involves participants in delivering advocacy messages to decisionmakers. This learning exercise is most effective if the facilitator has had a chance to adapt the role-play scenarios to each of the advocacy objectives developed by the network. If possible, provide each team with a distinct scenario that reflects the team's objective and target audience. Sample role-play scenarios are provided for adaptation.

1. Introduce the activity by reminding participants of the importance of presenting messages that are clear and concise.
2. Draw the "one-minute message" on newsprint. Use the following notes to provide an overview:
 - A critical component of advocacy campaigns is media attention. Advocacy networks may invite journalists to attend selected events to increase the visibility of the issue and to ensure that their message reaches a wider audience. Media presence usually means that someone from the network will be interviewed about the event and the issue. In any interaction with mass media, it is vital that the spokesperson communicate both the main idea and the desired action of the advocacy message in 30 to 60 seconds.
 - Mass media coverage of events and interviews is normally distilled into a 30- to 60-second tape for use on the television or radio news. To ensure that the central points of the message are communicated during this brief transmission, spokespersons must be skilled at delivering "the one-minute message." This simple model will help focus the speaker on constructing or tailoring a message for a television or radio interview.
 - The "one-minute message" includes four components as follows:

—**Statement.** The statement is the central idea of the message (as defined on the Message Development Worksheet). The spokesperson should be able to present the "essence" of his/her message in several strong sentences.

—**Evidence.** The evidence supports the statement or central idea with facts and/or figures. The message should include limited data that the audience can easily understand—such as "Eleven million adults living with HIV/AIDS are estimated to be co-infected with Mycobacterium tuberculosis, with 71 percent of those co-infected living in sub-Saharan Africa and 22 percent living in South-East Asia".

—**Example.** After providing the facts, the spokesperson should add a human face to the story. An anecdote based on a personal experience can personalize the facts and figures.

—**Action Desired.** The desired action is what you want the audience to do as a result of hearing the message. The advocacy objective should be stated clearly to the target audience as an invitation for action!

The One-Minute Message

Statement

+

Evidence

+

Example

+

Action
Desired

Role-Plays (1 hour and 30 minutes)

1. Distribute the related role-play scenario to each group. Give participants time both to read the scenario and ask questions for clarification.
2. Explain that each group is going to develop a 10-minute role-play demonstrating how it chose to develop and deliver its message described in the scenario.
3. Encourage participants to refer to the “one-minute message” if they are going to be interviewed by the mass media during their role-play
4. Allow 45 minutes to develop the message and design the role-play and assign parts.
5. Encourage participants to use any materials or props they may need.
6. When the groups are ready to present their role-plays, arrange the chairs theatre-style. Invite each group to introduce its role-play by summarizing the scenario.
7. Following each role-play, ask the full group for feedback. Use the following questions to guide the discussion:
 - Was the central advocacy message clear? What was it?
 - Put yourselves in the place of the target audience. Were you informed, persuaded, and moved to act?
 - Which communication techniques pushed the audience up the advocacy communication scale?
 - What was the most effective part of the message?
 - What, if anything, would you add or do differently?

SUMMARY

Developing and delivering effective advocacy messages require a basic understanding of communication, knowledge of what makes an effective message, skill in crafting messages that include the essential elements, and the ability to select the most appropriate medium based on a variety of criteria. **Distribute handouts for Unit 4.**

MOVING AHEAD

The next unit looks at different techniques of data collection and analysis. Whether the network involves itself in data collection activities or relies on secondary analyses, the qualitative and quantitative data collected will enhance and support each step in the advocacy process.

Sample Role-Play Scenarios

Scenario 1

Your country is one of those countries severely affected by the HIV epidemic and where the HIV epidemic fuels the TB epidemic. Although the country is implementing the DOTS strategy, the TB epidemic was not abated. Your NGO is convinced that the country should carry out collaborative TB/HIV activities to address the epidemic. You discussed among yourselves and decided as a first step you need to press for the establishment of a national TB/HIV Working Group that in turn will facilitate the formulation of the national TB/HIV policy. To discuss this you arranged an appointment with the Minister of Health of your country. Prepare a 10 minute role play.

Scenario 2

You are working in a district based NGO that is working to promote the quality of life for PLHAs. TB is a leading cause of death among PLHAs and up to 70 percent of the TB patients are also HIV positive. TB patients receive TB diagnosis, treatment and care in the district health center. The health center has a laboratory technician and clinical officer, who are able to do HIV testing. The provincial health department recently started antiretroviral provision program but limited it only to the provincial hospital that is 150 km away from your district, the main reason being lack of HIV testing in the health center. The provincial health department head is keen to decentralize ART services. As member of the NGO you arranged a meeting with the provincial health department head. Prepare a 10 minute role-play.

Scenario 3

The stand alone VCT center in your city is run by an NGO and well staffed with nurses. About 200 patients are tested for HIV every day. There is evidence in your city that up to 5 percent of all those attending such centers and up to half of all those HIV positive may have previously undiagnosed active TB. You as a member of the TB/HIV advocacy network are convinced that this stand alone center needs TB screening and referral services. You arranged a meeting with the head of the center to discuss this. Prepare a 10 minute role play.

SECTION III

UNIT 5

III. The Advocacy Strategy

5. Data Collection

Data Collection: Bridging the Gap between Communities and Policymakers Background Notes

Data, quantitative and qualitative, are fundamental for TB/HIV advocates as it plays a role in moving the agenda forward in providing TB and HIV joint services.

To be effective advocates for TB/HIV issues, networks must understand and accurately represent the needs, priorities, and interests of their constituencies. Knowing the community means finding out what people think about TB/HIV issues and how they are personally affected by the policies governing the provision of TB/HIV services. It doesn't make sense, for example, to organize an advocacy campaign in support of adolescent reproductive health services if the community considers TB/HIV as its primary concern.

Listening to What People Are Saying^{*}

Key informant study of senior staff at WHO and UNAIDS, national TB and HIV program managers, clinicians working in the fields of HIV and TB, technical experts, senior academics, and representatives from NGOs, international development agencies, and global financing institutions were interviewed to examine how TB and HIV programs can work together to address the two epidemics. The following information was gathered during the interview:

- Historical interaction of TB and HIV programs
- Perception of barriers to TB/HIV interaction
- TB and HIV/AIDS program support of the general health service provider response
- Identification of mechanisms for effective collaboration between TB and HIV programs
- Identification of the strengths of particular organizations to promote collaboration
- Suggestions on how WHO should engage international agencies in promoting effective TB and HIV program collaboration

At the **national level**, the first step is to develop a TB/HIV policy and strategic plan. In developing the effective plan, TB/HIV networks can play a fundamental role as the intermediary in promoting the translation of data into policy. The fundamental issues to be addressed for the strategic plan are: recognizing the burden of the overlapping TB/HIV epidemics, recognizing the strengths and weaknesses of the NTP and NACP, and lastly defining the opportunities that exist between the NTP and NACP at the central and district levels.

At the **district level**, TB/HIV networks can also play a crucial role in promoting the integration of TB and HIV services. Translating the following type of data into policy statements is one of the ways TB/HIV networks can contribute to the TB/HIV joint effort: baseline TB/HIV statistics,

* WHO, 2003. An Analysis of Interaction Between TB and HIV/AIDS Programs in Sub-Saharan Africa. Pg 13..

identifications of groups at particular risk of TB and/or HIV infection, and survey of existing district TB and HIV/AIDS service providers.

By collecting and disseminating data on community needs, a network demonstrates the importance it places on both listening to the people and gathering the information needed to substantiate its advocacy actions. The more information and data a network possesses, the more realistic and representative its policy demands will be. Furthermore, data-based advocacy messages enhance the professionalism and credibility of the network in the eyes of decisionmakers and other influential persons.

When initiating a data collection activity, the network should consider its own information needs and those of the relevant policymakers. It is also important to estimate the time and costs involved in the data collection effort as well as the human resources required to design the methodology and collect, analyze, and present the data. Selection of the actual data collection technique or techniques depends on the type of data required.

Data collection can involve qualitative or quantitative techniques or a combination of both. Qualitative data are descriptive or narrative and convey impressions or opinions. They provide information on what people think, feel, and do and are helpful in identifying issues of importance to a particular target group or community.

Quantitative data can be counted or quantified to give numeric estimates and generate conclusive findings. They can tell us how many people of different demographic characteristics live in the target area, verify the number of times something happens, or document differences between things that can be measured in numbers, for example, the annual risk of developing TB in a PLHA who is co-infected with *M. tuberculosis* ranges from 5 to 15 percent. This unit focuses on selected qualitative and quantitative data collection techniques and their applications in developing a better understanding of community needs and priorities and communicating these needs and priorities to policymakers. Participants will explore baseline surveys, conversational interviews, focus group discussions, and secondary data analysis and determine how to use the results to advance the work of the advocacy network.

OBJECTIVE

By the end of this unit, participants will be able to

- Distinguish between qualitative and quantitative data and different data collection techniques
- Understand the components of a baseline assessment
- Prepare topic guides for conversational interviews and focus group discussions
- Use information from secondary data sources.

TIME

4 hours and 40 minutes

MATERIALS/HANDOUTS

- Newsprint, markers, and tape
- Copies of handouts

Handout III.5.1

Background Notes

Handout III.5.2

TB/HIV Internet Resources

Handout III.5.3	Interview Topic Guide
Handout III.5.4	Types of Research
Handout III.5.5	Comparison of Qualitative and Quantitative Methods
Handout III.5.6	Description of Selected Methods
Handout III.5.7	Baseline Assessment Process—Card Template
Handout III.5.8	Data sets for Activity 7

- Research scenarios

PREPARATION

- For Activity 2, copy the research scenarios.
- For Activity 4, copy and cut three sets of the Baseline Assessment Process—Card Template. Use different color paper for each set of cards.
- For Activity 7, copy the data sets at the end of the unit.

ACTIVITY 1

Introduction

Time: 10 minutes

Introduce Unit 5 by reviewing the objectives and making a brief presentation on data collection. Key points to include in your overview follow:

- Data, quantitative and qualitative, are fundamental for TB/HIV advocates as it plays a role in providing evidence of TB and HIV linkage.
- To be effective advocates for TB/HIV issues, networks must understand and accurately represent the needs, priorities, and interests of their constituencies.
- At the **national level**, the first step is to develop a collaborative TB/HIV strategic plan. In developing the effective plan, TB/HIV networks can play a fundamental role as the intermediary in promoting the translation of data into policy.
- At the **district level**, TB/HIV networks can also play a crucial role in promoting the establishment of TB/HIV services. Translating the following type of data into policy statements is one of the ways TB/HIV networks can contribute to the TB/HIV joint effort: baseline TB/HIV statistics, identifications of groups at particular risk of TB and/or HIV infection, and survey of existing district TB and HIV/AIDS service providers.
- By collecting, analyzing, and disseminating data on community needs, the network demonstrates the importance it places on both listening to the people and gathering the information needed to substantiate its advocacy actions.
- The more information and data a network possesses, the more realistic and representative its policy demands will be. Furthermore, data-based advocacy messages will enhance the network's credibility in the eyes of decisionmakers and other influential persons.
- When planning a data collection activity, the network should consider the following:
 - What are the network's information needs?
 - What are the information needs of the relevant policymakers?

- What are the time and costs involved in data collection?
 - What human resources and skills are needed to design the methodology and collect, analyze, and present the data?
- Selection of the actual data collection technique or techniques depends on the answers to the above questions.
 - Data collection can involve qualitative or quantitative techniques or a combination of both. There are advantages and disadvantages to the various data collection methods, and each method produces different results.
 - This unit helps participants understand and appreciate the need for data to define and support their TB/HIV advocacy issue. It explores selected data collection techniques, including baseline assessments, conversational interviews, focus group discussions, and secondary data analysis.

ACTIVITY 2

Research Scenarios

Time: 20 minutes

1. Divide participants into four groups. Distribute copies of one scenario to each group.
2. Ask the small groups to read the scenario and discuss the question that follows it.
3. Instruct each group to select a presenter to read the scenario and report on the group's discussion.
4. Invite the other participants to share their opinions.
5. Conclude the activity by asking participants to share some of their own experiences with effective and ineffective uses of data.

DATA COLLECTION SCENARIO #1

A network decided to focus its advocacy efforts on selecting and education community based health educators on the combined issues of TB/HIV. Network members believed that the community would trust other community members to give them the correct information about prevention and treatment. However, a community survey revealed that 75 percent of community members, for reasons of confidentiality, would prefer to get this information from people from surrounding villages. It was reported that this is how the existing home based care program was operating.

Question: What are the implications of this finding for the network's advocacy strategy?

DATA COLLECTION SCENARIO #2

While working to formulate the new combined TB/HIV policy, network members were startled about the high rates of TB among HIV+ clients in the country's central hospital.

Question: What additional qualitative and quantitative data are needed to help the network identify a policy issue?

DATA COLLECTION SCENARIO #3

In a preliminary outreach meeting about forming a joint TB/HIV coordinating body, a nurse from a VCT clinic questions the appropriateness of combining effort for TB/HIV. Her reasoning is that AIDS is much more important because it is lethal, and resources should be spent on HIV/AIDS, instead of on TB, a curable disease with much lower death rates.

Question: What type of data does the network need to answer the nurse's question? How could it obtain the data?

DATA COLLECTION SCENARIO #4

The first press release from the new TB/HIV advocacy network reads, "The Joint Committee to Fight TB/HIV Warns of TB Risk to People Living with HIV/AIDS!" A recent survey revealed a high percentage of HIV+ patients at district hospitals are becoming infected with TB. TB control programs report that (20%) of TB patients stop taking their medication before they are completely cured, increasing the risk of resistant TB, especially among HIV+ populations.

Question: As a policymaker, what message is the network sending in the press release? How can it be improved for clarity?

ACTIVITY 3

Data Collection Techniques

Time: 15 minutes

1. Write Qualitative and Quantitative as sub-headings under each of the columns.
2. Ask one or two participants to explain briefly the differences between the two types of data.
3. Ask the full group to identify data collection tools for each category of data. Write the various responses under the appropriate heading.
4. Ask participants if there is a difference in these data collection techniques for TB and HIV. Are some appropriate for one but not the other?
5. Conclude by asking participants which techniques they have had experience with, which techniques they think the network could undertake most easily, and what they should take into consideration before selecting a technique(s). For example, what are the group's data needs? Does data already exist? What is the best technique for the network's needs? How much time is involved? How costly is it? Does the network have the skills to design and carry out the data collection activity?
6. Make sure participants are aware of the specific quantitative and qualitative data resources available to them. In the area of TB/HIV, some of resources are listed In Handout III.5.2 TB/HIV Internet Resource List.

QUALITATIVE	QUANTITATIVE
<ul style="list-style-type: none"> ✓ Surveys ✓ Questionnaires ✓ Focus Groups ✓ Interviews ✓ Observation 	<ul style="list-style-type: none"> ✓ Surveys ✓ Questionnaires ✓ Census ✓ DHS ✓ KAP (Knowledge, Attitude, Practice)

ACTIVITY 4

Baseline Assessment

Time: 45 minutes

1. Ask participants to describe a baseline assessment and to write their definition on the flipchart. Ask the group to discuss the following: What types of information could a baseline assessment yield in an advocacy campaign? Why is this information important?

A baseline assessment is...

The collection of data before an activity begins. The data are used to measure change after an activity has been implemented.

2. Divide participants into three small groups.
3. Distribute one set of Baseline Assessment Process cards to each group. Be certain that the cards are NOT in the correct order when they are distributed.
4. Instruct each group to discuss and reach agreement on the correct sequence of steps. The groups should place their cards on the floor or the wall in the order they agree on.
5. Review the three arrangements and briefly discuss each of the steps to ensure the participants' full understanding. The steps involved in performing a baseline assessment follow:
 1. Determine purpose and objective of the assessment
 2. Identify and organize research team
 3. Select data collection method(s)
 4. Identify data topics and questions
 5. Design data collection tool(s)
 6. Pretest and finalize tool
 7. Determine sample size and select sample
 8. Organize logistics and workplan
 9. Conduct data collection activity
 10. Analyze data
 11. Prepare final report
 12. Evaluate the process

ACTIVITY 5

Interviews

Time: 1 hour

Introduction (10 minutes)

1. Use the following notes to give a brief overview of interviews:
 - Interviews are the most commonly used method of data collection in development work. Interviews elicit information on what people think, feel, and perceive. They expand and give depth to quantitative data and are a useful first step in designing a more complicated data collection activity.
 - Interviewing individuals in the community is an excellent source of qualitative information and can guide the selection of the advocacy issue.
 - Normally, when conducting interviews, the interviewer uses a topic guide to help structure the discussion of the issue(s) under investigation. The guide ensures that information is collected in the same way during all of the interviews.
 - Generally, the interview topic guide is divided into four sections: introduction, rapport building, in-depth discussion, and closure.
2. Ask participants to describe some of the advantages of interviews over other data collection methods. Write their responses on the flipchart and include the following:

Interviews

- Are inexpensive
- Can be conducted by anyone trained in interview techniques
- Are a good source of qualitative data
- Elicit a lot of information in a short time
- Can be informal or formal

Role-Plays (50 minutes)

1. Explain that participants have an opportunity to practice interviewing.
2. Divide participants into groups of three. Ask each participant to choose one of the following roles to play: Interviewer, Community Member, or Observer.
3. Distribute the Interview Topic Guide (Handout III.5.2) to the individuals playing the role of Interviewer.
4. Allow five minutes for the Interviewers to review the topic guide.
5. Explain that the Interviewer should follow the topic guide and conduct a 15-minute interview with the Community Member.
6. During the interview, the Observer should take notes on the communication techniques used, the flow of questions, the appropriateness of questions, etc.
7. After the role-plays, ask each Observer to report his/her observations to the full group.
8. Ask the Interviewer to share his/her feelings on how to conduct a successful interview, and ask the Community Members to describe their perspective on the interview. Use the following questions to moderate a discussion of the role-plays:
 - What did you like or dislike about the interview? Possible responses include the following: interviewer used good body language, interviewer was creative in asking

follow-up questions, interviewer asked leading or insensitive questions, interviewer forgot to introduce the purpose of the interview, or interviewer failed to set a comfortable tone.

- How could the interview have been improved? Possible responses include the following: topic guide questions could have been more pointed.
9. Conclude by asking the group to brainstorm some of the skills needed by a good interviewer. Write the responses on the flipchart and include the following:

Good Interviewers

- ✓ Are knowledgeable about the topic
- ✓ Know local terms for any technical words
- ✓ Are able to talk with people
- ✓ Know how to probe for information

ACTIVITY 6

Focus Group Discussion (FGD)

Time: 1 hour

Introduction (10 minutes)

1. Use the following notes to make a brief presentation on focus groups:
 - Focus groups are an excellent tool to help researchers understand community needs. They are useful for gathering information on opinions, potential problems with a planned activity, community sentiment, or suggestions.
 - What is a focus group? A focus group is a loosely structured, informal discussion with a small, homogeneous group of six to eight persons that is designed to gather information on a particular topic. Focus groups are led by facilitators.
 - The FGD facilitator uses a topic guide (similar to the one used in interviews) to organize a discussion among participants. The facilitator's role is to help the discussion get started and stay on track, draw out people who are not participating, and encourage participants to share their thoughts and feelings.
 - A note taker records participants' comments.
 - Focus groups normally last two or more hours.
 - Generally, FGDs are repeated with several different groups of similar individuals until the discussions no longer reveal any new insights into the topic. Participants should be notified of the topic in advance of the FGD and be told how the information will be used.
2. Ask participants to share any experiences they may have had with focus groups, either as facilitators or discussants. Ask them for their observations on the technique and when they think focus groups are most appropriate.

Developing Topic Guides (50 minutes)

1. Write the following outline on the flipchart and explain that participants will use the outline to develop sample topic guides for simulated focus group discussions:

Topic Guide Outline

Issue: Network wants MOH to allocate additional funds for HIV/AIDS education and prevention programs

- I. Introduction
- II. Rapport Building
- III. Discussion questions
- IV. Closure

2. Share the following scenario with participants:
 - Your TB/HIV advocacy network is working to raise awareness of the link between TB and HIV, thus allowing joint collaboration between the two programs and to strengthen TB control among HIV-infected people. To raise awareness, the network is conducting focus group discussions with key target audiences from the TB and HIV programs. Two groups were selected. Representatives of service providers, managers of NACP and NTP.
3. Divide participants into two groups. Distribute Handout III.5.3.
4. Ask one group to develop the Topic Guide for conducting an FGD with the commercial sex workers. Ask the other group to develop the Topic Guide for conducting an FGD with adolescent, out-of-school males. The groups should follow the FGD outline and use Handout III.5.3 as a guide.
5. Instruct each group to write its Topic Guide on newsprint and present it to the full group for comments and feedback.

ACTIVITY 7

Secondary Data Analysis

Time: 1 hour and 10 minutes

Introduction (10 minutes)

1. Use the following notes to make a brief presentation on secondary data:
 - Secondary data are an excellent source of quantitative and qualitative information on a target community. The network should consider secondary data as its foremost resource.
 - Surveys such as Demographic and Health Surveys (DHS), national censuses, national TB control reports or Adolescent Reproductive Health Surveys (Centers for Disease Control) include comprehensive data on the population's characteristics, HIV/AIDS knowledge and rates of infection, number of TB patients identified and treated, access to services, health decisionmaking in the household, etc.
 - Many of the larger surveys disaggregate data down to the regional or provincial level.
2. Write Secondary Data on the newsprint and ask participants to list some of the advantages of using secondary data to support their advocacy efforts.

Secondary Data

- ✓ Inexpensive to obtain
- ✓ Readily available
- ✓ Valid and reliable
- ✓ Current
- ✓ Comprehensive

TASK

- a. Review the tables carefully.
- b. Cite two to three interesting findings that have implications for identifying a TB/HIV policy advocacy issue.
- c. Describe the types and sources of additional data that would be needed to support the issue.
- d. Write the group's responses on newsprint and select someone to present the responses.

Transition

During the next activity, participants will examine actual tables from DHS analyses in different countries and answer questions about the data. The purpose of the activity is to help the network understand the value of secondary data, recognize various uses and applications of the data, and identify additional data that are needed to support the advocacy effort. Three sets of data are presented at the end of this unit; each set consists of two tables and will be used by one working group.

Analyzing Secondary Data (1 hour)

1. Divide participants into three groups.
 - Group 1: TB
 - Group 2: STIs
 - Group 3: HIV/AIDS
2. Distribute the appropriate data set to each group and write the following task on newsprint. Allow 30 minutes.
3. Invite each presenter to summarize the information presented in his/her group's tables and to present the responses to the full group. Allow time for questions and discussion.
4. Conclude the activity by inviting a full group discussion of secondary data. Use the following questions to generate discussion:
 - What secondary data sources will assist the network in supporting its advocacy goal and objectives? List the sources on newsprint.
 - Which groups or members of the network have previously worked with secondary data analyses? These people represent resources for potential data collection and analysis activities.
 - What plans should the network make for involving secondary data analyses in its advocacy strategy? Note that these plans will be integrated into the implementation plan developed in Unit 7.

SUMMARY

Successful advocacy addresses real community issues and priorities. It is incumbent on the network to conduct or collect data that accurately represent those priorities, that support political action, and that are credible to policymakers. The data collection techniques should match the information needs of both the network and the target audience as well as the network's available resources. **Distribute handouts to Unit 5.**

MOVING AHEAD

The next unit looks at one of the practical concerns of mounting an advocacy campaign—obtaining sufficient resources (financial and in-kind)—to support the network's strategy.

SECTION III

UNIT 6

III. The Advocacy Strategy

6. Fundraising

Fundraising: Mobilizing Resources Background Notes

The ability to mobilize resources is a valuable skill for advocacy networks. Access to financial resources expands the options available to the advocacy network and gives members the freedom to try new, creative, or even higher-risk activities than would be possible with limited funds. But no matter how much an advocacy campaign benefits from financial resources, it is entirely possible to launch a successful campaign with the resources and energy of network members alone.

Effective fundraisers understand the importance of setting realistic goals based on their particular setting and advocacy issues. They know how to target potential contributors and develop persuasive appeals to reach them. They forge innovative strategies to raise money—from seeking small grants from bilateral development organizations to targeting private sector concerns within their own communities. They also know how to leverage contributions from one source to gain additional resources from another and thus pave the way for future advocacy activities.

Unit 6 presents an overview of fundraising for advocacy. Networks that are committed to raising money to support their advocacy efforts should consider both organizing a separate workshop on fundraising and engaging the services of a professional fundraiser as a resource specialist. Given the recent and rapid growth of the NGO sector and the scarcity of resources, fundraising is an area that requires considerable technical skill.

OBJECTIVES

By the end of this unit, participants will be able to prepare a fundraising strategy for the advocacy campaign.

TIME

1 hour and 20 minutes

MATERIALS/HANDOUTS

- Newsprint, markers, and tape
- Copies of handouts
 - Handout III.6.1 Background Notes
 - Handout III.6.2 The Fundraising Process

PREPARATION

- For Activity 3, write the Sample Fundraising Strategy on newsprint.

ACTIVITY 1

Introduction

Time: 5 minutes

1. Introduce the unit by reviewing the objective and giving a brief introduction to fundraising. Key points to include in your overview follow:
 - The ability to mobilize resources is a valuable skill for advocacy networks. Access to financial resources expands the options available to the advocacy network and gives members the freedom to try new, creative, or even higher-risk activities than would be possible with limited funds.
 - But no matter how much an advocacy campaign benefits from financial resources, it is entirely possible to launch a successful campaign with the resources and energy of network members alone.
 - Effective fundraisers understand the importance of setting realistic goals based on their particular setting and advocacy issues. They know how to target potential contributors and develop persuasive appeals to reach them.
 - Effective fundraisers are creative in forging innovative strategies to raise money—from seeking small grants from bilateral development organizations to targeting private sector concerns within their own communities. They also know how to leverage contributions from one source to gain additional resources from another and thus pave the way for future advocacy activities.
 - This unit presents an overview of fundraising for advocacy. If the network is committed to raising money to support its advocacy efforts, it should consider both organizing a separate workshop on fundraising and engaging the services of a professional fundraiser as a resource specialist. Given the recent and rapid growth of the NGO sector and the scarcity of resources, fundraising is an area that requires considerable technical skill.

ACTIVITY 2

Current Status of Support

Time: 15 minutes

1. Ask participants to think about the breadth of their current program activities. The members of the network may be involved in service delivery, education, training, research, community outreach, etc.
2. Moderate a brainstorming exercise to answer the following question: What are the sources of financial support that make program activities possible? Ask the group to identify all the categories of funding they currently receive. Encourage participants to think broadly to include gifts-in-kind, discounted materials, or services, etc.
3. Record responses on the flipchart as shown below.

Sources of Financial Support

- ✓ Grants from private donors, bilateral donor agencies (USAID, European governments, etc.), and multilateral donor agencies (UNFPA, UNDP, UNAIDS, Global Fund, etc.)
- ✓ Government contracts
- ✓ Individual donations
- ✓ Membership fees
- ✓ Commercial sponsorship

4. Ask participants to think about any untapped sources of revenue, such as fees-for-services. Point out that at least one advocacy network conducts advocacy workshops for other groups on a fee-for-service basis. Other networks collect dues from their members. Add these suggestions to the list.

Transition

In the next activity, participants shift their attention to the future of the network and how to gain access to funds in support of both upcoming advocacy efforts and network sustainability.

ACTIVITY 3

Developing a Fundraising Strategy

Time: 1 hour

1. Invite several participants to recap the network’s advocacy goal, objectives, and target audiences. Ask participants to think broadly about the types of advocacy activities that might be appropriate and discuss these activities briefly within the group.
2. Based on the future direction of the network’s advocacy efforts, which of the funding sources listed on the flipchart would be most likely to yield support?
 - Participants should look for a fit between the interests of the donor or funding source and the network’s advocacy goal and objectives. Some sources may be inappropriate. For example, it is unlikely that the Ministry of Health would provide funds to support the network’s TB/HIV advocacy campaign if the target audience is the ministry itself.
 - Ask participants to select the FOUR sources most likely to support the network’s advocacy objectives. Circle the four targeted sources on the list.
3. Divide participants into four groups.
4. Assign one of the four funding sources to each group.
5. Distribute Handout III.6.2: The Fundraising Process.
6. Instruct the groups to consider their assigned funding source and answer the following questions:
 - Why would this source be interested in supporting the network’s advocacy goal and objectives?
 - What approach would be most effective in gaining the source’s support?
 - What are the next steps and who will be responsible for them?
7. Review the sample strategy on the flipchart to help guide the groups.

Sample Fundraising Strategy			
Source	Potential Interest	Approach	Next Steps
International foundation	Currently focused on integrating HIV and TB prevention and care services.	Send letter of introduction and concept paper. If foundation shows interest, follow up with proposal.	Anya K. to lead effort. Michael R. to notify contact at foundation to expect letter. Mail by 01 March to meet foundation’s funding cycle deadline.

8. After the groups have completed their task, ask them to present their strategies.
9. Solicit comments or suggestions from the full group.
10. Conclude the activity with a discussion of the possible implications for the network. Questions to spark discussion include the following:
 - How do the four strategies fit together?
 - Which strategy or strategies should the network pursue first?
11. By the end of the activity, the network should have a clear sense of the next steps for mobilizing financial support for its advocacy campaign.

SUMMARY

Securing financial support for advocacy gives the network certain advantages over working with a limited budget. Network members should determine whether additional funds are needed to support their goal and objectives and, if so, they should develop a fundraising strategy to target potential sources. **Distribute handouts for Unit 6.**

MOVING AHEAD

The network has selected an issue, developed a goal and objectives, examined the target audiences, designed and tailored messages, examined potential data needs, and created a fundraising strategy for its advocacy campaign. The foundation has been laid and the members are ready to design an implementation plan for the campaign. This is the topic of Unit 7.

SECTION III

UNIT 7

III. The Advocacy Strategy

7. Implementation

Implementation: Developing an Action Plan

Background Notes

This unit represents the action planning phase of the workshop. Up to this point, the workshop has focused on building technical skills in the various stages of the advocacy process—defining issues, setting goals and objectives, assessing support and opposition and researching target audiences, developing and disseminating messages, collecting data, and raising funds. In the process of honing their skills, participants have made choices and taken action toward the development of the network’s advocacy strategy. The work done along the way has a real—not just a theoretical—application.

Now it is time for participants, first, to pull together all the pieces of work they have completed thus far and, second, to compile the products into one implementation plan to guide the network through the campaign. The implementation plan is also the focus of the monitoring and evaluation plan to be developed in Unit 8.

The implementation plan is presented in a simple format. Based on a selected TB/HIV advocacy objective, participants design specific activities for implementation in order to achieve the network’s objective. Members of the network provide details describing needed resources, responsible person(s), and an appropriate timeframe, expected outcome and the indicator for each activity.

Developing the action plan provides an excellent opportunity for network members to work as a team. The implementation plan should be developed with input from and the consensus of the entire membership in order to create a sense of shared ownership and commitment to the plan and the strategy. After all, participants are nearing the end of the planning stage and will soon be called on to act together to make the advocacy strategy a reality.

OBJECTIVE

By the end of this unit, participants will be able to develop an implementation plan for the advocacy campaign.

TIME

2 hours and 15 minutes

MATERIALS/HANDOUTS

- Newsprint, markers, and tape
- The overhead transparency or flipchart from Unit 1 that shows Steps in the Advocacy Process.
- Copies of handouts

Handout III.7.1 Background Notes
Handout III.7.2 Advocacy Implementation Plan

PREPARATION

- For Activity 3, copy the Advocacy Implementation Plan (Handout III.7.2) on newsprint or an overhead transparency.

ACTIVITY 1

Introduction

Time: 5 minutes

1. Introduce Unit 7 by reviewing the objective and making a brief presentation on implementation plans. Key points to include in your overview follow.
 - This unit represents the action-planning phase of the workshop.
 - Up to this point, the workshop has focused on building technical skills in the various steps of the advocacy process—defining issues, setting goals and objectives, assessing support and opposition and analyzing target audiences, developing and disseminating messages, collecting data, and raising funds.
 - In the process of honing their skills, participants have made choices and taken action toward the development of the network’s advocacy strategy. The work completed thus far has a real—not just a theoretical—application.
 - Now it is time to pull together all the pieces of work completed to this point, and to compile the various products into one implementation plan to guide the network through the campaign.
 - The implementation plan or action plan is presented in a simple format. In accordance with a selected advocacy objective, participants design specific activities for implementation in order to achieve the desired objective. The plan requires the network to provide details describing needed resources, responsible person(s), and an appropriate timeframe for each activity.
 - Developing the action plan provides an excellent opportunity for participants to work as a team. The plan should be developed with input from and the consensus of the entire membership in order to create a sense of shared ownership and commitment. After all, participants are nearing the end of the planning stage and soon will be called on to act together to make the advocacy strategy a reality.

Transition

Before the participants begin to develop the implementation plan, they should review what has already been learned about the advocacy process, thereby reinforcing the essential points about each step in the process.

ACTIVITY 2

Reviewing the Advocacy Process

Time: 30 minutes

1. Present the Steps in the Advocacy Process on a transparency or flipchart. 2. Discuss each step in turn by using the following questions:
 - What are the key points and considerations for this step?
 - What did you learn about this phase of the advocacy process that you didn’t know before?

3. Record participants' responses on the flipchart. Examples of possible responses are listed below:
 - **Advocacy Issue**
 - A problem widely felt by constituents/clients of the network
 - Issue must have policy solution
 - Forms foundation of advocacy strategy
 - **Goal**
 - Long-term vision for change, over three to five years
 - **Objective**
 - Specific, measurable, achievable, and time-bound
 - Describes desired policy action and audience
 - **Target Audience**
 - Primary audience consists of policymaker/institution with authority to affect advocacy objective
 - Secondary audience consists of individuals/institutions that can influence those with authority
 - Identify supporting and opposing views; incorporate these views into strategy
 - Assess audience's knowledge, beliefs, and power base
 - **Building Support**
 - Increase base of support by forming or joining other networks and coalitions
 - Build support with stakeholders such as community members, universities, religious leaders, research institutes, etc.
 - **Message Development**
 - Effective messages are clear, concise, and tailored to the target audience
 - Deliver consistent message by using multiple channels over time
 - **Channels of Communication**
 - Numerous options for message delivery
 - Consider audience, timing, cost, and other factors to select best format
 - **Fundraising**
 - Resources expand options for advocacy activities
 - Network may want fundraising strategy to target possible donors.
 - **Implementation Plan**
 - Details activities, resources, timeframe, expected outcome, indicator and responsible person(s)
 - **Data Collection**
 - Accurate and current data support all phases of the advocacy process
 - Include qualitative and quantitative data
 - **Monitoring/Evaluation**
 - Monitor activities and evaluate results
4. Ask participants if they would like to highlight any other key lessons about advocacy before proceeding to the implementation plan.

ACTIVITY 3

Developing the Implementation Plan

Time: 1 hour and 40 minutes

Note to Facilitator: The implementation plan is organized around the TB/HIV advocacy objectives developed by participants in Unit 2. Activity 3 will have as many working groups as objectives. Give participants the choice of continuing to work in the same groups as they did for developing the objectives. If possible, participants may self-select the objective to address.

1. Remind participants that they have completed several steps in the advocacy process. They have...
 - Identified one advocacy issue for action;
 - Set the advocacy goal—a long-term change that they hope to contribute to;
 - Set specific advocacy objectives that will contribute to achievement of the goal;
 - Assessed the support and opposition and identified primary and secondary target audiences for each objective;
 - Developed and practiced delivering advocacy messages to key members of their target audience;
 - Reviewed data collection and analysis techniques to support their advocacy messages; and
 - Developed a preliminary fundraising strategy.
2. To proceed with developing an implementation plan, the network must decide whether to approach its advocacy objectives consecutively or simultaneously. If the former, participants must agree on the logical order.
3. Moderate a group discussion about which advocacy objective members want to address first in the campaign. Use the following questions to guide the discussion:
 - Is there a logical and obvious sequence? What is it and why?
 - Will any of the objectives make a greater contribution to the broader advocacy goal than others?
 - Does the network feel better prepared/qualified to undertake one objective over the others?
4. Once the group has decided on the sequence of the advocacy objectives, it is ready to develop an implementation plan.
5. Divide participants into working groups by objectives.
6. Distribute Handout III.7.2 Advocacy Implementation Plan (the blank worksheet and the partially completed worksheet) and explain the following task:
 - Write the relevant advocacy objective at the top of the worksheet.
 - Next, identify each of the activities necessary to achieve that objective. Activities should be fairly detailed. For example, include information about message development and methods.
 - For each activity, identify the resources needed to support the activity. Resources may be material, financial, human (i.e., technical expertise), or technological.
 - Indicate who is responsible for undertaking the activity.
 - Assign an appropriate time frame or due date for each activity.
 - Indicate the expected outcome and the indicator that the activity has been done
7. Review the partially completed worksheet as an example.
8. Allow the groups 30 minutes to complete the worksheet and to transfer their plan to newsprint or overhead transparencies.

9. After the working groups have completed the assignment, ask one representative of each group to present the group's plan.
10. Post all three plans on the wall and discuss each in turn.
 - Are the activities complete? Realistic? Should any be added or modified?
 - Look at "Responsible Person." Does the group agree with the task distribution? Is the workload shared among different people?
 - Are the required resources accurate? Is it practical to think the network can secure the indicated resources?
 - How about the timeframe? Is it achievable given the schedules and responsibilities of network members?
11. Conclude by checking for final questions or comments about the implementation plans. If participants are satisfied with the plan, they are ready to move on to the next unit, Monitoring and Evaluation.

SUMMARY

The implementation plan makes the campaign come alive. By considering the myriad activities needed to reach each of the advocacy objectives, the network senses the amount of work and energy required to achieve a policy victory. The plan details the activities of the campaign in a logical and timely order and maps the network's next steps. Distribute handouts for Unit 7.

MOVING AHEAD

No major work effort is complete without guidance for monitoring the implementation of activities and establishing benchmarks for recognizing if, when, and how well the desired results are achieved. Monitoring and evaluation are crucial to the success of any major endeavor. In the next unit, the network develops a monitoring and evaluation plan for its campaign.

SECTION III

UNIT 8

III. The Advocacy Strategy

8. Monitoring and Evaluation

Monitoring and Evaluation

Background Notes^{*}

Information is essential to the decisions we make and the actions we take. Timely and accurate information enables us to

- Learn from others' experiences
- Identify and capitalize on opportunities
- Avoid hazardous or risky situations

Monitoring and evaluation involve acquiring and using information. While the importance of information in most aspects of our lives is recognized, the importance of information obtained from monitoring and evaluation in the context of projects and organizations is not. Often, in the development field, monitoring is a requirement imposed on institutions by donors. As such, funding recipients reluctantly undertake required monitoring activities. Monitoring is also viewed as an end in itself, for which some project managers complete forms and prepare reports without necessarily using the information from the reports for internal assessment and program planning.

Similarly, evaluation is often conducted to satisfy external requirements or to make a judgment about whether a project should receive continued funding. Less often, evaluation is used as a tool to strengthen a project and empower project participants or clients.

The ability to acquire and use relevant information is as important for an advocacy network as it is for an individual NGO. A sound monitoring and evaluation component helps the network track its successes, build credibility with donors, and motivate members to sustain momentum. If a network's advocacy activities bring about a desired policy change, the network will want to demonstrate a clear connection between its objectives and activities and the policy outcome.

Monitoring is the process of routinely gathering information on all aspects of an advocacy campaign and using the information in network management and decisionmaking. A monitoring plan is a basic and vital management tool that provides network members and other stakeholders with information that is essential to designing, implementing, managing, and evaluating advocacy activities. To fulfill the monitoring function, the monitoring plan must include systems for collecting data and information on key activities as well as systems for summarizing, analyzing, and using the information to make decisions and take action. Monitoring information can help

- Demonstrate innovative and effective strategies;

* Background notes based on World Learning/SHARED Project. 1997. Monitoring and Evaluation as Management Tools: A Handbook for NGOs in Malawi.

- Generate financial and political support for advocacy activities; and
- Market the network.

Evaluation involves a systematic, objective analysis of the network’s performance, efficiency, and impact in relation to its objectives. Its ultimate purpose is to

- Draw lessons from experience in order to improve the quality of an advocacy campaign;
- Improve the design of future campaigns; and
- Demonstrate the network’s merits to supporters, policymakers, donors, members, etc.

Evaluation can be thought of as an assessment at a critical period or a process of looking at impacts or achievements.

OBJECTIVES

By the end of this unit, participants will be able to prepare a monitoring and evaluation framework for the advocacy campaign.

TIME

1 hour and 50 minutes

MATERIALS/HANDOUTS

- Newsprint, markers, and tape
- Copies of the Advocacy Implementation Plan developed in Unit 7
- Copies of Handouts
Handout III.8.1 Background Notes

PREPARATION

- Write the definitions of monitoring and evaluation on newsprint (see Background Notes).
- For Activity 2, write the group tasks (one for the Monitoring Group and one for the Evaluation Group) on the flipchart.

ACTIVITY 1

Introduction to Monitoring and Evaluation

Time: 20 minutes

1. Ask participants to describe the difference between monitoring and evaluation. Elicit several responses and then write the following simple phrase on the flipchart to distinguish monitoring from evaluation:

We monitor activities and we evaluate results.

2. Point out that monitoring is a process that tracks the implementation of activities. An important monitoring question is, “Did we implement the activities according to the action plan?” Evaluation is a process that assesses the results of the activities. In other words, “Did we achieve our desired results?”
3. Now, introduce the unit by reviewing the objective and the following notes on monitoring and evaluation:

- Information is essential to the decisions we make and the actions we take. Timely and accurate information enables us to learn from others' experiences to identify and capitalize on opportunities, and to avoid risky situations.
 - Monitoring and evaluation involve acquiring and using information. While the importance of information in most aspects of our lives is recognized, the importance of information obtained from monitoring and evaluation in the context of projects and organizations often is not.
 - In the development field, monitoring frequently appears as a requirement imposed on institutions by donors. As such, funding recipients reluctantly undertake monitoring activities.
 - Monitoring is also viewed as an end in itself, for which some project managers complete forms and prepare reports without necessarily using the information for internal assessment and program planning.
 - Similarly, evaluation is often conducted to satisfy external requirements or to make a judgment about whether a project should receive continued funding. Less often, evaluation is used as a tool to strengthen a project and empower project participants or clients.
 - The ability to acquire and use relevant information is as important for an advocacy network as it is for an individual organization. A sound monitoring and evaluation component helps the network track its successes and learning experiences, build credibility with donors, and motivate members to sustain momentum.
 - If a network's advocacy activities bring about a desired policy change, the network will want to demonstrate a clear connection between its objectives and activities and the policy outcome.
5. Present the definitions of monitoring and evaluation on the flipchart and clarify any questions about the difference between the two.

ACTIVITY 2

Developing a Monitoring and Evaluation Framework

Time: 1 hour and 30 minutes

1. Divide the participants into two working groups of equal size.
2. One group will focus on monitoring and the other group on evaluation.
3. Explain that the two groups have different tasks. The monitoring group should refer to the Advocacy Implementation Plan developed in Unit 7.
4. Present the tasks for the working groups on the flipchart.

Monitoring Group Task

Refer to the Advocacy Implementation Plan and answer the following five questions:

- ✓ Why will the network monitor the activities in our advocacy plan?
- ✓ What should we monitor?
- ✓ Who will be responsible for collecting and analyzing monitoring information?
- ✓ When will monitoring take place?
- ✓ How will we gather the necessary information (e.g., data sources)?

Prepare a brief presentation on newsprint

Evaluation Group Task

Refer to Handout III.1.3: The Advocacy Process. Develop two evaluation questions for the following selected stages in the network's advocacy strategy:

- Issue
- Goal/objective
- Target audience
- Message development
- Data collection
- Monitoring and Evaluation

For example, the questions for message development could be

- How did the target audience respond to your advocacy message?
- What action was taken as a result of the advocacy message?
Describe.

Prepare a brief presentation on newsprint.

5. Allow the groups 45 minutes to complete the task. Be certain to circulate while the groups are working to ensure that they understand the process.
6. After the groups complete their work, ask one representative from each group to present the group's results.
7. Elicit feedback from each team about the other's presentation by using the following questions:
 - Is the monitoring plan clear and realistic? Do participants agree about who will monitor activities, when the monitoring will take place, and how data will be collected and used?
 - Will the evaluation questions generate useful information? Do the questions focus on the results of the advocacy campaign?
 - When will the advocacy campaign be evaluated and by whom?
8. The products of this unit should be typed up and circulated to members after the workshop.

SUMMARY

Monitoring and evaluation are management tools that provide valuable information about activities and results. **Distribute handouts for Unit 8.**

MOVING AHEAD

This unit concludes Section III. The workshop has laid the ground for the advocacy campaign, and the network is ready to start implementing the activities described in its action plan. Still, much remains to be done. The network must identify specific data needs and decide how best to collect the data. Decisions must be made concerning the messages and mode of delivery, linkages with other networks or groups, outreach to the target community, and required resources. Recognizing that advocacy campaigns are labor-intensive for discrete and often long periods of time, the network must have well-laid plans as well as stamina if it is to achieve the desired policy victory. The decisions and plans that the network has made during the workshop form a solid foundation on which to launch the campaign.

TB and HIV/AIDS ISSUES**A. The Global TB and HIV/AIDS Epidemics^{1,2}**

- *At the end of 2005 a total of 40.3 million people were estimated to be living with HIV/AIDS, of whom 25.8 million (64%) were in sub-Saharan Africa and 7.4 million (18%) in South and South-East Asia.*
- *Tuberculosis, although curable, is one of the most common causes of HIV-related illness and deaths. By the end of 2003, thirteen million adults living with HIV/AIDS are estimated to be co-infected with *Mycobacterium tuberculosis*, with 79 percent of those co-infected living in sub-Saharan Africa and 13 percent living in South East Asia.*

B. How HIV Fuels the Tuberculosis Epidemic^{3,3}

- *HIV fuels the tuberculosis epidemic in several ways. HIV promotes progression to active TB both in people with recently acquired and with late *M. tuberculosis* infections. HIV is the most powerful known risk factor for reactivation of latent tuberculosis infection to active disease. HIV infected people are more susceptible to TB infection when they are exposed to *M. tuberculosis*.*
- *HIV not only increases the number of TB cases, but also alters the clinical course of TB disease. As HIV-related immunosuppression increases, the clinical pattern of TB disease changes, with increasing numbers of smear-negative pulmonary TB and extra-pulmonary TB cases. TB is more likely to be disseminated and more difficult to diagnose as immunosuppression progresses.*
- *Escalating tuberculosis case rates over the past decade in many countries in sub-Saharan Africa and in parts of South East Asia are largely attributable to the HIV epidemic. Since the mid-1980s, in many African countries, including those with well-organized programs, annual tuberculosis case notification rates have risen up to fourfold, reaching peaks of more than 400 cases per 100,000 population. Up to 70 percent of patients with sputum smear-positive pulmonary tuberculosis are HIV-positive in some countries in sub-Saharan Africa.*

C. Current Tuberculosis Control Strategy and Targets^{4,15,6}

- *The WHO's Stop TB Strategy has four objectives: achieve universal access to quality diagnosis and patient centered treatment, reduce the human suffering and socioeconomic*

¹¹ UNAIDS & WHO. 2005. *AIDS Epidemic Update*. Geneva: UNAIDS/WHO.

¹² Adapted from WHO. 2005. *Guidelines for Implementing Collaborative TB & HIV Programme Activities*. Geneva: WHO.

¹³ Adapted from WHO. 2004 *Strategic Framework to Decrease the Burden of TB/HIV*. Geneva: WHO.

¹⁴ Adapted from WHO. 2004 *Interim Policy on Collaborative TB/HIV Activities*. Geneva: WHO.

¹⁵ Adapted from WHO. 2006. *The Stop TB Strategy*. Geneva: WHO.

⁶ Adapted from WHO 2006. *The Global Plan to Stop TB, 2006-2015*. Geneva: WHO

burden associated with TB, protect vulnerable populations from TB, TB/HIV and multi-drug-resistant TB, and support development of new tools and enable their timely and effective use.

The components of the strategy and the implementation approach are:

- *Pursue high-quality DOTS expansion and enhancement*
 - *Political commitment with increased and sustained financing*
 - *Case detection through quality-assured bacteriology*
 - *Standardized treatment, with supervision and patient support*
 - *An effective drug supply and management system*
 - *Monitoring and evaluation system and impact measurement*
 - *Address TB/HIV, MDR-TB and other challenges*
 - *Implement collaborative TB/HIV activities*
 - *Prevent and control MDR-TB*
 - *Address prisoners, refugees and other high-risk groups and situations*
 - *Contribute to health system strengthening*
 - *Actively participate in efforts to improve system-wide policy, human resources, financing, management, service delivery and information systems*
 - *Share innovations that strengthen systems, including the Practical Approach to Lung Health (PAL)*
 - *Adapt innovations from other fields*
 - *Engage all care providers*
 - *Public–Public and Public–Private mix (PPM) approaches*
 - *International Standards for Tuberculosis Care (ISTC)*
 - *Empower people with TB, and communities*
 - *Advocacy, communication and social mobilization*
 - *Community participation in TB care*
 - *Patients’ Charter for Tuberculosis Care*
 - *Enable and promote research*
 - *Program-based operational research*
 - *Research to develop new diagnostics, drugs and vaccines*
- *The Global Plan to Stop TB, 2006-2015 is a comprehensive assessment of the action and resources needed to implement the Stop TB Strategy and to achieve the following targets, also found in the Millennium Development Goal 6: to detect 70 percent of sputum smear positive patients and cure 85 percent of those detected by 2005; reduce prevalence of and deaths due to TB by 50% relative to 1990 by 2015; and eliminate TB as a public health problem (1 case per million population) by 2050.*

D. Toward Universal Access: WHO's Priorities in HIV/AIDS¹⁶

In 2005, leaders of the G8 countries agreed to “work with WHO, UNAIDS and other international bodies to develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all those who need it by 2010.” At the June 2006 General Assembly High Level Meeting on AIDS, United Nations

¹⁶ WHO's Contribution to Scaling Up towards Universal Access to HIV/AIDS Prevention, Treatment and Care: WHO Plan 2006-2010.

Member States agreed to work toward the broad goal of “universal access to comprehensive prevention programs, treatment, care and support” by 2010.

WHO's HIV/AIDS work in the period 2006-2010 is structured around five Strategic Directions, each of which represents a critical area that the health sector must invest in if countries are to make significant progress towards achieving universal access. Within each strategic direction WHO is concentrating its efforts on a limited number of priority health sector interventions, where WHO has demonstrated a comparative advantage and where there is sound evidence that the priority interventions have the potential to make a significant impact.

These strategic directions and their associated priority interventions are:

Strategic Direction 1: Enabling people to know their HIV status through confidential HIV testing and counseling

Priority interventions:

- *Voluntary HIV counseling and testing (VCT)*
- *Provider-initiated HIV testing and counseling (PITC)*
- *Infant HIV diagnosis and family counseling and testing*

Strategic Direction 2: Maximizing the health sector's contribution to HIV prevention

Priority interventions:

- *Prevention of sexual transmission of HIV*
- *Prevention for people living with HIV/AIDS*
- *Prevention of mother to child transmission (PMTCT) of HIV/AIDS*
- *Prevention of HIV transmission through injecting drug use (harm reduction)*
- *Prevention of HIV transmission in health care settings*
- *Assessment and development of new HIV prevention technologies (including vaccines, microbicides, male circumcision and pre-exposure prophylaxis)*

Strategic Direction 3: Accelerating the scale up of HIV/AIDS treatment and care

Priority interventions:

- *Antiretroviral therapy for the management of pediatric and adult HIV/AIDS*
- *Prevention and management of opportunistic infections, other HIV-related conditions and co-morbidities*
- *HIV/AIDS care, including nutrition, palliative care and end of life care*
- *Linking HIV/AIDS and tuberculosis services*

Strategic Direction 4: Strengthening and expanding health systems

Priority interventions:

- *Leadership and stewardship*
- *National strategic planning and management*
- *Procurement and supply management*
- *Laboratory strengthening*
- *Human resource development and management*
- *Strategies for sustainable financing*

Strategic Direction 5: Investing in strategic information to guide a more effective response

Priority interventions:

- *Surveillance of HIV/AIDS and STIs*
- *HIV drug resistance surveillance and monitoring of ART programs*
- *Monitoring and evaluation of and reporting on the health sector's contribution in scaling up towards universal access*
- *Operational research*

For each of the priority interventions, WHO will:

- *Advocate for action and mobilize partnerships, including the empowerment of people living with HIV/AIDS*
- *Synthesize existing knowledge, support operational research and disseminate the evidence base on the effectiveness of each intervention and models of good practice for service delivery;*
- *Articulate global and regional policy options;*
- *Set norms and standards and develop, update and adapt assessment, policy, program, training and monitoring and evaluation tools and guidelines for their implementation;*
- *Provide technical assistance to countries and help build sustainable institutional capacity to scale up national HIV/AIDS responses;*
- *Support the monitoring and evaluation of the implementation of interventions, including assisting countries to select indicators and set targets; and*
- *Facilitate the integration of gender and equity issues into the design, delivery and monitoring and evaluation of the interventions.*

E. The International Response to HIV related TB: An Evolving Approach³

- *The Global TB/HIV Working Group of the Stop TB Partnership was established to coordinate the global efforts to address the dual TB and HIV epidemics. The Global TB/HIV Working Group has been very instrumental in coordinating the global response and has developed the interim policy and the minimum package of guidelines to address the TB/HIV epidemic.*
- *There is increasing international commitment to improve access to treatment of people living with HIV/AIDS, which accrues its benefits to HIV infected patients with TB.*

F. Objectives and Recommended Activities for Collaborative TB/HIV Activities⁴

- *The goal is to ensure that HIV prevention, care, and treatment should be a priority concern of TB programs and that TB care and prevention should be a priority concern of national HIV/AIDS control programs.*
- *The objectives of collaborative TB/HIV activities are: (1) to establish the mechanisms for collaboration between tuberculosis and HIV/AIDS programs; (2) to decrease the burden of tuberculosis in PLHAs; and (3) to decrease the burden of HIV in Tuberculosis patients. The recommended activities are presented in Table 1.*

Table 1. Recommended Collaborative TB/HIV Activities.

<p>A. Establish the Mechanism for Collaboration <i>A1. Set up a coordinating body for TB/HIV activities effective at all levels</i> <i>A2. Conduct surveillance of HIV prevalence among patients with tuberculosis</i> <i>A3. Carry out joint TB/HIV planning; conduct monitoring and evaluation</i></p>
<p>B. Decrease the Burden of Tuberculosis in PLHAs <i>B1. Establish intensified tuberculosis case-finding</i> <i>B2. Introduce isoniazid preventive therapy</i> <i>B3. Ensure tuberculosis infection control in health care and congregate settings</i></p>
<p>C. Decrease the Burden of HIV in Patients with Tuberculosis <i>C1. Provide HIV testing and counseling</i> <i>C2. Introduce HIV prevention methods</i> <i>C3. Introduce co-trimoxazole preventive therapy</i> <i>C4. Ensure HIV/AIDS care and support</i> <i>C5. Introduce antiretroviral therapy.</i></p>

G. Definition of countries for collaborative TB/HIV activities

- **Definition of Category I:** countries in which the national adult HIV prevalence rate is greater than or equal to 1 percent **OR** in which the national HIV prevalence among patients with tuberculosis is greater than or equal to 5 percent.
- **Definition of Category II:** countries in which the national adult HIV prevalence rate is below 1 percent **AND** in which there are administrative areas with an adult HIV prevalence rate of greater than or equal to 1 percent.
- **Definition of Category III:** countries in which the national adult HIV prevalence rate is below 1 percent **AND** in which there are no administrative areas with an adult HIV prevalence rate of greater than or equal to 1 percent.

H. Recommendations to commence collaborative TB/HIV activities

- 1. Category I Countries:** should implement all collaborative TB/HIV activities described on the table above.
- 2. Category II Countries:** should implement all collaborative TB/HIV activities in those administrative areas with adult HIV prevalence rate less than or equal to 1 percent and should implement activities as category III countries in other parts of the country.
- 3. Category III Countries:** should implement the activities aimed at decreasing the burden of TB in PLHAs (intensified TB case findings, isoniazid preventive therapy, and TB infection control in health care and congregate settings).

SECTION I

UNIT 1

Handout I.1.1

I. The Power of Numbers

1. What Are Advocacy Networks?

What Are Advocacy Networks? Background Notes

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 center, 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 TB and HIV/AIDS, a network's membership usually will include representatives of PLHA support groups, NGOs, women's groups, community organizations, and professional associations made up of nurses, midwives, physicians, or lawyers. Local religious and traditional leaders are potential members whose perspective 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. The possibilities with respect to TB/HIV are numerous, for example: ensuring that eligible HIV-positive patients with TB receive ART, ensuring PLWHA

What's in a Name?

*In order to avoid confusion, **Networks** or **Advocacy Networks** will be used throughout the manual.*

POLICY partners in different countries use different names for their advocacy groups—some are called networks and others are called coalitions. The structures and procedures ascribed to these groups also vary. For example, in Bolivia, networks are highly structured and ongoing while in Romania coalitions are structured and ongoing and networks are informal and loose. The name chosen by an advocacy group is unimportant. What matters is that the entire membership understands and agrees on the name, the structure, and the operating procedures.

are screened for tuberculosis, encouraging stakeholders to support TB/HIV operational research on country specific issues, and assessing the evidence base for efficient and effective implementation for collaborative TB/HIV activities.

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 skillfully 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 TB/HIV activities.

The following examples of national and regional HIV and TB networks may be drawn on at any time in section.

- ***The Global AIDS Alliance (GAA)*** is a nonprofit organization based in Washington, DC. The organization is dedicated to a collaborative, aggressive Campaign to Stop Global AIDS. The mission is to hasten an end to the global AIDS crisis through mobilizing enhanced awareness, increased funding, and improved policies. The GAA's primary forms of action are:

- (1) *Analyzing: evaluate data and formulate options for action in the fight against global AIDS;*
- (2) *Informing: provide the results of this analysis to organizations, the media, and legislators; and*
- (3) *Catalyzing: encourage organizations of all sizes and interests (particularly those previously uninvolved), as well as legislators, to act decisively based on this information.*

The GAA works closely with diverse partner organizations, including major religious organizations, humanitarian agencies, human rights groups, and AIDS activist groups. Progress is already being made as together we call for decisive political action.
<http://www.globalaidsalliance.org/>

- ***The Network of African People Living with HIV/AIDS (NAP+)*** is a forum that links and aims at improving the quality of life of its membership through lobbying and sharing of experiences and skills. The overall aim of NAP+ is to strengthen the regional voice of people living with HIV/AIDS. Its focus is on information sharing, positive living through behavior change, and promotion of a positive response toward PLHAs with HIV/AIDS in Africa. <http://www.naprap.org>
- ***The Global Network of People Living with HIV/AIDS (GNP+)*** is a global network for and by people with HIV/AIDS. The central secretariat of the network is based in Amsterdam, Netherlands and has a board of 12 members representing the various international regions. The overall aim of GNP+ is to work to improve the quality of life of PLHAs. This is achieved by helping to build the capacity of people with HIV/AIDS on the global, regional, and national level. The overall program of the network is to create, organize and support a base for the global network by: lobbying for inclusion of people living with HIV/AIDS for interests of people living with HIV/AIDS; linking conferences (global and regional) communication; and sharing capacity building regional and country level focal points. <http://www.gnpplus.net>
- ***Treatment Action Group (TAG)*** is a nonprofit AIDS advocacy organization dedicated to advocating, public and private entities, for larger and more efficient research efforts in order to find a cure for HIV/AIDS. The organization uses community-based advocacy, education, and mobilization efforts involving AIDS advocates in developed and developing countries.
<http://www.aidsinfonyc.org/tag/>

- *Stop TB Partnership is a global movement to accelerate social and political action to stop the unnecessary spread of tuberculosis around the world. Goals of the Partnership are:*
 - *By 2005 and to be sustained or improved by 2015: At least 70% of people with infectious TB will be diagnosed (i.e. under the DOTS strategy) and at least 85% of those cured.*
 - *By 2015: the global burden of TB disease (disease prevalence and deaths) will be reduced by 50% relative to 1990 levels. The number of people dying from TB in 2015 should be less than 1 million.*
 - *By 2050: TB will be eliminated as a global public health problem. Using the criterion for TB elimination adopted within the USA, this means that the global incidence of TB disease will be less than 1 per million population.*

The Partnerships priorities are to expand, adapt, and improve strategies to control and eliminate TB. The Partnership aims to: (a) promote wider and wiser use of existing strategies to interrupt TB transmission; (b) adapt existing strategies to address the challenges posed by emerging threats; and (c) accelerate elimination of TB. The Partnership develops advocacy and resource mobilization strategies in support of these priorities, and coordinates and 'brokers' resource flows. <http://www.stoptb.org> The Stop TB Partnership includes seven working groups including the TB/HIV Working group, which was established in 2001 to serve as a coordinating mechanism for the global response to the joint epidemics of TB and HIV.

SECTION I

UNIT 1

Handout I.1.2

I. The Power of Numbers

1. What Are Advocacy Networks?

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, 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 decisionmaking.*
- *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 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.*

SECTION I

UNIT 1

Handout I.1.3

I. The Power of Numbers

1. What Are Advocacy Networks?

Examples of HIV and TB Networks

- *The Global AIDS Alliance (GAA) is a nonprofit organization based in Washington, DC. We are dedicated to a collaborative, aggressive Campaign to Stop Global AIDS. Our mission is to hasten an end to the global AIDS crisis through mobilizing enhanced awareness, increased funding, and improved policies. The GAA's primary forms of action are:*

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**SECTION I
UNIT 1**

Handout I.1.4

I. The Power of Numbers

1. What Are Advocacy Networks?

**Goals and Objectives of the International Union Against
TB and Lung Disease***

- *To gather and to disseminate knowledge on all aspects of tuberculosis and lung disease, as well as HIV and resulting community health problems*
- *To alert doctors, decision makers, opinion leaders and the general public to the dangers presented by tuberculosis and lung disease, as well as the community health problems associated with them*
- *To co-ordinate, assist and promote the work of its constituent members throughout the world*
- *To establish and maintain close links with the World Health Organization, other United Nations organisations, and government and non-government institutions in health and development sectors*

*Excerpted from the IUATLD website <http://www.iuatld.org/>

SECTION I

UNIT 1

Handout I.1.5

I. The Power of Numbers

1. What Are Advocacy Networks?

Membership List of an International Network: STOP TB Partnership (List of Some of the Members)

Organization	Organization Type	Organization Country
<u>Academy for Educational Development</u>	Non-governmental Organization-General	<u>United States of America</u>
<u>Action Santé Plus, tous contre la Tuberculose</u>	Non-governmental Organization-General	<u>Cote d'Ivoire</u>
<u>All India Universities Student's Council</u>	Non-governmental Organization-General	<u>India</u>
<u>Aeras Global TB Vaccine Foundation</u>	Non-governmental Organization-General	<u>United States of America</u>
<u>Biotec Laboratories Ltd.</u>	For-profit Corporation	<u>United Kingdom</u>
<u>Canadian International Development Agency (CIDA)</u>	Governmental Organization-Donor	<u>Canada</u>
<u>Dolapet Foundation</u>	Non-governmental Organization-General	<u>Nigeria</u>
<u>Eli Lilly</u>	For-profit Corporation	<u>Switzerland</u>
<u>Empowerment of Downtrodden People Society</u>	Non-governmental Organization-General	<u>India</u>
<u>Kenya United Christian Churches</u>	Non-governmental Organization-General	<u>Kenya</u>
<u>LRS Institute of TB & Respiratory Diseases, New Delhi</u>	Governmental Organization-Technical	<u>India</u>
<u>Open Society Institute</u>	Non-governmental Organization-Foundation	<u>United States of America</u>
<u>Rescue Arms Network (RANET)</u>	Non-governmental Organization-Network	<u>Ghana</u>
<u>Roll Back Malaria</u>	Non-governmental Organization-Network	<u>Switzerland</u>
<u>Shunnamite Foundation</u>	Non-governmental Organization-Foundation	<u>Cameroon</u>
<u>South African TB Vaccine Initiative</u>	Academic Institution	<u>South Africa</u>
<u>Umranıye Tuberculosis Dispensary</u>	Non-governmental Organization-Foundation	<u>Turkey</u>
<u>Vision Initiative Programme</u>	Other	<u>Kenya</u>
<u>WHO Regional Office for the Western Pacific</u>	Intergovernmental Organization	<u>Philippines</u>
<u>Yugoslav Anti-Tuberculosis Association YATA</u>	Governmental Organization-Technical	<u>Serbia</u>
<u>Zambia Relief and Development Foundation</u>	Non-governmental Organization-Foundation	<u>Zambia</u>

Excerpted from <http://www.stoptb.org/partners/>

SECTION I

UNIT 2

Handout I.2.1

I. The Power of Numbers

2. Effective Communication

Effective Communication: Understanding One Another

Background Notes

Listening is an underrated skill! Most people believe that they get what they want through talking. Many successful people, however, spend more time listening than talking. When they talk, they often ask questions to learn more.

To increase the likelihood of success in its advocacy efforts, members of a network have a responsibility to communicate with one another as effectively as possible. To do this, they must transmit their messages in a way that ensures that listeners understand the intent of the message. Similarly, members need to be able to interpret other speakers' messages as intended.

Ideally, members of a network express their thoughts, feelings, and ideas openly. They listen carefully to others, and everyone feels free to put forth an idea. Conflicts and disagreements are viewed as natural and differences are talked out among members. In asking questions, for example, members know it is helpful to plan their questions in advance and to ask with a purpose. They tailor their questions to other members and follow general questions with more specific ones. They try to keep questions short and clear.

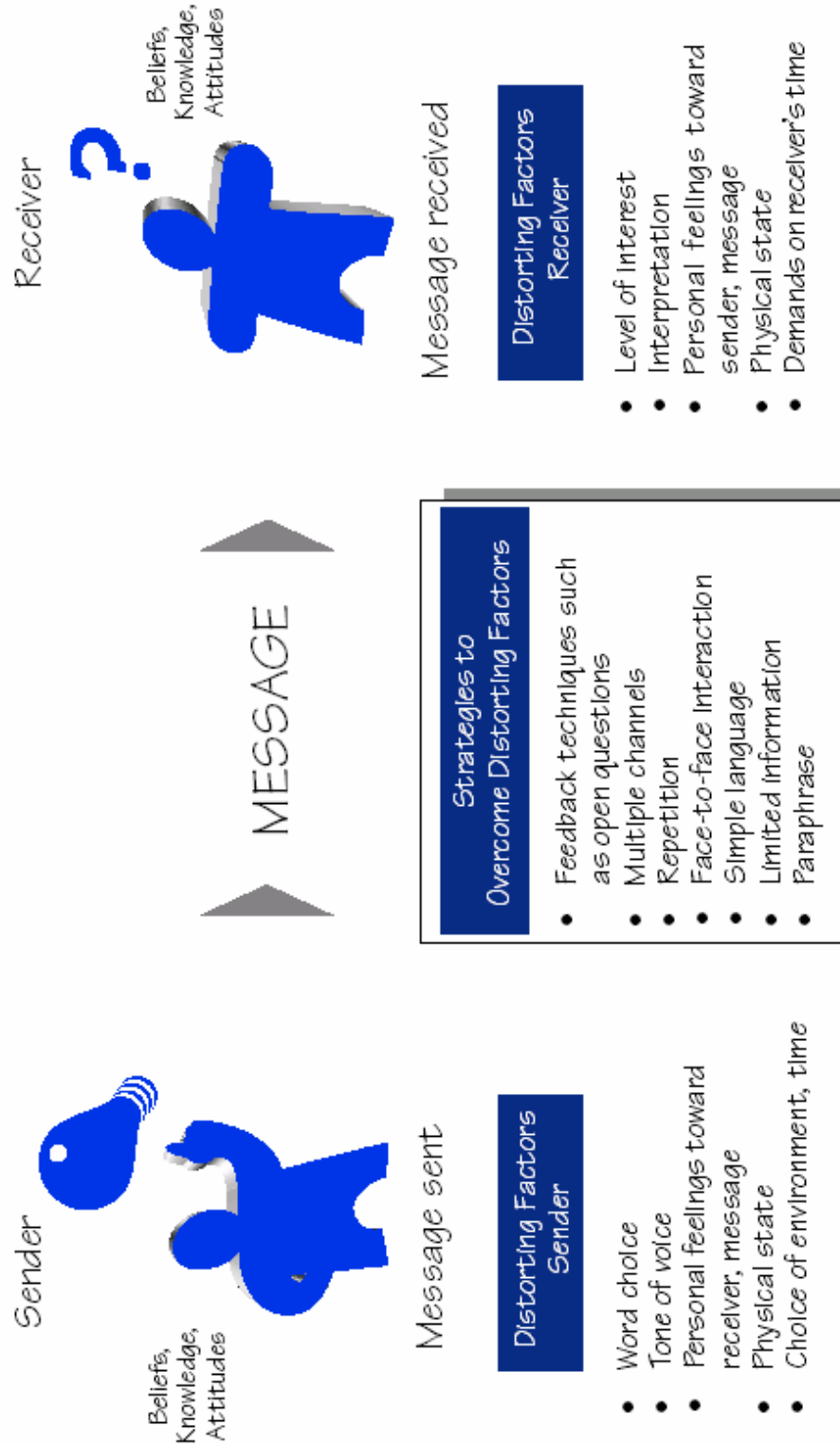
Developing good communication skills is challenging. A network is more effective if all members strive to transmit their messages clearly and listen carefully to what others say. In that way, the knowledge, experience, and special expertise of members can be shared and used on behalf of the network's objectives.

**SECTION I
UNIT 2**

Handout I.2.2

I. The Power of Numbers

2. Effective Communication



**SECTION I
UNIT 2**

Handout I.2.3

I. The Power of Numbers

2. Effective Communication

Observation Sheet for Role-Plays

Use this sheet to record your observations about the communication techniques used during the role-plays. Note specific examples of effective and ineffective communication skills. Pay attention to the skills listed earlier on the flipchart (e.g., good/bad body language, appropriate/inappropriate tone of voice, supportive/nonsupportive tone of voice).

Effective Communication Skills

Ineffective Communication Skills

SECTION I

UNIT 2

Handout I.2.4

I. The Power of Numbers

2. Effective Communication

Communicating Assertively and Listening Actively*

Characteristics of assertive communication include:

- *Speaking in short, direct sentences;*
- *Using phrases such as “I think,” “I believe,” and “in my opinion” to show that you assume responsibility for your thoughts;*
- *Asking others to clarify what they are saying when you are not certain you understand them;*
- *Describing events objectively rather than exaggerating, embellishing, or distorting; and*
- *Maintaining direct and extended eye contact.*

Characteristics of active listening include:

- *Reacting to what people say by nodding, smiling, or using other actions that show you are listening;*
- *Paraphrasing what the speaker said to check that you understand;*
- *Asking for clarification when you are not completely clear about the meaning of something said;*
- *Not jumping to conclusions before the speaker is finished; and*
- *Phrasing questions in a way that the other person can respond in a manner of his/her choosing.*

* Adapted from CEDPA. Supervision Training Manual. 1996. Washington, DC: CEDPA.

SECTION I

UNIT 3

Handout I.3.1

I. The Power of Numbers

3. Cooperation Not Competition

Cooperation Not Competition: Building a Team Background Notes

Characteristics of successful networks—and other teams as well—include a climate of trust and openness, a sense of belonging to something important, and honest communication wherein diversity of experience is encouraged and flexibility and sensitivity to others is practiced. When mistakes are made, members see the mistakes as part of the learning process. Open discussions help members find the causes of problems without assigning blame. Members of effective networks recognize their interdependence and the need for each other's special knowledge, skills, and resources. They know that together they can achieve results that as individuals they could not.

Although effective networks often engage in a form of participatory leadership, they recognize that the role of the leader is that of a facilitator who:

- *Listens carefully,*
- *Creates a climate of trust,*
- *Eliminates fear,*
- *Acts as a role model,*
- *Delegates tasks,*
- *Shares information readily,*
- *Motivates and empowers members,*
- *Deals promptly with conflict,*
- *Keeps network on track, and*
- *Runs meetings effectively and efficiently.*

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created to dramatically increase resources to fight three of the world's most devastating diseases, and to direct those resources to areas of greatest need. As a partnership between governments, civil society, the private sector and affected communities, the Global Fund represents an innovative approach to international health financing. As a financing mechanism, the Global Fund works closely with other multilateral and bilateral organizations involved in health and development issues to ensure that newly funded programs are coordinated with existing ones. In many cases, these partners participate in Country Coordinating Mechanisms, providing important technical assistance during the development of proposals and implementation of programs. The Global Fund encourages new and innovative alliances among partners within recipient countries and seeks the active participation of local representatives of civil society and the private sector. By focusing upon the technical quality of proposals, while leaving the design of programs and priorities to partners reflected by the Country Coordinating Mechanism, the Global Fund also encourages local ownership.

Extracts from <http://www.theglobalfund.org/en/>

Members of effective networks practice cooperation, not competition. They take responsibility for their individual roles in advancing network objectives, but they value their team identity. In addition to pooling their skills and understanding, they recognize that the team approach provides mutual support.

Advocacy requires hard work and a long-term commitment. It is easy for one person's commitment and enthusiasm to wane. The synergy that comes from people working together productively on an important issue can sustain efforts, even through difficult times.

SECTION I
UNIT 3

Handout I.3.2

I. The Power of Numbers

3. Cooperation Not Competition

Behaviors that Facilitate Team Success

People on successful teams:

- *Clarify roles, relationships, assignments, and responsibilities.*
- *Share leadership functions within the group and use all member resources.*
- *Tolerate ambiguity, uncertainty, and a seeming lack of structure.*
- *Take interest in each member's achievements as well as those of the group.*
- *Remain open to change, innovation, and creative problem solving.*
- *Are committed to keep group communication on target and schedule while permitting disagreements.*
- *Promote constructive criticism and helpful feedback.*
- *Foster trust, confidence, and commitment within the group.*
- *Foster a norm that calls for members to support and respect one another and remain realistic in their expectations of one another.*

SECTION I

UNIT 3

Handout I.3.3

I. The Power of Numbers

3. Cooperation Not Competition

Stages of Team Growth: Forming, Storming, Norming, and Performing*

As a team or network matures, members gradually learn to cope with emotional and group pressures. Generally, this happens in four stages.

Stage 1 – Forming

When a team or network is forming, members cautiously explore the boundaries of acceptable group behavior as they make the transition from individual to member status. Feelings in this stage include excitement, anticipation, and optimism as well as suspicion, fear, and anxiety about the work ahead. Members attempt to define the task at hand and decide how it will be accomplished. They also try to determine acceptable group behavior and how to deal with group problems. Because much is going on to distract members' attention, the group accomplishes little work. This is perfectly normal.

Stage 2 – Storming

This is probably the most difficult stage because members begin to realize that the task is different or more difficult than they imagined. They become testy, blameful, or overzealous. Still too inexperienced to know much about decisionmaking, members argue about just what actions they should take, even when they agree on the issue facing them. They try to rely solely on their personal and professional experiences and tend to resist collaboration. Feelings include sharp fluctuations in attitude about the chances of success. These pressures mean that members have little energy to spend in meeting common goals, but they are beginning to understand one another.

Stage 3 – Norming

During this stage, members reconcile competing loyalties and responsibilities. They accept the team or network's ground rules (or norms), their roles, and the individuality of each member. Emotional conflict is reduced as previously competitive relationships become more cooperative. Feelings include a new ability to express criticism constructively and relief that everything seems likely to work out. There is more friendliness as members confide in one another and discuss the team's dynamics. As members begin to work out their differences, they have more time and energy to spend on their objectives and start making significant progress.

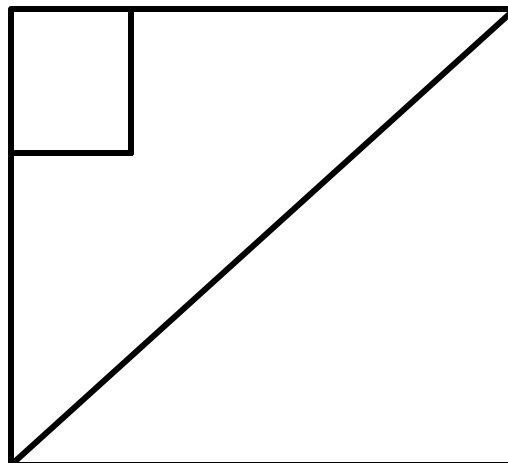
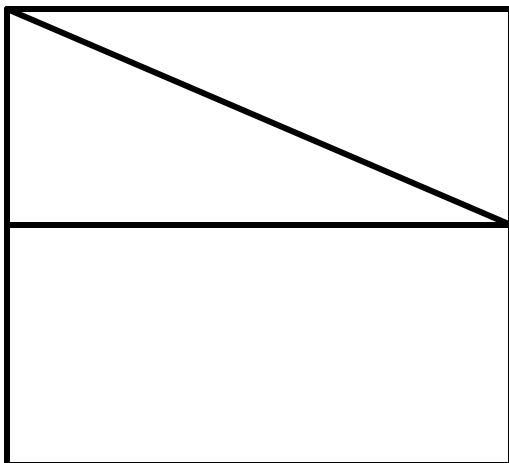
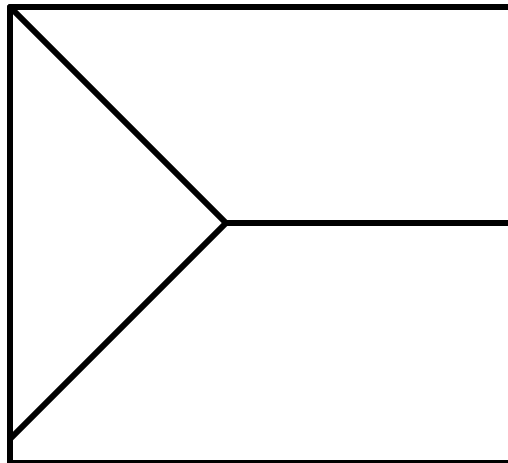
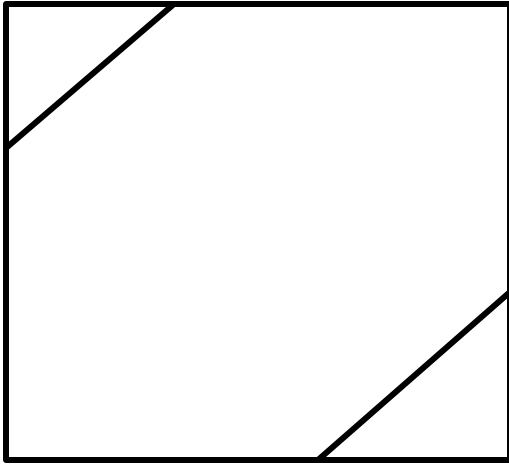
Stage 4 – Performing

Members begin diagnosing and solving problems and implementing changes. They have accepted each other's strengths and weakness and learned their roles. They are satisfied with the

**As cited in Peter R. Scholtes. 1998. *The Team Handbook: How to Use Teams to Improve Quality*. Madison, WI: Joiner Associates; and inspired by Bruce W. Tuckman. 1965. "Development Sequence in Small Groups." *Psychological Bulletin*.*

team's progress and feel a close attachment to one another. The team or network is now an effective, cohesive unit.

Broken Squares Template



STAGES OF TEAM GROWTH

STAGE 1: FORMING

- Transition from individual to member status
- Members explore acceptable group behavior
- Feelings of excitement, anticipation, and optimism
- Suspicion, fear, and anxiety
- Attempt to define tasks, responsibilities
- Many distractions-little work accomplished

STAGE 2: STORMING

- Members realize task is different and more difficult
- Decisionmaking process is not yet defined
- Members are argumentative and short-tempered
- Members resist collaboration-doubt success
- Pressures prevent work from progressing
- Members begin to understand each other

STAGE 3: NORMING

- Group norms established
- Members accept roles and responsibilities
- Conflict is reduced
- Cooperation replaces competition
- Feel relief that things will work out
- Express criticism constructively
- Differences resolved; time and energy spent on work

STAGE 4: PERFORMING

- Diagnosis and problem solving begin
- Changes implemented
- Members accept strengths and weaknesses
- Satisfaction with team's progress
- Members develop attachment to one another
- Team is cohesive and effective

SECTION I

UNIT 4

Handout I.4.1

I. The Power of Numbers

4. Decisionmaking

Decisionmaking: Reaching Group Consensus Background Notes

Members of networks are often called on to make hard decisions. Members may find themselves deciding whether to take on a difficult advocacy issue—one that has little popular support or is controversial—or they may face the need to choose among pressing issues in response to limited resources. How well they work through the decisionmaking process is important to the overall success of their efforts.

Preparation is an important element in decisionmaking. To make informed choices, network members need information. They also need to know how to set limits on and goals for their discussion. Good listening and presentation skills contribute to the clarity of the discussion as does the ability to keep an emotional distance from the subject under discussion.

The following are some guidelines for reaching agreement:

- *Make sure that everyone who wants to speak is heard from and feels that his/her position has been considered.*
- *Talk through the issue under discussion until reaching an agreement that everyone can support.*
- *Understand that agreement may not mean that all members of the network agree 100 percent; however, everyone should support the decision in principle.*
- *Encourage members not to give in to reach agreement but rather to express differences of opinion.*
- *Ask questions and make sure everyone's opinion is considered before reaching a decision.*

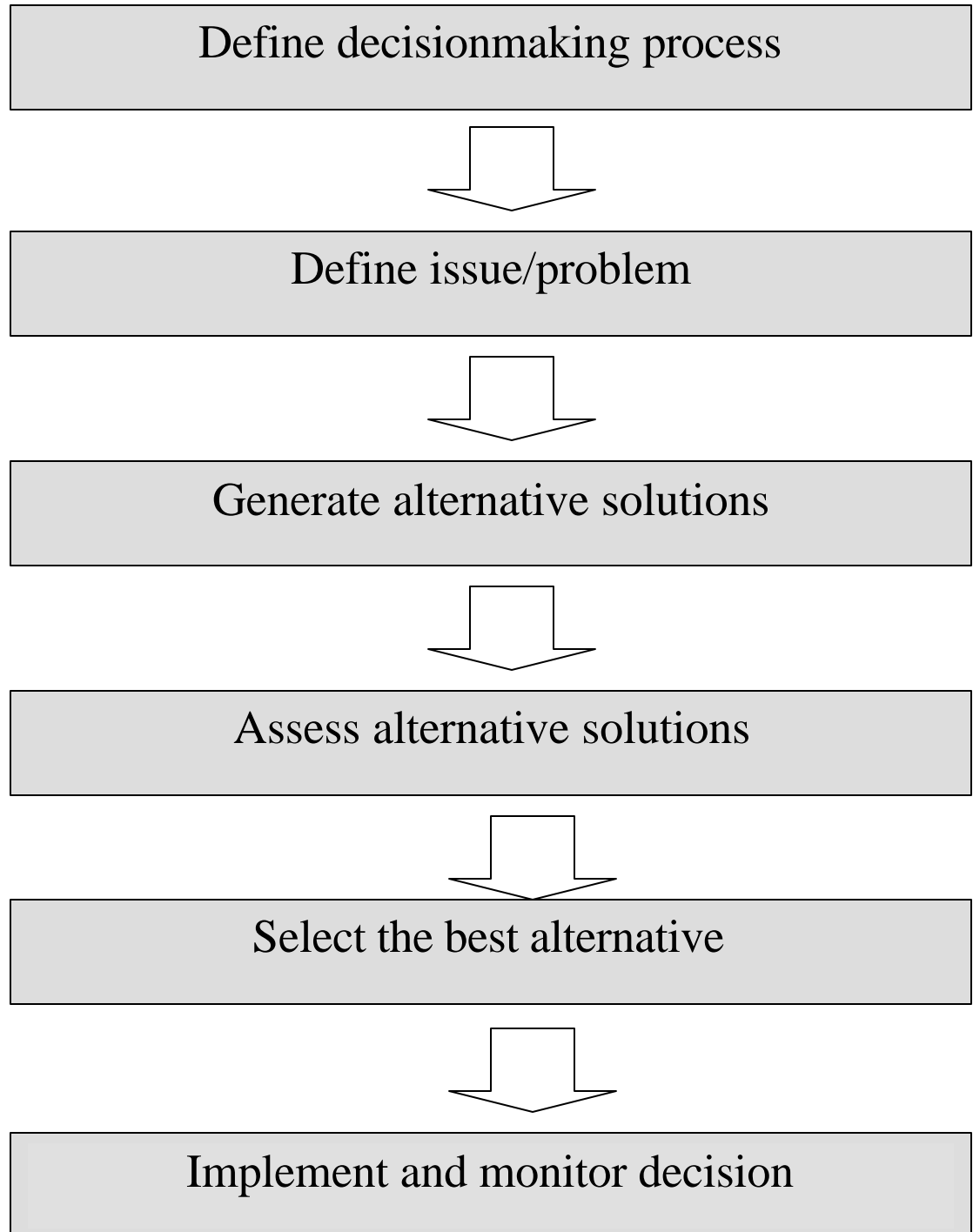
SECTION I
UNIT 4

Handout I.4.2

I. The Power of Numbers

4. Decisionmaking

Six Steps for Decisionmaking



SECTION I

UNIT 4

Handout I.4.3

I. The Power of Numbers

4. Decisionmaking

Group Decisionmaking Exercise

Scenario 1

You are members of National Coordinating Committee and in charge of a joint planning meeting between NTP and NACP. You are aware that there is general lack of awareness of the link between TB and HIV. At the national level, NTP and NACP are not aware of each institution's strengths, weaknesses, and skills. The purpose of the joint planning meeting is to address the following: (1) what are the strengths and weaknesses of NTP and NACP; (2) what are the particular skills of NTP and NACP; and (3) where are the potential synergies between NTP and NACP.

Task: prepare a detailed agenda, which includes key issues to be discussed at the joint planning meeting.

Scenario 2

The National TB/HIV Committee has hired your organization to undertake an analysis of TB and HIV care and support provision at the district level. One of the goals of the analysis is to understand what is needed for individual service providers to work together to provide comprehensive TB/HIV care.

Task: prepare a brief memo outlining the strategy to gather data for this analysis.

Scenario 3

The first phase in a collaborative TB/HIV activity is an assessment of district level TB/HIV services. This assessment involves collection of base line TB/HIV statistics, identification of groups at particular risk of TB and or HIV infection, and a survey of existing district TB and HIV/AIDS service providers. You and your colleagues are members of a district health management team.

Task: prepare a list of five indicators and data source used for the baseline TB/HIV statistics.

Table 1. Suggested Baseline District Data and Sources

Suggested Baseline District Data	Suggested Data Sources
<p>TB Case Notification</p> <ul style="list-style-type: none"> ▪ <i>TB case rate/100,000 population</i> ▪ <i>TB treatment outcomes</i> ▪ <i>TB relapse rate</i> ▪ <i>MDR rate</i> 	<ul style="list-style-type: none"> ▪ <i>Cross-sectional surveys</i> ▪ <i>Data from cohorts of patients receiving treatment</i>
<p>HIV Rates In</p> <ul style="list-style-type: none"> ▪ <i>TB patients</i> ▪ <i>Antenatal clinic attendees</i> ▪ <i>Blood donors</i> ▪ <i>VCT clients</i> ▪ <i>Military recruits</i> 	<ul style="list-style-type: none"> ▪ <i>Surveys of TB patients</i> ▪ <i>Routine surveillance</i> ▪ <i>Laboratory registers</i> ▪ <i>VCT services, laboratory registers</i> ▪ <i>Ministry of Defense data</i>
<p>Clinical Data</p> <ul style="list-style-type: none"> ▪ <i># of STIs cases treated</i> ▪ <i># of AIDS-related hospital admissions</i> ▪ <i># of cases of C. neoformans meningitis/S. pneumoniae/ S. typhimurium cases diagnosed</i> ▪ <i># of Kaposi's sarcoma cases, non-Hodgkin's lymphoma cases diagnosed</i> 	<ul style="list-style-type: none"> ▪ <i>STIs clinic record</i> ▪ <i>Ward registers</i> ▪ <i>Laboratory records</i> ▪ <i>Histology register, cancer register</i>
<p>Commodity Data</p> <ul style="list-style-type: none"> ▪ <i># of condoms distributed</i> 	<ul style="list-style-type: none"> ▪ <i>District/partner condom stock records</i>

SECTION I
UNIT 5

Handout I.5.1

I. The Power of Numbers

5. Mission Statements

Mission Statements: Creating a Common Purpose
Background Notes

One of the first tasks facing a network is to agree on a mission statement. This short statement is needed to focus the efforts of the network. Its purpose is to define the network's philosophy, recruit and motivate members, and guide specific activities. Decisions on activities and more specific goals are reserved for later—after the network has been formed and members have assessed the political climate and built alliances with other individuals and organizations. A mission statement, however, is needed at the outset of organizing efforts. It clarifies—in the broadest of terms—what the network hopes to achieve. The statement should appear in newsletters, press releases, brochures, proposals, publications, and other documents.

SECTION I

UNIT 5

Handout I.5.2

I. The Power of Numbers

5. Mission Statements

Mission Statements*

Members of networks are called on to make hard decisions. They may have to decide whether to take on a controversial issue (one that has little popular support), whether to set limits on activities because of limited resources, or whether to join forces with competitors or adversaries for the sake of achieving a common goal.

The best single guide for making these decisions is the network's mission statement.

Definition: *A mission statement is a declaration of organizational purpose.*

Purpose: *Its purpose is to guide the decisions of the organization, motivate or inspire its members, and inform the public of its philosophy.*

Development of a Mission Statement: *A mission statement distills the discussions that are carried on to answer the following questions:*

1. **Who are we?** *What is the identity of the organization in the eyes of its members? What makes this organization different?*
2. **In general, what are the basic social or political needs that we hope to address?**
3. **In general, what do we do to recognize, anticipate, and respond to these needs or problems?** *Answering this question means that the organization must listen to the needs or problems of the outside world.*
4. **How should we respond to our key stakeholders?** *What do stakeholders value and how can the organization provide them with what they value?*
5. **What are our philosophy, values, and culture?** *Clarifying its own philosophy, values, and culture helps an organization develop consistent strategies and maintain its integrity.*
6. **What makes us distinctive and unique?**

Reaching consensus on answers to these questions takes hours and even days of discussion. Handout 1.5.3 provides guidelines for writing a mission statement after discussions have taken place.

*John M. Bryson. 1995. *Strategic Planning for Public and Nonprofit Organizations*. San Francisco: Jossey-Bass. Pp. 75-78.

SECTION I

UNIT 5

Handout I.5.3

I. The Power of Numbers

5. Mission Statements

Guidelines for Writing a Mission Statement*

The choice of the specific words that go into a mission statement can and should generate intense discussion. These words give the statement its character and distinguish the organization from all others.

Preparation. *Before writing your mission statement, consider the following:*

1. Deciding who will write the statement.

People who participate in developing the mission statement will have a deeper understanding of its message. Therefore, participation in the process by all members of the network is desirable. If this is not practical because of the number or geographic location of network members, those who do not write the statement must review and approve the final wording.

2. Setting a deadline for completing the draft and final statements. *Deadlines will keep the writers on target and limit lengthy philosophical discussions.*

3. Developing a plan for reviewing draft statements and reaching consensus on the final wording, publication, and dissemination.

Drafting the statement. *Focus initially on answering the six questions posed in Handout I.5.2. Then, to get started on the statement itself, brainstorm a list of key words and phrases and begin to create a mission statement from the words and phrases.*

Reaching consensus. *The following are some guidelines for reaching agreement:*

- *Make sure that everyone who wants to speak is heard from and that his/her position is considered.*
- *Encourage members to express differences of opinion.*
- *Talk through the issue under discussion until reaching agreement.*
- *Ask questions and make sure that everyone's opinion is understood before reaching a decision.*
- *Recognize that agreement may mean that everyone can support the decision, even if the decision does not reflect his or her first preference.*

**Adapted from Jeffrey Abrahams. 1995. The Mission Statement Book: 301 Corporate Mission Statements from America's Top Companies. Ten Speed Press. (63–65).*

SECTION I

UNIT 5

Handout I.5.4

I. The Power of Numbers

5. Mission Statements

Examples of Mission Statements

Examples of mission statements from organizations working in TB and HIV and development include the following:

“The Treatment Action Group (TAG) fights to find a cure for AIDS and to ensure that all people living with HIV receive the necessary treatment, care, and information they need to save their lives. TAG focuses on the AIDS research effort, both public and private, the drug development process, and our nation's health care delivery systems. We meet with researchers, pharmaceutical companies, and government officials, and resort when necessary to acts of civil disobedience, or to acts of Congress. We strive to develop the scientific and political expertise needed to transform policy. TAG is committed to working for and with all communities affected by HIV.”

*-Treatment Action Group
<http://www.aidsinfonyc.org/tag/>*

“The Joint United Nations Programme on HIV/AIDS, UNAIDS, is the main advocate for global action on the epidemic. It leads, strengthens and supports an expanded response aimed at preventing transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.”

*-UNAIDS
<http://www.unaids.org/>*

“Stop TB mission is to increase access, security, and support to:

- Ensure that every TB patient has access to TB treatment and cure*
- Stop transmission of TB*
- Protect vulnerable populations from TB*
- Reduce the social and economic toll that TB exerts on families, communities, and nations “*

*-STOP TB Partnership
<http://www.stoptb.org/>*

“The UNION has as its mission the prevention and control of tuberculosis and lung disease, as well as related health problems, on a world wide basis, with a particular emphasis on low income countries.”

*- International Union Against Tuberculosis and Lung Disease
www.iatld.org*

SECTION I
UNIT 5

Handout I.5.5

I. The Power of Numbers

5. Mission Statements

Examples of Logos of HIV and TB Organizations



SECTION I

UNIT 6

Handout I.6.1

I. The Power of Numbers

6. Putting It All Together

Putting It All Together: Managing the Network **Background Notes**

It is important for members forming a network to take time to determine how they will manage the logistics of their efforts. For example, will their meetings be held on an ad hoc basis or scheduled regularly on a monthly or biweekly basis? While meetings can be time consuming and frustrating, they are necessary if the network is to meet its objectives. The challenge is to make meetings as productive and brief as possible by following basic rules such as using agendas, engaging a facilitator, taking minutes, drafting the next meeting's agenda and evaluating the meeting at its conclusion.

Based on the skills and professional expertise of members, what will be the roles of individuals within the network? Will responsibilities be shared through task forces or committees? Should a steering committee be elected to oversee activities? Would a rotating coordination mechanism be appropriate? How will an identity be established for the network? What will the network be called? Are financial resources available for such things as letterhead and postage? If not, how will members stay in touch? Details such as these should be decided in the planning stage of a network. They can be revised later if necessary.

Keeping members informed and involved is another crucial consideration. Communication maintains trust and interest. It also minimizes misunderstandings and identifies points of disagreement before they become serious problems. Members should receive minutes from meetings, updates, press releases, and information on future events. Are funds and a mechanism in place for this communication?

By spending time at the outset to determine how their network should function, members can avoid numerous problems and misunderstandings later. Once management questions have been worked out, network members are free to concentrate efforts on achieving their advocacy objectives.

**SECTION I
UNIT 6**

Handout I.6.2

I. The Power of Numbers

6. Putting It All Together

Organizational/Member Resources Inventory

Organizational/Member Resources												
	Computer	Printer	Scanner	Internet	Web Page	E-mail	Fax	Copier	Office Space	Meeting Room	Vehicle	Membership List

Organization/Member												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

**SECTION I
UNIT 6**

Handout I.6.3

I. The Power of Numbers

6. Putting It All Together

Member Skills Inventory

Member Skills												
	Work Processing	Database Management	Training	Research	Financial Management	Legal/Regulatory Issues	Policy Analysis	Media	Public Speaking	Graphics and Design	Language:	Language:

Member Skills												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

SECTION I

UNIT 6

Handout I.6.4

I. The Power of Numbers

6. Putting It All Together

Guidelines for Productive Meetings*

The following general rules for conducting productive and orderly meetings have been tested time and time again in countless settings around the world.

Use an Agenda

Each meeting should have an agenda, preferably one drafted at the previous meeting and developed in detail by one or two members prior to the next meeting. If possible, it should be sent to members in advance. (If an agenda has not already been developed, the first 5-10 minutes of the meeting should be devoted to creating an agenda on a flipchart.)

Agendas should include the topics to be discussed and why, the presenters and time limits. Included too should be the item type and whether it requires a decision or is just an announcement.

Meetings should start with a review of the agenda, adding or deleting items depending on the sense of the group and modifying time estimates.

Engage a Facilitator

Each meeting should have a facilitator who is responsible for keeping the meeting focused and moving; intervening if the discussion fragments into multiple conversations; tactfully preventing anyone from dominating the meeting or being overlooked; and bringing discussions to a close. This role may be rotated among network members. The facilitator should also notify the group when the time allotted for an agenda item has expired or is about to expire. Members must then decide either to continue the discussion at the expense of other agenda items or to postpone further discussion until another meeting.

Take Notes

At each meeting, someone should record key topics and the main points raised, decisions made (including who has agreed to do what and by when), and items that the group has agreed to address later. Members can use the notes to reconstruct discussions, remind themselves of decisions or actions to be taken, or see what happened at a meeting they missed. Rotate the minute-taking responsibility among members.

Draft Next Agenda

At the end of the meeting, draft an agenda for the next meeting.

Evaluate the Meeting

Close by taking a few minutes to review and evaluate each meeting, even if agenda items go overtime. The evaluation should include decisions on what to do to improve future meetings and helpful feedback from the facilitator

**Adapted from Peter R. Scholtes. 1998. The Team Handbook: How to Use Teams to Improve Quality. Madison, WI: Joiner Associates, (4-6)*

SECTION I

UNIT 6

Handout I.6.5

I. The Power of Numbers

6. Putting It All Together

Organizational Structure for a HIV and TB-focused Advocacy Network

The Stop TB Partnership <http://www.stoptb.org/>

Goal: *To build partnerships for action against one of the worlds most devastating diseases.*

Strategies and priorities: *The priorities are to expand, adapt, and improve strategies to control and eliminate TB, through the following:*

- 1. Promote wider and wiser use of existing strategies to interrupt TB transmission.*
- 2. Adapt existing strategies to address the challenges posed by emerging threats.*
- 3. Accelerate elimination of TB.*

The Partnership develops advocacy and resource mobilization strategies in support of these priorities, and coordinates and ‘brokers’ resource flows.

Participants: *The Stop TB Partnership is a network of international organizations, countries, financial donors from the public and private sectors, governmental or non-governmental organizations, other entities and individuals which have expressed their interest in its purpose and mission by notifying the Executive Secretary and are willing to be committed to short and long term measures to achieve them. The criteria for acceptance will be developed by the Secretariat and approved by the Board. The members of the Stop TB Partnership are called “the Partners”.*

The Stop TB Partnership comprises the following components:

a) **Partner Forum.** *The Forum consists of representatives of all the Partners. Some of the activities of the Forum include: identify problems and new challenges, exchange information, consolidate commitment to the objectives of the Partnership, maintain high-level of political commitment, create and exploit opportunities for advocacy, communication activities, social mobilization, etc. The forum meets once a year every two years.*

b) **Coordinating Board.** *The composition of the Board reflects both the major groupings and the diversity of the Stop TB Partnership. It includes representatives from high burden countries, international organizations with mandate for health development, WHO, World Bank, UNICEF, CDC, IUATLD, and NGOs. Some of the functions of the board is to formulate priorities for action by the partnership, support partners in carrying out policy and strategies, approve work plan and budget of the Secretariat, mobilize resources for activities, co-ordinate and promote advocacy and social mobilization, and represent TB forum at external forum. The Board meets at least twice a year.*

c) **Working Groups.** *The Working Groups are the primary means for coordinating activities mandated by the Board. There are current six working groups: (a) DOTS expansions – national, regional, and global; (b) TB/HIV; (c) DOTS-Plus-MDR/TB; (d)*

TB Vaccines R&D; (e) TB Diagnosis R&D; (f) TB Drugs R&D; and (g) Advocacy and Communication. The membership of the Working Groups is open and inclusive, based on the mandates and interests of the Partners. Some examples of the activities include to plan, implement, and monitor coordinated action; coordinate with partners and other committees to ensure synergism of activities; and report to the Board and Forum on progress. The Working Group will meet as need arises, at least once a year.

*d) **Secretariat.** It is the administrative component of the Partnership. Its essential purpose is to support the partnership in the fulfillment of its objectives. The Secretariat is lead by the Executive Secretary appointed by the WHO Director-General in consultation with the Stop TB Board and a WHO selection panel. Some of the staff will be provided by WHO. Some of the functions of the Secretariat will be to prepare annual work plan and budget, coordinate and monitor progress of activities, collect and disseminate information within and outside of the Partnership, develop communication strategies to support its campaign, maintain regular contact with the Working Groups, and provide administrative support to the Board. The Secretariat will be located in WHO headquarters.*

SECTION II

UNIT 1

Handout II.1.1

II. Actors, Issues, and Opportunities

1. The Policy Process

The Policy Process: Government in Action

Policy formulation is a high level overall plan or course of action embracing the general goals and acceptable procedures of government body. It is a highly political process. No two countries in the world formulate policy in exactly the same way, even in democracies. But even in highly centralized countries, the government is seen as the vehicle to bring about social and economic development and growth. In these countries, however, the ruling elite frequently does not have the political will to act in a way that serves the public good. Political and economic interests often dictate the actions of the elite.

Fortunately, countries around the world are moving away from highly centralized frameworks. There is a growing emphasis on the notion of civil society. Civil society institutions—family, community, professional associations, NGOs, and religious institutions—are seen as an appropriate arena for organizing governance. New forms of decisionmaking are emerging and undergoing refinement. Governments and international donor agencies are recognizing that NGOs can and do play an important role in this process by serving as bridges—or policy champions—between civil society and policymakers at all levels of government.

Policy Response to a Demand

The Interim Policy on Collaborative TB/HIV Activities formulated by WHO (2004), responds to a demand from countries for immediate guidance on which collaborative TB/HIV activities to implement and under what circumstances. It is complementary to and in synergy with the established core activities of tuberculosis and HIV/AIDS prevention and control programs.

WHO, 2004. *Interim Policy on Collaborative TB/HIV Activities*

Many governments, however, remain ambivalent about encouraging NGO and citizen participation in the policy process. They may recognize the importance of citizen participation, but they are reluctant to risk challenges to their policies and actions. Often, too, they lack appropriate mechanisms for involving citizens in the affairs of state.

Regardless of a country's political system or level of receptivity to popular participation, the network's efforts in the government arena will target branches such as the executive, legislature/parliament, judiciary, government ministries and agencies, local officials, and, in some cases, even the police or military. Members need to identify the opportunities for influencing the policy process—whether at the national level where discussions are focused on broad policy issues and official national policies or at the operational level where specific resource allocation and service delivery guidelines are formulated. To be able to identify opportunities, the network first needs to understand the formal rules and procedures its country uses to make policy decisions.

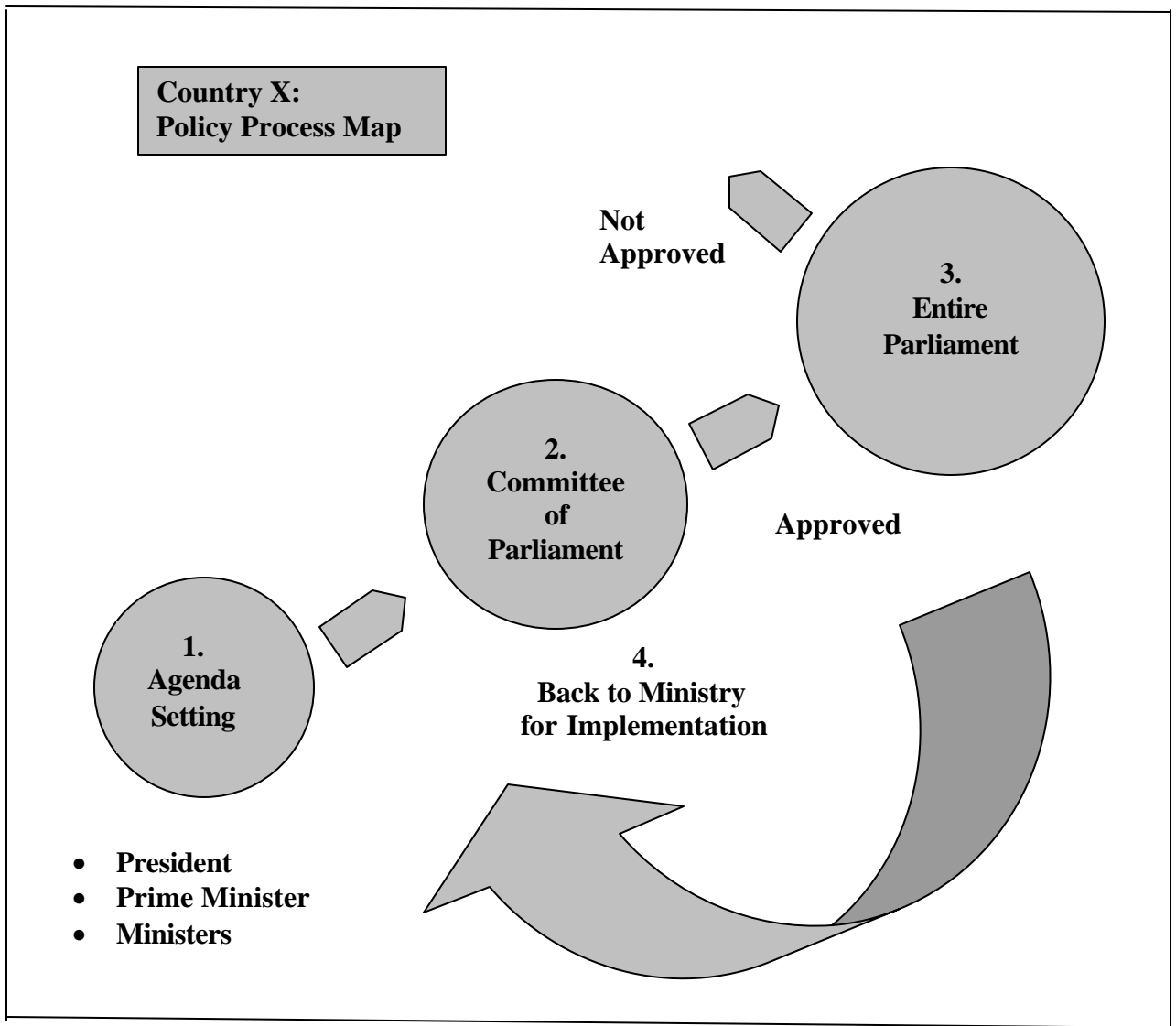
SECTION II
UNIT 1

Handout II.1.2

II. Actors, Issues, and Opportunities

1. The Policy Process

Policy Process Map



SECTION II

UNIT 1

Handout II.1.3

II. Actors, Issues, and Opportunities

1. The Policy Process

Types of TB/HIV Policies

International TB/HIV Policies:

- *Interim Policy on Collaborative TB/HIV Activities, WHO, 2004.*
http://whqlibdoc.who.int/hq/2004/WHO_HTM_TB_2004.330.pdf
- *Joint UNAIDS/WHO statement on HIV testing, UNAIDS/WHO, 2004.*
<http://www.who.int/hiv/pub/vct/en/hivtestingpolicy04.pdf>
- *WHO Guideline for Scaling up antiretroviral therapy in resource limited settings (with TB section), WHO, 2004.*
http://www.who.int/3by5/publications/documents/arv_guidelines/en/
- *Policy statement on preventive therapy against tuberculosis in people living with HIV Policy, WHO/UNAIDS, 1998.*
http://www.who.int/docstore/gtb/publications/TB_HIV_polstmnt/policy_statement.html

National TB/HIV Policies:

- *National TB control policy with HIV component*
- *National HIV policy with TB component*
- *National TB/HIV policy*
- *National antiretroviral policy with TB section*

National TB/HIV policies should emphasize the following components adapting the global interim policy recommendations into their local context:

- *National policies should not call for a separate TB/HIV program but establish a mechanism for collaboration between HIV and TB control programs and address the following:*
 - *Set up TB/HIV coordinating committees at all levels (starting from national level)*
 - *Establish HIV surveillance system among patients with TB*
 - *Carry out joint TB/HIV planning*
 - *Establish monitoring and evaluation system*
- *National policies should focus to decrease the burden of TB in PLHAs*
 - *Establish TB screening, diagnosis and treatment in HIV settings*
 - *Introduce isoniazid preventive therapy*
 - *Establish TB infection control in health and congregate settings where HIV positive and infectious TB patients assemble.*
- *National policies should focus to decrease the burden of HIV in patients with TB*
 - *Provide HIV testing to all patients with TB*
 - *Provide HIV preventive methods to all patients with TB*
 - *Provide cotrimoxazole preventive therapy for patients with TB*
 - *Ensure HIV/AIDS care and support to patients with TB*
 - *Ensure antiretroviral access to HIV infected patients with TB*

SECTION II

UNIT 2

Handout II.2.1

II. Actors, Issues, and Opportunities

2. Decisionmaking for TB/HIV

Decisionmaking for TB/HIV: Analyzing the Policy Climate

To advance the network's policy advocacy agenda, it is important to understand how TB and HIV health policy decisions are made and the political climate in which they take place. As a prerequisite to proposing sound policy alternatives, network members need to know how to analyze existing TB and HIV policies and/or laws as well as their shortcomings. What commitments, for example, did the country make at the Cairo Conference? Is the country honoring those commitments?

*By analyzing the policy environment for TB/HIV, the network can identify specific policy issues. As joint action toward HIV and TB is at an embryonic stage, policy analysis is fundamental to develop more effective ways in which national HIV/AIDS and national TB programs can collaborate. The following policy steps will need to be taken in reaching the goal of integrated TB/HIV services: (1) critically review policy development aimed at promoting the closer collaboration of national HIV/AIDS and tuberculosis control program activities; (2) analyze barriers to national HIV/AIDS and tuberculosis program collaboration (3) identify opportunities and mechanisms for more effective national HIV/AIDS and tuberculosis program collaboration (4) identify the relative advantages of different stakeholders in acting as the main implementers of the different interventions.**

*Extracts from WHO, 2003. *Strategic Framework to Decrease the Burden of TB/HIV*. Geneva: WHO. (35).

SECTION II

UNIT 2

Handout II.2.2

II. Actors, Issues, and Opportunities

2. Decisionmaking for TB/HIV

World TB Day, 2004: Theme, Objective, and Strategy

Theme

- *"Every Breath Counts—Stop TB Now!"*

Objectives

- *To infuse a sense of urgency in the TB movement, and ensure acceleration of effort by all stakeholders in order to meet the 2005 targets.*
- *To catalyze and scale up the participation of civil society, towards building greater societal commitment for the TB movement.*

Strategic Approach

- *Development, release, and follow through of a compelling World TB Day theme/slogan, which gives primacy to, and is specifically directed at, grabbing public imagination. The theme/slogan must lend itself to creative interpretation—visually and textually.*
- *A highly focused and specific set of media activities that facilitate closer and more direct engagement and partnership building with journalists and media agencies.*
- *A yearlong set of high-profile advocacy activities and events involving a 'Global Ambassador of the Stop TB Partnership', to project the issue of TB and the work of the global movement against TB.*
- *Re-vitalization of high-level political commitment through the Partners' Forum and World TB Day.*

SECTION II UNIT 2

Handout II.2.3

II. Actors, Issues, and Opportunities

2. Decisionmaking for TB/HIV

International AIDS Conference: Theme and Objective

2004 Conference in Bangkok, Thailand

Theme

- “Access to All”

Objectives

- *To further increase the scientific quality of the meeting*
- *To unify science and community efforts to secure access for all*
- *To focus on increasing insights into local commitment, effective leadership, global accountability and actions facilitating access for all*

2006 Conference in Toronto, Canada

Theme

- “Time to Deliver”

Objectives

- *To expand public awareness of the continued impact of and global response to HIV/AIDS*
- *To underscore the central role of basic, clinical and prevention science in the global response to HIV/AIDS and the need for evidence-based programming that is based on sound research*
- *To influence key policy makers to increase commitment and responsible action based on evidence*
- *To support the engagement and de-stigmatization of PLWHAs and those working professionally in HIV/AIDS*
- *Enable those working in the field of HIV/AIDS to be better prepared to meet the needs of those affected by and living with HIV/AIDS and inclusive of those engaged in the response to AIDS, and transparent in the way that it is planned and implemented;*

SECTION II

UNIT 3

Handout II.3.1

II. Actors, Issues, and Opportunities

3. Prioritizing Policy Issues

Prioritizing Policy Issues: Making the Best Matches

Background Notes

Now that participants have reviewed how policies are formulated, identified current policies and programs, and mapped the decisionmaking process for TB/HIV, they must set realistic goals for the network's advocacy agenda.

The first step in the process is to identify an issue that requires advocacy. Clearly, given the current climate, the network will realize that certain actions are not feasible at the moment. Network members need to know their limitations and focus on areas where they have the potential for making the greatest impact. If they find, for example, that essential drugs are exempted from tariffs and that TB treatment products are not on the essential drug list, they may want to concentrate their efforts on changing the essential drug list to include isoniazid.

Policy research will suggest ways in which the network can define problems, link them to solutions, and translate them into simplified images that will influence both the general public and decisionmakers. Finally, policy solutions must be developed for the issues selected. The solutions will be refined in Section III.

Framing an Issue

When a 14-year old boy who is a good student drops out of school because one of his parents died of AIDS and is facing social stigma, it may be a personal misfortune for the boy and his family. When an alliance of organizations and educators for PLHA demonstrates that HIV/AIDS stigma threatens the growth of a skilled work force and national economic development goals, HIV/AIDS becomes a problem for government and invites a policy response.

SECTION II
UNIT 3

Handout II.3.2

II. Actors, Issues, and Opportunities

3. Prioritizing Policy Issues

Checklist for Choosing an Issue*

A good policy advocacy issue is one that matches most of these criteria. Rank your three priority issues against the criteria (HIGH, MEDIUM, LOW).

Issue 1:	Issue 2:	Issue 3:	CRITERIA Will the issue...
			<i>1. Be widely felt (by many people)?</i>
			<i>2. Have broad support?</i>
			<i>3. Be supported by sound data?</i>
			<i>4. Be easily understood?</i>
			<i>5. Result in real improvement in people's lives?</i>
			<i>6. Be achievable?</i>
			<i>7. Help build alliances with other groups?</i>
			<i>8. Have a clear timeframe?</i>
			<i>9. Build grassroots leadership?</i>
			<i>10. Strengthen NGO linkages?</i>
			<i>11. Be consistent with the network's values and mission?</i>
			<i>12. Respond to the community's expressed needs?</i>

High– Always or almost always meets the criterion.

Medium– Often meets the criterion.

Low– Rarely or never meets the criterion.

**Adapted from the Midwest Academy. 1996. Organizing for Social Change: A Manual for Activists in the 1990s. Santa Ana, CA: Seven Locks Press.*

SECTION III

UNIT 1

Handout III.1.1

III. The Advocacy Strategy

1. What Is Advocacy

What Is Advocacy?

Background Notes

A major challenge in continuing to harmonize the response to TB and HIV is how to attract and maintain attention for TB on the part of the AIDS community. A key opportunity for the development of HIV/TB advocacy is at the biennial International AIDS Society (IAS) AIDS Conferences.

There are as many definitions of advocacy as there are groups and networks advocating. However, each definition shares common language and concepts. Advocacy is first and foremost a process, occurring over unspecified amounts of time, sometimes brief and often lengthy. Advocacy is also strategic and targets well-designed activities to key stakeholders and decisionmakers. And lastly, advocacy is always directed at influencing policy, laws, regulations, programs, or funding—decisions made at the upper-most levels of public or private sector institutions.

Advocacy is a set of targeted actions directed at decisionmakers in support of a specific policy issue.

Advocacy includes both single-issue, time limited campaigns as well as ongoing work undertaken around a range of issues. Advocacy activities may be conducted at the national, regional, or local level.

Within the TB/HIV policy arena, advocacy efforts might address such things as enactment of a national policy integrating separate TB and HIV policies and services. Operational TB/HIV policies—where specific resource allocation and service delivery guidelines are formulated—are also potential objects for advocacy campaigns.

In Unit 1, the network members define advocacy for themselves and gain a thorough understanding of the concept and the strategy by exploring the various steps involved in an advocacy campaign. In addition, the participants identify the characteristics of advocacy that distinguish it from the related concepts of information, education, and communication (IEC); public relations; and community mobilization.

SECTION III

UNIT 1

Handout III.1.2

III. The Advocacy Strategy

1. What Is Advocacy

Sample Definitions of Advocacy

The definitions below reflect how various organizations understand and operationalize advocacy.

“Advocacy is winning the support of key constituencies in order to influence policies and spending, and bring about social change. Successful advocates usually start by identifying the people they need to influence and planning the best ways to communicate with them. They do their homework on an issue and build a persuasive case. They organize networks and coalitions to create a groundswell of support that can influence key decisionmakers. They work with the media to help communicate the message.”

— **WHO, Practical Guide TB Advocacy**

“Advocacy is the act or process of supporting a cause or issue. An advocacy campaign is a set of targeted actions in support of a cause or issue. We advocate a cause or issue because we want to

- *build support for that cause or issue;*
- *influence others to support it; or*
- *try to influence or change legislation that affects it.”*

— **International Planned Parenthood Federation, IPPF Advocacy Guide**

“Advocacy is a process that involves a series of political actions conducted by organized citizens in order to transform power relationships. The purpose of advocacy is to achieve specific policy changes that benefit the population involved in this process. These changes can take place in the public or private sector. Effective advocacy is conducted according to a strategic plan and within a reasonable time frame.”

— **The Arias Foundation (Costa Rica)**

“Advocacy is speaking up, drawing a community’s attention to an important issue, and directing decisionmakers toward a solution. Advocacy is working with other people and organizations to make a difference.”

— **CEDPA, Cairo, Beijing and Beyond: A Handbook on Advocacy for Women Leaders**

“Advocacy is defined as the promotion of a cause or the influencing of policy, funding streams or other politically determined activity.”

— **Advocates for Youth, Advocacy 101**

“Colleagues in India describe advocacy as an organized, systematic, intentional process of influencing matters of public interest and changing power relations to improve the lives of the disenfranchised. Other colleagues in Latin America define it as a process of social transformation aimed at shaping the direction of public participation, policies, and programs to benefit the marginalized, uphold human rights, and safeguard the environment. African colleagues describe their advocacy as being pro-poor, reflecting core values such as equity, justice, and mutual respect, and focusing on empowering the poor and being accountable to them.

—**Institute for Development Research, Advocacy Sourcebook**

“Advocacy consists of different strategies aimed at influencing decisionmaking at the local, provincial, national and international levels, specifically:

- **Who decides**—elections, appointments and selection of policy-makers, judges, ministers, boards of advisors, managing directors, administrators, etc.
- **What is decided**—policies, laws, national priorities, services, programs, institutions, budgets.
- **How it is decided**—accessibility of citizens to information and the process extent of consultation, accountability and responsiveness of decisionmakers to citizens and other stakeholders. Policies and decisions are solutions to concrete problems. Effective advocacy requires sharp understanding and analysis of a concrete problem, and a coherent proposal for a solution.”

— **InterAction, Women’s Advocacy Workshop**

“Advocacy is the art of influencing individuals or collective decision- or policy-making to effect a positive change in an issue or situation”.

— **POLICY Project workshop participants, March 1997, Accra, Ghana**

SECTION III
UNIT 1

Handout III.1.3

III. The Advocacy Strategy

1. What Is Advocacy?

The Advocacy Process

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- *Issue*
- *Goal and Objectives*
- *Target Audience*
- *Building Support*
- *Message Development*
- *Channels of Communication*
- *Fundraising*
- *Implementation*

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SECTION III
UNIT 1

Handout III.1.4

III. The Advocacy Strategy

Advocacy and Related Concepts

The following chart illustrates the difference between advocacy and several related concepts. Advocacy can usually be distinguished from other approaches in that the objective of advocacy is policy change.

Approach	Actors/ Organizers	Target Audience	Objective	Strategies	Measuring Success
<i>Information, Education, Communication (IEC)</i>	<i>Service providers</i>	<i>Individuals Segments of a community (women, men, youth)</i>	<i>Raise awareness and change behavior</i>	<i>Sorting by audience Mass media campaigns Community outreach Traditional media</i>	<i>Change in knowledge or skills (behavior change) Process indicators Focus groups Service statistics</i>
<i>Public Relations</i>	<i>Commercial institutions</i>	<i>Consumers</i>	<i>Improve the company's image and increase sales</i>	<i>Large-scale advertising (radio, TV, print media) Public events Sponsoring a "charity"</i>	<i>Improved public perception Increased sales Increased market share</i>
<i>Community Mobilization</i>	<i>Community members and organizations</i>	<i>Community members and leaders</i>	<i>Build a community's capacity to rank needs and take action</i>	<i>Door-to-door visits Village meetings Participatory Rural Appraisal (PRA)</i>	<i>Issue-specific process and outcome indicators Quality of participation</i>
<i>Advocacy</i>	<i>NGOs/networks Special interest groups Professional associations</i>	<i>Public institutions and policymakers, Communities/ community leaders</i>	<i>Change policies, programs, and resource allocation</i>	<i>Focus on policymakers with the power to affect advocacy objective High-level meetings Public events (debates, protests, etc.)</i>	<i>Process indicators Media scans Key informant interviews Focus groups Opinion surveys</i>

Steps in the Advocacy Process-Card Template

Issue

*The problem that
requires a policy
action*

*Goal
Objective*

*Goal: A statement of the general result
you want to achieve.*

*Objective: Incremental steps toward
achieving your goal that are:*

- *Specific*
- *Achievable*
- *Time-bound*
- *Measurable*
- *Realistic*

Steps in the Advocacy Process-Card Template

***Target
Audience***

***The policymakers
you are trying to
influence to support
your issue, e.g.,
parliamentarians,
local officials,***

***Building
Support***

***Building alliances
with other groups,
organizations, or
individuals who are
committed to
support your issue***

Steps in the Advocacy Process—Card Template

*Message
Development*

*Statements tailored to
different audiences
that define the issue,
state solution, and
describe the actions*

*Channels of
Communication*

*The means by which a
message is delivered to
the various target
audiences, e.g., radio,
television, flyers, press
conferences, meetings*

Steps in the Advocacy Process—Card Template

Fundraising

Identify and attract resources (money, equipment, volunteers, supplies, space) to implement your advocacy campaign.

Implementation

Carry out a set of planned activities to achieve your advocacy objectives (action plan.

Steps in the Advocacy Process—Card Template

*Data
Collection*

*Gathering, analyzing,
and using appropriate
quantitative and
qualitative information
to support each step of
your campaign*

*Monitoring and
Evaluation*

*Monitoring: a process of
gathering information to
measure progress toward your
advocacy objectives.*

*Evaluation: a process of
gathering and analyzing
information to determine if the
advocacy objectives have been
achieved.*

SECTION III

UNIT 2

Handout III.2.1

III. The Advocacy Strategy

Issues, Goals, and Objectives: Building the Foundation

Background Notes

This unit should be approached with emphasis on decreasing the burden of TB/HIV. Consider the national, subnational, and community level policy environment that would allow collaborative effort to combat TB/HIV.

The first two steps in any advocacy campaign are selecting the advocacy issue and developing the goal and objective. These pieces of the advocacy process make up some of the most challenging, analytic work facing an advocacy network. Completing these steps requires an ability to analyze complex environments and interrelated problems, discern a policy solution for a selected problem, envision a long-term result, and articulate a short-term objective. The quality of the network's efforts in these areas will have an important bearing on the success of the steps that follow. These elements provide the foundation for an effective advocacy campaign. Without a clear, articulated issue and well-defined goal and objective, the remaining steps of the campaign will lose focus.

An advocacy issue is the problem or situation that an advocacy group seeks to rectify. Through advocacy, WHO has raised awareness on the following issues: devastating impact TB is having on women; the dramatic role it plays in the HIV epidemic; and new developments in the TB epidemic, such as the emergence of new strains, new outbreaks, and successful initiatives to control the disease. In this unit, participants will select an issue that is widely felt by their constituency and begin to build an advocacy campaign around that issue.

In various settings, the terms goal and objective are used interchangeably. In some instances, an objective is broad and a goal is narrow; in others, the meanings are reversed. For the purpose of the advocacy workshop, an advocacy goal is the long-term result (three to five years) that the network is seeking. Participants should envision how the policy environment will be changed as a result of their advocacy efforts. An example of policy goal is to decrease the burden of tuberculosis and HIV in population affected by both diseases. An NGO network may not be capable of achieving its goal single-handedly, but the goal statement can orient an advocacy network over the long term.

*An **advocacy objective** is a short-term target (one to two years) that contributes toward achievement of the long-term goal. A sound objective is specific, measurable, achievable, and time-bound. Often, networks work on two or more objectives simultaneously in their efforts to achieve a single goal. It is important that an advocacy objective identify the specific policy body with the authority to fulfill the objective as well as the policy decision or action that is desired. Three examples of advocacy objectives in support of the policy goal mentioned above are: (1) By (insert date), MOH will establish the mechanisms for collaboration between tuberculosis and HIV/AIDS programs; (2) By (insert date), the Health Management Team will conduct activities to decrease the burden of tuberculosis in PLHAs; and (3) By (insert date), the Health Management Team will conduct activities to decrease the burden of HIV in patients with tuberculosis.*

SECTION III

UNIT 2

Handout III.2.2

III. The Advocacy Strategy

2. Issues, Goals, and Objectives

Developing an Advocacy Goal and Objective

Example 1:

Advocacy Issue: *Need for promotion of safer sexual practices and condoms to patients with TB*

Advocacy Goal: *Safer sexual practices among patients with TB promoted. Package of care for PLHAs available and disseminated*

Advocacy Objective: *By (insert date), district authority will allocate funds for capacity building of TB officers to discuss sexual issues with TB patients and promote condoms when appropriate.*

Example 2:

Advocacy Issue: *Need for intensified TB case-finding by NTP partners*

Advocacy Goal: *Early diagnosis and treatment of TB in high-risk groups; Increased numbers of TB cases detected and treated.*

Advocacy Objective: *By (insert date), district council will put in place a program to train TB officers and NTP partners about TB and to refer TB suspects to TB officers.*

Example 3:

Advocacy Issue: *Lack of cotrimoxazole preventive treatment (CPT) to reduce the morbidity and mortality of PLHAs and HIV-positive patients with TB.*

Advocacy Goal: *Cotrimoxazole available for PLHAs and HIV-positive patients with TB.*

Advocacy Objective: *By (insert date), MOH will procure adequate cotrimoxazole through the central system and distribute it through existing channels.*

SECTION III
UNIT 2

Handout III.2.3

III. The Advocacy Strategy

2. Issues, Goals, and Objectives

Checklist for Selecting an Advocacy Objective

This checklist is taken from SARA/AED Advocacy Training Guide and adapted from the Midwest Academy’s Organizing for Social Change. It is designed to help advocacy groups develop and choose sound objectives for policy change.

Criteria	Objective 1	Objective 2
<i>1. Do qualitative or quantitative data exist to show that the objective will improve the situation?</i>		
<i>2. Is the objective achievable? Even with opposition?</i>		
<i>3. Will the objective gain the support of many people? Do people care about the objective deeply enough to take action?</i>		
<i>4. Will you be able to raise money or other resources to support your work on the objective?</i>		
<i>5. Can you clearly identify the target decisionmakers? What are their names or positions?</i>		
<i>6. Is the objective easy to understand?</i>		
<i>7. Does the advocacy objective have a clear time frame that is realistic?</i>		
<i>8. Do you have the necessary alliances with key individuals or organizations to reach your advocacy objective? How will the objective help build alliances with other NGOs, leaders, or stakeholders?</i>		
<i>9. Will working on the advocacy objective provide people with opportunities to learn about and become involved with the decisionmaking process?</i>		

SECTION III

UNIT 3

Handout III.3.1

III. The Advocacy Strategy

3. Target Audiences

Target Audiences: Identifying Support and Opposition Background Notes

To increase the chances of success, advocacy networks must identify and study all of the individuals and groups that may support the network's issue and goal as well as those that may oppose the issue and goal. The advocacy campaign's target audiences are determined for each advocacy objective and include the primary target audience—persons and/or institutional bodies that themselves have decisionmaking authority—as well as the secondary target audience—persons and institutional bodies that can influence the decisionmakers. Documenting information on these audiences helps the network target its advocacy activities, develop effective messages, and select appropriate channels of communication.

While the categories of people in the target audience are not identical in every setting, the TB/HIV policy target audience is likely to include political leaders, national (i.e. NTP and NACP) and local government officials, private and public sector service providers, the media, religious and traditional leaders, NGOs, women's organizations, PLHA, professional associations, and business and civic groups. In some places and for some issues, the range of audiences is even wider and may encompass groups that are unlikely ever to meet each other, such as foreign donors and traditional healers.

Once the target audiences are identified, the network must determine the level of support or opposition to be expected from those representing the primary and secondary target audiences. For many reasons—lack of political commitment at both international and local levels, differences in culture and philosophy between HIV and TB, inequitable distribution of resources—TB/HIV issues are often controversial. People on both sides of the issue feel strongly that their position is the right one; therefore, they are willing to devote considerable resources to supporting that position.

Whether opposition is mild or strong, advocacy networks should be prepared to address it in ways that are most beneficial to their own efforts. The best advice is to be as informed as possible about the opposition's specific issues and base of support and to preempt oppositional efforts with messages that anticipate and refute the opposition's arguments.

On the other side of the coin, advocacy networks often dedicate themselves to broadening their base of support. The larger the number of persons or groups working to achieve the advocacy objective, the greater are the chances of success. Networks can create coalitions with other networks or formal groups, expand their own membership, create alliances with commercial or private sector entities, and/or generate public and community support to enlarge their support base.

Finally, advocacy networks cannot afford to forget the “undecided” or neutral parties. In some cases, the best investment of time and energy is to appeal to the neutral public.

Public opinion can exert powerful pressure on decisionmakers. In other cases, the network may find policy makers and public officials who appear neutral but in fact hesitate to voice an opinion due to the challenges faced in unifying TB and HIV activities; they may support the advocacy efforts in private but prefer to appear neutral. The network may direct its efforts to convincing these influential “neutrals” to join and publicly support the campaign.

Several decisions are based on a thorough and sound analysis of the advocacy campaign’s target audience. This unit provides an opportunity for participants to identify both primary and secondary audiences for their specific advocacy objectives and to begin assessing the audiences’ level of knowledge and support before turning to the task of message development.

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UNIT 3**

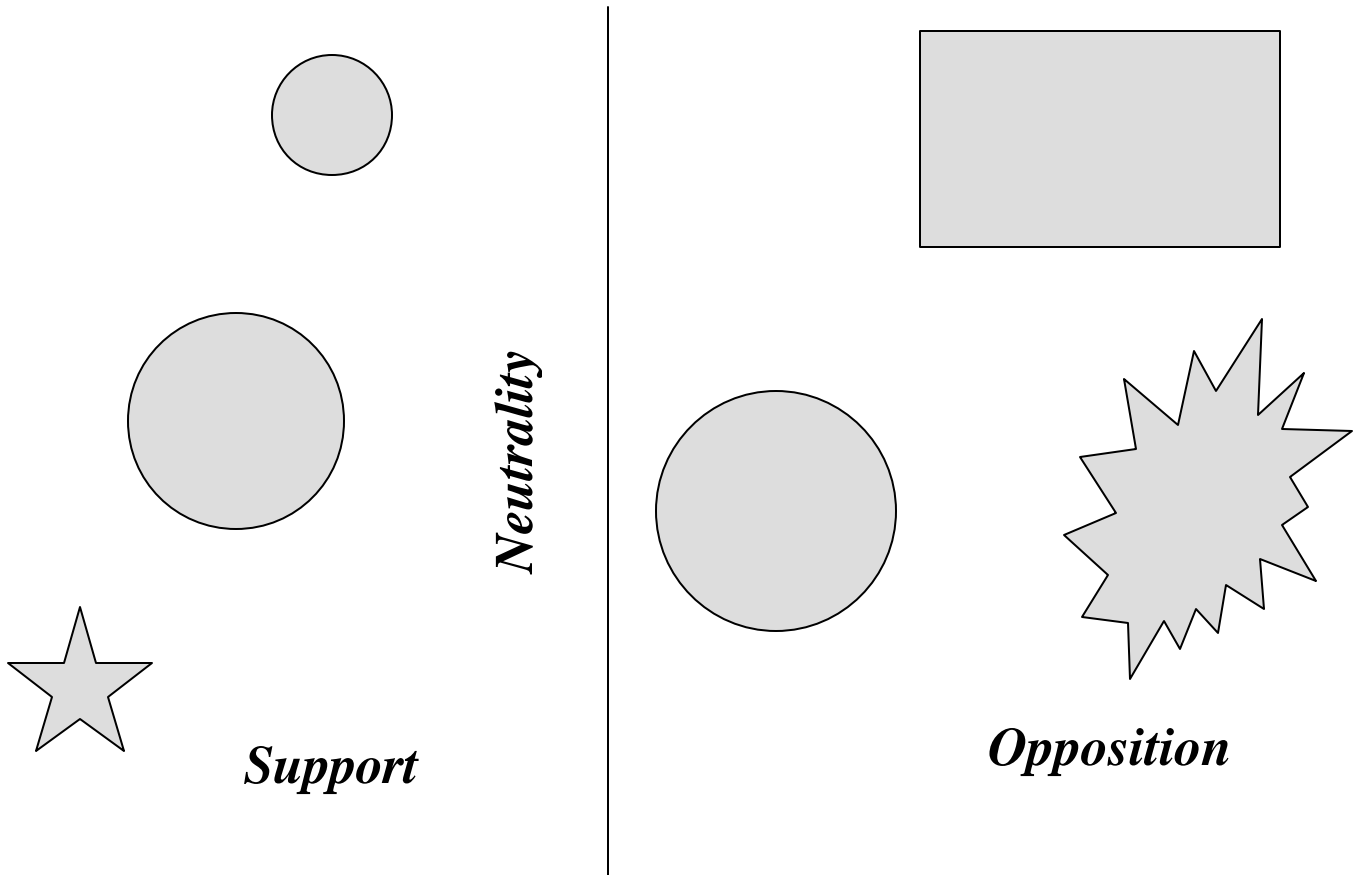
Handout III.3.2

III. The Advocacy Strategy

3. Target Audiences

Power Map for Audience Analysis

Advocacy Objective:



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UNIT 3**

Handout III.3.3

III. The Advocacy Strategy

3. Target Audiences

Primary and Secondary Audience Analysis Form

Advocacy Objective:

PRIMARY AUDIENCE. The individuals and/or body with decisionmaking authority (re: advocacy objective)	Level of Knowledge about the Issue (Rank 1-5) 1 – low; 5 - high	Level of Previous Support Demonstrated 1 – low; 5 - high	Level of Previous Opposition Demonstrated 1 – low; 5 - high	Undecided or Position Unknown	Potential Benefits to Audience Related to the Issue
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SECONDARY AUDIENCE The individuals and/or bodies that can influence the primary audience					
<div style="background-color: #cccccc; height: 80px;"></div>					

SECTION III

UNIT 3

Handout III.3.4

III. The Advocacy Strategy

3. Target Audiences

Barriers and Opportunities for TB and HIV/AIDS Program Interaction

*

Barriers to TB and HIV/AIDS Program Interaction

- *Lack of political commitment at both international and national level*
- *Differences in TB and HIV program structure*
- *Differences in TB and HIV program culture and philosophy*
- *Reluctance in TB and HIV programs to broaden their focus*
- *Lack and inequitable distribution of resources between TB and HIV programs*
- *Low profile of HIV on the WHO's agenda*
- *Lack of global strategic framework to decrease the burden of TB/HIV*
- *Lack of a package of care for PLHA*
- *Lack of awareness of the link between TB and HIV*
- *Lack of capacity and prioritization within NACP*
- *Lack of communications between HIV and TB programs at international, national and district level*
- *Health care staff attitudes to and awareness of the issue of TB among people infected with HIV*
- *Stigma and discrimination associated with both diseases*

Mechanisms to foster TB and HIV/AIDS Program Interaction

- *Increased international political commitment*
- *Clarification of roles and responsibilities of, and linkages between, NACP and NTP*
- *Better utilizations of UNAIDS coordinating role through mobilizing each of the UNAIDS cosponsors according to their mandate*
- *A Global Working Group on TB/HIV*
- *Stronger country level support*
- *In country high level political commitment*
- *Joint planning meeting between TB and HIV programs*
- *Clear understanding of the areas of common interest between NACP and NTP*
- *A National Action Plan*
- *Utilization of existing organizational structure*
- *The sharing of expertise and experience between HIV/AIDS and TB programs*
- *A strengthen referral system*
- *Joint training of staff*
- *Sharing of resources*
- *Formulation of joint health education messages*
- *Issues of HIV/AIDS care and support*
- *TB and HIV care prevention packages*

*WHO, 2003. *An Analysis of Interaction Between TB and HIV/AIDS Programs in Sub-Saharan Africa*. Geneva:WHO. (2-2).

SECTION III

UNIT 4

Handout III.4.1

III. The Advocacy Strategy

4. Messages

Messages: Informing, Persuading, and Moving to Action

Background Notes*

In today's society, we are bombarded by messages every day. The intent of the message may be to sell us a product, inform or educate us in some way, or change our opinion about an issue. An advocacy communication strategy follows many of the same principles as an advertising or social marketing campaign. It is essential to know your audience thoroughly and to deliver a concise, consistent message that is tailored to your audience's interests.

Most people shape their messages to the needs and interests of a particular audience as a matter of common sense. In other words, the message communicated to PLHAs groups about access to ART would differ from the message transmitted to officials in the Ministry of Health.

Audience research—particularly qualitative research such as focus group discussions and in-depth interviews—helps identify appropriate messages for various policy audiences. Whoever the target audience may be, it is important to remember three other points about advocacy message development.

First, there should ideally be only one main point communicated or, if that is not possible, two or three at the most. It is better to leave people with a clear idea of one message than to confuse or overwhelm them with too many.

Second, messages should always be pretested with representatives of the target audience to ensure that the message sent is the one received. When a network develops an advocacy message directed toward the Minister of Health, for example, it is always useful to practice delivering the message to a supportive ministry official as a test run. The ministry official may offer valuable feedback about how the message is interpreted.

Third, the message should not only persuade through valid data and sound logic, but it should also describe the action the audience is being encouraged to take. The audience needs to know clearly what it is you want it to do, e.g., include TB in the national HIV/AIDS strategy, and support an advocacy campaign by attending a rally on the steps of Parliament.

This unit addresses the essential components of a message—content, language, messenger/source, format, and time/place of delivery. Participants are asked to apply what they know about advocacy message development through role-play scenarios with decisionmakers.

* Background notes adapted from Elaine Murphy. 1994. *Communicating Population and Family Planning Information to Policymakers*. Washington, DC: The Futures Group Int'l.

SECTION III

UNIT 4

III. The Advocacy Strategy

Handout III.4.2

4. Messages

Message Development Worksheet*

<i>Target audience</i>	
<i>Action you want the audience to take</i>	
<i>Message content</i>	
<i>Format(s)</i>	
<i>Messengers</i>	
<i>Time and place for delivery</i>	

* This worksheet is borrowed from Ritu R. Sharma. 1997. Advocacy Training Guide. Washington, DC: Academy for Educational Development.

SECTION III

UNIT 5

III. The Advocacy Strategy

Handout III.5.1

5. Data Collection

Data Collection: Bridging the Gap between Communities and Policymakers Background Notes

Data, quantitative and qualitative, are fundamental for TB/HIV advocates as it plays a role in moving the agenda forward in providing TB and HIV joint services.

To be effective advocates for TB/HIV issues, networks must understand and accurately represent the needs, priorities, and interests of their constituencies.

Knowing the community means finding out what people think about TB/HIV issues and

how they are personally affected by the policies governing the provision of TB/HIV services. It doesn't make sense, for example, to organize an advocacy campaign in support of adolescent reproductive health services if the community considers TB/HIV as its primary concern.

At the national level, the first step is to develop a collaborative TB/HIV policy and strategic plan. In developing the effective plan, TB/HIV networks can play a fundamental role as the intermediary in promoting the translation of data into policy. The fundamental issues to be addressed for the strategic plan are: recognizing the burden of the overlapping TB/HIV epidemics, recognizing the strengths and weaknesses of the NTP and NACP, and lastly defining the opportunities that exist between the NTP and NACP at the central and district levels to collaborate and provide optimal care for HIV infected patients.

Listening to What People Are Saying*

Key informant study of senior staff at WHO and UNAIDS, national TB and HIV program managers, clinicians working in the fields of HIV and TB, technical experts, senior academics, and representatives from NGOs, international development agencies and global financing institutions were interviewed to examine how TB and HIV programs can work together to address the two epidemics. The following information was gathered during the interview:

- *Historical interaction of TB and HIV programs*
- *Perception of barriers to TB/HIV interaction*
- *TB and HIV/AIDS program support of the general health service provider response*
- *Identification of mechanisms for effective collaboration between TB and HIV programs*
- *Identification of the strengths of particular organizations to promote collaboration*
- *Suggestions on how WHO should engage international agencies in promoting effective TB and HIV program collaboration*

* WHO, 2003.. *An Analysis of Interaction Between TB and HIV/AIDS Programs in Sub-Saharan Africa.* Geneva: WHO.(13)..

*At the **district level**, TB/HIV networks can also play a crucial role in promoting the establishment of TB/HIV services. Translating the following type of data into policy statements is one of the ways TB/HIV networks can contribute to the TB/HIV joint effort: baseline TB/HIV statistics, identifications of groups at particular risk of TB and/or HIV infection, and survey of existing district TB and HIV/AIDS service providers.*

By collecting and disseminating data on community needs, a network demonstrates the importance it places on both listening to the people and gathering the information needed to substantiate its advocacy actions. The more information and data a network possesses, the more realistic and representative its policy demands will be. Furthermore, data-based advocacy messages enhance the professionalism and credibility of the network in the eyes of decisionmakers and other influential persons.

When initiating a data collection activity, the network should consider its own information needs and those of the relevant policymakers. It is also important to estimate the time and costs involved in the data collection effort as well as the human resources required to design the methodology and collect, analyze, and present the data. Selection of the actual data collection technique or techniques depends on the answers to these questions.

Data collection can involve qualitative or quantitative techniques or a combination of both. Qualitative data are descriptive or narrative and convey impressions or opinions. They provide information on what people think, feel, and do and are helpful in identifying issues of importance to a particular target group or community.

*Quantitative data can be counted or quantified to give numeric estimates and generate conclusive findings. They can tell us how many people of different demographic characteristics live in the target area, verify the number of times something happens, or document differences between things that can be measured in numbers, for example, the annual risk of developing TB in a PLHA who is co-infected with *M. tuberculosis* ranges from 5 to 15 percent. This unit focuses on selected qualitative and quantitative data collection techniques and their applications in developing a better understanding of community needs and priorities and communicating these needs and priorities to policymakers. Participants will explore baseline surveys, conversational interviews, focus group discussions, and secondary data analysis and determine how to use the results to advance the work of the advocacy network.*

SECTION III

UNIT 5

Handout III.5.2

III. The Advocacy Strategy

5. Data Collection

HIV/TB Internet Resource List*

- *Atlanta Tuberculosis Prevention Coalition*
- *Brown University TB-HIV Research Laboratory*
- *Case Western Reserve University Tuberculosis Research Unit and HIVNET Projects*
- *CDC Global AIDS Program (GAP) Center for Disease Control and Prevention*
- *CDC Division of TB Elimination*
- *EuroTB*
- *Family Health International*
- *Free Medical Journals*
- *The Global Alliance for TB Drug Development*
- *Global Health Council*
- *Global Fund to fight AIDS, tuberculosis and malaria (GFATM)*
- *GFATM (PAHO/AMRO) resource page for Latin America and the Caribbean*
- *International AIDS Economics Network*
- *International AIDS Society*
- *International Union Against TB & Lung Disease*
- *Japan Anti-TB Association*
- *Johns Hopkins Center for Tuberculosis Research*
- *KNCV (The Royal Netherlands TB Association)*
- *Liverpool School of Tropical Medicine*
- *London School of Hygiene & Tropical Medicine*
- *LSUMC Wetmore Foundation Tuberculosis Education*
- *National Institute of Allergy and Infectious Diseases, NIH, US*
- *National Institutes of Health - free access to largest source of published medical information*
- *National Tuberculosis Center, The University of Medicine and Dentistry of New Jersey*
- *NIH Tuberculosis Research Materials and Vaccine Testing*
- *PHRI Russian TB Control Program*
- *Princeton Project 55 Tuberculosis Initiative*
- *Regional AIDS Training Network*
- *Royal Tropical Institute (Koninklijk Instituut Voor de Tropen)*
- *Stanford Center For Tuberculosis Research*
- *Stop TB Canada Initiative*
- *Stop TB Partnership*
- *Tuberculosis Antimicrobial Acquisition and Coordinating Facility (TAACF)*
- *TB Alert*
- *TB Alliance*
- *The Tuberculosis Coalition for Technical Assistance (TBCTA)*

*Clicking on the underlined phrase, will send you to the website.

- *Tuberculosis control - India*
- *Tuberculosis Information Management System (TIMS)*
- *United Nations Joint Programme on HIV/AIDS*
- *Wadsworth Center (New York State Department of Health)*
- *World Health Organization, TB Department*
- *Sop TB Partnership TB/HIV Working Group*
- *World Health Organization, 3 by 5 Initiative*
- *World Health Organization, HIV Department*

Use search engines to research TB and HIV:

- *Altavista*
- *Excite*
- *Google*
- *Yahoo*

SECTION III

UNIT 5

Handout III.5.3

III. The Advocacy Strategy

5. Data Collection

Interview Topic Guide

Purpose of research: to learn from TB and HIV programs what steps can be taken to achieve more effective HIV and TB care and prevention services.

I. Introduction

- A. *Explain who you are and the purpose of the research.*
- B. *Explain the procedure (e.g., I would like to ask you some questions; I'd like about 15 minutes of your time).*
- C. *Emphasize that there are no right or wrong answers to the questions you will ask.*
- D. *Ask the respondent's name and how many children he/she has and their ages.*

II. Rapport Building (*Opening conversation to set a comfortable tone*) Ask the respondent something general and appropriate about her/his family, children, work, or community (e.g., what grade(s) is/are your child/children in?).

III. In-Depth Discussion (*Sequence the questions by moving from questions that seek factual information to questions that require the respondent's opinion.*)

- *Please describe the historical interaction between TB and HIV programs? What kinds of barriers to TB/HIV interaction? Please identify mechanisms for effective collaboration between TB and HIV programs. Identify strengths of particular organization to promote collaborative working. Suggestions on how WHO should engage international agencies in promoting effective TB and HIV program collaboration.*
- *Be prepared to follow up with probing questions to clarify or explore further.*

IV. Closure

- *Briefly summarize what you have heard and ask for the respondent's final reaction (e.g., is there anything that we did not discuss that you would like to add?).*
- *Thank the respondent for his/her time.*

V. Review and Organize Interview Notes

III. The Advocacy Strategy

5. Data Collection

Types of Research*

Research can be quantitative or qualitative. Quantitative research provides the scale and scope of what is happening, for example, how many people are doing what and how often (40 percent of rural mothers initiate breastfeeding). Qualitative research gives the information feeling, texture, and nuance (e.g., mothers who breastfeed feel that they are part of an important ethnic tradition). A combination of methods provides an in-depth look at audience points of view as well as a baseline for measuring change. Stated another way, quantitative research provides an overall picture while qualitative research fills in the details and brings the picture to life.

The two research methods can be undertaken independently but generally are used together to complement one another. The choice of methods depends on the particular research objectives, the available resources, the scope of the project, and the timeframe for conducting the research. It is necessary to determine whether the research is intended to produce relatively precise, statistical, generalizable, and quantifiable findings; descriptive and qualifying information; or a mix of the two.

- *Quantitative data reveal issues that need to be probed further in qualitative research.*
- *The issues raised in qualitative research point to the quantitative data to be collected to establish the extent and magnitude of those issues.*
- *A comparison of the findings from quantitative and qualitative research should demonstrate consistency in the information.*

* *The information in this handout is loosely based on Academy for Educational Development (AED). 1995. A Tool Box for Building Health Communication Capacity. Washington, D.C.: AED.*

SECTION III
UNIT 5

Handout III.5.5

III. The Advocacy Strategy

5. Data Collection

Comparison of Qualitative and Quantitative Methods

Qualitative	Quantitative
<ul style="list-style-type: none">• <i>Seeks to answer the reasons why</i>• <i>Uses small, purposive samples</i>• <i>Encourages in-depth probing</i>• <i>Enables the researcher to study selected issues, cases, or events in depth and to gather information through direct quotation, interaction, and observation</i>• <i>Records participants' emotions, language, feelings, perceptions, attitudes, and what motivates them</i>• <i>Focuses on process</i>	<ul style="list-style-type: none">• <i>Seeks to establish how many and the relationship between variables</i>• <i>Uses large, random samples</i>• <i>Allows for broad generalizations of findings to larger populations</i>• <i>Documents how norms, skills beliefs, and attitudes are linked to particular behaviors</i>• <i>Facilitates the use of statistics for aggregating, summarizing, describing, and comparing data</i>• <i>Focuses on process</i>

III. The Advocacy Strategy

5. Data Collection

Description of Selected Methods

Common qualitative methods include the following:

- **Ethnographies.** *Used to develop in-depth studies of the culture into which a given health practice fits. Ethnographies are useful for identifying cultural taboos and determining how aspects within the culture can be used to support new behaviors. Techniques include participatory rapid assessments, focused ethnographic studies, and rapid assessment procedures.*
- **Focus group discussions.** *Used to develop hypotheses, explore broad topics, and produce a large number of ideas. The group setting encourages people to talk more freely about feelings, beliefs, and attitudes. Through such discussions, planners and communicators become more sensitive to the values, concerns, and needs of target audiences.*
- **Observational studies.** *Used to describe actual behavior patterns or to identify obstacles to adoption of new behaviors. Observational studies permit researchers to determine the extent of a particular behavior or the degree of use of a specific product and whether the materials needed to support such behavior/use are in place.*
- **Conversational interviews.** *Used to provide a greater understanding of particular values or viewpoints. Researchers typically use conversational interviews with a relatively small number of influential or knowledgeable persons (informants). Conversational interviews target secondary audiences to determine how they interact with the primary audience and how they influence that audience.*
- **Intercept interview.** *Used when a hybrid of traditional quantitative and qualitative approaches is appropriate. An intercept interview is qualitative in that it does not use probability samples and quantitative in that it typically calls for large samples and tabulated data analysis. Interviewers are stationed at points frequented by individuals from the target audience. Locations can be places such as pharmacies, clinics, marketplaces, health centers, bus stops, and cafés. Intercept interviews collect information in a reasonably short time and thus provide a cost-effective means of gathering quantitative data. Results, however, cannot be generalized to larger populations.*

Common quantitative methods include the following:

- **Sample surveys.** *Used to validate a hypothesis (e.g., men who use condoms are more likely to talk to their partners about sex) and to determine the relative prevalence of a given practice or belief. Sample surveys can examine the relationship among beliefs, behaviors, background characteristics, and exposure to communication channels within a particular population. They involve interviews with a large sample chosen to represent the target population and typically use highly focused questions that can be coded for computer-based*

- analysis. Sample surveys are most valuable when researchers have a specific notion of what they need to know and have generated well-developed questions.*
- **Knowledge, Attitude, and Practice (KAP) Surveys.** *Used to look intensively at a target audience's level of knowledge regarding a specific health problem, attitudes toward the problem, and the ideal and actual behaviors associated with the health problem. Correlations are made among these factors.*
 - **Baseline studies.** *Used to examine current behaviors in terms of the potential for people to change. The survey is repeated upon completion of an intervention to measure the results of that intervention.*
 - **Demographic Health Surveys.** *Used to reveal epidemiological data and patterns of how health issues have evolved. The surveys also serve as a source of comparative baseline data and impact indicators.*
 - **Census.** *Used for a government's periodic count of a population.*

**SECTION III
UNIT 5**

Handout III.5.7

III. The Advocacy Strategy

5. Data Collection

Baseline Assessment Process—Card Template

Determine purpose
and objective

Identify and
organize research
team

Select research
methods

Identify research
topics and questions

Baseline Assessment Process—Card Template

Design research
instrument(s)

Pretest and finalize
instrument(s)

Organize logistics and
workplan

Determine sample
size and select
sample

Baseline Assessment Process—Card Template

Conduct
research

Analyze
data

Prepare final
report

Evaluate the
process

SECTION III UNIT 5

Handout III.5.8

III. The Advocacy Strategy

5. Data Collection

Table A: Estimated Number of PLHIV and HIV infected TB cases of the 63 priority TB/HIV countries accounting for 98 of the global burden (end of 2005)

Country	Pop of adults (15-49 yrs) per 1000[2005]	Estimated number of PLHIV (UNAIDS 2005)	Estimated HIV prevalence in TB Patients (WHO, 2005)	HIV prevalence in Adults (UNAIDS 2005)	Estimated HIV + TB cases (WHO 2005)	% of all global TB HIV +ve cases	Cumulative
South Africa	25,203	5500000	59%	19%	147982.55	21.9%	21.9%
India	578,927	5700000	5%	1%	64978.44	9.6%	31.6%
Nigeria	60,488	2900000	20%	4%	52670.36	7.8%	39.4%
Kenya	16,663	1300000	29%	6%	44866.311	6.6%	46.0%
Zimbabwe	6,490	1700000	62%	22%	34478.526	5.1%	51.1%
Mozambique	9,068	1800000	54%	17%	33983.676	5.0%	56.1%
Zambia	5,280	1100000	56%	18%	28018.714	4.2%	60.3%
UR Tanzania	18,098	1400000	30%	7%	28016.255	4.2%	64.4%
DR Congo	25,358	1000000	17%	3%	24229.402	3.6%	68.0%
Uganda	12,115	1000000	31%	7%	23024.467	3.4%	71.4%
Ethiopia	35,523	...	11%	2%	20506.983	3.0%	74.5%
Malawi	5,594	940000	50%	14%	19300.016	2.9%	77.3%
Côte d'Ivoire	8,603	750000	32%	7%	15632.031	2.3%	79.7%
Brazil	102,444	620000	14%	1%	9426.1501	1.4%	81.1%
Swaziland	500	220000	79%	39%	7327.9311	1.1%	82.1%
Russian Federation	78,029	940000	6%	1%	7161.503	1.1%	83.2%
Lesotho	865	270000	69%	27%	6098.9269	0.9%	84.1%
Namibia	975	230000	61%	20%	6070.6543	0.9%	85.0%

Botswana	909	270000	72%	30%	5288.6976	0.8%	85.8%
Cameroon	7,821	510000	26%	6%	5213.5763	0.8%	86.6%
Angola	7,202	320000	19%	4%	5022.2671	0.7%	87.3%
Thailand	35,595	580000	8%	1%	4961.5654	0.7%	88.0%
Sudan	17,887	350000	9%	2%	4711.8551	0.7%	88.7%
Rwanda	4,370	190000	18%	3%	4059.3791	0.6%	89.3%
Myanmar	27,886	360000	7%	1%	3910.2916	0.6%	89.9%
Central African Republic	1,843	250000	43%	11%	3869.1353	0.6%	90.5%
China	746,268	650000	0%	0%	3819.1546	0.6%	91.1%
Cambodia	7,187	130000	9%	2%	3810.0488	0.6%	91.6%
Ghana	10,977	320000	12%	2%	3658.4221	0.5%	92.2%
Chad	4,242	180000	18%	4%	3368.7321	0.5%	92.7%
Burundi	3,482	150000	18%	4%	3224.1312	0.5%	93.1%
Haiti	4,358	190000	19%	4%	3059.4449	0.5%	93.6%
Indonesia	124,214	170000	1%	0%	2852.8353	0.4%	94.0%
Congo	1,757	120000	26%	5%	2646.9967	0.4%	94.4%
Viet Nam	47,612	260000	3%	1%	2623.6916	0.4%	94.8%
Ukraine	24,004	410000	8%	1%	2571.9258	0.4%	95.2%
Togo	2,872	110000	17%	3%	2504.4596	0.4%	95.5%
Mali	5,904	130000	10%	2%	2350.973	0.3%	95.9%
Burkina Faso	5,907	150000	11%	2%	2119.3351	0.3%	96.2%
Sierra Leone	2,533	48000	9%	2%	1474.1522	0.2%	96.4%
Guinea	4,249	85000	9%	2%	1312.3272	0.2%	96.6%
Liberia	1,473	...	17%	3%	1193.6953	0.2%	96.8%
Gabon	667	60000	33%	8%	1020.2559	0.2%	97.0%
Eritrea	2,053	59000	13%	2%	1001.104	0.1%	97.1%
Niger	6,077	79000	6%	1%	886.17772	0.1%	97.2%
Madagascar	8,597	49000	3%	1%	804.24281	0.1%	97.4%
Djibouti	384	15000	18%	3%	669.34754	0.1%	97.5%

Somalia	3,849	44000	5%	1%	651.05892	0.1%	97.5%
Benin	3,920	87000	10%	2%	470.38874	0.1%	97.6%
Guinea-Bissau	683	32000	20%	4%	402.27467	0.1%	97.7%
Guatemala	5,709	61000	6%	1%	331.80017	0.049%	97.7%
Dominican Republic	4,852	66000	6%	1%	302.85908	0.045%	97.8%
Honduras	3,611	63000	9%	2%	291.94386	0.043%	97.8%
Equatorial Guinea	222	8900	17%	3%	140.22672	0.021%	97.8%
Guyana	423	12000	13%	2%	89.946543	0.013%	97.8%
Panama	1,718	17000	5%	1%	45.205265	0.007%	97.9%
Estonia	671	10000	7%	1%	30.109189	0.004%	97.9%
Suriname	241	5200	11%	2%	19.346351	0.003%	97.9%
Bahamas	175	6800	17%	3%	12.957141	0.002%	97.9%
Trinidad & Tobago	756	27000	16%	3%	11.369961	0.002%	97.9%
Jamaica	1,371	25000	9%	2%	11.148871	0.002%	97.9%
Belize	140	3700	13%	2%	10.527002	0.002%	97.9%
Barbados	152	2700	9%	2%	1.6405134	0.0002%	97.9%
TOTAL					674992.5	100.0%	

SECTION III
UNIT 6

Handout III.6.1

III. The Advocacy Strategy

6. Fundraising

Fundraising: Mobilizing Resources
Background Notes

The ability to mobilize resources is a valuable skill for advocacy networks. Access to financial resources expands the options available to the advocacy network and gives members the freedom to try new, creative, or even higher-risk activities than would be possible with limited funds. But no matter how much an advocacy campaign benefits from financial resources, it is entirely possible to launch a successful campaign with the resources and energy of network members alone.

Effective fundraisers understand the importance of setting realistic goals based on their particular setting and advocacy issues. They know how to target potential contributors and develop persuasive appeals to reach them. They are creative in forging innovative strategies to raise money—from seeking small grants from bilateral development organizations to targeting private sector concerns within their own communities. They also know how to leverage contributions from one source to gain additional resources from another and thus pave the way for future advocacy activities.

Unit 6 presents an overview of fundraising for advocacy. Networks that are committed to raising money to support their advocacy efforts should consider both organizing a separate workshop on fundraising and engaging the services of a professional fundraiser as a resource specialist. Given the recent and rapid growth of the NGO sector and the scarcity of resources, fundraising is an area that requires considerable information and technical skill.

SECTION III

UNIT 6

Handout III.6.2

III. The Advocacy Strategy

6. Fundraising

The Fundraising Process*

Fundraising Methods

Successful advocates have used many different methods to obtain the resources they need for their work. Examples include the following:

- *Setting membership dues for the network or alliance generally based on a sliding scale;*
- *Soliciting in-kind contributions;*
- *Holding special fundraising events such as dinners, film festivals, picnics, raffles;*
- *Cultivating large individual contributors;*
- *Seeking corporate donations;*
- *Selling merchandise such as crafts, artwork, t-shirts;*
- *Obtaining international, national, or local government grants;*
- *Promoting donations around a particular holiday;*
- *Auctioning donated goods and services; and*
- *Selling advertising space in newsletters or other publications.*

Donations

Contributions to advocacy efforts can be varied and creative. Individuals or organizations can donate

- *Money;*
- *Labor;*
- *Equipment, office space, supplies, printing services;*
- *Technical expertise;*
- *Administrative support; and*
- *Space for meetings and events.*

Legal Issues

Laws that govern the giving and receiving of donations vary from country to country. Local research will provide answers to the following questions:

- *What laws govern the solicitation of contributions?*
- *Are there restrictions related to the use of donations for advocacy or political action?*
- *Are the amounts that individuals or organizations can contribute for advocacy limited?*
- *What are the requirements for reporting donated income? Are there specific rules for accounting? Are donations taxed?*

* Much of the material in this handout is taken from Ritu R. Sharma. 1997. An Introduction to Advocacy: Training Guide. Washington, DC: Academy for Educational Development.

Potential Donors

Funding may come from many different sources, including:

- *Individuals;*
- *Private sector companies (including multinational firms);*
- *Philanthropic/donor agencies and foundations; and*
- *Government-sponsored initiatives.*

Sometimes companies wish to support initiatives in the communities in which they work. Often, however, donors have their own agenda or attach conditions to their gifts. If these conditions conflict with an advocacy goal, the network should refuse the offer of support. Such support will likely harm or weaken the advocacy effort.

Donors as Your Audience

Certain types of information, language, and presentation styles will elicit a positive response from funding sources. Donors generally like to see:

- *A well-run and efficiently managed organization or effort;*
- *Financial stability and budget information;*
- *Examples of successful efforts;*
- *A good strategy and a reasonable chance of success;*
- *Traits that distinguish the network from other organizations in the same field;*
- *Why the work is important and necessary;*
- *The achievements associated with any previous contributions; and*
- *Information on the network's activities and successes; if the network is new, information on its strategy and goals.*

General Fundraising Suggestions

- *It is important to find out what types of organizations the donor has funded in the past, how much it typically donated, and what is the nature of its current interests. An annual report, if available, will provide the needed information.*
- *To avoid donor control over the advocacy agenda or strategy, it is important not to accept donations, grants, or contracts for activities that do not match specific advocacy objectives.*
- *All donors—especially foundations—have their own programmatic and ideological agendas, and it is important to match funding sources and advocacy objectives.*
- *Strive for a diverse funding base to avoid dependence on a few sources.*
- *Appoint qualified individuals to lead fundraising efforts.*
- *As in advocacy itself, relationships are central. Invest time and energy in getting to know potential contributors.*

Include staff of multinational organizations in the membership of the network. These individuals may be helpful in obtaining support for advocacy efforts.

SECTION III

UNIT 7

Handout 7.1

III. The Advocacy Strategy

7. Implementation

Implementation: Developing an Action Plan

Background Notes

This unit represents the action planning phase of the workshop. Up to this point, the workshop has focused on building technical skills in the various stages of the advocacy process—defining issues, setting goals and objectives, assessing support and opposition and researching target audiences, developing and disseminating messages, collecting data, and raising funds. In the process of honing their skills, participants have made choices and taken action toward the development of the network’s advocacy strategy. The work done along the way has a real—not just a theoretical—application.

Now it is time for participants, first, to pull together all the pieces of work they have completed thus far and, second, to compile the products into one implementation plan to guide the network through the campaign. The implementation plan is also the focus of the monitoring and evaluation plan to be developed in Unit 8.

The implementation plan is presented in a simple format. Based on a selected advocacy objective, participants design specific activities for implementation in order to achieve the network’s objective. Members of the network provide details describing needed resources, responsible person(s), and an appropriate timeframe for each activity.

Developing the action plan provides an excellent opportunity for network members to work as a team. The implementation plan should be developed with input from and the consensus of the entire membership in order to create a sense of shared ownership and commitment to the plan and the strategy. After all, participants are nearing the end of the planning stage and will soon be called on to act together to make the advocacy strategy a reality.

**SECTION III
UNIT 7**

Handout 7.2

III. The Advocacy Strategy

7. Implementation

Advocacy Implementation Plan

Advocacy Objective:			
Activity	Needed Resources	Responsible Person(s)	Time frame

Advocacy Implementation Plan (Example)

Advocacy objective: To pressure for the formulation of a national TB/HIV policy by (insert time).			
Activity	Needed Resources	Responsible Person(s)	Time frame
Prepare a fact sheet presenting the magnitude of the TB/HIV problem among PLHAs including the number of members of the association dually affected by TB and HIV (if any)	Background documents (e.g. WHO documents) Contact a known researcher to gather country specific information	Network's research/data team and communication team	2 weeks
Write letter (enclosing the global interim TB/HIV policy document) to the head of state of the country asking for his support for the formulation of a national TB/HIV policy Copy the letter to leading newspapers in the country	Global TB/HIV interim policy TB/HIV fact sheet	Chairperson of the advocacy network	3 weeks
Meet the national HIV/AIDS commission head, Minister of Health, HIV/AIDS and TB program managers and present the global interim TB/HIV policy and discuss about the development of national TB/HIV policy and plan.	Global TB/HIV interim policy TB/HIV fact sheet	Advocacy network chairperson and coordinator of communication team	1 month
Prepare a media event highlighting the importance of TB/HIV policy.		Advocacy network chairperson and coordinator of communication team	2 weeks

<p>Prepare a sensitization session of PLHAs group leaders about the importance of national TB/HIV policy so that they will include it in their HIV/AIDS advocacy related activities (e.g. media interviews, high level official meetings etc)</p>		<p>Advocacy network chairperson and coordinator of communication team</p>	<p>2 weeks</p>
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III. The Advocacy Strategy

8. Monitoring and Evaluation

Monitoring and Evaluation
Background Notes*

Information is essential to the decisions we make and the actions we take. Timely and accurate information enables us to

- *Learn from others' experiences;*
- *Identify and capitalize on opportunities; and*
- *Avoid hazardous or risky situations.*

Monitoring and evaluation involve acquiring and using information. While the importance of information in most aspects of our lives is recognized, the importance of information obtained from monitoring and evaluation in the context of projects and organizations is not. Often, in the development field, monitoring appears as a requirement imposed on institutions by donors. As such, funding recipients reluctantly undertake monitoring activities. Monitoring is also viewed as an end in itself, for which some project managers complete forms and prepare reports without necessarily using the information from the reports for internal assessment and program planning.

Similarly, evaluation is often conducted to satisfy external requirements or to make a judgment about whether a project should receive continued funding. Less often, evaluation is a tool to strengthen a project and empower project participants or clients.

The ability to acquire and use relevant information is as important for an advocacy network as it is for an individual NGO. A sound monitoring and evaluation component helps the network track its successes and learning experiences, build credibility with donors, and motivate members to sustain momentum. If a network's advocacy activities bring about a desired policy change, the network will want to demonstrate a clear connection between its objectives and activities and the policy outcome.

Monitoring *is the process of routinely gathering information on all aspects of an advocacy campaign and using the information in network management and decisionmaking.*

A monitoring plan is a basic and vital management tool that provides network members and other stakeholders with information that is essential to designing, implementing, managing, and evaluating advocacy activities. To fulfill the monitoring function, the monitoring plan must include systems for collecting data and information on key activities as well as systems for summarizing, analyzing, and using the information to make decisions and take action. Monitoring information can help

* *Background notes based on World Learning/SHARED Project. 1997. Monitoring and Evaluation as Management Tools: A Handbook for NGOs in Malawi.*

- *Demonstrate innovative and effective strategies;*
- *Generate financial and political support for advocacy activities; and*
- *Market the network.*

***Evaluation** involves a systematic, objective analysis of the network's performance, efficiency, and impact in relation to its objectives. Its ultimate purpose is to*

- *Draw lessons from experience in order to improve the quality of an advocacy campaign;*
- *Improve the design of future campaigns; and*
- *Demonstrate the network's merits to supporters, policymakers, donors, members, etc.*

Evaluation can be thought of as an assessment at a critical period or a process for looking at impacts or achievements.

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