

Action Card ⑦

Advocating for Community Sector Involvement

The community sector sometimes needs to carry out advocacy for its involvement. This is a process that involves bringing about change in the attitudes, practices, policies and laws of influential individuals, groups or institutions.

■ Key Steps:

- ✓ 1. A facilitator convenes the community sector or a task/working group is set up (through a consultation meeting of members of NGO networks) to identify major barriers to its adequate and meaningful involvement in each national coordinating body or process¹⁸. Examples of such barriers are:
 - The community sector does not have a seat on the National AIDS Coordinating Authority.
 - People living with HIV/AIDS are not being consulted about the national HIV/AIDS Action Framework.
 - Community sector issues and activities are not acknowledged in the national Monitoring and Evaluation System.
 - The National AIDS Coordinating Authority is excluding non-registered NGOs.
 - The government is refusing to work with representatives of communities whose behaviours or activities might be illegal, such as sex workers, injecting drug users and men who have sex with men.
 - The community sector lacks the resources to effectively consult and represent.
- ✓ 2. The community sector (through a coordinating group) selects one or more of the major barriers and develops a detailed advocacy plan. The plan outlines the key steps to be followed. [See Box 22]

Box 22: Planning cycle for advocacy

Step 1: Select the barrier to community involvement that you want to address.

Step 2: Analyse and research the problem.

Step 3: Develop specific objectives for your advocacy work.

Step 4: Identify your targets.

Step 5: Identify your resources.

Step 6: Identify your allies and other stakeholders.

Step 7: Create an action plan.

Step 8: Implement, monitor and evaluate the action plan.

(Source: Adapted from *Advocacy in Action*, International HIV/AIDS Alliance, 2002).

¹⁸ See Action Card ①

- ✓ 3. The planning process bears in mind that:
 - The advocacy issue needs to be as clear and specific as possible and centred on an aspect of community sector involvement that is achievable.
 - The analysis and research might include gathering:
 - Facts and figures.
 - Case studies (how the issue limits effective HIV/AIDS responses).
 - Opinions (about how strongly the community sector and others feel about the issue).
 - The objectives and the activities that they involve need to be as SMART as possible. This means:
 - Specific
 - Measurable
 - Appropriate
 - Realistic
 - Time-bound
 - The targets and allies can be diverse, including:
 - Direct targets/allies (those that can make changes themselves, such as government).
 - Indirect targets/allies (those that can influence others to make changes, such as the media).
 - Groups of stakeholders (e.g., the members of the sub-committee of the National AIDS Authority that is developing the one agreed Monitoring and Evaluation System).
 - Influential individuals (e.g., the Prime Minister, celebrities).
 - The resources for advocacy might include:
 - Political support.
 - Technical support (e.g., skills in working with the media).
 - Financial support.
 - In-kind support (e.g., free use of an office for meetings).
 - Materials (e.g., leaflets, position papers). [See Box 23]
 - The action plan should be detailed, including identifying what contributions different people and organisations will bring, when they will be involved and what range of creative strategies will be used. [See Box 24]
 - The action plan should be fully costed and include a detailed budget.

Box 23: Resources for advocacy work

Advocacy resources, such as briefing papers, should:

- Be brief and concise.
- Look smart and professional.
- Be focused on key messages (what the problem is, why it matters and what others can do about it).
- Be based on facts and figures and include references.
- Include some human interest (a case study about what the problem means to a real person).
- Be in an appropriate language for the target audience.
- Include action points about what readers can do.

Box 24: Strategies for advocacy work

Advocacy strategies can include:

- Constituency building (building grassroots support among community members and community groups).
- One-to-one briefings with key decision makers (e.g., the Chair of the National AIDS Authority).
- Media work (press releases, press conferences).
- Disseminating advocacy materials (leaflets, briefings).
- Letter writing or e-mail campaigns.
- Working through champions (influential people who support the issue).
- Holding rallies and protests.
- Direct action (attending a meeting of the National AIDS Authority and demanding a place at the table).

- ✓ 4. The community sector or individual organisations identify key messages for the advocacy plan. [See Box 25]
- ✓ 5. The community sector or individual organisations identify any capacity-building needs that should be addressed before implementing the advocacy plan¹⁹. This might include building skills in areas such as:
 - Developing key messages
 - Speaking in public
 - Lobbying decision makers
 - Working with the media
- ✓ 6. The community sector coordinating group or working group keeps other community constituents informed about the advocacy activities, by providing updates through its website, newsletter or meetings²⁰.
- ✓ 7. The community sector organisations monitor and evaluate the advocacy plan and continuously consult with the broader community sector. When necessary, they make changes, such as identifying additional targets or changing the key messages.

Box 25: Key messages

Advocacy messages should be:

- Short and simple
- Positive and action-oriented
- Accurate and consistent
- Suitable for their target audience
- Agreed and used by all those involved in the advocacy work
- Used throughout all advocacy activities (in leaflets, in presentations to decision makers)

(Source: Adapted from Pathways to Partnerships, International HIV/AIDS Alliance)

Examples of key messages about the importance of community sector involvement:

- If communities are actively involved in the planning processes, HIV/AIDS action frameworks are more likely to reflect and address the needs of the key populations most at risk. This will result in more effective responses to HIV.
- Involving the community sector in the design and implementation of the monitoring and evaluation system will provide a fuller picture of the actual AIDS response. It will also provide a better understanding of what interventions are actually meeting the needs of communities most at risk or in need of support.

¹⁹ See Action Card ④

²⁰ See Action Card ⑥

Case study: Advocating for the involvement of people living with HIV/AIDS, Bolivia

While preparing proposals for Rounds 1 and 2 of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bolivian government decided who could join the Country Coordinating Mechanism. It did not include people living with HIV/AIDS. Proposals were written in almost total secrecy and were rejected both times.

Before Round 3 was launched, groups of people living with HIV/AIDS decided to challenge the situation. They did this in several ways, including:

- Developing their capacity and learning skills, with the assistance of the International Council of AIDS Service Organizations and the Latin American regional network for people living with HIV/AIDS (REDLA).
- Sending letters denouncing the exclusion of people living with HIV/AIDS to national and international networks and to the Global Fund itself.
- Having their leaders communicate their demands through the media.
- Lobbying international organisations, such as UNAIDS.

The advocacy work was successful. In 2006, four of the thirty or so members of the Country Coordinating Mechanism are people living with HIV/AIDS. They are elected by their network and they also participate in the Mechanisms Executive Committee and sub-committees.

Bolivia's application for Round 3 of the Global Fund was accepted.

(Source: Adapted from Challenging, Changing and Mobilising: A Guide to PLHIV Involvement in Country Coordinating Mechanisms, Global Network of People Living with HIV/AIDS and POLICY Project, 2005).