

PSYCHOSOCIAL WELLBEING SERIES

Psychosocial Support Advocacy Toolkit



Psychosocial Wellbeing For All Children

REPSSI is a regional non-governmental organisation working with partners to promote psychosocial care and support (PSS) for children affected by HIV and AIDS, poverty and conflict in East and Southern Africa.

This toolkit defines advocacy as a process to bring about change in the policies, laws and practices of influential individuals, groups and institutions. After a lengthy collaborative process, REPSSI is proud to publish this much needed resource which hopes to put psychosocial issues even more strongly on the agenda of both governments as well as local stakeholders working with all those affected by HIV and AIDS, poverty and conflict.

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REPSSI, May, 2008



Symphaxis

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Introduction to the Toolkit

1. What is the aim of this toolkit?

This toolkit aims to support non-governmental organisations (NGOs) and community based organisations (CBOs) in developing countries, to plan and implement effective advocacy work around psychosocial support (PSS). It aims to help NGOs/CBOs to have a clear understanding of what PSS and advocacy are. The resources available within this toolkit can also be used to support the existing work of NGOs/CBOs by providing practical assistance in how to undertake PSS advocacy work.

The focus of this toolkit is PSS advocacy, which looks at influencing people and organisations in power to create an environment which protects the rights, health and welfare of children and young people, whether orphaned, affected by HIV and AIDS, or victims of war and abuse. For NGOs/CBOs involved in PSS, this means understanding the role of advocacy in relation to other responses to PSS, such as information, education and communication (IEC), community mobilisation and service provision.

The toolkit addresses the advantages of systematically planning advocacy work and how this can be achieved. It also aims

to introduce NGOs/CBOs to advocacy methods that have worked in the past, and to understand when their use is appropriate. This process of building practical advocacy skills means participants will be armed with knowledge and skills to implement PSS advocacy work.

2. Why and how was this toolkit developed?

For the past 5 years REPSSI and its partners have been successfully using the training manual “*Advocacy in Action – A toolkit to support NGOs and CBOs responding to HIV/AIDS*” produced by the International HIV/AIDS Alliance and the International Council of AIDS Service Organisations (ICASO).

REPSSI and its partners decided that it would be advantageous if the *Advocacy in Action* toolkit could be adapted to have a PSS focus making it easier to be used.

The development of a new PSS version of this toolkit was informed by a meeting held in December 2007 with REPSSI management, senior secretariat staff, sub-regional coordinators, and the consultant writer, Nicky Davies. These stakeholders brainstormed components for the PSS advocacy

toolkit and generated national level PSS case studies from across the region.

During the development of the new PSS advocacy toolkit, some sections of the *Advocacy in Action* toolkit have been used with limited adaptation while other sections are completely new or have been modified.

The consultant writer also drew heavily on a number of other resources when adapting the toolkit including:

- International HIV/AIDS Alliance, (2002). *100 ways to energise groups: games to use in workshops, meetings and the community*.
- International HIV/AIDS Alliance, (2001). *A Facilitators' Guide to Participatory workshops with NGOs/CBOs Responding to HIV/AIDS*.
- Save the Children's Fund, UK, (2005). *Practice standards in children's participation*
- The Policy Project, (1999), *Networking for Policy Change: An Advocacy Training Manual* by POLICY, Washington, DC: Constella Futures.
- International HIV/AIDS Alliance, *Online OVC Support Toolkit*.



- Family Health International, (2005). *Assessing the situation of OVC affected by HIV / AIDS: A Guide for Implementers*.
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- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147: 598-611.
- Lerner, R., Fisher, C. & Weinberg, R. (2000). *Toward a science for and of the people: Promoting civil society through the application of developmental science*. Child Development, 71 1: 11-20.
- Richter, L., Foster G., & Sher, L. (2006). *Home is Where the Heart is, Meeting the Psychosocial Needs of Young Children in the Context of HIV/AIDS*.

Numerous other publications were used and cited within the original Advocacy in Action toolkit developed by the International HIV/AIDS Alliance, in 2002

All illustrations were done by Helga Hoveka.

A resource development workshop was held in South Africa in February 2008 during which time a draft of the new PSS advocacy toolkit was field-tested and some sections were rewritten. REPSSI would like to thank all its partner NGO staff, REPSSI staff, and consultants that contributed to the development of this toolkit:



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3. Who is this toolkit for?

This toolkit is for people and organisations that support NGOs and CBOs responding to PSS issues in developing countries. These include NGO support programmes, training institutions and individual trainers. The toolkit can also be used by NGOs and CBOs themselves to build skills within their own organisations to implement PSS advocacy work.

It is important that people using this toolkit already have some basic facilitation skills, for example in guiding large

group discussions and small group activities. It is necessary for members of the facilitation team to have experience of advocacy and PSS, although not all facilitators need both.

4. How to use this toolkit

This toolkit is designed to be flexible. Facilitators can tailor the workshop timetable to meet the needs of different NGOs/ CBOs. For example, some groups may want to do most of the activities during one training workshop, while others may want to use a selection of activities over a period of time, or to

focus on one or two activities to meet a specific, urgent need. A selection of different timetables can be found in Annex A. Sections 1, 2 and 4 of the toolkit are designed for ‘pick and mix’, meaning that the activities can be used in any order or combination. However, it should be noted that Section 3, which takes participants through a planning framework for advocacy work, is a series of linked activities that needs to be followed in order and as a whole.

The time given for each activity is a guide. More time may

be needed if participants are very new to advocacy, PSS, participatory planning or the process of being a workshop participant. You will need to change the time allocation slightly depending on which timetable you choose from Annex A or develop a timetable for yourselves.

A selection of energizers has been included in Annex D from the following publication: *100 ways to energise groups: games to use in workshops, meetings and the community, International HIV/AIDS Alliance, 2002*. A full copy of this publication is included on the *REPSSI PSS Advocacy Toolkit: CD-Rom of Resources*. One can choose which energizers are the most appropriate to use.

Annex E includes the following publications to support facilitators to strengthen or refresh their planning and facilitation skills for participatory workshops: *A Facilitators' Guide to Participatory workshops with NGOs/CBOs Responding to HIV/AIDS, international HIV/AIDS Alliance, 2002*. It may be worth looking at Annex E first as well as using it as a reference point throughout the process.

The CD-Rom of materials titled *REPSSI PSS Advocacy Toolkit: CD-Rom of Resources* has been collated primarily for use by the workshop participants who often have limited or slow access to the internet. You could therefore plan to reproduce the master CD-ROM attached at the front of this toolkit. Hand one copy to each participant at the end of the workshop. The CD-Rom consists of many different resources. Not all of them

need to be used only those that are relevant, appropriate and best suite the workshop that you are running.

5. How many facilitators are needed to implement this training?

Based on experience of implementing this toolkit during fieldtesting, three facilitators are needed to implement the training as written. Three facilitators are necessary particularly for the implementation of section 3 of this toolkit. One facilitator must be available to support each of the 3 planning groups through each step of the planning framework. This is important because no time is allocated for the groups to share their group work during plenary. Facilitators must be experienced at using this toolkit or have had adequate time to digest its content as they will be responsible for each small group successfully understanding the advocacy issues and planning processes successfully.

If three facilitators are not available you can either:

- Reduce the number of planning groups from 3 to 2, but remember all of section 3 is group work, so you don't want too many participants in each group
- Extend the time for each planning step and the number of days for the workshop so that you can have plenary discussions after each of the 10 planning steps in section 3.

6. How long does the toolkit take to use?

Instructions for each activity in this toolkit include an estimated

time for how long it will take to complete. These are based on the experience of the International HIV/AIDS Alliance and REPSSI of facilitating advocacy workshops or using similar toolkits in workshops with 20-30 participants. However, in practice, facilitators can make the activities shorter or longer, depending on the time available, experience and interests of the participants. The times allocated in this toolkit assumes, that participants already have some understanding of both advocacy and PSS. More time will be needed if participants are new to one or both of these topics.

It is important that you review the toolkit thoroughly, before you commit to the number of days for the workshop(s) to implement the training, and that you have a good sense of the level of experience of your proposed participants. You can get a good sense of the level of experience of participants by talking to a few proposed participants on the phone and asking questions like:

- How would you define advocacy?
- Why is PSS advocacy needed?
- Do you think it is necessary to plan advocacy work? Are you interested in learning how to systematically plan advocacy work?
- Which of the following advocacy methods would be appropriate for you to use in your country, and which ones would you like to explore in detail during the workshop? (Use the list from session 1.3). You could also ask which methods they have used in the past.

- How many days can you spare to attend workshop? (5 days, 7 days, 8 days etc)?
- Would you be willing to attend two workshops: one giving an Introduction to advocacy, PSS advocacy and planning advocacy work (5 days) and another workshop for Skills-building for advocacy methods (3-4 days)?

Section 1-3 of this toolkit can be covered in a 5 day workshop. This provides enough time to introduce advocacy, PSS advocacy, and practise using the planning framework. To include advocacy methods and skills-building activities (section 4), the workshop will either need to be extended to 7 or 8 days, or a second workshop of 3 and a half days can be arranged. There are four suggested workshop timetables included in Annex A.

7. What do I need to know about each section to plan a workshop?

Following this introduction to the toolkit, the remainder of the toolkit is divided into the following sections:

- Section 1: An introduction to advocacy
- Section 2: An introduction to PSS advocacy
- Section 3: Planning PSS advocacy work
- Section 4: Skills building on advocacy methods
- Annex A to E: Resources to assist workshops

The contents of each part of Sections 1-4 follow the format:
Introduction – explaining the subject of the activity and the key

issues involved.

Facilitators' notes – sharing 'useful ideas' about how to successfully guide participants through the activity.

Activity instructions – outlining the steps to take to complete the activity, and the key questions to consider.

Time – providing an estimated amount of time necessary for the activity.

Example of activity – showing how an NGO/CBO has put the activity into practice.

All examples of activities were generated during a five-day resource development workshop attended by REPSSI staff, Partner NGO staff and consultants in February 2008. Some examples have been adapted to make them clearer or shorter.

Extra facilitators' notes, containing additional information which may be needed by facilitators, are added to the end of some topics within sections 1-4.



After going through the content of each section facilitators can prepare an introduction to the topic. Facilitators can work through the activity instructions adapting them to suite the goals of the workshop and the participants specific needs and interests. Finally facilitators can use the example of the activity for further clarification. The Examples of the activity should be seen as just one of the ways in which the activity could be put into action, as opposed to the 'perfect way'.

Section 1: An introduction to advocacy

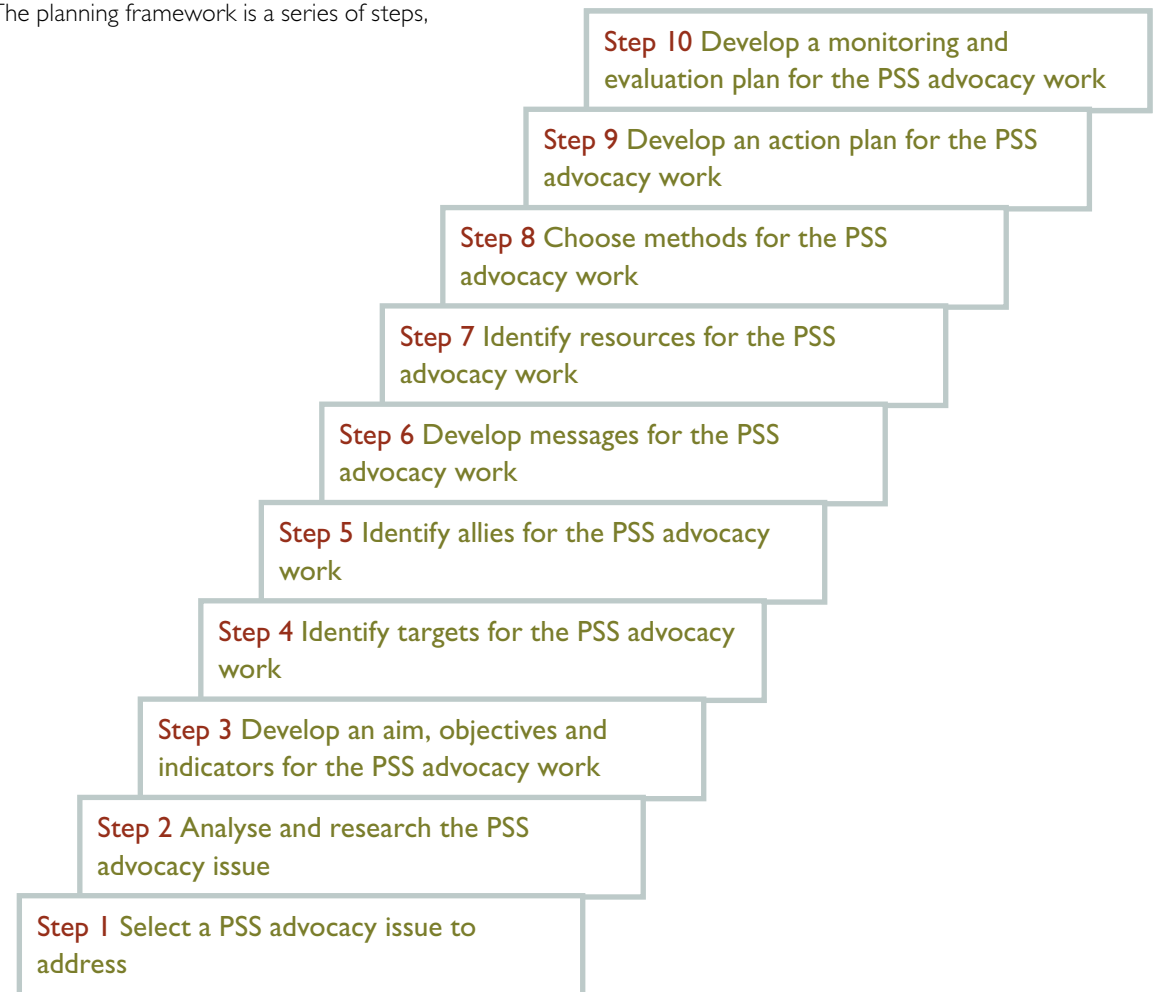
Aims to develop a shared understanding of what advocacy is, and why and how we do it. This is achieved by focusing on previous experiences of advocacy, either from participants or from others, to help the development of a working definition for advocacy. Facilitators of this section need to have a strong understanding of advocacy and be very familiar with the content of this section of the toolkit.

Section 2: An introduction to PSS

Aims to develop a shared understanding of what PSS is, why PSS advocacy is necessary, and how it can be achieved. This section also addresses the special considerations for the involvement of beneficiaries (children and young people) as advocates, and ways to assess whether we are PSS advocacy competent organisations. Facilitators of this section need to have a strong understanding of psychosocial support (and advocacy as far as possible) and be very familiar with the content of this section of the toolkit.

Section 3: Planning PSS advocacy work – a series of linked activities

Aims: to practice using the following planning framework for advocacy work. The planning framework is a series of steps, as follows:



The advocacy framework in this section can be introduced to participants during a workshop in a number of ways. Four approaches have been described below:

1. Carry out the activities as described in this section with minor appropriate adaptation. This allows the participants to carry out a participatory activity to practise each step of the planning framework by working in three groups. Each group identifies a general advocacy issue and practises planning how the issue could be addressed.
2. Edit the activities described in this section to cut down the amount of time required. Some sessions (steps) could be merged or discussed briefly. Some activities can be implemented relatively quickly without the need for groups to return to plenary for discussion.
3. Apply the advocacy framework to a case study of advocacy work and think through the planning it would have required. This can be achieved by imagining how the original advocates would have planned actions to achieve their aims.
4. Discuss the importance of each step of the advocacy framework by reflecting on past advocacy work and deciding how it could have been improved with better planning. The participants can be asked to work in small groups to go through each step of the framework (using handouts and information from the toolkit that can be summarised) and discuss their experiences in relation to past advocacy work and what they have learned from planning (or not planning!) these steps.

The discussion could cover the following points:

- Which steps are the most important to plan carefully?
- Which steps are potentially the most difficult to plan and why?
- Which steps might take longer than others to plan?

Advantages and disadvantages of the above four facilitation approaches

Advantages	Disadvantages
The participants can systematically practise each planning step in detail so that they can repeat the process as described in the toolkit with confidence within their organisations after the workshop	The series of activities described in this section will take the equivalent of 3 days or 5 mornings to implement.
Will take less time but still allows the participants to practice methodically working through the planning steps together. Involves more work time for the participants and less plenary time lead by the facilitators.	Requires a lot of careful adaptation work in the planning stage of the workshop. Requires enough facilitators for one facilitator to work with each small group throughout the planning process. There will be limited time for plenary discussion about each planning step or for the different small group members to share their ideas.
This approach does not involve diverse groups planning 'real' advocacy work together (which can be difficult if these organisations are not natural allies). This process is also quicker than the first approach. Participants can also facilitate this section of the workshop themselves.	This process involves a lot of guesswork and the case study may not include enough information to make this activity meaningful. Since the learning process is quicker, there is less time to discuss each planning step. This approach means that it is difficult for the facilitators to manage the learning process as the participants will be working in small groups (at their own pace) reading information about each step as they go along. One facilitator would have to support each small group.
The participants can share a lot of experiences and really discuss the importance of planning each step. They can also facilitate this section of the workshop themselves.	The participants will not be able to apply each step to one issue to see how the planning process can be used as a whole. This activity requires good facilitation on behalf of the participants. Since the learning process is quicker, there is less time to discuss each planning step.

When you are planning section 3 of the toolkit

- Allocate participants' planning groups in advance. Ensure that each group has roughly the same number of participants, with a gender mix and range of skills, experience and ability. The participants are likely to learn more if they work in groups with participants from a number of NGOs
- You may want to allocate each of the three groups a different level for their advocacy planning. One group could plan PSS advocacy work at the international or regional level, one at the national level, and one at the local level (sub-regional), (refer back to information on 'Levels of Advocacy' given out during session 1.1)
- There are some steps within the advocacy framework which can take more time than planned if the participants have limited understanding of planning processes, PSS or advocacy or all three. These steps include:
 - Selecting a PSS issue or problem
 - Developing an aim, objectives and indicators
 - Plan how you will manage this situation e.g. plan extra sessions in the evening, combine steps 4 and 5, etc
- During the workshop it is not essential for each activity to be completed as long as the participants have achieved enough to understand each step and have adequate group work outputs to be able to work through subsequent planning steps
- Include energizers between the planning steps to keep energy levels up

- One of the suggested workshop timetables in Annex A shows how the advocacy methods below can be scheduled during the afternoons so that section 3 (planning steps) run across the mornings to break up the day
- There is not enough time in a workshop for each group to present their work for each step. Include 'gallery walk' or 'market place' presentations and allow plenary discussions as you feel appropriate and when time allows. Tell participants that they will not be able to present their group work after each step but that their assigned facilitator will give them feedback during their group work

Section 4: Skills building activities on advocacy methods

Aims to provide activities and information for developing practical advocacy skills. The advocacy methods include:

- Presenting a position paper
- Working within the system
- Lobbying or face-to-face meetings
- Delivering a presentation
- Persuading using drama and songs
- Using a press release
- Carrying out a media interview
- Holding a press conference
- Using field visits
- Holding a demonstration

This section provides suggested activities to practise these advocacy methods. Each of these advocacy methods are described in detail with a suggested activity for the participants to practice.

In past workshops, activities in this section have been used during the afternoons of workshops to balance the more conceptual and planning-orientated activities in Section 3. On other occasions, these activities were used by the participants at the end of the workshop to facilitate their own skills-building sessions, or on occasions invite external experts.

If you have 3 to 4 days for a separate workshop on skills-building on advocacy methods (just focussing on section 4) you can organise exciting and interesting sessions to introduce these advocacy method skills to the participants. Use the opportunity to ask experts to attend specific sections of the workshop, for example, have a day on working with the media and ask a journalist to help for the day. Ask a civil society advocate to attend / facilitate sessions on lobbying, working within the system, and holding a demonstration (as appropriate), etc. Invite people experienced at designing dramas for social development to attend this session and help with drama design and performance etc.

Remember that each participant needs to have a chance to actually practise the skills themselves and where possible receive feedback from fellow participants and / or facilitators. Also ensure that any external expert is very well briefed on what you want to achieve from the session. Be clear

whether you want them to facilitate what is in the toolkit or something of their own design. Make sure that the 'experts' know what you want the participants to learn and that the participants must have a chance to actually practise the skills for themselves.

Annexes

Annex A. Four template workshop timetables for workshops with REPSSI partners

There are four suggested workshop timetables which show how the activities within the toolkit can be scheduled. There is five-day timetable which does not include skills building activities on advocacy methods, a three-day skills building on advocacy methods workshop timetable, and two timetables for a seven-day workshop, one which includes skills building activities on advocacy methods on day 6 and 7, and one with skills building activities on advocacy methods in the afternoons.

Annex B. PSS advocacy case studies

Eight PSS advocacy case studies that demonstrate how PSS advocacy can be put into practice. The case studies are drawn mainly from work implemented by Country Advocacy Teams (CATs) which were established and supported by REPSSI. All of the case studies are national level examples. As you plan the timetable and sessions of your workshop, think about how these case studies might be used.

Annex C. List of the content of the REPSSI PSS Advocacy Toolkit: CD-Rom of Resources attached to the back cover of the toolkit

The *REPSSI PSS Advocacy Toolkit: CD-Rom of Resources* includes resources collected into the following 5 folders:

- a) REPSSI PSS Advocacy Toolkit resources
- b) Involvement of children and young people in advocacy/ policy work
- c) PSS resources (all available on the IHAA OVC support toolkit website)
- d) Setting up and managing advocacy coalitions
- e) Resources to support advocacy work

The CD-Rom also provides a set of handouts called Information Sheets which can be printed out and then photocopied back to back and given out to the workshop participants as a reference pack to take back to their organizations. It is important that you budget for this photocopying if you would like to give the participants these materials. If all information sheets are included in a pack for each participant, then you will need to budget for 76 A4 photocopies on 38 sides of paper, plus binding or a folder (for each participant attending the workshop, or one pack for each organization represented at the workshop).

Alternatively, if you plan to give each participant a copy of the CD-Rom you could simply draw the participants' attention to the Information sheets and tell them that they can be accessed

from the CD-Rom after the workshop. Whether you use this alternative strategy will depend on whether the participants will have access to this CD-Rom when back at their NGO, for example, will it be filed in the Executive Directors office! In terms of ease of use, the best scenario is to make a pack, including photocopied information sheets and a CD-Rom, to give to each participant.

Annex D. Selection of energisers

Selection of energisers from '100 Ways to energise groups: Games to use in workshops, meetings and the community (see *REPSSI PSS Advocacy Toolkit: CD-Rom of Resources* for a full copy of this publication)

Annex E. A guide to facilitating participatory workshops

A full Word-file copy of *A Facilitators' Guide to Participatory workshops with NGOs/CBOs Responding to HIV/AIDS*, international HIV/AIDS Alliance, 2002

8. What materials will you need to use this toolkit?

All of the activities in this toolkit can be used with a small number of simple resources. These are:

- Large sheets of blank paper (flip-chart, Manila paper or newsprint)
- Small pieces of blank paper
- Thick marker pens (blue and black)
- Sticky tape, Blu-Tack or Sticky Stuff / Prestik.
- Post-It Notes (or small pieces of paper with Prestik on the back)
- Scissors
- Two flipchart stands
- Participant notebooks and pens

The facilitators need to make copies of the information sheets and CD-Rom to give to the participants at the end of the workshop (see explanation of Annex C above)

Most of all, both facilitators and participants will need enthusiasm, energy and creativity!



Section I: An introduction to advocacy

Introduction

Aim: To develop a shared understanding of advocacy

This section:

- asks participants to develop a working definition of advocacy
- explores different reasons for doing advocacy work
- explores possible advocacy methods.

The activities in this section can be some of the most interesting but difficult to facilitate because participants often have very different ideas about what advocacy is and why we should do it. For example, there may be confusion between advocacy and other social development approaches such as information, education, communication (IEC) and community mobilisation. This is because IEC and community mobilisation can also involve influencing, persuading and mobilising people into action, which are all key advocacy 'words'. Information Sheet I.1: What is advocacy? includes a table titled, 'Advocacy and related concepts', which aims to help clarify the difference between these concepts. It is important to keep focusing on advocacy as a means of persuading people to change, rather than IEC and community mobilisation, which are more about working with the general public or specific groups of people. As explained in this section, IEC and community mobilisation can be very useful

actions to encourage the general public and beneficiaries to support our advocacy work, but they are not advocacy activities in themselves.

There are no internationally agreed definitions of advocacy and it is not necessary for everyone to agree on all the issues raised in the workshop. It is important to discuss the issues and agree on one advocacy definition to use during the workshop.

I.1 What is advocacy?

Introduction

The toolkit definition of advocacy:

"Advocacy is a process to bring about change in the policies, laws and practices of influential individuals, groups and institutions." Reference: Adapted from advocacy skills-building workshop for HIV/AIDS, International HIV/AIDS Alliance, Zimbabwe, July 2001.

Individuals and groups have always tried to influence people in power, in their private lives and as part of their work. Advocacy work takes on many shapes. In relation to PSS it can include a drama performed by child actors concerning their

rights, or a meeting with a country's president. It is possible to advocate for ourselves or for other people. Almost all NGOs and CBOs already have had some experience of doing advocacy work, even if they do not realize it, or do not use the word 'advocacy'. Advocacy is only one approach to addressing PSS needs. Advocacy can support other approaches by gaining the assistance of people in power and changing the social environment in which we work.

The purpose of the following activity is to reach a shared understanding of advocacy. It is important to have a clear understanding of the differences between advocacy and other social development approaches such as information, education and communication (IEC) and community mobilisation.

Advocacy work can target people with influence at all levels, from a district level government official to the International United Nations Secretariat. This toolkit refers to three key 'levels' of advocacy:

- Local (sub-national - village, district, city, state, etc.)
- National (the whole country)
- International or regional (more than one country)

For example, if our PSS advocacy issue is the provision of PSS training for teachers:



- Local level: The District Education Officer has influence over the schools within his or her district, so persuading the District Education Officer to enforce the implementation of an agreed PSS training policy within his or her district will have a local impact.
- National level: The officials within the Ministry of Education have influence over all schools in the country, so persuading the Ministry of Education to instruct the District Education Officers to enforce the implementation of an agreed PSS training policy will have a national level impact.
- International or regional level: UNICEF has influence over the Ministry of Education in many countries, so persuading UNICEF to lobby officials within the Ministry of Education of many countries to implement an agreed PSS training policy will have an international impact.

Facilitators' notes

- Point out that advocacy overlaps with many other social development approaches, i.e. IEC, community mobilization etc. This means that many of the skills necessary to carry out advocacy work already exist in many organisations and indeed many undertake advocacy work without ever calling it advocacy
- Point out that an advocacy definition should include 'what' advocacy is and also 'who' it is aimed at. This helps avoid any confusion between advocacy and other social development approaches such as information, education,

communication (IEC) and community mobilisation, etc. of what advocacy is

- Ensure that the participants understand that advocacy can be achieved at different levels: local (sub-national), national and regional/international. These levels refer to the level where the impact will be felt, for example, a PSS advocacy action would be local if the impact would only be felt in one district of a country
- Discourage the participants from talking about the issues within the case study itself. If the author of the case study is present, ask them to read aloud their case study (give them advanced notice)
- Encourage participants to discuss their own advocacy experience. Be aware that they may have come to the workshop with different understandings of what advocacy is, make sure this does not confuse this introductory session
- If there is a lot of disagreement about the definition of advocacy you will either need to keep discussing the definition until agreement is reached, vote for one definition, or ask the participants to agree on one definition to use during the workshop stressing that they can use their own definition after the workshop
- Make sure that there is awareness that advocacy around policies does not only include changing or creating policies. Advocacy can also be about putting policies into practice (implementation)
- Advocacy can involve many specific, short-term activities

which together combine to reach a long-term vision of change; hence the inclusion of the word 'process' in the toolkit definition

- It may be necessary to clarify what lobbying means and agree on when this word can be used during the workshop. Lobbying is most commonly used as a description of an advocacy activity which aims to change government policies or legislation. It can be once-off or a process. Some consider lobbying to be an activity which goes beyond government policies and legislation to other decision-making bodies. In a few countries lobbying is used interchangeably with the word advocacy

Activity instructions



1 hour

1. Introduce the topic: **What is advocacy**
2. Ask the participants to share any established definitions of advocacy they might know. They can also share their own definitions or ideas. Acknowledge that we all have different understandings of what advocacy is.
3. Ask the participants to point out what all these definitions have in common what are the key words or phrases that define advocacy well?
4. Read aloud the toolkit definition provided above. Ask the participants to comment on this definition. Unless there are any major objections explain that this definition will be used during this workshop.

5. Explain that advocacy can take place at many levels: local (sub-national), national, regional/international. Ask the participants to give examples of their experience of advocacy at each level or how one issue can be addressed at different levels.
6. Read aloud one good case study, for example, case study 2 within Annex A of this toolkit
7. Ask the participants to check that the case study was indeed an advocacy case study by reflecting back to the definition. Use the case study to highlight the usefulness of the advocacy definition.
8. Use the table included in the Extra facilitation notes to clarify the difference between advocacy and other social development approaches such as IEC and community mobilisation as necessary. Make the point that advocacy work often runs parallel to community mobilisation to help ensure that the beneficiaries can clearly identify their needs and are ready to engage with new policies or services that could benefit them.

Example of activity 1.1

PSS Advocacy toolkit development workshop
agreed advocacy definition:
"Advocacy is a process to change the policies, laws and practices of influential individuals, groups and institutions"

Brainstorm of what advocacy means

- "Process of influencing change by targeting influential groups e.g. government"
- "Bring issues affecting minority groups to the attention to policy-makers"
- "Change in practises, policies and attitudes of different groups and individuals"
- "Advocacy is a process"
- "Speaking on behalf of a group to change a situation positively"
- "People affected by a certain situation can advocate themselves"

How can advocacy be addressed at different levels?

The topic of the rehabilitation of children affected by war through the provision of psychosocial support was discussed as an example of a PSS issue that can be address at the local (sub-regional, National and Regional / Internation level.

Local level: Advocate for the provision of PSS by social service departments (including education, social welfare, health etc). E.g. advocacy targets would be district representatives from social service departments (including education, social welfare, health etc). This would have a local level impact.

National level: Advocate for the provision of PSS by social service departments (including education, social welfare, health etc). E.g. advocacy targets would be national representatives of social service departments (including education, social welfare, health etc). This would have a national level impact.

Regional level: Advocate for the provision of PSS by social service departments (including education, social welfare, health etc). E.g. advocacy targets would be SADAC, UN agencies. This would have a regional level impact.

Advocacy and social development approaches

	Advocacy	IEC	Community mobilisation	Networking & partnerships	Resource mobilization or allocation	Overcoming stigma & discrimination
What does it primarily aim to change?	Policies, implementation of policies, laws and practices	Awareness, behaviour and attitudes	Capacity of communities to identify and address their problems	Isolation and duplication	Increase or rationalization of resources available	Reduction in stigma and discrimination
Target group	Decision-makers, leaders, policy-makers, people in positions of influence	Particular age group, gender, residents of an area, etc.	Members of a community	Individuals or groups who have a similar agenda	Communities, local councils, government, donors (resource providers)	People who stigmatise and discriminate
Does it mainly target people who have influence over policies, laws and practices?	Yes	No	No	No	No	No
Typical process or outcome indicators of success	25% increase in traditional healers in Luwero province of Uganda referring ex-child-soldiers with psychosocial problems to a medical doctor	100% of communities in Luwero province of Uganda received IEC materials about the needs of ex-child-soldiers	30% increase in the number of parents or caregivers in Luwero province of Uganda referring ex-child-soldiers to doctors for psychological assessment	Documentation of the successes achieved in Luwero Province to support the rehabilitation of ex-child-soldiers across the whole Northern Uganda Province	Allocation of US\$800,000 funds for the rehabilitation of ex-child-soldiers at district level in Northern Uganda	60% of ex-child-soldiers in Luwero province of Uganda report a significant decrease in the stigma and discrimination felt in their communities

1.2 Why do we advocate?

Introduction

We face many issues and problems in our work to provide PSS to orphans and vulnerable children. Some of these problems are caused by, or made worse by, policies, laws or practices that are in place, or by the fact that good existing policies, laws or practices are not implemented. It is these issues or problems that can only be solved with the help of influential people or organisations, i.e. they can only be solved by advocacy.

Facilitators' notes

- Consider using 'The Animal Game' from Annex D: *Selection of Energisers* to split the participants into four groups. Use four different animals
- Emphasize that the advertisements in this activity should aim to persuade other NGOs, and not the general public, of the benefits of advocacy work
- Monitor the groups while they prepare to make sure they identify what makes advocacy different from other activities, such as community mobilisation, IEC, etc
- Remember IEC, community mobilization etc can all support advocacy but this session aims to make sure that the participants understand that advocacy can address some issues in a way that these others approaches cannot e.g. change the attitudes of influential people, or policies and laws

Activity instructions



1 hour

1. Introduce the topic: **Why do we advocate?**
2. Explain that after the workshop participants will need to persuade colleagues in their organisation or other NGOs/CBOs of the benefits of including advocacy in their work. This activity is an opportunity to check our understanding of the specific benefits of advocacy and practise 'selling' advocacy by promoting its benefits.
3. Divide the participants into four groups. Share the following two tasks between the groups. Ask them to prepare:
 - a 5-minute role play of one or more staff trying to persuade reluctant colleagues of the benefits of advocacy work
 - a pretend advertisement for an NGO network newsletter highlighting the benefits to NGOs/CBOs of doing advocacy workDisplay these guideline questions to help the small groups prepare:
 - Is there anything that advocacy can achieve that other social development approaches like IEC and community mobilisation cannot achieve?
 - What arguments might people put forward for not doing advocacy?Give the participants 30 minutes to prepare
4. After the groups have prepared, ask each group to perform or display their advertisement, or just allow one

role-play and one advertisement to be presented

5. With the whole group, discuss the benefits of doing advocacy work:
 - What kinds of things can advocacy achieve that IEC and community mobilisation cannot?
 - If advocacy is beneficial, why do many organisations not do it?
6. Contribute any key benefits that may have been missed by the advertisement or presentations.

Example of activity 1.2

What kinds of things can advocacy achieve that IEC and community mobilisation cannot?

- Advocacy can address policy gaps
- Advocacy can ensure the implementation of good laws and policies; promote law enforcement
- Advocacy can change bad or harmful laws, policies and practices
- Advocacy allows us to change the policies, practices and attitudes of influential people, IEC and community mobilisation cannot achieve this
- Advocacy can target resource providers to improve resource allocation

If advocacy is beneficial, why do many organisations not do it?

- Advocacy is:
 - time consuming
 - expensive
 - involves coordinating a lot of different role players
 - long term, it takes too long to see results
 - too 'political' we have a non-partisan position
- Some NGOs want to preserve their roles and don't want to see systematic change that would take away their jobs
- Some NGOs are scared of trying to affect change concerning something which is supported by, or based on, the local culture
- Some donors will not fund advocacy work
- There is a fear of unanticipated results such as organizations being attacked for their position, advocacy messages being misrepresented resulting in damaged reputation, the workforce may get detracted from other work etc



Diagram used to support the text of one newsletter advert

1.3 How do we advocate?

Introduction

Advocacy methods can take many different forms for example:

- it can be written
- spoken
- sung or acted

Advocacy is a process which can take one hour to more than several years. To achieve our advocacy goals we must implement advocacy methods. Advocacy methods are ways to communicate our messages to direct targets or indirect targets. They can include:

- Presenting a position paper
- Working within the system
- Lobbying or face-to-face meetings
- Delivering a presentation
- Persuading using drama and song
- Using a press release or newsletter placement
- Carrying out a media interview
- Holding a press conference
- Using field visits
- Holding a demonstration

We can do advocacy work on our own or with others. However, advocacy methods that are led by the people affected by the issue, or directly involving them, often have a more positive impact. If we plan to advocate on behalf of

others it is important that those directly affected are involved in planning the advocacy work and it is very important to receive the permission of the people affected by the issue, to act or talk on their behalf. This permission allows us to legitimately advocate for them or represent them.

Sometimes PSS issues arise and we choose to use advocacy to address them. This is called reactive advocacy. At other times it is possible to plan for the future, to 'set the agenda' and use advocacy to create a positive environment or prevent a problem before it happens. This is called proactive advocacy.

How we advocate requires careful planning. Who will do the advocating? Who will you target? What will your messages be? How will you get your message across and how will you know if you have been successful? All these issues will be addressed in detail when we practise planning advocacy work later in the workshop (using Section 3 of this toolkit). During this session we will focus on the different ways that we communicate our messages to persuade the influential people of our point of view. We call these advocacy methods.

Facilitators' notes

- Decide what information to include in the introduction and what should be given as a conclusion
- For instruction 3 give extra time if participants are new to advocacy
- Prepare a big flipchart with the list of advocacy methods

listed in the introduction to this topic. Allow plenty of space on the right-hand side for the participants to stick their Post-It Notes



Activity instructions **1 hour 30 minutes**

1. Introduce the topic: **How do we advocate?**
2. Make sure you highlight the definition of an advocacy method: '*Advocacy methods are ways to communicate our messages to direct or indirect targets*'.
3. Ask the participants to share their stories of using different advocacy methods.
4. Ask the participants to work with the person sitting next to them (in "buzz pairs"). Give each pair ten Post-It Notes and a thick pen. Ask the pair to spend 5 minutes brainstorming different advocacy methods. Ask them to write each method on a separate Post-It Note
5. When the participants have finished, pin up the flipchart with the list of advocacy methods listed and read them aloud. Include brief comments about each method to make sure that the participants understand what is meant (see *Extra facilitation notes* at the end of this topic). Take brief comments or questions about the advocacy methods
6. Ask the pairs to match their methods with those on the list by sticking their Post-It Notes to the right of the listed advocacy methods. Ask the participants to stick any Post-It Notes that they cannot categorise to one side.
7. When all the Post-It Notes have been stuck to the

flipchart, work through the Post-It Notes that had been put to one side. Show where they should be categorised or add them to a section called *Other advocacy methods* at the bottom of the list.

8. Stand back and comment on which methods were more commonly identified and which ones were not. Facilitate a discussion based on the following questions:
 - Why did you identify some of these advocacy methods more than others?
 - Which advocacy methods are particularly popular in this region and why?
9. Close the session by reminding the participants how important it is to thoroughly plan their advocacy work so that they know which methods to choose based on the skills that they have, the best way to reach the target, and the type of messages that need to be put across.

Example of activity 1.3

Why did you identify some of these advocacy methods more than others?

- Some advocacy methods are more commonly used in this region
- We have seen some of these advocacy methods in use but have not realised they can be used for advocacy work, for example, field visits, drama and song etc.

Which advocacy methods are particularly popular in this region and why?

- Lobbying is popular because it is quick, cheap, you are present to answer questions, you receive direct feedback, easier
- Media campaigns are common as they can reach many influential people, they are cost-effective, they increase your influence as you are mobilising support amongst beneficiaries and the public. The target feels a lot of pressure but it is not directed at them personally or does not embarrass them or put their backs up
- Position papers are good for presenting the facts. They can be supported by a petition. Shows strength in numbers. They can be used to support most advocacy methods to make sure that facts get across. They look professional and serious
- Drama is cost-effective, mobilises broad support, reflects real life situations, can present sensitive issues in an indirect or discrete way, simulate dialogue, interactive drama can involve beneficiaries, can deliver a lot of information at one time. However it is important to make sure that the advocacy messages have got across by holding a discussion after the drama. Particularly useful for local level advocacy. Drama for advocacy works better in some countries than others

Some participants identified the following activities as advocacy methods:

- Research evidence
- Analyse the evidence
- Build alliances with other advocates

After a discussion it was agreed that these are planning and research activities and not advocacy methods that will change a target's mind.



Participants sticking their Post-It Notes to the match the list of advocacy methods

Extra facilitation notes

Advocacy methods

Advocacy methods are ways to communicate our messages to direct or indirect targets. Advocacy methods include:

- **Presenting a position paper** – is a one or two page document written for a specific advocacy target that clearly states the opinion of an organisation (or advocacy coalition) about a particular issue. They are particularly important for PSS advocacy work to ensure that messages, evidence and proposed solutions reach the influential people without any possibility of miscommunication, and can be used for future reference or copied for their colleagues. A position paper is usually used to reinforce another more direct advocacy method but it can also be used on its own
- **Working within the system** – involves joining or becoming part of an institution or organisation that you want to change, for example, by joining an advisory board, committee, or volunteering services. This method is a relatively long-term commitment
- **Lobbying or face-to-face meetings** – are diverse opportunities where you can talk to a target directly whether in a formal settings, for example, during a committee meeting, or in an informal setting, for example, whilst having coffee together at a conference
- **Delivering a presentation** – means getting your foot in the door to be able to have access to the targets, then writing and delivering a tailor-made presentation to

them, and finally answering questions that they might have afterwards

- **Persuading using drama and songs** – involves organising an opportunity to perform a drama or song in front of advocacy targets. The drama or song needs to include PSS advocacy messages, evidence and suggested solutions. You will then need to facilitate a discussion, make a short presentation or answer questions afterwards
- **Using a press release** – writing a one-page document using a specific format and language which tells journalists about your advocacy issue in a way that inspires them to include the story in their news or articles. This advocacy method aims to reach the advocacy targets through the news or articles delivered by the journalists
- **Carrying out a media interview** – involves getting invited by a journalist to make an interview about your PSS advocacy issue so that advocacy targets can be reached through the news bulletin or article
- **Holding a press conference** – involves organising for a group of journalists (possibly including written press, TV and radio) to attend a meeting where you outline your advocacy messages, evidence and solutions and take questions from the journalists. Press conferences are usually quite formal, well planned and chaired or facilitated by someone with previous press conference organisation experience
- **Using field visits** – involves inviting advocacy targets on a well planned visit to see an issue first-hand, or to see

how a problem can be solved and replicated elsewhere. This requires a lot of preparation at the visit site, rehearsal of messages with those that might come in contact with the target, and careful consideration of who will answer questions and talk to the target at any great length

- **Holding a demonstration** - involves organising a group of people to collectively convey advocacy messages about a PSS advocacy issue at an event or location in a way that will attract the attention and interest of advocacy targets. Holding a demonstration requires strong planning and coordination skills to make sure that the right messages get across, that the local authorities are well informed of your intentions, that the group of individuals are clear of what is and isn't their role, and that it is organized within the local legal framework

Section 2: An introduction to PSS advocacy

Introduction

Aim: To develop a shared understanding of PSS

This section:

- asks participants to agree on a definition of PSS
- explores different reasons for doing PSS work
- explores the guiding principles for doing PSS work
- how to support child advocates
- how to assess whether we are a PSS advocacy competent organisation

The activities in this section help to ensure that the participants start the workshop with a common understanding of what PSS is and why it is important. This can be difficult as participants may have very different ideas about what PSS is and why we should do it. It is vital that participants have a chance to check their understating of PSS and talk about other ideas of PSS that they have heard. This will allow them to place these alternative views in context alongside the definition that is agreed by the group. It will also help the participants to be able to facilitate a discussion with others to strengthen their understanding of PSS.

Once a shared view of PSS is established, it should be more straight-forward facilitating the planning steps within section 3.



2.1 What is psychosocial support (PSS)?

Introduction

Psychosocial support contributes to the overall goal of **psychosocial well-being** which is defined by REPSSI as 'The psychosocial well-being of children is the positive age and stage-appropriate outcome of children's development', Psychosocial Working Group paper, Psychosocial Intervention in Complex Emergencies, a Framework for Practice, (2003)

The psychosocial development of children can be defined as the gradual psychological and social changes that children make as they mature. Psychosocial development consists of the:

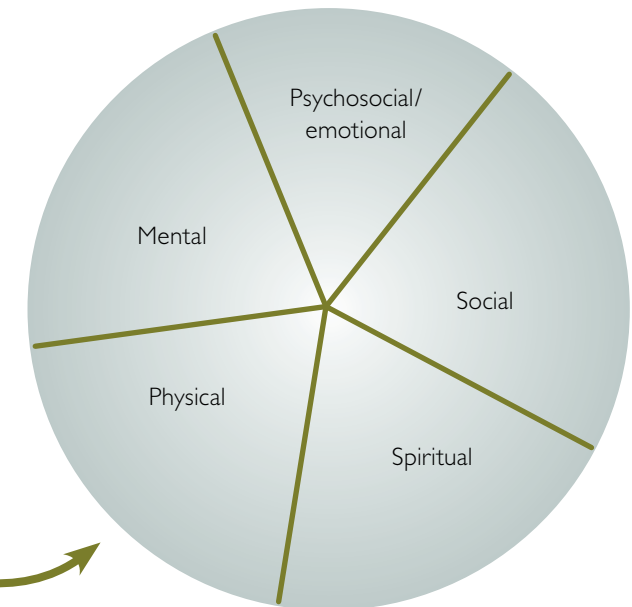
- **psychological** aspects of human development – the capacity to perceive, analyze and learn from experiences, understand oneself and others, and experience emotion, and
- **social aspects of human development** – the ability to form attachments, especially to caregivers and peers, maintain satisfying reciprocal social relationships, and to learn and follow the social codes of behaviour of one's own culture.

Toolkit definition of psychosocial support for children:

REPSSI's definition of psychosocial support for children is "a continuum of care and support by which children, families, service providers and the broader community can influence children's social environment as well as their individual capacities for both individual benefit and community/ societal development".

REPSSI explains that this continuum ranges from care and support offered by caregivers, family members, friends, neighbors, teachers, health workers and community members on a daily basis. It is about ongoing nurturing relationships that communicate understanding, unconditional love, tolerance and acceptance.

The following wheel model was developed by REPSSI in 2001 to provide a visual explanation of PSS. It must however be noted that this model is a deliberate oversimplification and that the various segments of the wheel are not separate but rather overlapping as depicted in a more recent *Well-being Model* developed by Williamson and Robinson.



The whole circle including all segments represents psychosocial well-being

REPSSI PSS wheel model

If we address all five segments of the wheel we can achieve psychosocial well-being. Psychosocial support aims to address two of the most often neglected segments of this wheel: Emotional /psychological, and the social.

REPSSI's definition of psychosocial refers to the influence that social factors have on an individual's thoughts, emotions, and behaviours, and the influence of these thoughts, emotions and behaviors on the social world. The term psychosocial underlines the dynamic relationship between psychological and social factors. This dynamic also takes into account how an individual constructs a sense of meaning or purpose in their world, and other spiritual dimensions of life.

This suggests that each person is influenced by the integration of the psychological and the social. REPSSI's explanation of the psychological and social is:

- Psychological components are the mind, thinking, emotions, feelings and behaviour;
- Social components are the world or context, in which we live, the environment, culture, traditions, spirituality, inter-personal relationships with family, community and friends etc.

Psychosocial interventions for children

When applied to children's development, the term psychosocial underlines the close, ongoing connections between a child's feelings, thoughts, perceptions and understanding, and the development of that child as a social being in interaction with his or her social environment. Psychosocial interventions for children are child-focused, projects/programs that promote the psychological and social

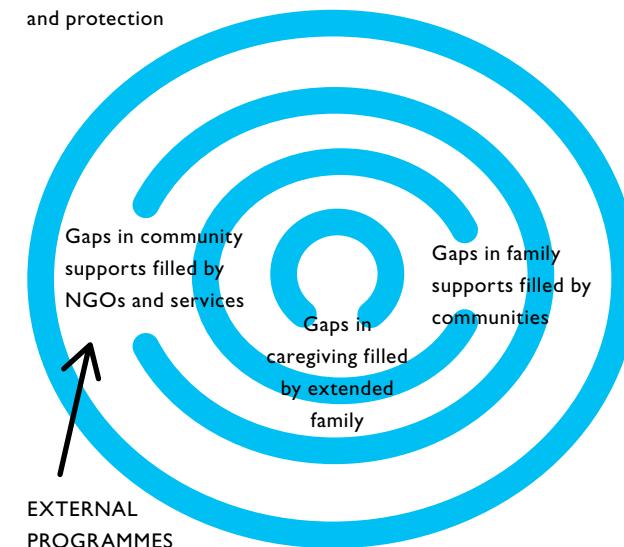
well-being and development of children, seeking to support their social and emotional needs.

The orientation here is that child development is promoted most effectively in the context of the family, community, and culture. If psychosocial interventions remain stand-alone, without links to family and community interactions, and to other programmatic areas, they have limited potential to effectively contribute to the psychosocial wellbeing of children. Under normal conditions for healthy and normal development, most children do not require additional PSS over and above the care and support offered by their families and households. However where this first circle of support is ruptured or broken, other community members might have to step in. It is where and when this second circle of support is broken or ruptured, that external agencies have a role to play by offering programmatic psychosocial support or interventions. (See diagram below Circles-of-Support)

Circles-of-Support Model¹

The purpose of this model is to explain the support and care aspects in PSS, and to emphasise that external programmes are best used to help communities to support families, who are in the best position to provide for the psychosocial needs of babies and young children.

Supportive environment provided by government provision of services and protection



The circles of support model

¹: Richter, L., Foster, G. & Sherr, L. (2006) *Where the Heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS*.

The best way to support the well-being of children affected by HIV and AIDS is to strengthen and reinforce the circles of support and care that surround them. Children are best cared for by committed and affectionate adults. When the immediate care-giving circle is broken, extended families need to fill the gap. If this cannot be done, community initiatives need to provide the necessary care. And if this community circle of care is broken, external agencies need to take over. A strong and continuous circle of support provided by government and legislation should embrace all efforts. External programmes are best used to support communities to support families, who are in the best position to provide for the psychosocial needs of the child.

Psychosocial programming for children

At its most fundamental level, psychosocial programming consists of activities designed to advance children's psychological and social development. To strengthen protective and preventive factors that can limit the negative consequences of children affected by conflict, HIV/AIDS, natural disasters and other very difficult and dangerous situations.

At its core, psychosocial programming is about emotional healing, social reconciliation, and community building. Psychosocial support programmes seek to enhance the child, families and communities' ability to respond to the needs of children and to influence their social environment. To do

this, efforts must move beyond individual well-being and seek to foster community rebuilding and reconciliation. A positive developmental environment is one that consistently provides children with opportunities and challenges to develop as competent social beings. Many factors such as adequate nutrition, good health, and freedom from disability will play a role in the rate and quality of a child's psychosocial development and well-being. When designing psychosocial projects, the participation of communities is important so that protective factors and resiliencies may be recognized and harnessed in culturally appropriate and sustainable ways.

Fundamental goals of psychosocial programming

- Secure attachments with caregivers
- Meaningful peer relationships, friendships, social ties and social competence
- A sense of belonging
- A sense of self-worth and value, self-esteem and well-being
- A sense of self efficacy, belief in their capacity to solve problems and make a difference
- Trust in others
- Hope, optimism, and belief in the future
- Access to opportunities for cognitive and spiritual development as well as physical and economic security

Facilitators' notes

- It is suggested that you present the toolkit PSS definition to the participant as PSS is a difficult term to define so it is often more useful to discuss a definition than try to generate a new one
- Consider what your participants need to know before planning how much information to introduce at the beginning of this session
- The *Extra facilitation notes* at the end of this topic can be used to introduce related terms and to discuss PSS in more detail with participants that are already familiar with PSS
- For instruction 3, remind the participants that the words and phrases that they choose to include in their definition of PSS should be easily understood by their allocated audience and not require further explanation, for example, some audiences will not understand what is meant by *psychological* or *continuum of care* so it would not be helpful to include these words in a definition of PSS for these audiences
- It might be useful to demonstrate how much can be said in one to three minutes by giving an example of a one minute message about something you heard on the news or about the workshop venue
- The last questions under instruction 6 invite the participants to discuss whether cultural issues make PSS needs different in different places

Activity instructions



2 hours

1. Introduce topic: **What is Psychosocial Support?**
2. Present the toolkit definition of PSS. Ask the participants if they have any comments about the PSS definition. Explain that this definition of PSS will be used for the rest of the workshop.
3. Explain the following group work activity to the participants. The participants will work in four groups to practise explaining PSS to different PSS advocacy target audiences. The four advocacy targets will be a group of World Bank officials, an association of traditional healers, ministers from the Ministry of Education and Social Development, and a group of traditional and elected community leader representatives. The four groups should write a full definition (which is succinct and memorable), and further explanation of PSS which is tailored to their allocated audience, and that can be delivered as a short (maximum 1-3 minute message). They can make a diagram or visual aid to support their narrative if they like, but a full narrative must still be written. The groups can use the following kinds of questions to guide their group work:
 - What is a PSS intervention? What makes PSS interventions different? What is unique about PSS? What is the difference between a sports programme with PSS goals, and a soccer programme for disadvantaged children?
 - What difference do PSS interventions make to people's lives? How do we know?

- If we have a free primary school education system and state social protection system at national level then why is PSS needed? What value does it add?
 - Are PSS needs still as important if other needs such as food and shelter are not in place?
4. Divide the participants into 4 groups. Allocate one of the above mentioned advocacy target audiences to each group. Give each group one copy of the group work instructions and questions. Tell the groups how long they have for the group work (approximately 30 – 40 minutes).
 5. Ask the four groups to present their advocacy target audience and then their PSS definition and explanation. The remaining participants should pretend to be representatives from the allocated audience, and ask questions and make comments as appropriate.
 6. Facilitate a discussion with the participants based on a selection of the following kinds of questions (include any of the questions from instruction 3 as appropriate):
 - What are some of the common misunderstandings that you have heard about what PSS means?
 - Are PSS needs of children the same for all children around the world? Explain your answer
 - Why do we advocate for the integration / mainstreaming of PSS into different sectors, like education, health, economic support, etc?



Example of activity 1.2

Explanation of psychosocial support to:

A group of World Bank officials “The psychosocial support for children is a continuum of care and support. Psychosocial support interventions for children need to be child-focused, psychosocial projects/programs that promote the psychological and social well-being and development of children and seeks to support their social and emotional needs”

An association of traditional healers “Psychosocial support for children is the provision of care and support on both an emotional and social level. This type of support will promote a child psychological and social well being.

Ministers from the Ministry of Education and Social Development “Psychosocial support for children is about ongoing nurturing relationships that communicate understanding, unconditional love, tolerance and acceptance. Interventions are child focused and promote children's psychological and social well being.

A group of traditional and elected community leader representatives “Psychosocial support is the provision of on-going love, care and support for children within the family and or community. PSS does not replace, and is not more important than, other needs of children like food and shelter but PSS should be included in what we provide.”

Example answers to the discussion questions:

If we have a free primary school education system and state social protection system at national level then why is PSS needed? What value does it add? The system might be there, but if the teachers do not understand the need to address children's social and emotional needs, very little can be achieved. Most education and social protection systems do not take into consideration the change in environment due to HIV and AIDS poverty and conflict. PSS ensures that education goes beyond the school syllabus and also ensures that the child grows socially and emotionally.

Are PSS needs still as important if other needs such as food and shelter are not in place?

They are both important and there seems to be little value to be derived by placing them in a hierarchy of needs. A child who has not been supported to grieve or who is being abused might not thrive even if there is adequate food and nutrition available in the household. For other children, there might not be adequate nutrition and shelter, which in turn affects their total wellbeing including their psychosocial wellbeing.

What are some of the common misunderstandings that you have heard about what PSS means?

- PSS is equivalent to running a kids clubs, camps or memory work
- PSS is best understood and best provided by health care professionals, caregivers need to be taught how to provide PSS
- PSS is a foreign concept

Are the PSS needs of children the same for all children around the world? Explain your answer.

All children need PSS, however the needs are largely determined by what the child deems important in the context of their environment and life experiences.

Why do we advocate for the integration / mainstreaming of PSS into different sectors, like education, health, economic support, etc?

- To provide holistic support to children
- To avoid sector programming and encourage synergic programming
- To ensure that communities and families are involved in meeting all children needs
- PSS will ensure that in each programming sector emotional and social needs of children are adequately met

Extra facilitation notes

The psychosocial developmental and healing approach

The aim of the psychosocial approach is to create an environment that promotes the psychological and social wellbeing of all individuals. This approach views individuals to be in a state of constant and dynamic interaction with their material, social and cultural environment. The psychosocial approach does not separate out the influence of psychological and social factors hence the term “psychosocial”, and likewise does not separate out care and support but sees them as integrated parts of a continuum of care and support. Because the social and psychological aspects of people’s experience are so closely connected, work that seeks changes in the PS well-being of children will necessarily mean that family and community as well as individual issues are addressed. Thus the focus of the PS approach is not just on the individual, but on larger social units such as households, families and communities.

Psychosocial development is influenced throughout childhood by the dynamic interplay of the child’s personality, genetic make-up, and environmental factors². The development of psychosocial well-being and the process of emotional healing involves a transition towards greater meaning, balance, connectedness and wholeness, both within the individual and between individuals and their environment.

Psychosocial support

In addition to the REPSSI Wheel Model and the Circles-of-support model the following model can also help clarify what PSS is:

The Pyramid Model³

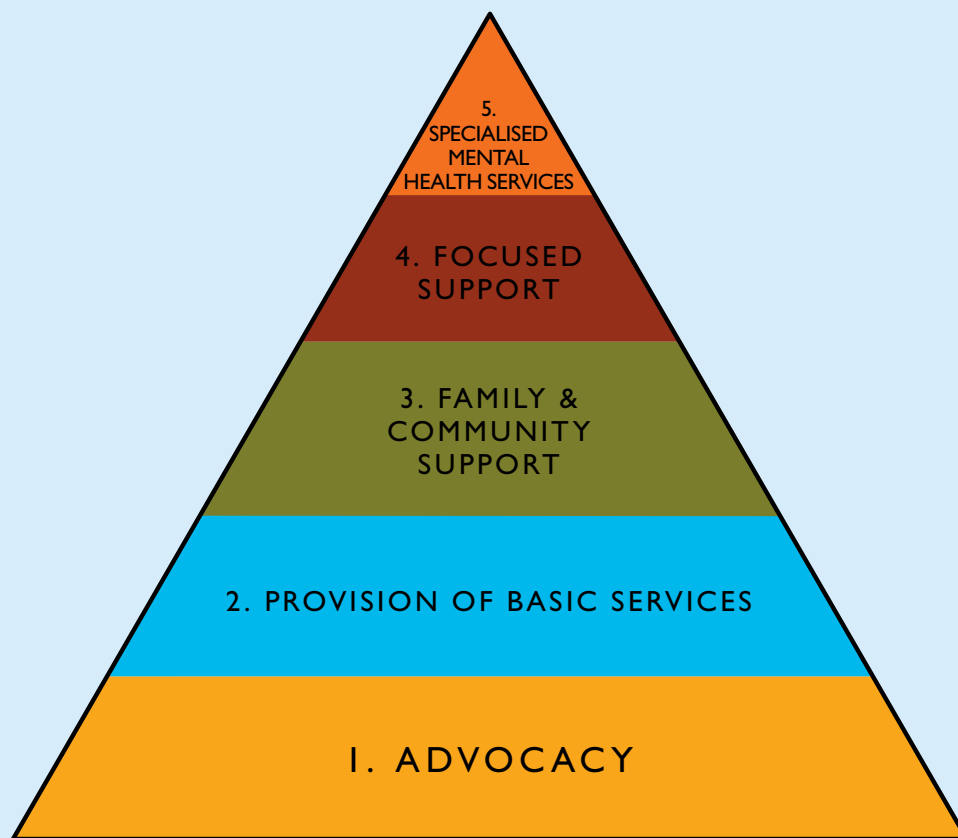
The purpose of this model is to consider:

- PSS in terms of all possible expressions of support
- the potential reach of different kinds of support and interventions
- how to identify which type of support is required and should be offered to children.

The pyramid on the following page reflects multi-layered support, all layers of which should be in place at any time with a high degree of referral and coordination between them.

2: Duncan, J. & Arntson, L. (2004) *Children in Crisis: Good Practices in Evaluating Psychosocial Programming*. The International Psychosocial Evaluation Committee and Save the Children Foundation, Inc.

3: Morgan, J. (2007) *Making a Hero (Active Citizen) Book – A guide for facilitators*; IASC (2007) *Guidelines of Mental Health and Psychosocial Support in Emergency Settings*.



Multi-layered, integrated psychosocial support

There are many different forms of psychosocial support. These may be offered at different levels to support children, families and communities. The following model may be used to consider the various levels at which PSS may be structured.

Levels of Psychosocial Support (PSS)

5. Specialised Mental Health Services:

Psychiatric, clinical psychological, specialised traditional healer services for the few children with more severe responses

4. Focused Support:

Additional non-specialised support for children who are not coping and who are showing signs of distress

3. Family and Community Support:

Everyday care and support provided by caregivers, friends and community members

2. Provision of Basic Services:

Shelter, food, health and education, into which PSS needs to be mainstreamed, to reach many children and support ways of coping.

1. Advocacy:

Influencing policy and changes to the social conditions that affect the wellbeing of millions of children

The more one focuses on the lower levels of this pyramid, the more impact one has on more children.

Psychosocial care verses Psychosocial support verses Psychosocial care and support

Attempts have been made to distinguish between “psychosocial care” verses “psychosocial support”. However cultural nuances and significant overlap in their respective meanings pose a considerable challenge when one tries to draw an absolute distinction between them. Rather than separate out the terms, REPSI sees it as, child-centered PSS - which is shorthand for “Psycho Social Care and Support” that includes ongoing loving and respectful attitudes, ongoing caring, protective and supportive actions, offered by the family, household, community, as well as by outside agencies and organizations.

Generally PSS is offered to the person so that the individual or the group is supported by the caregiver or service provider to better help themselves. This principle is applied to children and young people as well, where depending upon the age and developmental stage of the child, the support offered is an important dimension of self care, i.e. care that individuals are able to offer themselves, as opposed to care from others (“caregivers”).

Psychosocial interventions

The term psychosocial intervention has come to refer to any planned programme or activity that aims to improve the

psychosocial wellbeing of people⁴. The term PS intervention arose in the early 1990's as a reaction against the overly medical trauma (PTSD) model of response to children affected by conflict. The PS approach, shifts the emphasis from children's vulnerabilities to a view of children as active agents in the face of adversity and adopts a model of service delivery which recognizes and strengthens resilience and local capacities⁵. This resilience-building approach to PS well-being and child protection was developed in an attempt to advance a more sustainable and holistic approach to working with children affected by conflict, HIV/AIDS, and other very difficult and dangerous situations.

PS interventions are based on the following principles. That the interventions are:

- Situated within the local context and material environment, and the prevailing, culture and social values
- Directed at enabling connectedness to an adult in the child's life and social inclusion into the larger community network
- Focused on strengthening communities, families and other social institutions as responsive and protective spaces for children
- Advocating for universal access to essential services and state protection for the most vulnerable children

- Working to enable children to become active agents in building communities and planning their futures
- Attempting to provide additional experiences that will build resilience, enable emotional healing, promote coping and positive development despite the adversities experienced

The aim of all PS interventions are to address children's issues and needs in a holistic manner and to place psychosocial interventions *inside* wider developmental contexts such as education or health care. This will create an *integrated developmental approach to promoting psychosocial wellbeing*.

The holistic orientation of PS interventions for children in dangerous and very stressful situations has resulted in a degree of conceptual fuzziness. For example, many interventions that are not planned or conceived as PS interventions have been recognized as having significant PS impact, like the provision of food and water and the construction of shelter.

What sets psychosocial interventions apart are two core principles:

1. The deliberate and explicit focus on bringing together *psychological factors and social inclusion*, and not focusing on material, spiritual or welfare support,

4: Psychosocial Group Working paper, *Psychosocial Intervention in Complex Emergencies, a Framework for Practice*, (2003)

5: Boothby,N., Ager,A. & Ager,W. (2007) *A guide to the evaluation of psychosocial programming in emergencies*. UNICEF.

2. That programmes do not focus only on children as individuals (human capacity), but include their families and the place of the children in the wider community (*social ecology, culture and values*)⁶.

Specifically psychological or psychiatric interventions are not excluded, the promotion of PS well-being is integral to the promotion of mental health and the prevention of mental illness. Likewise, PS interventions fall within and contribute towards social protection initiatives (welfare grants, social pensions, nutritional support). However PS workers do not focus on mental illness or social welfare policy and programmes.

Psychosocial programmes

Psychosocial programming is rights-based, child-friendly, gender and age responsive, and culturally sensitive and sustainable. It takes full account of the best interests of the child, and includes them as partners in decision-making processes.

The fundamental goals of PS programming are to facilitate⁷:

- secure attachments with caregivers
- meaningful peer attachments, friendships, social ties and social competencies

- a sense of belonging
- a sense of self esteem and confidence
- a sense of self-efficacy (belief in their capacity to make a difference)
- a repertoire of social problem-solving approaches
- hope, optimism and belief in the future
- access to opportunities for cognitive and spiritual development, physical and economic security

The '5 C's' are five positive developmental outcomes for children which can enhance civil society and improve the transmission of resilience across generations⁸:

1. Competence (intellectual ability, social and behavioural skills)
2. Connection (positive bonds with people and institutions)
3. Character (integrity and moral centredness)
4. Confidence (positive self-regard, sense of self efficacy, courage)
5. Caring/Compassion (human values, empathy, a sense of social justice)

Psychosocial programming uses a number of tools and methods to focus on the above areas and to link PS intervention goals to outcomes of specific kinds and to improve children's overall

state of well-being. These include group work with children and with caregivers, counseling, experiential learning, memory work, establishing child-centered meeting centres (Child Friendly Spaces, Kids Clubs, Youth Groups), training caregivers and service providers in working with children and advocating for children's PS well-being.

An example of a PS programme is the explicit linking of sports, play and recreation activities to the following, rather than just giving the children sports equipment and a space to play⁹:

- Actively integrating parents, youth and adults from the surrounding community into the programme as administrators, coaches, mentors, etc
- Equipping coaches, mentors, teachers, group facilitators with knowledge and skills for identifying stress and other PS and child protection issues affecting children participating in the activities
- Training the service providers in the requisite basic skills enabling them to choose teaching and coaching methods that make it possible for the children to make the link between the sports/play/cultural/recreational activity and the PS learning opportunity or outcome
- Training the service providers to manage the emerging PS issues, like basic stress and anger management,

6: Boothby, et al. (2007) *A guide to the evaluation of Psychological programming in emergencies*. UNICEF.

7: Rutter, M. (1985) *Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder*. British Journal of Psychiatry, 147: 598-611

8: Lerner, R., Fisher, C. & Weinberg, R. (2000) *Toward a science for and of the people: Promoting civil society through the application of developmental science*. Child Development, 71 (1): 11-20.

9: FHI. (2004) *Assessing the situation of OVC affected by HIV/AIDS, a guide for implementers*.

understanding HIV/AIDS, dealing with bullying, coping with multiple losses

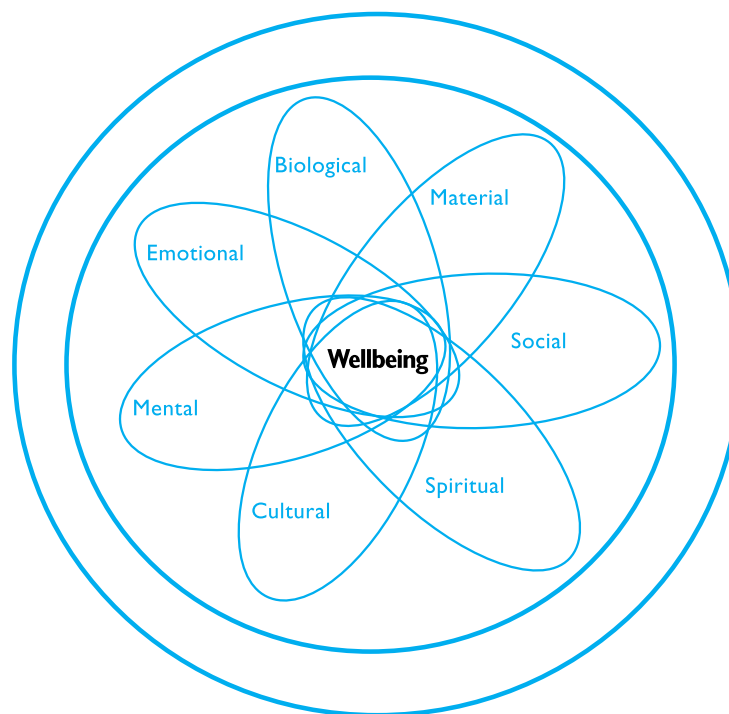
- Putting into place measures that will identify whether the risk and vulnerability of children has been reduced through strengthening elements of the 'protective environment', and the programme's impact in terms of evidence of changes in the behaviour of children, caregivers and the wider community's engagement with children¹⁰
- The promotion of social responsiveness and constructive social and gender relationships among the participating children and adults, including modeling positive mentoring and coaching
- Creating a well rounded teaching/coaching learning environment that provides structure and safety, as well as contributing to the child's emotional security and positive cognitive and physical development
- Enhancing the culture of peaceful conflict resolution mechanisms and providing constructive opportunities for decision-making and leadership.

Wellbeing

Achieving individual and collective wellbeing depends upon what happens in a variety of areas (material, biological, emotional, mental, cultural, spiritual and social) for wellbeing, meeting at least at some minimum level of need in each of these areas

is necessary. It is important to recognize that these areas are inter-related and interdependent. Freud defined wellbeing (the fundamentals of a fulfilling life as "a person's ability to love, work and play." The concept of wellbeing is well articulated by Williamson and Robinson's¹¹, Well-being model, below:

The wellbeing model



¹⁰: Boothby, et al. (2007) *A guide to the evaluation of Psychological programming in emergencies*. UNICEF.

¹¹: Williamson, J. & Robinson, M. (2005) *Psychosocial Interventions, or Integrated Programming for Wellbeing*. International Journal of Mental Health, Volume 4;1. 2006.

Psychosocial wellbeing

With regard to children, psychosocial wellbeing is the positive age and stage-appropriate outcome of children's development¹². Psychosocial wellbeing is seen as an interdependent aspect of several other overlapping aspects of total or holistic wellbeing. As is the focus for holistic wellbeing, the focus for psychosocial wellbeing is not just on the individual, but on larger social units such as households, families and communities.

Psychosocial wellbeing has also been defined as the ability to make sense and have a degree of control over one's world with a sense of hope for the future¹³.

Various models of resilience also articulate important aspects of PS wellbeing for children¹⁴. Many of these focus on the resilience of the wider social environment in which the child is embedded and the influence that this has on individual coping and resilience.¹⁵

Mental health

Historically mental health has been defined as the absence of mental illness however more recent definitions take pains to distance themselves from this construct. E.g. "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."¹⁶

Similarly earlier definitions of mental health interventions emphasize psychiatric services such as the prescription and management of psychiatric drugs for mental disorders, the use of ECT, hospitalization etc.

Mental health is a set of positive attributes in a person or in a community. WHO describes it as a state of wellbeing in which an individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community¹⁷.

The Alma Ata Declaration¹⁸ defined "mental health" in the context of an integrated and comprehensive understanding of

"health" where a person is physically fit, socially integrated and emotionally and socially competent.

More recent definitions of mental health highlight that participation within the community is crucial in bringing about comprehensive health as defined by Alma Ata.

Models of community based mental health and even mental health in general are now much closer and often indistinguishable from models of PSS however it is important to emphasize that specialist psychiatric and clinical psychological services including individual therapies and the use of psychiatric drugs are beyond what is meant by PSS and constitute "mental health" interventions.

The overlap between community based mental health and PSS is however noted and there are large areas of commonality and synergy.

12: Psychosocial Group Working paper, (2004) *Psychosocial Intervention in Complex Emergencies*. A guide for implementation.

13: Antonovsky, (1987)

14: International Resilience Project, <http://www.resilienceproject.org>

15: Edith Grotberg, *A guide to promoting resilience in children, international resilience project*, 1995

16: Hermann, H, Saxena, S, Moddie, R, eds, *Promoting mental health, concepts, emerging evidence and practice*, 2005, http://www.who.int/mental_health/evidence/promoting_mhh.pdf

17: Hermann, H, Saxena, S, Moddie, R, eds, *Promoting mental health, concepts, emerging evidence and practice*, 2005, http://www.who.int/mental_health/evidence/promoting_mhh.pdf

18: http://en.wikipedia.org/wiki/Alma_Atta_Declaration

2.2 Why is PSS advocacy needed?

In many parts of East and Southern Africa, war, epidemics (HIV/AIDS), natural disasters, and other humanitarian crises have resulted in wide-ranging, multifaceted, sustained negative impact on children, families, and communities. HIV and AIDS, poverty and conflict impose heavy emotional, social, and spiritual burdens on children and their families that are associated with death, separation and loss of parents and caregivers, disruption of organized patterns of living and meaning, attack and victimization, destruction of homes, and economic ruin. In these situations, children's development is disrupted, security and trust in humankind threatened, and a sense of hope for the future undermined. Luci Cluver conducted a study in 2006¹⁹ to investigate among other things the mental health of AIDS orphans in South Africa. Her finding revealed the following:

Finding 1: AIDS-orphaned children suffer more mental health problems than other children

It was found that AIDS-orphans had significantly more psychological problems. They had more problems than children orphaned by other causes, and more than non-orphans. AIDS-orphaned children were more likely to be depressed, have post-traumatic stress, consider suicide, have peer relationship problems, and show more behavior problems than other children. Only anxiety levels were similar between groups. These differences persisted independently

of factors such as age, gender, migration and living in formal or informal dwellings.

Finding 2: AIDS-orphaned children compared to international child norms

Unfortunately, there are no validated 'norms' for South Africa. The researchers compared levels of distress in this research to normal levels in the UK & the USA, using cut-offs which identify children with clinical levels of distress. AIDS-orphaned children were two times more likely to be depressed than norms, five times more likely to have post-traumatic stress and seven times more likely to have peer problems. They reported slightly more delinquency but only half the likelihood of conduct problems.

These devastating psychosocial consequences of HIV and AIDS, (poverty and conflict) on children's lives are the major push factor for REPSSI and partners to invest in psychosocial programming for orphans and vulnerable children.

Under normal conditions, for healthy and normal development, most children do not require additional psychosocial support over and above the normal care offered by their families and households. Children, families and communities will always work hard to rebuild their lives to survive, endure and flourish during difficult times. However in

the context of HIV and AIDS, poverty and conflict the circles of support are usually ruptured or broken due to prevailing problems resulting in family members, extended families and communities feeling overwhelmed and unable to cope and support those mostly affected by the problems. In such instances the most affected/vulnerable groups fall through the family and community safety nets and experience psychosocial distress. It is in situations such as these that external agents may need to provide additional psychosocial support services to affected individuals and their families and communities so as to help restore the normal flow of care and support.

Psychosocial interventions try to positively influence human development by addressing the negative impact of social factors on people's thoughts and behavior. They also seek to lessen the effects of negative thoughts and behavior on the social environment through facilitating activities that encourage positive interaction among thought, behavior, and the social world. Unfortunately psychosocial care and support elements are often neglected in OVC (orphans and vulnerable children) programs due to their soft /subtle nature. However, these elements speak to important aspects of children's lives and cannot be neglected in development programmes. When children experience multiple stressors and trauma they may reach a point where they stop trying to solve problems, have no hope for the future, and they may start developing

19: Cluver, L. 2006. The psychological well-being of children orphaned by AIDS in Cape Town, South Africa. *Annals of General Psychiatry* 2006, 5:8.

serious social and emotional problems. If psychosocial care and support is provided timeously and consistently, it becomes possible to avoid further damage and harmful experiences from taking place.

The possible effects of failing to meet the psychosocial needs of children Include:

- Lack of resilience
- Very poor school performance and school drop out
- Ongoing sadness
- Poor social skills and social withdrawal
- Low self esteem and confidence
- No trust and hope in the future
- Lack of parenting skills
- Chronically traumatized adults
- Increased risk factors which can lead to:
 - Conflicts within families
 - Conflicts with friends, neighbours and the broader community
 - Sex for money
 - Suicide

Facilitators' notes

- Avoid giving information in the introduction that you want the participants to brainstorm during the activity
- Replace the phrase 'development community' if this is not a widely understood term

Activity instructions



1 hour 30 minutes

1. Introduce the topic: **Why is PSS advocacy needed?**
2. Review the agreed *advocacy definition* from session 1.1, ideas about *Why we advocate* from session 1.2, and the agreed *PSS definition* from session 2.1.
3. Ask the participants to work with the person that is sitting next to them in 'buzz pairs'. Ask the pairs to brainstorm reasons why PSS advocacy is needed.
4. After five minutes, collect the ideas from the pairs in plenary either systematically or by asking for pairs to volunteer their ideas. Discuss any that are controversial, unclear or need more detail.
5. Divide the participants into groups to identify PSS advocacy issues at different levels (local, national, regional/ international). Each group should identify a PSS advocacy issue and advocacy targets for three issues, one at each level (local, national and regional/international).
6. Ask each group to present their group work. Check that the issues are PSS focused, and that the targets are separated into advocacy targets (influential people who can make the necessary change) and people who can support the advocacy work (such as children, parents, community members, families, journalists) who we can either call 'allies', 'the community' or 'beneficiaries'.
7. Facilitate a discussion with the participants based on the following kinds of questions:
 - Do you think that the need for PSS advocacy is generally understood amongst the 'development community' (NGOs, Government, universities, civil society networks etc)? Why?
8. Facilitate a discussion about the importance of mainstreaming PSS based on the following kind of questions:
 - What are the main reasons why more PSS advocacy work is not implemented by the development community?
 - What do we mean by mainstreaming PSS?
 - What are the benefits for advocating for the mainstreaming of PSS?
 - What are the consequences of not mainstreaming PSS?

Example of activity 2.2

Why is PSS advocacy needed?

- To include the most neglected aspects of programming for child well-being, like psychosocial support, in laws and policies
- To change policies, practices and laws that hinder the provision of PSS to ensure social and legal protection for vulnerable children and young people
- To address cultural practises that hinder psychosocial well-being and support
- To change attitudes of high level influential officials to recognise PSS as being a critical aspect of all sectors of programming for children
- To ensure the implementation of policies that support PSS are translated into action
- To increase political commitment to the provision of PSS and care
- To provide social and legal protection for children and young people
- To increase resources allocated to PSS
- To maximise PSS resource allocation to have greater impact and reach out to more children, caregivers and families

Example PSS advocacy issues generated during groups work:

Local

- Integration of formerly abducted children in Northern Uganda into the community. The advocacy target would be traditional leaders. Families, children and community members would be mobilised to support the advocacy work
- Mainstreaming PSS into community service provision or delivery for Internally Displaced Persons (IDPs) in Gulu and Kitgum districts, of Uganda. Advocacy targets would be Government officials. NGOs and community leaders would be mobilised to support the advocacy work

National level

- Sexual violence against children in institutions (schools and health care centres) in Swaziland. Advocacy targets would be policy makers, law enforcement agency, Government officials, clinics and school managers. The media and other NGOs would be mobilised as advocacy allies.
- Strengthening national policies to integrate children in residential institutions into the community. Advocacy targets would be policy makers and Government officials
- Mainstreaming PSS into national plans of action for OVC. Advocacy targets would be Government ministries and donor community

Example of activity 2.2 (continued)

Example PSS advocacy issues generated during groups work:

Regional/international

- Address the lack of political will to domesticate the Convention for the Rights of the Child (CRC). Advocacy targets would be Government, UNCRC committee. UNICEF, and other civil society organisations would be mobilised as allies
- Mainstreaming PSS into paediatric ARV treatment roll-out. Advocacy targets would be Pharmaceutical companies, donors, Government health ministries
- Mainstreaming PSS into educational curricula in different countries. Advocacy targets would be regional bodies like SADC, EAC, UNICEF and UNESCO
- Lack of PSS and advocacy skills
- Lack of understanding of what PSS is
- It is generally difficult to collect evidence to support PSS advocacy
- Results for PSS advocacy are difficult to claim, the process calls for collective action

Example answers to the discussion questions:

Do you think that the need for PSS advocacy is generally understood amongst the 'development community' (NGOs, Government, universities, civil society networks etc)? Why?

- To some extent
- Most government National Plan of Action e.g. Zimbabwe, Botswana and Lesotho have a big focus on PSS which could be evidence of PSS advocacy
- Most emergency responses have had a big focus on PSS - this could be evidence of PSS advocacy
- There is no clear well understood PSS definition or understanding of the PSS concept thus PSS advocacy is not well understood
- There is a very thin line between PSS issues and general child welfare issues thus PSS advocacy is usually left out
- What are the main reasons why more PSS advocacy work is not implemented by the development community?
- Lack of resources

Extra facilitation notes

Mainstreaming PSS

Definition of mainstreaming

Mainstreaming refers to the process of addressing a particular issue or approach within and across all possible levels (national policy, programmes, procedures, human resources, etc) so as to have maximum impact.

Mainstreaming PSS means making sure that in every part of the child's life (at home, in the classroom, on the playground, in the street, on the way to school, at the clinic, at the soup kitchen, at the kids club, etc) the child feels socially and emotionally supported.

Mainstreaming PSS means making sure that this “stream or river” of wellbeing flows widely, strongly and continuously in and around the child. That we look at every aspect of a child's life through PSS tinted lenses.

From a programmatic point of view, mainstreaming PSS is a powerful concept and tool to help your programme make sure that as many children as possible have access to psychosocial care and support, in as many areas of their lives as possible.

Benefits of mainstreaming PSS:

- **Improved quality of responses** - Organizations integrate psychosocial care and support programs resulting in

holistic and comprehensive responses that better ensure the well being of children and their families and communities

- **Staff capacity is built** - When psychosocial care and support becomes part of the mainstream in organizations, more investments are made towards enhancing the skills and competencies of program staff to deliver, mentor and manage PSS programs and activities
- **Cost effectiveness** - Allocating resources with a PSS lens means that there is a reduced need to budget for PSS programs and activities separately from other child centered activities. This results in cost effective programming
- **Increased reach** – More children will be reached with psychosocial services compared to vertical programming that separates PSS activities from other child centered programs and activities
- **Greater involvement of targeted populations** – Mainstreaming promotes the visibility and meaningful participation of target beneficiaries i.e. children, their families and communities. Meaningful participation of children and their caregivers will improve organizations' relevance as programs and activities will be driven by a better understanding of issues and concerns of the targeted populations
- **Incorporating PSS into policies** - Governments and organizations begin to integrate PSS into policies and plans targeting the wellbeing of children

- **Child protagonism** – Children move beyond participating in program cycles to championing their interests through setting up children's organizations and doing advocacy work
- **Coordinated responses to strengthen existing support structures for children** – Mainstreaming processes call for increased partnerships and collaborative processes so as to ensure more holistic and integrated responses. There is no one organization that can work in isolation to address the comprehensive needs and rights of children
- **Expanded community response** – Psychosocial support concerns affecting the quality of children's lives are often neglected due to their soft nature and other contextual factors. Mainstreaming PSS will increase the visibility of these soft concerns to the benefit of both children and communities
- **Children and communities coping capacities enhanced** – Holistic and comprehensive responses that focus on psychosocial wellbeing rather than the provision of isolated and disjointed activities have greater potential to enhance the coping capacities of children and communities affected by HIV & AIDS, poverty and conflict. Traditional family ties and community parenting responses are also more likely to be strengthened through mainstreaming psychosocial care and support efforts

Potential pitfalls of not mainstreaming

There is a real danger the following could occur if mainstreaming

PSS into child centred programs is not embraced:

- PSS is treated as a stand-alone, “boutique” intervention that is not integrated into, or coordinated with, other programmatic areas or programmes
- Caregivers, families, schools and communities surrounding children are not recognised as the most important, most qualified and powerful potential providers of PSS as part of the day to day life of children
- PSS is viewed as an approach that inadvertently disqualifies families and caregivers and relies only on the qualifications and expertise of outside professionals
- The target population is not given the opportunity to participate in the design, planning, implementation and evaluation of the work
- PSS targets only small pockets of children categorised according to special needs and risk factors, and then tries to provide specialist services to these children, rather than viewing PSS as a right, and strengthening systems to provide education, health and social services to enable universal access for all children, including the most vulnerable
- PSS is considered in isolation from government efforts and government responsibility to address the wellbeing of its citizens. Rather, it must be recognized that governments need to lead and resource a coordinated effort that matches the generally vigorous responses to vulnerable children by civil society, and that social security is needed

to underpin and compliment informal community-based safety nets

- Your form of PSS is just what you know best and what you like doing rather than grounded in evidence which is crucial to guide and sustain appropriate and effective action.
- Lack of evidence-based programming

2.3 What principles should guide our PSS advocacy work?

Introduction

Principles are agreed guidelines and values that set a good standard for our PSS advocacy work. These guidelines ensure that our PSS advocacy solutions and messages are in line with the Convention on the Rights of the Child and that PSS advocacy activities abide with minimum standards and do no harm. If we can identify and work to a set of principles it may be possible to agree to a similar set of principles with our PSS advocacy allies.

Psychosocial support advocacy should be guided by the following principles:

Holistic / integrated approach

The aim of psychosocial interventions should be to address children's issues and needs in a holistic manner and to place or mainstream psychosocial interventions inside wider developmental contexts such as education or health. This will create an integrated developmental approach to promoting psychosocial wellbeing.

Working with families and communities

Psychosocial programming needs to emphasize the strengthening of the social environments that nurture children's healthy development as a whole through close cooperation with the caretakers, peers, community members, and, very importantly, the children themselves. Community-based projects that are respectful and supportive of local capacities to assist children are more likely to be accepted and have a positive impact. We must not undermine caregivers or present ourselves as experts. Children's well-being is inextricably interconnected with family and community. There is a clear connection between the well-being of children and that of their primary caregivers. If caregivers can maintain a strong attachment to their children and have access to the basic needs of shelter, food, and medical care, then children will cope better with difficult environments.

Child and community participation

The participation of the people directly affected by an issue, including children, in the planning, implementing, monitoring, and evaluation of the activities that make up psychosocial advocacy is essential to generate ownership, of both problems and successes, and to ensure cultural appropriateness and sustainability. The best orientation in programming is one of partnership, that is, truly shared decision-making with children in age appropriate ways, families and communities. Along with flexibility and openness in learning how to strengthen family and community supports for children. Above all, empowering

people to take their lives into their own hands and to develop confidence and the will to do so is central to overcoming the issues that affect them. This means that time must be taken to give children and young people the skills to ensure their active participation.

Gender and age responsive

Effective psychosocial programs need to take into account the different needs or concerns of boys and girls in any given context. Similarly age is a critical factor in psychosocial programming for children. Women and girls continue to bare the larger burden of care in the context of HIV and AIDS. Statistics also show that women and girls are disproportionately affected accounting for between 55-66% of all infections in East and Southern Africa. These statistics point to the enduring contribution of biological differences and gender inequality to women's vulnerability to HIV. Gender based violence and sexual violence against young girls and women (mothers) were rampant in Northern Uganda, and used as a weapon of war by Lord's Resistance Army (LRA) forces. The loss or chronic illness of a primary caregiver generally has serious consequences for young children in the long term. Parents die before they transfer critical life skills and understanding of important aspects of family history, values, beliefs and a sense of identity and or heritage that is needed for resilience building.

Rights-based

Ultimately, psychosocial advocacy should advance and protect human rights, particularly children's rights. Policies that guide psychosocial support advocacy should be anchored in the UN Universal Declaration on Human Rights and the Convention on the Rights of the Child.

Starting from strengths (focus on resources of beneficiaries)

PSS advocacy should be carried out with the participation of members of the affected community, recognizing the personal and professional resources that exist. However, caution should be used to ensure that some groups are not singled out for more or less assistance which may result in stigmatization, cause jealous reactions or create new conflicts. Avoid "pathologizing" individuals by focusing on their trauma and problems, and work with them rather as survivors with the potential to recover and grow.

Respect the local culture and indigenous knowledge and skills

Effective psychosocial work requires respect for local cultures and communities – using this culture as a platform from which to address issues. Local communities contain a wealth of indigenous psychosocial resources that embody local culture. Communities have constructed these cultural resources over centuries in response not only to daily challenges such as parenting, but also to the exceptional challenges posed by wars, epidemics and the cyclical challenges of famines,

droughts, and other natural disasters. These cultural resources may include traditional patterns of child rearing, rites of mourning, rituals for healing, norms of caring for children in extended families and by community members outside of the extended family, and "cleansing or forgiveness" ceremonies for soldiers returning to society, among many others. Human resources, too, are of great importance. Every community contains people who care about children, know the local culture and situation, and have a culturally grounded understanding of children's needs and experiences. Effective psychosocial programming should identify and support appropriate local leaders, resources, and traditions, which disasters and wars frequently disrupt. Significant psychosocial benefits may occur through the strengthening of traditions, which provide social support, a sense of continuity, and positive social identity.

Focus on needs of the whole community

Psychosocial interventions should be preventative while also providing support to all those who have been exposed and affected by the problems that the program seeks to address. There is growing evidence that focusing only on children and neglecting the concerns and needs of caregivers for example does not lead to sustained long term benefits for children who have received psychosocial support. As already implied above, the welfare and psychosocial wellbeing of parents and caregivers is directly linked to that of their children. Effective psychosocial programming should therefore not only look

at individual wellbeing but also the other support systems (families and communities).

Focus on different levels of advocacy for psychosocial support

Advocacy can be addressed at the local, national or regional/ international level. PSS advocacy may need to be addressed at more than one level and with more than one target to affect real change for children and young people affected by HIV and AIDS, poverty and conflict.

Representation of a cross-section of society

Include minority ethnic groups, minority racial groups, immigrants, people with disabilities, people of all ages including children and the elderly, and other vulnerable and disadvantaged groups.

Facilitators' notes

- Remember that the aim of this activity is to give time for the participants to digest the principles as they do the group work, and for them to come to understand that all these principles are equally important – even if they feel more passionately about some
- Print out 4 copies of the list of principles on A4 paper (just titles). Make sets of principles by cutting the paper into strips with one principle on each strip. Shuffle each set of principles and keep them in separate envelopes so that they do not get muddled

- One facilitator should work with each group to answer any questions and help with time-keeping. The group only have 25 minutes for this task. After that time they must have an ordered list!

Activity instructions 1 hour 30 minutes

1. Introduce the topic: **What principles should guide our PSS advocacy work?**
2. Introduce each principle to the participants explaining each briefly as you present each title.
3. Ask if the participants have any questions about the principles that have been listed.
4. Divide the participants into four groups
5. Give one set of the principles (see *facilitators' notes*) to each group. Ask two groups to spend 25 minutes to arrange their set of principles to show 'the most important and least important' based on their joint compromise. Ask the other two groups to spend 25 minutes to arrange their set of principles to show the most and least adhered to principles by PSS advocates. When they have finished ask the groups to stick their principles onto flipchart paper and move them to the middle of the room for a floor gallery discussion. Make sure each flipchart has a title.
6. Bring the group back together and stand around the four flipcharts to discuss the group work output.
Ask questions like:
 - What are the most obvious differences between the

arrangement of the two sets of *the most and least important principles*? Why might this be?

- Which principles seemed to be most adhered to? Why might this be?
- Which principles seem to be least adhered to? Why might this be?
- Which principles need further clarification to be fully understood?

Example of activity 2.3

Group 1: Arrangement by importance

Initially during the group work it was judged that rights-based advocacy, involvement of a cross-section of society, taking a holistic approach, and the involvement of children and families were the most important. However when the group looked at the remaining six 'least important' it was very difficult because all these principles also seemed important. The discussion concluded that all principles should be equally important.

Group 2: Arrangement by level of adherence

The group voted for which principles were most adhered to: the winners were working with families and communities, cross-section of society, starting from strengths, and child and community participation. The holistic approach, gender and age responsiveness, rights-based principles received no votes showing weak adherence by PSS advocates



Participants debating the importance of different principles for PSS advocacy work

2.4 How do we support children and young people who wish to advocate for PSS?

Introduction

The involvement of those directly affected by an advocacy issue, are often the best advocates for change. In the case of psychosocial support for children and young people affected by HIV and AIDS, poverty and conflict, the involvement of children and young people will be essential whether during the planning or implementation of advocacy efforts.

Children and young people have opinions and practical advice for improving PSS which need to be respected and their active involvement encouraged without putting an unreasonable level of responsibility on them. It is important to create an enabling environment for the involvement of children. This means creating space for them to explore and discuss issues, supporting them to resolve difference of opinions, and building skills and confidence to present their views and experiences clearly to influential people.

Children and young people need support and protection when acting as advocates, not just in terms of their physical well-being, but also their emotional well-being. Every effort should be made to ensure that children and young people are not put in situations where they can be abused (for example, ridiculed or forced to talk about their personal experiences). Adult advocacy targets should be warned that children and young people will be presenting their views and encourage

them to treat the children and young people's views with the same respect afforded to adults, but be sensitive to the possible pain and trauma felt by the young advocates.

Levels of participation

Children and young people may experience different levels of participation. This has been described as a ladder. Different levels include:

- **Being given information** - children and young people are given information. Adults make the decisions.
- **Consultation** - children and young people are asked their opinions and adults take this into account when making decisions.
- **Adult-initiated** - adults start projects and share decisions with children and young people. This is distinct from child-initiated projects.
- **Partnership** - children and young people are supported by adults to come up with ideas and set up projects.

Children and young people may be involved in projects in ways which appear as if they are actively participating, when in fact they are not. For example, they or their images may be used to promote a particular project although they do not understand what is happening. This is manipulative as children and young people are being used as 'decoration'. Children and young people may be involved simply because projects know they should involve them. This can lead to 'tokenism' where children and young people are 'involved' in a project but they

have little ability to influence decisions.

Reference: OVC Support Toolkit, International HIV/AIDS Alliance

Facilitators' notes

- Avoid giving information in the introduction that you want to introduce to the participants later in the activity
- You could allow members of the other groups to ask questions, make comments or additions after each presentation or once all the presentations have been made. This will depend on how much time you have and how much confidence you have that presentations will be brief and not overrun their time allocation
- Depending on the level of experience of participants in the workshop you could read the *Extra facilitation notes* aloud after the activity (if necessary) or before the activity. If the participants are tired or particularly creative, ask the groups to present their group work as a role-play, rap, song, etc

Activity instructions



1 hour 15 minutes

1. Introduce the topic: **How do we support children and young people who wish to advocate for PSS?**
2. In plenary, ask the participants:
 - What are the psychosocial benefits of participation in PSS advocacy for children affected by HIV and AIDS, poverty and conflict?
3. Prepare to divide the participants into small groups

4. Read aloud the information titled 'Levels of participation' within the introduction to this topic. Facilitate a discussion with the participants about levels of participation of children and young people in advocacy work. Ask the following kinds of questions:
- What experience do you have of facilitating the engagement of children and young people to participate in projects at different levels?
 - Can children and young people be involved in PSS advocacy at all levels? Why?
5. Explain to the participants that they will work in small groups to discuss the benefits and risks of involving children and young people in PSS advocacy initiatives. Divide the following three tasks between the groups (more than one group can work on each task if necessary)

Task 1 You have 25 minutes to discuss, from an adult's perspective, the benefits and risks of involving children and young people to plan and implement PSS advocacy initiatives. For each risk identify ways in which the risks can be minimised. Write your ideas clearly on flipchart paper. You will have 5 minutes to present your group work.

Task 2 You have 25 minutes to discuss, from the perspective of children and young people, the benefits and fears of being involved in the planning and implementing advocacy work. For each fear identify ways in which the fears can be minimised. Write your ideas clearly on flipchart paper. You will have 5 minutes to present your group work.

Task 3 You have 25 minutes to discuss what practical considerations should be planned for when involving

children and young people in PSS advocacy initiatives, for example protection, training, and consent issues. Write your ideas clearly on flipchart paper. You will have 5 minutes to present your group work. Ask the participants to present their groups work

- 6. Ask each group to present their work
- 7. Allow members of the other groups to ask questions, makes comments or additions to each presentation
- 8. Present relevant information from the *Extra facilitation notes* as appropriate



Example of activity 2.4

What are the psychosocial benefits of participation in PSS advocacy for children affected by HIV and AIDS, poverty and conflict?

- Improves confidence and self-esteem - children develop a sense of self worth when their views and opinions are taken seriously, and they develop new skills
- Promotes resilience as children learn skills to cope with difficulties through their participation and interaction with peers and others
- Triggers responsibility for self and others
- Enhances and builds skills such as decision-making, problem-solving, critical thinking, leadership etc
- Enhances ownership of the PSS advocacy issues and solutions
- Empowers children to take action against issues that present problems and difficulties in their lives
- Children develop a sense of self worth and affirmation when their views and opinions are taken seriously and their experiences are recognised.

Examples from Task 1: Benefit and risks of child participation from adults perspective

Benefits

- Makes sure that the advocacy is based on the real needs of vulnerable children
- Increases transparency and trust between the children and adults
- Builds children's skills, talents, and sense of responsibility
- Helps to get funding from donors

Risks

- Manipulation and exploitation of children (solution: child protection policies formulated and enforced)
- Children undermine adults capacity (solution: Dialoguing with children and adults on understanding the power dynamics, boundaries and respect)
- Lack of child protection policies (solution: develop and integrate child protection policies and codes of conduct within organisations/groups that do advocacy with children)
- Overwhelming children with adults' responsibilities (solution: Stipulating the boundary of roles and responsibilities of children in any process)
- Childrens' self-esteem is compromised (solution: build children's skills and give information before participation)

Examples from Task 2: Benefit and fears of child participation from childrens' perspective

Benefits

- We are able to articulate our own needs
- We become active change agents
- We develop new skills (planning, monitoring, needs assessment, decision-making and presentation skills)
- We own the programme / process
- Builds our confidence
- Builds strong relationships between us and adults

Example of activity 2.4 (continued)

Fears

- Manipulation of us to drive an agenda defined by adults (solution: provide adequate and accurate information to children and build their capacities in essential skills. Make sure adults are aware of this fear and facilitate processes appropriately)
- Abuse (solution: Develop child protection policies for those working with children)
- Over empowerment of some children to the detriment of others (solution: develop leadership and participation skills for all children. Avoid favourites)
- Victimisation (solution: public education, development of systems to provide support for victimised children)

Examples from Task 3: What practical considerations should be planned for when involving children and young people in PSS advocacy initiatives?

- Appropriate age and gender is considered
- Consent from care providers of children is received
- Training in necessary skills and knowledge
- Discuss sensitive issues or information in a sensitive way
- Use creative methods that will appeal to children and young people
- Appropriate timing (school holidays, exams), safe and secure location,
- Safety nets (support: counsellors, referral system). Select participants that are not traumatised by the issue to be addressed



Extra facilitation notes

Participation

Participation is about influencing decision-making and achieving change. Children's participation is an informed and willing involvement of all children, including those who are differently abled and those at risk, in any matter concerning them either directly or indirectly. Children's participation is a value that cuts across all programmes and takes place in all arenas, from homes to government, from local to international levels.

Why it is important to involve those directly affected by the PSS advocacy issue, from early in the planning process

- They will have expert knowledge of the PSS issue
- They can suggest workable solutions based on direct experience of the PSS issue
- They can view a PSS issue from a different perspective
- They are often highly motivated, because they are directly affected by the PSS issue
- Children and young peoples participation is being seen as vital for the development of the most major improvements in the field of child welfare
- Affected individuals and groups will gain more skills and confidence
- It is a good opportunity to reduce stigma against people affected by HIV/AIDS, conflict and poverty.

Guiding principles of child participation (See session 2.3)

Ensuring the safety and protection of children

Child protection policies and procedures form an essential part of participatory work with children. Organisations have a duty of care to children with whom they work and everything should be done to minimise the risk to children of abuse and exploitation or other negative consequences of their participation.

How to implement this:

- The protection needs of children are paramount in the way children's participation is planned and organised
- Children involved in participation work are aware of their right to be safe from abuse and know where to go for help if needed
- Safeguards are in place to minimise risks and prevent abuse (e.g. children are adequately supervised and protected at all times; risk assessments are in place for residential activities away from home)
- Staff recognise their legal and ethical obligations and responsibilities (e.g. in respect of their own behaviour or what to do if they are told about the inappropriate behaviour of others)
- Child protection procedures recognise the particular risks faced by some groups of children and the extra barriers they face to obtaining help
- Careful assessment is made of the risks associated with children's participation in speaking out, campaigning or advocacy. Depending upon the risks identified, steps may be needed to protect children's identity or to provide follow-up measures to give protection (e.g. to ensure their

safe reintegration into their communities)

- Consent should be obtained for the use of all information provided by children and information identified as confidential needs to be safeguarded at all times
- No photographs, videos or digital images of a child should be taken or published without that child's consent
- Unless otherwise agreed, it should not be possible to trace information back to individuals or groups of children

Reference: Adapted from Practice standards in Child Participation, Save the Children, 2005

Extra time and different skills are required to support children and young people to be advocates

Supporting children and young people to be advocates requires extra time for chaperoning, explaining procedures, translating text and dialogue which is full of jargon and reference to other organization systems or practiced. Children and young people have less life experience than adults and may require extra training on interacting with adults on different occasions and in different roles. They may need extra support to plan and implement advocacy such as drafting messages, writing and presenting speeches, getting appointments to speak to influential people etc. It is important to distinguish between supporting children and young people and doing it for them. Children and young people are likely to have a very clear understanding of the issue or problem and know what needs to be done. They will need help understanding the rules and expectation of society and to learn new skills.

Ensuring follow-up and evaluation

Respect for children's involvement is indicated by commitment to provide feedback and or follow-up and to evaluate the quality and impact of children's participation. It is important that children understand what has been the outcome from their participation and how their contribution has been used. It is also important that, where appropriate, they are given the opportunity to participate in follow-up processes or activities. As a key stakeholder, children should be an integral part of monitoring and evaluation processes.

How to implement this:

- Children are given rapid and clear feedback on the impact of their involvement, the outcome of any decisions or next steps and the value of their involvement
- Feedback reaches all children involved
- Children are asked about their satisfaction with the participation process and for their views on ways in which it could be improved
- The results of monitoring and evaluation are communicated back to the children involved in an accessible and child-friendly way, and their feedback is taken into account in future participation work
- Mistakes identified through evaluation are acknowledged and commitments given about how lessons learned will be used to improve participatory processes in the future

2.5 What is a PSS advocacy competent organisation?

Introduction

In this toolkit a PSS advocacy competent organisation is defined as 'an organisation with the skills, understanding, knowledge and commitment to advocate for PSS issues and whose vision and objectives reflect some elements of PSS advocacy'. The following activity describes how to make and use a PSS advocacy competent organization checklist. It is assumed that this checklist would be completed as part of an internal assessment process, although on rare occasions it may be used by an external trusted party. The PSS advocacy competent organisation checklist is designed to allow organizational staff and volunteers to reflect on what they can do to strengthen their organisation to be in a better position to do PSS advocacy work. It is not therefore designed to be used as a test, where all answers should be 'yes' before an organisation can successfully do PSS advocacy work.

Facilitators' notes

- Avoid giving information in the introduction that you want the participants to brainstorm during the activity
- Make a big version of the sample table and statements on a piece of flipchart paper to show to the participants
- A co-facilitator should help collect the list of statements by adding to the flip chart with the sample table
- Introduce the REPSSI PSS friendly checklist to the participants if you think it is appropriate (see Information

Sheets on the attached REPSSI PSS Advocacy Toolkit: CD-Rom of Resources, Information sheet 2.5)



1 hour

Activity instructions

1. Introduce the topic: **What is a PSS advocacy competent organisation?**
2. Ask the participants to suggest definitions of a PSS advocacy competent organisation. Agree on a definition or use the toolkit definition from the introduction
3. Ask the participants to work in "buzz" pairs
4. In their buzz pairs ask the participants to spend 15 minutes to identify statements that can be used to make a checklist to assess whether an organisation is PSS advocacy competent. Explain the following sample table and example statements to help the groups get started.

PSS advocacy competent organization checklist

PSS advocacy competent organization should	Yes	No
1. Have a plan for personnel to have skills development on PSS advocacy		
2. Have legitimacy to do PSS advocacy work (the organization works closely with beneficiaries and have support from them to advocate on their behalf or with their involvement)		

5. Bring the participants back together. Collect one statement from each group until all the ideas have been exhausted. Try to spot repetition as you go along and draw the participants' attention to this by not adding repetitious statements to the list.
6. Facilitate a discussion with the participants using the following kinds of questions:
 - How could a checklist for a PSS competent organisation be used?
 - What would you be trying to achieve by using this checklist?
 - What should an organization do once it has completed the checklist?



Example of activity 2.5

Brainstorm: What do we mean by a PSS advocacy competent organisation?

- Organisations that can deliver high quality PSS advocacy based on a set of standards and principles
- An organisation where PSS advocacy is part of the strategic and implementation plans with goals and objectives aligned for PSS advocacy
- An organisation with the skills, understanding, knowledge and commitment to advocate for PSS issues and whose vision and objectives reflect some elements of PSS advocacy

Agreed definition of a PSS advocacy competent organisation:

- An organisation with the skills, understanding, knowledge and commitment to advocate for PSS issues and whose vision and objectives reflect some elements of PSS advocacy

Brainstorm: Checklist statements

PSS advocacy competent organization checklist (tick yes or no)

PSS advocacy competent organization should	Yes	No
1. Have a strategic plan with PSS advocacy strategic objectives		
2. Have legitimacy to do PSS advocacy (work closely with beneficiaries and have support from them to advocate on their behalf or with their involvement)		
3. Have a good rapport with other advocacy entities		
4. Have a plan for personnel skills development on PSS advocacy		
5. Have PSS advocacy activities that are child centred and community oriented		
6. Have credibility as a provider of PSS advocacy		
7. Have staff trained in PSS and PSS advocacy		
8. Have capacity to identify allies for PSS advocacy		
9. Coordinate with partners and allies on PSS advocacy plans and implementation		
10. Have up-to-date literature resources on PSS and advocacy		
11. Be able to identify PSS advocacy issues that need to be addressed		
12. Have a clear PSS advocacy definition in their work		
13. Have a person responsible for PSS advocacy in the organization		
14. Be able to mobilize resources for PSS advocacy		
15. Be a PSS and advocacy learning organization (to ensure shared knowledge internally and externally)		

Section 3 Planning PSS Advocacy

Introduction

Aim: To practise using a planning framework for advocacy work.

There are many different advocacy planning frameworks. This toolkit uses a version of a framework developed by the International Council of AIDS Service Organizations (ICASO) and adapted by the International HIV/AIDS Alliance which has been used for a number of years by AIDS service organisations around the world.

The advocacy framework can be used in many different ways. This section focuses on its use to plan advocacy work systematically. However, it is also a useful check-list for making a quick advocacy response. This framework can be applied to advocacy action at all levels: local, national and regional/international.

Activities within this section will allow the participants to practise key advocacy planning skills. When participants are practising these planning skills they will also deepen their understanding of what advocacy is and how it can be used to address the PSS issues they face. These activities also provide an opportunity for the participants to build partnerships and alliances with other organisations attending the workshop.

Most workshops are an 'artificial' environment, including participants that are not necessarily natural allies or representation from beneficiaries (children and young people) is missing. Therefore this section aims to practise, planning advocacy work rather than developing real action plans during the workshop time. However, in some exceptional cases this section can be used to plan real advocacy which is implemented during, or after, the workshop

Once this planning framework has been used a couple of times, it is possible to see how steps are interlinked and can be revisited during the planning process.

Allocate space for each group to display and store their group work so that they do not get lost and groups can easily refer back to previous group work outputs.

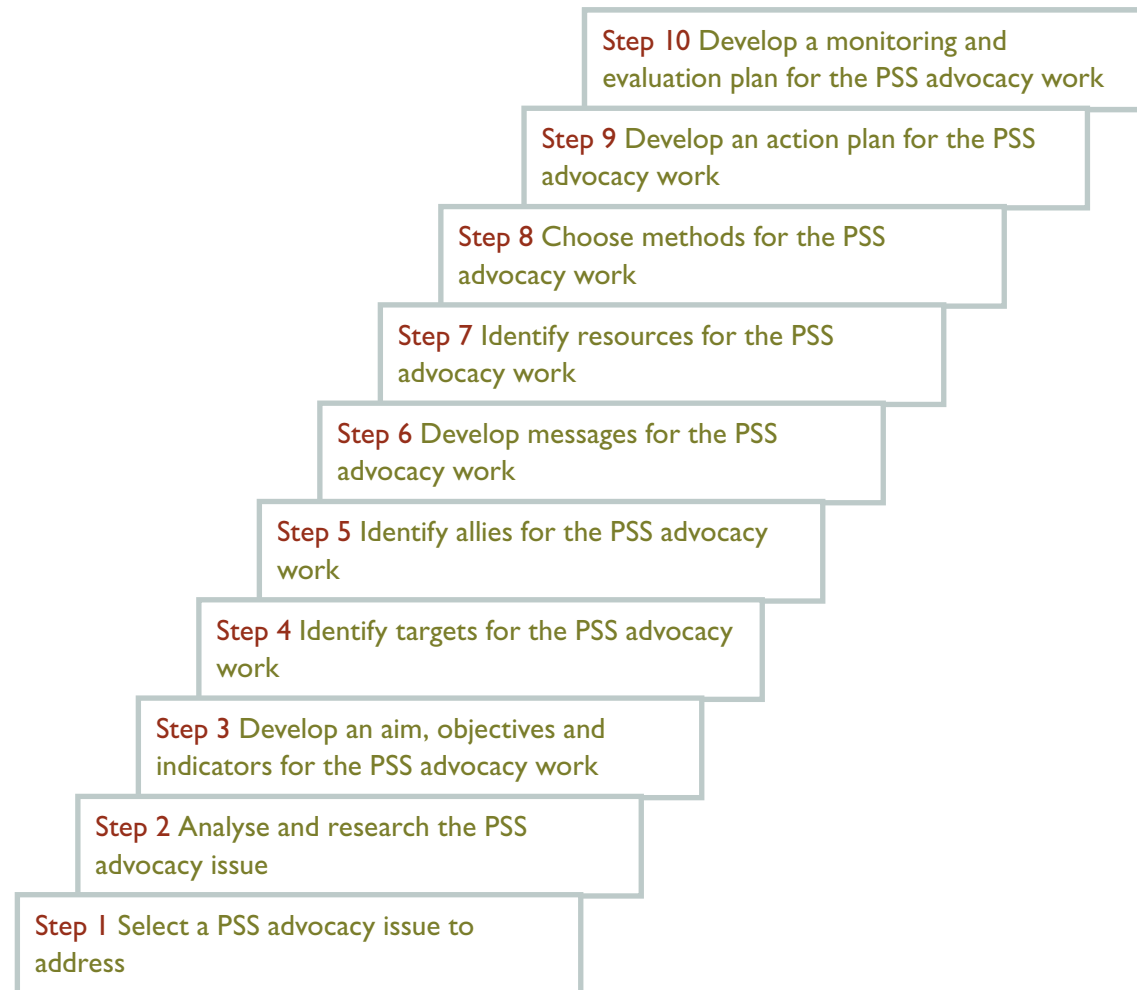
Name	Address	Signature
L.T. Mhatoza	6155 Sunst. Gugs	unintelligible
S. Solomons	5 Baker St. Retriet	Solomons
H. Khosa	210 a Flower Rd, Kh	Khosa

3.1 Introduction to the PSS advocacy planning steps

The aim of this session is to enable participants to explain the benefits of systematically planning their PSS advocacy work. They will become familiar with the following advocacy planning framework and will be able to practise using the planning framework in 'planning groups' during the workshop:

Facilitators' notes

- Make a large flipchart of the planning steps to keep on the wall throughout the facilitation of this section of the toolkit. You could make an arrow to show how you are addressing different steps in the planning framework as you work through them during the workshop
- As far as possible, ensure that all the participants understand each step correctly and have good group work outputs before moving to the next step
- Monitor the small groups closely to ensure that they have understood the activity. It will be necessary to have a dedicated facilitator to support each group through the whole planning process



Activity instructions



30 minutes

1. Ask the participants to explain the benefits of planning PSS advocacy work in a systematic way by asking the following kinds of questions:

- What are the benefits of planning our work?
- Do the same benefits also apply to planning PSS advocacy work?
- What could be the effects of not planning our PSS advocacy work?

2. Introduce the advocacy framework above.

3. Lead a brief discussion with the participants about the framework by asking the following kinds of questions:

- Does the advocacy framework seem logical?
- Can we plan for reactive advocacy work? Do the planning steps still apply?
- As a planning process, are any of the steps more important than others? If so, which ones and why?
- During which steps can beneficiaries (children, young people, parents, caregivers etc) be involved in the planning of PSS advocacy work?

4. Present the different planning groups to the participants.

Explain to the participants that they will practise using this framework by working in three groups. Each group will address an issue of their choice. They will stay in the same planning groups for all the activities in Section 3.

5. Explain that the planning groups will practise each step of the framework by applying it to their chosen PSS advocacy issue. Emphasize that although we will address each

planning step in detail during this workshop, that once they have learned about each step and practised them, planning will not take so long in the future. Remember “Failing to Plan is Planning to Fail”

Example of activity 3.1

What are the benefits of planning?

- Can allocate resources efficiently
- Can assign roles and responsibilities
- Can understand the action that needs to be taken, their order, and how we can monitor our progress
- Helps to keep us on track and focused on actions that will make a difference
- Planning stops participants feeling nervous, jealous, frustrated feel happier knowing where we are going and why
- Ensures that we pick methods that we have the skills and resource to implement
- Allows us to coordinate activities with a coalition of allies



3.2 Step 1. Select a PSS advocacy issue to address

Introduction

It is important to think carefully about the PSS issue before planning advocacy work. Steps 1 and 2 will help you in this process. You will need to consider the different PSS issues that could be addressed, then select ones that are realistic and which can be addressed through advocacy. It is important to define the selected PSS advocacy issue clearly and ensure that the people affected by the PSS issue (who may be children, young people, parents or caregivers) are involved in defining the PSS issue and planning the process from the beginning. They will have expert knowledge of the situation, and will add strength and legitimacy to the advocacy work.

Note:

The emphasis for this section of the workshop is for participants to practise an advocacy planning process, rather than to develop real plans of action. Although real advocacy plans can and have been developed during a workshop, more often relevant representation from potential allies and beneficiaries are not present, preventing real plans being developed.

Facilitators' notes

- Encourage the groups to select PSS advocacy issues that are real or 'live' as this will make practising the planning process more relevant and interesting
- Make sure that each group chooses a PSS advocacy issue that relates to the level they have been allocated (local, national or regional/international), if relevant
- Make sure the local group has chosen an issue relevant to an existing place (i.e., to a real village, district, province, etc.) so that it is a genuinely local issue
- Make sure that the participants are aware that after the workshop they should not be limited by their allocated level of advocacy or the opinions of others in the group. After the workshop they will be able to apply the steps to suit the opinions and needs of their own organisation, a coalition of allies they choose, and those affected by the PSS advocacy issue
- If participants find it difficult to choose one issue, suggest that they consider other factors, for example, (when planning advocacy for real) they could consider, the priorities, resources and situation of their organisations. During the workshop they should select a PSS advocacy issue that is well understood by everyone in the planning group, that is interesting, that will not get confused with IEC and community mobilisation, or broad child welfare issues (rather than PSS)



Activity instructions 1 hour 30 minutes

1. Introduce the topic: **Select a PSS advocacy issue to address.**
2. Review the following four definitions or group work outputs: What is advocacy? (See session 1.1), Why is PSS advocacy needed? (see session 2.2), What is psychosocial well-being? (see session 2.1) What is psychosocial support? (session 2.1). Ask the participants the following question:
 - What are the key elements of these definitions that can guide us to identify PSS advocacy issues?Explain that they should use these key elements during their group work to identify PSS advocacy issues.
3. Ask the participants the following question:
 - What questions or criteria would help us select the most appropriate PSS advocacy issue(s) to address (as a real advocacy coalition or organization, not as a group in a workshop)?
4. Explain that within their groups they will need a timekeeper and scribe for all the activities within each step of the advocacy framework. Ask the groups to document all their group work on flipchart paper.
5. Ask each planning group to brainstorm 2 or 3 real PSS issues that could be addressed through advocacy (at their assigned level if relevant). They should use the key elements from the four definitions brainstormed during instruction 2 to guide their group work (use the completed example on the next page if the outputs from instruction 2 are not useful or clear).
6. Tell the groups that once they have made a list of possible

PSS advocacy issues, they should select the most appropriate one for them to address. They can use the questions or criteria developed as an output of instruction 3 (or use the example of the next page). Remind the participants that some of these criteria will be more useful when they are planning real PSS advocacy rather than in this workshop setting. Group facilitators must ensure that all group members have agreed on a PSS advocacy issue to address. Ask them to write the issue on flip-chart paper and display it on the wall.

7. If there is time, ask each group to briefly present their chosen PSS advocacy issue.

3.3 Step 2. Analyse and research the PSS advocacy issue

Introduction

We identified PSS advocacy issues and selected one PSS advocacy issue to focus on during Step 1. Now we need to analyse the PSS advocacy issue, research information about it and suggest possible solutions. It takes time to analyse an issue, agree on possible solutions and collect documentation and evidence on the issue – but it is time well used.

Analysis, documentation and information can be used:

- To influence and inform targets and allies
- To provide evidence to support our advocacy messages or those of others

Example of activity 3.2

Key elements of the definitions that can guide the development of PSS advocacy issues:

- Must be PSS focused but contribute to the overall well-being of the child
- Should focus on policies, laws and practices
- Primary beneficiaries of our PSS advocacy work should be the child, but secondary beneficiaries may be families, care-providers, communities
- Influential people should be the people best able to affect the change
- Should consider issues that children and young people have identified themselves

What questions or criteria would help us select which PSS advocacy issue(s) are the most appropriate for us to address?

- Is this a PSS issue or a more general child welfare issue?
- Would another organization be better at taking the lead on this advocacy issue?
- To what extent can this issue be solved by advocacy?
- To what extent would a solution to this PSS issue help people directly affected?
- Can children be involved to address this advocacy issue?
- How easy will it be to build support around the issue?

Does this matter?

- Are others already addressing this issue?

Example PSS advocacy issues identified by the three planning groups

- Need to address the increase in sexual violence against children in schools by teachers, in Chongwe district, in Zambia
- Harmful traditional practices, for example, Female Genital Mutilation (FGM), amongst several tribes in Tanzania
- In a previously war affected district of Luwero in Uganda, children in schools present with hysteria which is characterized by acts of aggression, anxiety (disorders), hallucinations, and disorientated / disillusioned. This is often misinterpreted as spiritual trances / demonic possession that require traditional healing intervention. Children do not receive the necessary PSS support from the school and community at large
- In the province of Vilankulu (Mozambique) orphaned girls experience child abuse and exploitation by extended families; they are exchanged as ransom for debts
- Non-implementation of PSS aspects of the Short-Term Plan of Action (STPA) by the district council, for OVC, in Ghanzi district, in Botswana

- To disprove statements by people who oppose us
- To change perceptions on an issue
- To disprove myths, rumours and false assumptions
- To explain why previous strategies have not worked

It is also important to involve people who are directly affected by the issue (who may be children, young people, parents or caregivers) during this step if they have not already been involved in selecting the PSS advocacy issue. They will have an in-depth understanding of the issue and its effects, and will have ideas about how it can be solved. For example, participatory drama that includes discussion with the audience or a cause-and-effect flowchart can be used to analyse issues and identify solutions with children, young people and other beneficiaries. It is important to consider carefully the effects of any suggested solutions as some proposed solutions can cause more problems than they solve!

3.3 Step 2 Part A: Understanding the PSS advocacy issue

Facilitators' notes

- Note that this is the first time that the participants may not have a chance to present their work. Explain that this is why each planning group has a dedicated facilitator to give them feedback on their plans as they develop
- There may be differing views about the causes of an issue so it is important to take time to discuss them and try to reach an agreement

- Make sure that the groups focus on solutions that can be addressed through advocacy and that can be tackled at their allocated level: local, national or international, if relevant
- Make sure that solutions are contextually specific and not literally just a cause reversed. In the example given in instruction 4, the solution is not just 'for community leaders to speak publicly', but: 'for community leaders to speak publicly about giving love and support to children and young people living with and affected by HIV and AIDS'

Activity instructions



1 hour 30 minutes

1. Introduce the topic: **Understanding the PSS advocacy issue.** Explain that there will be two activities to address in this step; Part A to understand the PSS advocacy issue, and Part B to select a solution and gather evidence to support the issue
2. Demonstrate how to create the cause-and-effect flowchart by using a completed example. Also provide the following instructions to the participants:
 - a) Ask the groups to write the PSS advocacy issue they have selected in the middle of a big piece of paper. At the top of the paper write 'Effects', at the bottom write 'Causes'.
 - b) In the space below the PSS advocacy issue, ask them to write as many causes of the issue they can think of. Draw an arrow from each cause to the issue in the centre.

Causes can be people, organisations, attitudes, poverty, types of behaviour, lack of knowledge, anything.

c) Ask them to look at each cause and find deeper causes, by asking, 'What causes that cause?' They should add these causes of causes, connecting them with arrows.

d) Next ask the participants to write the effects of the issue in the top half of the paper. Draw an arrow from the issue in the centre up to each effect.

e) Look at each effect and ask, 'What further effect does that have?' Add effects of effects, and connect them with arrows. Ask the participants not to spend unnecessary time on the 'effects' and 'effects of effects'. The causes are more important for this planning process.

3. Ask the groups to spend 25 minutes creating their cause and effect flowcharts focusing on the causes first. They should then come together in plenary to hear the next instruction.
4. Explain that after the cause-and-effect flowchart has been completed, they should look at the causes (and causes of causes) and circle the ones that could be changed or improved with the help of influential people or institutions (i.e. the ones that can be addressed through advocacy). Ask the groups to create 1-3 solutions that they would like to achieve. Solutions can be identified either by analyzing a number of causes to form one solution or sometimes it is possible to simply 'reverse' a cause. For example, if one cause of stigma is *the silence of community leaders*, a solution would be *the opposite*;

for community leaders to speak publicly about giving love and support to children and young people living with and affected by HIV and AIDS. Emphasize that the solutions should be PSS solutions and not broader child welfare solutions.

5. Allow the participants a further 20-30 minutes to identify 1-3 advocacy solutions to address their PSS advocacy issue.
6. Check the participants' progress while they are working in their groups, then bring the groups back to plenary and move on to Part B of this session without group presentations (if you have a few minutes spare, allow the solutions to be presented).

3.3 Step 2 Part B: Selecting a solution and gathering evidence to support the PSS advocacy issue

Documentation and information gathering (research) are vital for nearly all kinds of advocacy work. They help us to understand how a solution can be reached and to provide evidence to support our advocacy messages. Information can be sourced from many different places and levels. There are two basic kinds of information that can be used for advocacy work; these include primary and secondary information.

Primary documentation and research includes information and data collected by yourselves. It may include narrative documentation, data that have been collected (both numerical and narrative), interview notes and quotes, focus group

Example of activity 3.3 Part A

Group 1. Local level

Selected issue: Need to address the increase in sexual violence against children in schools by teachers, in Chongwe district, in Zambia

Selected cause: No deliberate policies to implement the teachers code of conduct within schools in Chongwe district

Solution: Enforcement the PSS aspect of the code of conduct for teachers in schools in Chongwe district of Zambia

Group 2. Local level

Selected issue: In a previously war affected district of Luwero in Uganda, children in schools present with hysteria which is characterized by acts of aggression, anxiety (disorders), hallucinations, disorientated / disillusioned. This is often misinterpreted as spiritual trances / demonic possession that require traditional healing intervention. Children do not receive the necessary PSS support from the school and community at large

Selected cause: Belief systems and healing practices that do not support the psychosocial healing of traumatized children

Solution: Influence the traditional leaders to integrate a PSS dimension in the existing traditional healing practices

Group 3. Local level

Selected issue: Non-implementation of PSS aspects of the Short Term Plan of Action (STPA) by the district council, for OVC, in Ghanzi district, in Botswana

Selected cause: Prioritisation of the PSS aspects of STPA for implementation

Solution: Prioritize and implement PSS aspects of the STPA in the Ghanzi district of Botswana

discussions, notes, surveys, participatory research (rapid appraisal), photographs, etc.

Secondary documentation and research includes information which has been sourced from elsewhere and which was gathered by others for reasons unrelated to your work. This includes surveys such as national demographic and health surveys, national censuses, HIV/AIDS facts and statistics, behaviour studies, child policy reforms, sociological studies such as decision-making in the household, information from websites, e-mail discussion lists, etc. Secondary information can also include operations research findings and conference abstracts.

There are many advantages to using secondary information from a source you trust:

- inexpensive to obtain
- readily available
- valid and reliable
- current
- comprehensive
- credible to those you need to influence.

However, primary research also has its advantages:

- more trustworthy because you know how the information was collected
- more directly relevant and tailored
- demonstrates your experience of an issue directly

Documenting primary information as you go along is vital

and requires NGOs/CBOs to develop simple documentation systems within their organisations to collect and keep information. When the need and opportunity arises, this information can then be used to support ideas and arguments for advocacy work as well as a broad range of other uses within an organisation. (*For more information on developing documentation systems for organisations see Documenting and Communicating HIV/AIDS Work – A Toolkit to Support NGOs/CBOs, International HIV/AIDS Alliance – included on the REPSSI PSS Advocacy Toolkit: CD-Rom of Resources*).

Facilitators' notes

- For instruction 2, you may find that the groups have only identified one solution that they want to pursue as an outcome of Activity 3.3 Part A. If this is the case, continue to explore the factors that could help them select a priority solution for future reference, and move on to *Information / evidence needed* and *Where and how to get the information*
- Emphasize that it is much easier for an organisation to advocate on an issue if they have collected good evidence to back up their arguments. Emphasize the need for good documentation and monitoring to gather evidence to support their advocacy work



Activity instructions 1 hour 30 minutes

1. Explain the topic: **Selecting a solution and gathering evidence to support the PSS advocacy issue.**
 2. In their groups, ask the participants to think of all the factors or criteria that would help them to select the priority solution to achieve. Make sure that they consider the following factors:
 - Do we have the legitimacy to advocate for change for this solution? Why?
 - Will the solution mainly result in improved PSS or a broader child welfare benefit?
 - Are we the most appropriate NGO or coalition to advocate on this solution? Why?
 - Are others already pursuing this solution?
 - Can we access the kind of information we need as evidence?
 - Can, and should, children and young people be pursuing the solution themselves?
 - Do we have the skills, time and resources to really achieve the solution?
- Many of these factors are addressed in later steps in the planning process. Once participants are familiar with the whole planning framework, they will see how the steps are interrelated and build on each other as a thought process rather than sequence of steps.
3. Ask the group to choose one solution that they would like to use when practising the planning framework together.
 4. Explain to the participants the importance of collecting

information to support their advocacy work. It is important to provide evidence of the causes and effects shown in the cause-and-effect flowchart.

5. In their groups, ask the participants to practise structuring their information-gathering as follows:

At the top of another big piece of paper write:

- The PSS advocacy issue
- The selected PSS advocacy solution

Divide the rest of the paper into a table with two columns as shown below:

Information / evidence needed	Where and how to get the information

Ask the groups to complete a table for each of their selected PSS advocacy solutions.

Example of activity 3.3 Part B

Selected issue: In a previously war affected district of Luwero in Uganda, children in schools present with hysteria which is characterized by acts of aggression, anxiety (disorders), hallucinations, disorientated / disillusioned. This is often misinterpreted as spiritual trances / demonic possession that require traditional healing intervention. Children do not receive the necessary PSS support from the school and community at large.

Selected cause: Belief systems and healing practices that do not support the psychosocial healing of traumatized children

Solution(s): Influence the traditional leaders to integrate a PSS dimension in the existing traditional healing practices

Information / evidence needed	Where and how to get the information
Number of children affected	Facilitated group discussions & interviews at schools with teachers and principals
How war and conflict affects children psychosocially	Existing literature
What steps have already been taken to address the situation	Interviews at schools with teachers, head teachers, and children
Deeper understanding of the cultural beliefs of that community (Luwero)	Interviews with traditional leaders and community members
Gather information about children's perspective of the situation	Interview children

3.4 Step 3 Develop an aim, objectives and indicators for the PSS advocacy work

Introduction

It is important to have a clear vision of what we want to achieve. This can help us to decide what changes are necessary to reach a solution that will solve (or at least improve) the PSS situation. Planning advocacy work is similar to planning other activities – it is easier to plan appropriate activities if we first identify an aim and objectives.

We need to understand the difference between an aim, objectives and activities:

Aim (or goal): Broad statement of a desired, long-term outcome of the program

Objective: Statements of desired Specific, Measurable, Achievable, Relevant and Time-bound program results

In other words, objectives should be **'SMART'**:

Specific – in stating what will be done (i.e. what outcomes will be achieved)

Measurable – to allow monitoring and evaluation

Achievable – in relation to your potential capacity and experience

Relevant – for your vision, mission and goals

Time-bound – in relation to when the specified outcomes will be achieved.

Activities: action that is taken to help achieve the aims and objectives

For example, when we advocate for children to receive psychosocial support from teachers at school:

- The aim is for children to receive psychosocial support from teachers at school. Objectives are results needed to achieve this, for example, inclusion of PSS in the national training curriculum for teachers by June 2008, a certain number of teachers to receive PSS training in 2009, Principles and Parent Teachers Associations from all schools in the district need to regularly monitor the provision of PSS to children in 2009 etc.
- We then have a choice of methods to fulfill our objectives for example, lobby parliament, mass demonstrations, using a position paper and petition, etc. and then specific actions or activities for example, delivering a position paper on the inclusion of PSS in national teachers curriculum to the Minister of Education

When monitoring and evaluating, we need to agree on our definitions of success, i.e. observable, measurable, and agreed upon valid markers to show quality or quantity of progress towards meeting objectives. These valid markers are impact indicators. We can have process or impact indicators. You should select some process indicators if you want to monitor the advocacy process as you implement it and eventually evaluate the success of the process followed to improve your future advocacy planning. You should include impact indicators if you want to be able to measure or determine the change that is achieved for the beneficiaries. You should also have

both quantitative and qualitative indicators. Quantitative indicators measure number data such as percentage of target audience reached or quantifiable valid markers.

Qualitative indicators measure unquantifiable valid markers such as opinions. You can have more than one indicator for each objective, including process, impact, quantitative and qualitative indicators are necessary. The people affected by the PSS advocacy issue are often the best people to choose indicators of success.

Facilitators' notes

- There are many definitions of aims, objectives and indicators. Try not to engage in a debate, instead focus on them practising to develop good SMART objectives.
- You need to emphasize that in the previous step the groups broke the PSS advocacy issue down into a number of solutions. During this planning step they choose one solution to pursue and they should therefore write an aim relevant to this solution. If the groups only identified one solution for their PSS advocacy issue it may be confusing to them that they are being asked to turn the solution, rather than the issue, into an aim. Explain that they should do whatever makes sense for their PSS advocacy issue as it will depend on how they have defined their issue and solution.
- SMART can be introduced as a check-list to review their objectives.
- If participants have problems writing the objectives, ask

them to complete this sentence: 'If we want to achieve our aim [write aim here], we will need to...' or ask them to state one or two big changes that would need to happen for the aim to be achieved

- Explain to the participants that advocacy aims can be achieved by objectives and activities which are not themselves advocacy, for example, awareness-raising, IEC, etc. An organisation can advocate for the implementation of a good national HIV policy by lobbying the central government and educating beneficiaries to advocate for themselves. Both these activities help to achieve the aim, however the second activity is not advocacy, it is education or awareness-raising for others to carry out advocacy work. Make sure that participants understand this difference. Both can and should be included in advocacy plans.
- If groups identify information-gathering as an objective, explain that this is an advocacy activity or part of a broader advocacy planning process, not an advocacy objective

Activity instructions 2 hours 45 minutes

1. Introduce the topic: **Develop and aim, objectives and indicators for the PSS advocacy work.**
2. Ask the participants to work in their PSS advocacy planning groups. Give the groups 45 minutes (or more) to:
 - Turn the advocacy solution that they have chosen in the previous step into a PSS advocacy aim. The aim

should be worded as a broad statement of a desired, long-term outcome of the program, for example, *Children should receive psychosocial support from teachers at school*

- Then write detailed objective(s) (aim for 1 or 2) for their advocacy work which describe how they will achieve their aim. Give the following guidelines for writing advocacy objective(s):
 - All objectives should be SMART
 - At least one objective should include the policy, practice or law that they want to change and the influential individual, group or institution they are targeting
 - All the objectives combined, if achieved, should result in an actual positive change to reaching the aim
 - Then write at least one indicator of success for each objective
3. When all the groups have written their aim, objective(s) and indicator(s) of success, ask each group to present their work. Ask the remaining participants to give feedback on whether the objective is SMART and how well the aim, objective(s) and indicator(s) are articulated (but not to suggest alternative approaches to addressing the issues). Ask each group to finalise their aim, objective(s) and indicator(s) including the feedback as appropriate.
 4. Close this session with a fun energizer and explanation that they have done the most difficult three steps of the planning framework.



Participants celebrating the end of the first three planning steps with the Coin Game Energisers (see Annex D)

Example of activity 3.4

Group 1: Sexual violence in schools in Zambia

Selected issue: Need to address the increase in sexual violence against children in schools by teachers, in Chongwe district, in Zambia

Selected cause: No deliberate policies to implement the teachers code of conduct within schools in Chongwe district

Solution: Enforcement of the PSS aspects of the code of conduct for teachers in schools in Chongwe district of Zambia

Advocacy aim: Reduction of sexual violence against children in schools

Advocacy objective 1: To orient, and gain commitment from, 50 headmasters, 130 teachers and 20 District Education Officer (DEOs) of the importance of implementing the PSS aspect of the Teachers' Code of Conduct in the Chongwe district by December 2009

Indicators of success 1: Number of headmasters, teachers and District Education Officer (DEOs) trained

Indicators of success 2: % of headmasters, teachers and District Education Officer (DEOs) committed to implementing the PSS aspect of the Teachers' Code of Conduct in the Chongwe district

Indicators of success 3: 60% reduction in the incidence of sexual violence among children interviewed

Group 2: Rehabilitation of ex-child soldiers in Uganda

Selected issue: In a previously war affected district of Luwero in Uganda, children in schools present with hysteria which is characterized by acts of aggression, anxiety (disorders), hallucinations, disorientated / disillusioned. This is often misinterpreted as spiritual trances / demonic possession that require traditional healing intervention. Children do not receive the necessary PSS support from the school and community at large

Selected cause: Belief systems and healing practices that do not support the psychosocial healing of traumatized children

Solution: Influence the traditional leaders to integrate a PSS dimension in the existing traditional healing practices

Advocacy aim: Integration of PSS into traditional healing practices in Luwero, in Uganda

Advocacy objective 1: To convince all traditional healers in the Luwero District to integrate PSS in traditional healing practices by December 2008

Indicators of success 1: Percentage of traditional healers that demonstrate a good understanding of PSS

Indicators of success 2: Integration of PSS into traditional healing practices by 100% of traditional healers

Indicators of success 3: 80% reduction in the percentage of children who manifest signs of trauma

Group 3: Implementation of PSS aspects of the Botswana Short Term Plan of Action

Selected issue: Non-implementation of PSS aspects of the Short Term Plan of Action (STPA) by the district council, for OVC, in Ghanzi district, in Botswana

Selected cause: Prioritisation of the PSS aspects of STPA for implementation

Solution: Prioritize and implement the PSS aspects of STPA in Ghanzi district of Botswana

Advocacy aim: Influence the Ghanzi district council to implement the PSS aspects of the STPA

Advocacy objective 1: To convince the district council to enforce the roll-out the PSS aspects of the STPA by 20th May 2008

Indicators of success 1: Implementation of the PSS aspects of STPA is on the council agenda

Indicators of success 2: 75% of the district councilors commit to the roll-out of the PSS aspects of the STPA

3.5 Step 4 Identify targets for the PSS advocacy work

Introduction

Most organisations have limited resources available for undertaking advocacy work. Therefore it is important to focus advocacy efforts on the individuals, groups or institutions that have the greatest capacity to take action and to introduce the desired changes.

At a national or international level these people are usually those with the power to make policy or programme decisions. At a local level they are often charismatic people who have power and influence at an informal level, for example, traditional leaders, respected older people, traditional healers, as well as those who have formal influential roles.

Now we have developed clear aim and objectives, it is much easier to identify our advocacy targets.

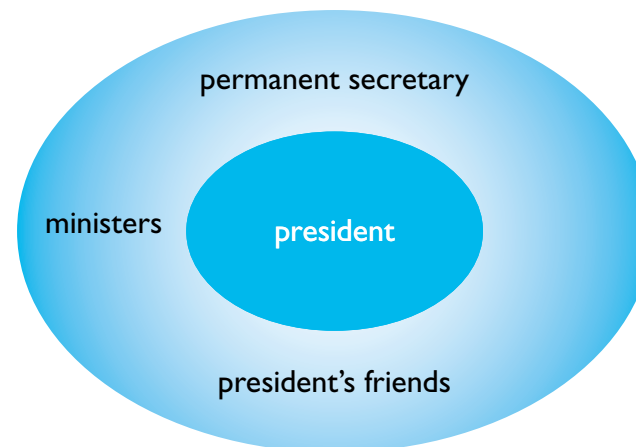
Understanding the decision-making system is an important part of advocacy at all levels. Once the decision-making process is clear, it is possible that the most obvious target is not accessible and it is necessary to work through others to reach them. For example, it may be better to work with 'those who can influence those with influence' and who have sympathetic views, rather than targeting the decision-maker directly. These people can be called indirect targets (or gatekeepers), as opposed to direct targets (see diagram).

When working with Government it is worth considering whether to start at the local level, working with local level officials who may become allies to reach national level targets, or whether it is better to work from the top. This will depend largely on how Government works in different countries and what contacts or experience you have at working at different levels.

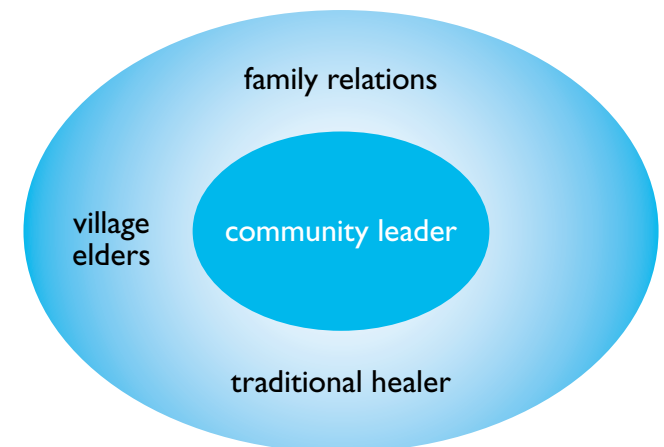
Once you have identified and researched the targets or indirect targets you want to reach you will need to consider what incentive they have for engaging with you. In some cases they may see it as their job to engage with you, in other cases you will need to 'stand out from the crowd' or make yourself worth

interacting with (but never bribe an official with personal gifts). For example, you, a colleague or acquaintance may know them already, you may be able to offer technical expertise to contribute to a joint PSS advocacy initiative, you could mention key partners that the target likes or wants to interact with, you could position your initiative as helping the target to solve one of their problems. Think from the perspective of the target, what will they get from working with you?

Identifying our targets and or indirect targets will help us to plan strategically, and will also help us to choose the most appropriate advocacy methods and activities.



Indirect targets to influence the president



Indirect targets to influence a community leader

Indirect targets and allies are often confused. Indirect targets are people (or organizations) who can influence your key direct targets, allies are people (or organizations) who can work with you to address your advocacy objective (issue) more broadly. It is possible for one person or organization to be both an indirect target and an ally.

Facilitators’ notes

- Avoid giving information in the introduction that you want the participants to brainstorm during the activity
- The target information table can be introduced in the introduction or conclusion of the activity
- Make sure that the groups choose an objective that directly involves advocacy
- Encourage participants to identify targets (and not allies)
- Encourage participants to think strategically – for example, they may need to target the opposition parties as well as the governing party, or target all religious leaders, not only those from the main religion. Otherwise the advocates could be seen as partisan or biased by other decision-makers
- This activity is easier to do if the group’s objectives are specific. If participants find that their objectives need improving, discuss this constructively with them. Allow objectives to change during the planning process
- The aim of this activity is to learn how to identify and analyse targets. The participants will not have time to complete this activity for all their objectives. However, they should identify targets for each objective when planning

future advocacy work with their colleagues and those affected by the issue



1 hour 15 minutes

Activity instructions

1. Introduce the topic: **Identify targets for the PSS advocacy work.**
2. Before beginning the activity, ask the whole group to explain the difference between direct targets, indirect targets and allies. Then ask for examples of incentives (not bribes!) that might encourage targets or indirect targets to engage with us.
3. Ask participants to return to their groups. For the purpose of practising the remaining steps of the planning framework, ask each group to choose one objective, and write it in the middle of a big piece of paper. Remind the participants that when planning real advocacy projects they should apply each of the following activities in this section to all of their objectives, not just one.
4. Ask the groups to draw a Venn or other diagram of key

influential groups or individuals that could be targeted to influence the changes identified in their objective (for example organisations, businesses, government departments, religious leaders, individuals, etc.). It may be helpful to identify whether they are direct and indirect targets by adding D or ID to the suggestions. Encourage the groups to be as specific as possible, for example, the Minister for Home Affairs, etc. You can show participants an example. The different direct targets or indirect targets can be written with marker pens on Post-It Notes so that they can be moved close or far away from the PSS advocacy objective in the centre to show one of the following:

- How close the relationship is between each target and your organisation
- How much they agree with your advocacy objective
- How much influence they have over the advocacy objective

5. Introduce the following target information table as a useful tool for them to use when selecting targets and sharing information about targets with allies:

	How to contact the target	Target’s feelings about the advocacy issue	How to influence the target	Target’s way of making decisions	Target listens to (possible indirect targets)
[Name of target]					
[Name of target] etc					

Example of activity 3.5

Group 1: Sexual violence in schools in Zambia

Advocacy aim: Reduction of sexual violence against children in schools

Advocacy objective: To orient, and gain commitment from, 50 headmasters, 130 teachers and 20 District Education Officer (DEOs) of the importance of implementing the PSS aspect of the Teachers' Code of Conduct in the Chongwe district by December 2009

Targets: DEO, Head teachers, Teachers Union,

Indirect targets: Parents teachers association, traditional leaders, student bodies



Participants explaining their target Venn diagram to other workshop participants. The Venn diagram shows how supportive different targets and indirect targets are of the PSS advocacy issue (the roll-out of the PSS aspects of the STPA in Ghanzi District of Botswana)

Group 2: Rehabilitation of ex-child soldiers in Uganda

Advocacy aim: Integration of PSS into traditional healing practices in Luwero, in Uganda

Advocacy objective: To convince all traditional healers in the Luwero District to integrate PSS in traditional healing practices by December 2008

Targets: Chiefs (Traditional), THETHA (Uganda association for traditional healers), traditional healers

Indirect targets: Religious leaders (including spiritual healers, Inter-religious Council, Uganda Joint Christian Council, Uganda Moslem Supreme Council, African Religious Institute, and Bahai and Buddhist institutions)

Group 3: Implementation of PSS aspects of the Botswana Short Term Plan of Action

Advocacy aim: Influence the Ghanzi district council to implement the PSS aspects of the STPA

Advocacy objective: To convince the district council to enforce the roll-out the PSS aspects of the STPA by 20th May 2008

Targets: District council Chair person, District commissioner, Council secretary, Councilors

Indirect targets: Area Member of Parliament, Director of Social Services, Botswana National Youth Council, District Child Welfare Committee, Chief Community Development Officer, Minister of Local Government, Minister of Local Government Permanent Secretaries, District AIDS Multi-sectoral Committees

3.6 Step 5 Identify allies for the PSS advocacy work

Introduction

In the previous step we identified our targets: who we advocate to. Now we will identify our allies: who we advocate with. In some cases a coalition of people or organisations doing advocacy work can achieve more together than individually. However, coalitions take time and energy to develop and maintain because they involve building trusting relationships with other people and keeping people constantly informed and involved. Many advocates find this part of their work the most challenging and yet the most rewarding.

Coalitions can be short term or long term, and formal or informal. For example, in the short term they can take advantage of gatherings such as meetings, conferences and workshops to promote a PSS advocacy issue and gather signatures for petitions. Alternatively campaigns and actions can be undertaken over several years. Forming a coalition with allies to undertake PSS advocacy work is not the same as being part of a network, however networks can help share information between organizations and in some case they may lead to advocacy work (see *Extra facilitation notes* at the end of this topic for more information on *Building Advocacy coalitions*).

Allies can provide:

- Impact through numbers (either numbers of individuals or organizations)



- Different experiences and skills
- Resources (human, material and financial)
- Different contacts and influence (with direct or indirect targets, other potential coalition allies, media etc)

Examples of possible allies to form coalitions include:

- Groups of people directly affected by the PSS advocacy issue, such as orphan groups, teachers, home-based care providers etc
- AIDS service organisations (ASOs), community-based organisations (CBOs), nongovernmental organisations (NGOs), human rights networks etc
- Supportive or sympathetic journalists
- Supportive local / national government officials who can lobby from inside
- Allies in other parts of the country, or other countries

Working together can also increase legitimacy for addressing the issue. However, coalitions do not always work based on complete agreement. Where people have different views, it means compromising, so that the group can agree to speak with a majority voice.

Selecting allies: issues to consider when selecting allies to work on PSS advocacy issue:

- Personal attitudes and beliefs: Are they able to talk openly about issues such as child abuse. Do they understand the needs of children?
- Institutional practices, policies, or beliefs: Are they able to adapt and learn new ways of thinking?

- The attitude to child / youth participation: Will they approve of the level of participation that you have planned for children and young people?
- Maintaining confidentiality: Will they respect the confidentiality of those participating in the advocacy effort – will this ally respect this?
- Language and jargon: Are they familiar with specialised or acceptable words used to describe PSS work or the needs and rights of children? If not could they be embarrassing or damaging to the PSS advocacy work
- Competing priorities and motivations: Are they committed to addressing the PSS issue?
- Resources to contribute: Will they commit to sharing resources, particularly human resources, to support the advocacy work?

Facilitators' notes

- Ensure that the participants don't feel that they should always work in coalitions with others as a result of this activity
- Natural allies are people and organisations that can work together effectively to contribute positively to address an issue and who have mutual respect for the role that each contributes.
- Participants may become confused about the difference between indirect targets and allies. This is because indirect targets may become allies in the future.
- Prepare sets of questions from instruction 5 for the group work



45 minutes

Activity instructions

1. Introduce the topic: **Identify allies for the PSS advocacy work.**
2. In plenary, clarify the difference between a target, indirect target and allies (see previous *Step 4: Identifying targets*).
3. Ask the participants the following questions:
 - Who or what are allies for advocacy work?
 - How can allies support our PSS advocacy work?
4. Facilitate a discussion with the participants to share their good and bad experiences of working in partnerships or coalitions for their work.
5. Ask the participants to return to their groups, and identify their potential allies on another Venn diagram or as a bullet point list. Ask them to read through the following list of questions in their groups before starting:
 - Who else could have a positive impact on the issue that has been chosen? Who else is already working on this issue?
 - Who are your 'natural' allies? Are they true allies for this issue?
 - Would they be happy to work with you?
 - Would they want to lead on the PSS advocacy issue or help you achieve your objective? Does this matter?
 - Have you included organizations that 'should' be involved but you would rather not work with? Why? Can you overcome these obstacles?
 - Have you included beneficiary organizations or key individuals?

- Would you organize a formal coalition to address the PSS advocacy objective or work on an informal basis with potential allies as need arises?
6. Close the activity by stressing that creating advocacy coalitions will require careful research and coordination time. Draw the participants' attention to the section on *Building an advocacy coalition within Information Sheet 3.6* which is also summarized in the *Extra facilitators' notes* at the end of this topic.

Example of activity 3.6

What is an ally?

- Mutually beneficial relationship built for a specific purpose
- People who share our vision
- Like-minded people who share our purpose
- People who have a common understanding on an issue

How can allies support our PSS advocacy work?

- Bring skills, resources, experiences and information, help maximize resources
- Bring strength and amplify the issue, two are better than one
- Some allies can access targets and indirect targets (gatekeepers) for us
- Ensures that all efforts to address the PSS advocacy issue are linked

Examples of existing advocacy coalitions

- Coalition to stop the use of child soldiers in Uganda
- Child Protection Coalition in Zimbabwe
- REPSSI Country Advocacy Teams

Positive experiences of working with allies / advocacy coalitions

- Sharing resources – When launching the advocacy

campaign against sexual violence in schools in Zambia, Plan Zambia called in partners that helped to provide transport, accommodation, and organizational personnel. Allies don't expect payment

- Sharing skills – The Women's coalition in Zimbabwe advocating for the domestic violence bill, brought in allies with different skills such as working with the media, research including primary research with beneficiaries, etc
- Applying for joint funding – donors favour programmes of work that show many civil society organisations working together in an organized fashion

Negative experiences of working with allies / advocacy coalitions

- Different expectations - Members have different expectations and drift away as the work proceeds
- Hijackings - one organisation wants to claim the success achieved by the coalition; or hijack the process
- Original vision can be diluted or diverted
- 'Collective identity can lead to collective tragedy' you have to accept the consequences of the negative actions of coalition members
- Larger organizations dominate the proceedings
- Slow progress – sometimes representatives sent to attend meetings cannot make decisions on behalf of their

Example of activity 3.6 (continued)

organization so progress is slowed by necessary follow-up work needed

- Money buys votes – those with more resources have more say in the proceedings

Group 1: Sexual violence in schools in Zambia

Advocacy aim: Reduction of sexual violence against children in schools

Advocacy objective: To orient, and gain commitment from, 50 headmasters, 130 teachers and 20 District Education Officer (DEOs) of the importance of implementing the PSS aspect of the Teachers' Code of Conduct in the Chongwe district by December 2009

Targets: DEO, Head teachers, Teachers Union,

Indirect targets: Parents teachers association, traditional leaders, student bodies

Allies: District Development Coordinating Committees, District AIDS Task Force, District OVC committees, OVC community, traditional leaders, children's clubs, Parent Teachers Association, church leaders

Group 2: Rehabilitation of ex-child soldiers in Uganda

Advocacy aim: Integration of PSS into traditional healing practices in Luwero, in Uganda

Advocacy objective: To convince all traditional healers in the Luwero District to integrate PSS in traditional healing practices by December 2008

Targets: Chiefs (traditional), THETHA (Uganda association for traditional healers), traditional healers

Indirect targets: Religious leaders (including spiritual healers, Inter-religious Council, Uganda Joint Christian Council, Uganda Moslem Supreme Council, African Religious Institute, and Bahai and Buddhists organisations)

Allies: District LCS chairperson, District secretary, District School Inspector, Head Teachers, parents and guardians, Teacher Parent Associations, children's clubs, NGOs

Group 3: Implementation of PSS aspects of the Botswana Short Term Plan of Action

Advocacy aim: Influence the Ghanzi district council to implement the PSS aspects of the STPA

Advocacy objective: To convince the district council to enforce the roll-out the PSS aspects of the STPA by 20th May 2008

Targets: District council chairperson, District Commissioner, Council Secretary, Councilors

Indirect targets: Area Member of Parliament, Director of Social Services, Botswana National Youth Council, District Child Welfare Committee, Chief Community Development Officer, Minister of Local Government, Minister of Local Government Permanent Secretary, District AIDS Multi-sectoral Committees

Allies: Social workers in the district, Associations of social workers, NGOs, CBOs, FBOs, Botswana National Youth Council, District Child Welfare Committee, District AIDS Multi-sectoral Committee (DAMSAC), BOTUSA (PEPFAR), Health Policy Initiative, UNICEF, Children, Care providers

Extra facilitators' notes

Building an advocacy coalition

Coalitions are invaluable for advocacy work because they create structures for organizations and individuals to share ownership of common aims. It is possible to establish a new advocacy coalition or use an existing coalition to address a PSS issue. To be successful advocates, coalitions 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 to develop clear aims, objectives, advocacy plans and budgets to address a PSS issue, and then skillfully take advantage of opportunities that can be created or that arise.

Effective Communication: Understanding One Another

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. Ideally, members of a coalition 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. 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.

Cooperation Not Competition: Building a Team

Characteristics of successful coalitions 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 coalitions recognize their interdependence and the need for each other's special knowledge, skills, and resources.

Although effective coalitions 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 the coalition on track
- Runs meetings effectively and efficiently

Members of effective coalitions practice cooperation, not

competition. They take responsibility for their individual roles in advancing coalitions objectives, but they value their team identity. 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.

Decision Making: Reaching Group Consensus

Members of coalitions 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, coalition members need information. They also need to know how to set limits 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 coalition 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

Mission Statements: Creating a Common Purpose

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

Putting It All Together: Managing the Coalition

It is important for members forming a coalition 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 coalition 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 coalition? 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 coalition? What will the coalition 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 coalition. 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?

Reference: Adapted from Networking for Policy Change: An Advocacy Training Manual- A training manual published by The Policy Project, 1999

3.7 Step 6 Develop messages for the PSS advocacy work

Introduction

Advocacy messages, like all communication messages, must be written for a specific target audience and must be delivered consistently so that the audience does not get confused. For example, a consistent explanation of PSS must be used by all advocates. The messages need to inform a target about the PSS advocacy issue, to generate support to address the advocacy effort, or move the target to take action and implement the desired change.

Research is an important part of message writing. You will need to know what tone the message should have, for example, emotional appeal, business like and fact based, shocking etc. Some targets will be put off by shocking or aggressive messages, but will listen to a message that makes them want to care. It is useful to get feedback from a 'friendly' target or indirect target before using messages.

The length and complexity of advocacy messages will depend on the target and the advocacy method that you choose to use.

Advocacy messages should include 4 components:

1. The PSS advocacy issue
2. Evidence to support the PSS advocacy issue
3. Solution(s) or desired action(s) to overcome the PSS advocacy issue

4. A sound bite or slogan (which can be at the beginning or the end of the message depending on which advocacy method is used to deliver the message)

A sound bite or slogan is a phrase or sentence that will be memorable, useful for journalists to use as headlines, or themes for demonstration banners, chants or songs etc.

An example of an advocacy message aimed at the Government Welfare Department might be:

“Rogue teachers abuse children!: 21% of children between 10 and 15 years of age at the 25 state secondary schools in Jabula province say that teachers discriminate against and ridicule children affected by HIV and AIDS. Government needs to urgently integrate training on the emotional and social needs of children in their national training curriculum and in-service training”

The following 3 advocacy message success factors should be considered when planning advocacy messages:

- 1. Content / ideas.** The content refers to the central idea of the message. What is the main point you want to communicate to your target? What single idea do you hope the target will take away after receiving your message?
- 2. 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?
- 3. Messenger / source.** Source refers to where the

information or the person delivering the message comes from.

Is the messenger or source credible to your target audience?

Is it possible to include beneficiaries as messengers? For

example, you might invite a child advocate to join you for a high-level meeting with a policymaker, etc.

Advocacy messages should also have **IMPACT**:

Inspiring

Memorable

Persuasive

Accurate

Concise

Tailored to the target

The one-minute-message: Mass media coverage of events and interviews is normally distilled into a 30-60 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.” In any interaction with mass media, it is vital that the spokesperson communicates both the main idea and the solution of the PSS advocacy message in 30-60 seconds.

Once the messages have been agreed it is a good idea to write a briefing note for your colleagues and allies. Briefing notes ensure that consistent messages are delivered, main points to emphasize are backed-up with evidence and data, and answers to difficult questions are planned.

A briefing note can for example:

- Be written by a programme officer involved in advocacy work, to assist the executive director in supporting the advocacy objective at a high-level meeting
- Summarise the agreed advocacy objectives and messages of a coalition, to ensure that all members of the coalition give a consistent message

Facilitators’ notes

- Make sure each planning group has written instructions for instruction 2 including the four message components, explanation of IMPACT, and the 3 advocacy message success factors
- Remind the participants that they are just practising to write PSS advocacy messages so they can make-up evidence or statistics during this workshop but they should never make-up evidence or statistics for real PSS advocacy messages
- Pay close attention to the timing of the role-plays and discussions. Give equal time to each group. The group work activity is more important than the plenary role-playing so if need be move straight to instruction 6 after the group work.

Activity instructions



1 hour 30 minutes

1. Introduce the topic: **Developing messages for PSS advocacy work**
2. Ask the participants to work in their groups for 25 minutes to:
 - write their PSS advocacy objective and one chosen advocacy target (individual, group or organization) on a piece of flipchart paper
 - write a one-minute advocacy message that would persuade that target to do as you ask of them to help address the PSS advocacy objective (the message should include the 4 message components: issue, evidence, solutions and incorporate a sound bite or slogan in some way)
 - practise delivering the message to a group of colleagues pretending to be the target. Improve the message as you practise
3. Explain that each group will role-play delivering the message to the target (first introducing their PSS advocacy objective and target), while the other groups note whether the message has IMPACT and adequately includes the four message components.
4. Ask each group to perform their role-play.
5. Allow a brief discussion after each role-play for the other groups to note whether the message has IMPACT and adequately includes the four message components.
6. Facilitate a brief discussion reinforcing the need to pay attention to the three advocacy message success factors: content / ideas, language, and messenger / source and also the benefits of writing a briefing note for all colleagues and allies.

Example of activity 3.7

Group 1: Sexual violence in schools in Zambia

Role-play of a face-to-face meeting

Objective 1: To orient, and gain commitment from, 50 headmasters, 130 teachers and 20 District Education Officer (DEOs) of the importance of implementing the PSS aspect of the Teachers' Code of Conduct in the Chongwe district by December 2009

Target: District Education Official

Advocacy message:

"Sexual violence of children in Chongwe district is on the rise. 50% of children in primary schools have reported to school counselors that they have been sexually violated. This has resulted in a decrease in school pass rate (lowest in all districts), depression and decrease in general well-being of children. The District Education Board needs to urgently enforce the PSS aspects of the Teachers' Code of Conduct. Sexual Violence affects the well-being of children."

Group 2: Rehabilitation of ex-child soldiers in Uganda

Role-play of a drama performed to THETHA (Uganda association of traditional healers)

Objective 1: To convince all traditional healers in the Luwero District to integrate PSS in traditional healing practices by December 2008

Target: THETHA management

Advocacy message:

"Children who present with hysteria disillusionment are not necessarily demonic possessed. According to the district inspector of schools, 50% of school-going children in previously war torn district of Luwero, present such symptoms thus affecting their social well-being. Traditional healing practices need to be complimented. It is time to integrate PSS in traditional healing practices."

Example of activity 3.7 (continued)

Group 3: Implementation of PSS aspects of the Botswana Short Term Plan of Action

Role play of a silent demonstration supported with position paper and petition

Objective 1: To convince the district council to enforce the roll-out the PSS aspects of the Short Term Plan of Action (STPA) by 20th May 2008

Target: District Council Officials

Advocacy message:

"Psychosocial Support for Children....."

- We planned for it
- We budgeted for it
- Now is the time to deliver"



Persuading District Council Officials to implement the agreed PSS aspects of the Botswana Short-Term Plan of Action (STPA)

3.8 Step 7 Identify resources for the PSS advocacy work

Introduction

Successful advocacy work requires resources such as people (human resources), money, skills, facilities and equipment, and information. Human resources can include both staff and volunteers. Other resources can include access to media and to distribution networks, for example, newsletters, and e-mail.

In Step 5 we saw some advantages of working in coalition with allies. One major advantage is the possibility of sharing resources. Once we have identified the resources that are available, we can choose feasible advocacy methods, and develop an action plan. It is best to plan only for activities that are possible with resources we have.

However, it is sometimes possible to fundraise for advocacy work, although this can be very difficult in some countries and for some issues (see *Raising Funds* and *Mobilising Resources for HIV/AIDS Work – A Toolkit to Support NGOs and CBOs*, International HIV/AIDS Alliance, included on the attached *REPSSI PSS Advocacy Toolkit: CD-Rom of Resources*).

Whether resources are contributed by allies or donors it is important to make sure that this does not change the focus or agenda of the PSS advocacy objective, for example make sure that those contributing resources to the PSS advocacy work do not influence a change in the agenda to a broader child welfare issue.

Facilitators' notes

- Make sure that the groups differentiate between resources they already have, and resources they plan to mobilise in the future.
- Instruction 3 may not work in a workshop setting as this is an artificial environment. In this case move to instruction 4
- Human resources might include people with specific PSS knowledge, advocacy skills, (such as negotiation experience, understanding of decision-making structures), leadership and diplomacy, or people willing to chaperone children and young people.



45 minutes

Activity instructions

1. Introduce the topic: **Identify resources for the PSS advocacy work**
2. Ask the group to brainstorm what kinds of resources are useful for advocacy work. The following list can be provided if necessary: People, Contacts, Information, Skills, Money, Equipment.
3. Ask the planning groups to identify all the resources that each of their organizations have available to contribute to the advocacy objective.
4. Facilitate a discussion based on the following questions:
 - In what ways would you fundraise for PSS advocacy work?
 - How can organizations ensure that time and human resources are allocated for PSS advocacy work?

- In your previous PSS advocacy experience, who has been responsible for mobilizing resources necessary for this work?

Example of activity 3.8

Resources needed for PSS advocacy work:

Money (inc. credit), human resources (skill, knowledge / contacts / allies), equipment and supplies, people's time, goodwill

In what ways would you fundraise for PSS advocacy work?

- Writing a proposal to a donor
- Get contributions from allies and coalitions
- Organize a joint fundraising initiative
- Private donors (companies, affected people)

How can organisations ensure that time and human resources are allocated for advocacy work?

- Incorporate advocacy into strategic, implementation, budget, and monitoring and evaluation plans
- Ensure that staff have the right skills by giving training and hiring the right people (ensuring the use of well articulated job descriptions that include advocacy)
- Get time commitments and budgets included in advocacy coalition MOUs

In your previous advocacy experience, who has been responsible for mobilizing resources necessary for advocacy work?

- Programme officers or other staff with this task in their job description
- Outside experts (volunteers, consultants)
- Board Directors
- Mother organizations
- Coalition members

3.9 Step 8 Choose methods for the PSS advocacy work

Introduction

Advocacy methods are ways to communicate our messages to direct or indirect targets. Advocacy methods include:

- **Presenting a position paper** – is a one or two page document written for a specific advocacy target that clearly states the opinion of an organisation (or advocacy coalition) about a particular issue. They are particularly important for PSS advocacy work to ensure that messages, evidence and proposed solutions reach the influential people without any possibility of miscommunication, and can be used for future reference or copied for their colleagues. A position paper is usually used to reinforce another more direct advocacy method but it can also be used on its own.
- **Working within the system** – involves joining or becoming part of an institution or organisation that you want to change, for example, by joining an advisory board, committee, or volunteering services. This method is a relatively long-term commitment
- **Lobbying or face-to-face meetings** – are diverse opportunities where you can talk to a target directly whether in a formal settings, for example, during a committee meeting, or in an informal setting, for example, whilst having coffee together at a conference
- **Delivering a presentation** – means getting your foot in the door to be able to have access to the targets, then

writing and delivering a tailor-made presentation to them, and finally answering questions that they might have afterwards

- **Persuading using drama and songs** – involves organising an opportunity to perform a drama or song in front of advocacy targets. The drama or song needs to include PSS advocacy messages, evidence and suggested solutions. You will then need to facilitate a discussion, make a short presentation or answer questions afterwards
- **Using a press release** – writing a one-page document using a specific format and language which tells journalists about your advocacy issue in a way that inspires them to include the story in their news or articles. This advocacy method aims to reach the advocacy targets through the news or articles delivered by the journalists.
- **Carrying out a media interview** – involves getting invited by a journalist to make an interview about your PSS advocacy issue so that advocacy targets can be reached through the news bulletin or article
- **Holding a press conference** – involves organising for a group of journalists (possibly including written press, TV and radio) to attend a meeting where you outline your advocacy messages, evidence and solutions and take questions from the journalists. Press conferences are usually quite formal, well planned and chaired or facilitated by someone with previous press conference organisation experience
- **Using field visits** – involves inviting advocacy targets on a well planned visit to see an issue first-hand, or to see how

a problem can be solved and replicated elsewhere. This requires a lot of preparation at the visit site, rehearsal of messages with those that might come in contact with the target, and careful consideration of who will answer questions and talk to the target at any great length

- **Holding a demonstration** - involves organising a group of people to collectively convey advocacy messages about a PSS advocacy issue at an event or location in a way that will attract the attention and interest of advocacy targets. Holding a demonstration requires strong planning and coordination skills to make sure that the right messages get across, that the local authorities are well informed of your intentions, that the group of individuals are clear of what is and isn't their role, and that it is organized within the local legal framework.

Some methods are more appropriate and feasible than others. There are no simple rules for choosing the best advocacy methods. Your choice will depend on many factors such as:

- the target person / group / institution
- the PSS advocacy issue
- the PSS advocacy objective
- the evidence to support the PSS advocacy objective
- the skills and resources available (including those of allies)
- the risk of using that method (particularly when young people are participating)
- timing e.g. external political events, when a law is still in draft form, immediately before a budgeting process, time

of year, stage of advocacy process

- issues around confidentiality
- how visible you want to be (linked to skills, resources, risk of embarrassing targets)
- what methods are successful in influencing targets in your context

Facilitators' notes

- Avoid giving information in the introduction that you want the participants to brainstorm during the activity
- Use the information from the introduction to make a handout for each planning group so that they can refer to the different methods



Activity instructions **1 hour 30 minutes**

1. Introduce the topic: **Choose methods for the PSS advocacy work**
2. Very briefly introduce each advocacy method with a sentence or two. Ask for any clarifications from the participants
3. Ask the participants to brainstorm
 - What factors will influence your choice of advocacy methods?
4. Ask the participants to work in their planning groups to decide which advocacy methods to use to achieve their chosen PSS advocacy objective. To help them, they should gather together the:

- aim and objective
 - Venn diagram of advocacy targets they identified (Step 4)
 - list of advocacy methods (handout to be provided)
5. Ask the participants to create a table which shows the, *Possible use of different advocacy methods and Risks of using these advocacy methods*. Ask the participants to write specific activities (including an advocacy method) to address their PSS advocacy objectives under *Possible use of different advocacy methods*. Then identify the risk associated with this activity (advocacy method) under *Risks of using these advocacy methods* (see Group 2 example within Example of Activity 3.9 on the next page). They only need to do this for the methods that they think would be useful and possible



Example of activity 3.9

What factors will influence your choice of advocacy methods?

- Type of target audience, their educational background (characteristics of the targets)
- Resources available for advocacy
- PSS advocacy objective and desired outcome
- Content of the messages you want to deliver
- Specific knowledge and skills of the advocates
- Opportunities that exist in the local context
- Type of allies that you will work with
- Appropriate methods for the environment and context
- Amount of time before impact is needed, or 'window of opportunity' for the issue to be addressed
- Methods that the advocates are able and willing, to use
- Type of beneficiaries and how best to involve them

Group 2: Rehabilitation of ex-child soldiers in Uganda

Advocacy aim: Integration of PSS into traditional healing practices in Luwero, in Uganda

Advocacy objective 1: To convince all traditional healers in the Luwero District to integrate PSS in traditional healing practices by December 2008

Targets: Chiefs (Traditional), THETHA (Association for Traditional Healers), Traditional Healers

Indirect targets: Religious leaders (including spiritual healers, Inter-religious Council, Uganda Joint Christian Council, Uganda Moslem Supreme Council, African Religious Institute, and Bahai and Buddhists organisations)

	Possible use of different advocacy methods	Risks of using these advocacy methods
Song and drama	Trans-cultural Psychosocial Organisations (TPO) will mobilise community members to perform advocacy songs and drama during the traditional healers' association (THETHA) meeting that promotes the integration of PSS into traditional healing.	Risk: Song and drama might be misunderstood as only entertainment and the advocacy messages get lost. Solution: Hold discussion after the performance
Lobby or face-to-face meetings	TPO organise face-to-face meetings with the traditional healers' association (THETHA) to table issues concerning the need to embrace integration of PSS in their healing practices. This will allow opportunity for discussion	Risk: Might be confrontational, bringing in new strategies. Solution: Use a spokesperson from inside the target organisation to support the issue. Find out about the culture prior to the meetings to avoid offending elder
Field visits	TPO will invite the traditional healers association (THETHA) on a field visit to schools and communities in Luwero district to interview children, parents and teachers in order to gain a deeper understanding of the problems and challenges in relation to childrens' psychosocial problems resulting from post conflict trauma	Risk: Field visits are expensive and time consuming. Solution: Integrate this plan into the association's plans

Example of activity 3.9 (continued)

Group 3: Implementation of PSS aspects of the Botswana Short Term Plan of Action

Advocacy aim: Influence the Ghanzi district council to implement the PSS aspects of the STPA

Advocacy objective 1: To convince the district council to enforce the roll-out the PSS aspects of the STPA by 20th May 2008

Targets: District council chairperson, District Commissioner, Council Secretary, Councilors

Indirect targets: Area Member of Parliament, Director of Social Services, Botswana National Youth Council, District Child Welfare Committee, Chief Community Development Officer, Minister of Local Government, Minister of Local Government Permanent Secretary, District AIDS Multi-sectoral Committees

	Possible use of different advocacy methods	Risks of using these advocacy methods
Position paper	MARANG child care network hold a face-to-face meeting with Ghanzi district councillors during full council meeting	Business as usual Position paper ejected or ignored
Face-to-face meeting	MARANG Board Chair person holds a face-to-face meetings with Ghanzi Council Chair	Due to busy schedule, competing duties and conflicting priorities mean the meeting might not be scheduled or may be repeatedly rescheduled or delayed
Working from inside the system	MARANG joins District AIDS Multi-sectoral Committee (DAMSAC) to lobby for internal influence of district council decisions on the position paper (working from inside the system)	DAMSAC might have other priorities DAMSAC might hijack the agenda We may have limited influence on the council

3.10 Step 9 Develop an action plan for the PSS advocacy work

Introduction

Action plans help us to organize the activities, timings, responsibilities and resources that are necessary to address the PSS advocacy aims and objectives that have been agreed. The work done in Steps 1 to 8 will help greatly in choosing appropriate advocacy activities to achieve your aim. Step 8 will have helped you to identify many activities, now you need to make sure that all necessary activities have been identified and then order them. Thinking strategically is very important at this planning stage. Advocacy activities can often have a greater impact if they are timed to coincide with other actions or events that will help your advocacy work. For example, politicians may or may not be more willing to make bold statements during election times. Consider these factors when deciding on the timing of your activities.

When identifying activities it is important to consider who will be the beneficiary of the actions and involve them, if possible. For example, it is preferable for a group of street children to be supported to meet a senior police officer, rather than an NGO representative attending the meeting on their behalf.

Activities are often made up of a number of tasks (for example, organise a meeting, prepare documents to give out, arrange transport etc). These tasks are best left for the person responsible for the activity to plan in detail themselves rather than include them in an action plan.

Facilitators' notes

- Encourage participants to use their work from Steps 1-8
- Encourage participants to co-ordinate their advocacy activities
- Make sure activities are linked very closely to the objective
- Encourage the groups to be realistic when they estimate the time and resources needed
- If a group finds action planning difficult, consider offering an example from the *Example of the activity* on the next page as a guide for developing an example action plan together as a whole group
- Do not worry if participants do not finish planning. It is more important for them to practise using the action plan format so that they can ask questions about how it should be completed and to see if they would like to make amendments to the format
- Make sure that participants understand that action planning requires more time than they have been allowed in the workshop. When developing real action plans they should start by making sure that they have a complete list of activities and order them before they start action planning. Also each PSS advocacy objective relating to their aim will need to be planned and added to the action plan
- Make sure they include informal as well as formal activities, for example, taking opportunities to speak to targets and allies at meetings and receptions



1 hour 30 minutes
– 2 hours

Activity instructions

1. Introduce the topic: **Develop and action plan for the PSS advocacy work**
2. Lead a plenary discussion on action planning for PSS advocacy work, with questions like:
 - Who should be involved in developing action plans?
 - How do you decide who should implement different activities?
3. Introduce the action plan format shown in the example of the activity on the next page.
4. Provide the participants with a choice:
 - They can design their own action plan format that can be used to plan advocacy
 - They can use the format suggested in the completed example.
5. Ask the participants to practise developing an action plan, so that they are familiar with the process. They can action plan the activities they listed in section 3.9
6. After they have practised action planning, go straight to a discussion with the whole group, without presentations:
 - What changes to the action plan format would you make?
 - What factors did you consider when developing your action plan?
 - Outside this workshop, what needs to be done before developing an action plan?
 - What factors might require you to change your action plan?

Example of activity 3.10

Group 1: Sexual violence in schools in Zambia

Advocacy aim: Reduction of sexual violence against children in schools

Advocacy objective 1: To orient, and gain commitment from, 50 headmasters, 130 teachers and 20 District Education Officer (DEOs) of the importance of implementing the PSS aspect of the Teachers' Code of Conduct in the Chongwe district by December 2009

Indicators of success 1: Number of headmasters, teachers and District Education Officer (DEOs) trained

Indicators of success 2: % of headmasters, teachers and District Education Officer (DEOs) committed to implementing the PSS aspect of the Teachers' Code of Conduct in the Chongwe district

Indicators of success 3: 60% reduction in the incidence of sexual violence among children interviewed

Targets	Activities	Resources required / supplier	Persons or organisations responsible	Timing	Desired outcome
Head Teachers and Teachers	Hold consultation meeting with targets	Stationery, venue, transport, meals, resource person	CCF Programme Manager	March 2008	Information on the issue understood by targets. Commitment received for the orientation workshops with teachers
	Plan and conduct the first 5-day workshop (TOT)	Stationery, transport, meals, facilitators venue, allowances	CCF Training Officer	April 2008	To have a planned programme and budget, workshop venue, participants, and workshop materials To have a team of trainers who can conduct orientation workshops with teachers
DEO	Present position paper	Stationary , transport	Director CCF	March 2008	DEO understand the urgent need to enforce the PSS aspects of Teachers' Code of Conduct
Etc					

Example of activity 3.10 (continued)

Group 2: Rehabilitation of ex-child soldiers in Uganda

Advocacy aim: Integration of PSS into traditional healing practices in Luwero, in Uganda

Advocacy objective 1: To convince all traditional healers in the Luwero District to integrate PSS in traditional healing practices by December 2008

Indicators of success 1: Percentage of traditional healers that demonstrate a good understanding of PSS

Indicators of success 2: Integration of PSS into traditional healing practices by 100% of traditional healers

Indicators of success 3: 80% reduction in the percentage of children who manifest signs of trauma

What factors did you consider when developing your action plan?

- The objective and indicators of success
- The logical order of activities, timing of external events e.g. council meetings
- The influential targets, their internal systems, their plans that we can link with
- The resources available
- Matching appropriate activities to the culture of influential people
- Availability of beneficiaries and allies

Targets	Activities	Resources required / supplier	Persons or organisations responsible	Timing	Desired outcome
Community mobilisation targeting Luwero communities	Mobilise the community to get buy-in on the issue	People with drama skills, venue, refreshments, transport	TPO social worker, Local Council Leader	By 30 April	Community cooperate with advocates to provide evidence, raise awareness to support the advocacy work
Chairperson of THETHA	Hold a face-to-face meeting with the Chairperson of THETHA to rally support for the issue	People with persuasive communication skills, venue, refreshments, transport	TPO and representatives of other allies Community members (parents) 1 or 2 school Board members	By 31 May	Support from THETHA for PSS integration into traditional practices
THETHA and 3 traditional healers	Field visit to 3 schools and 3 households to witness the situation combined with drama where community perform songs and drama that reflects the integration of PSS into traditional healing practices	TPO social worker, children, schools, parents, transport	TPO, parents	By 31 May	Sensitivity and developed insight into the psychosocial problems faced by children affected by war and conflict
Etc,					

Example of activity 3.10 (continued)

Outside this workshop, what needs to be done before developing an action plan?

- Research information about the issue, background evidence, and the position of the targets
- Go through toolkit planning steps with allies and beneficiaries
- Sharing roles and responsibilities, ensure that each of the allies has agreed one approach to address the issue, selecting an organisation to lead the process, selecting representatives for developing the action plan

What factors might require you to change your action plan?

- Changes in the external environment, for example, change of government banning some advocacy methods, changes in budget allocation for the activities, indirect targets leave their positions of influence, bad scheduling, event conflicts or targets not available for planned events (Annual Parliamentarians holiday)
- Some allies might pull out of a coalition taking skills and resources with them

3.11 Step 10 Develop a monitoring and evaluation plan for the PSS advocacy work

Introduction

During step 3 of this planning process, aims, objectives and indicators were identified to address the PSS advocacy issues selected by the planning groups. Now that action plans have been developed it is possible to complete plans for monitoring and evaluating the PSS advocacy work. It will be important to incorporate monitoring and evaluation of advocacy work into the organizations overall monitoring and evaluation plan. During this session, therefore, it will be possible to identify *means of verification* for the indicators of success that have already been identified. The participants will then have a chance to discuss evaluation plans for the PSS advocacy work.

Monitoring is the measurement of progress towards achievement of objectives, and noting which activities are going well and which are not.

Evaluation is about making judgments about quality and impact. Evaluation asks why some activities went well and others did not. It also looks at the impact of activities, on the people affected by the PSS advocacy issue, on the organisation and anyone else.

There are numerous ways of monitoring and evaluating our advocacy work. The same methods can be used in advocacy as

in monitoring and evaluating other activities. Methods can be:

- **quantitative** (for example, statistics, numbers).
- **qualitative** (for example, case studies, stories, opinions, feelings)

Monitoring methods can be simple or complex, depending on indicators and resources. For example, they may include:

- keeping records of anecdotes and conversations with target audiences
- tracking when others have used your arguments or wording in their literature or presentations
- keeping significant letters and e-mails that have been received
- documenting and filing the messages that you have put out, number of meetings held etc
- invitations to contribute to the PSS issue from key external parties
- carrying out surveys and interviews to determine the impact that your advocacy actions have made
- monitoring the media for mentions of your PSS advocacy messages.

Whatever methods you choose, try to only collect information that will be useful in relation to verifying your indicators.

Evaluating your work does not need to be a complex process. It can be simply analysing, discussing and making judgments from your monitoring information. Here are some examples of questions that may be useful:

- Have you achieved your aim and objectives?
- Is the situation better than before? By how much? If not, do you need to change your aim and objectives?
- If you did not achieve what you set out to do, why not? What will you do differently next time?
- Are the people involved in the advocacy work happy with the results? With the process?

Advocacy work can be difficult to monitor and evaluate:

- Many organisations may be working to achieve similar aims or objectives via different means, so it is hard to determine the impact of your work
- Organisations are often uncertain at which level to evaluate their advocacy work, at the level of the activities, objectives or level of intended project impact
- Advocacy is a gradual process, and thus it can often be difficult to monitor the many small steps needed towards achievement of success.

Nevertheless, monitoring and evaluation is critical for determining if your advocacy work has succeeded in removing barriers for change. Although there are many reasons for monitoring and evaluating advocacy work, like all monitoring and evaluation, the information is only useful if it is used. Many organizations spend a great deal of time and resources monitoring their work without actually carrying out any evaluation. Similarly, evaluations need to be studied to draw out conclusions and lessons learned to be applied in the future.

Facilitators' notes

- Remind the participants that planning is a skill which becomes quicker and easier with experience and practise
- Make sure you congratulate the participants on their hard work over the last few days before you move on
- Refer to extra facilitation notes for REPSSI monitoring and evaluation terms and definitions as necessary during this session



1 hour 30 minutes
– 2 hours

Activity instructions

1. Introduce the topic: **Develop a monitoring and evaluation plan for the PSS advocacy work**
2. Working with all the participants, ask the following question:
 - Is it important to monitor and evaluate advocacy work? If so, why?
3. Ask planning groups to review or finish writing indicators for each of the objectives that they identified in step 3. They could also take the opportunity to amend the remaining objectives in view of the experience they have gained over the last few days, as necessary. They should then choose some methods for monitoring the indicators (means of verification) for their advocacy work. They should write these methods on their action plans under the indicators so that they can be seen by those responsible for implementing different activities and then included in the organisation's overall monitoring and evaluation plan.

4. Lead a plenary discussion on how they will evaluate their advocacy work and share the findings. Encourage the participants to be practical and concrete about how they intend to actually evaluate the impact of the advocacy work for example, who will do the evaluating (internal or external person), when will this take place, how will they communicate their findings, who will receive the 'report', how will the findings be incorporated into the organization's learning, will the evaluation be shared publicly and how.
5. Ask some of the groups to present their work and facilitate a discussion about what has been learned during the process of practising to plan advocacy work.
6. Draw the participants' attention to *Information sheet 5.5 Including advocacy in an organization's work* in their packs. Select a few questions from the *Extra facilitation notes* to address with the participants to show the importance of considering integration issues.
7. Congratulate the participants on their hard work.

Example of activity 3.11

Group 1: Sexual Violence in schools in Zambia

Objective 1: To orient, and gain commitment from, 50 headmasters, 130 teachers and 20 District Education Officer (DEOs) of the importance of implementing the PSS aspect of the Teachers' Code of Conduct in the Chongwe district by December 2009

Indicators of success 1: Number of headmasters, teachers and District Education Officer (DEOs) trained

Means of Verification: Workshop report with signed list of participants

Indicators of success 2: % of headmasters, teachers and District Education Officer (DEOs) committed to implementing the PSS aspect of the Teachers' Code of Conduct in the Chongwe district

Means of Verification:

- a) Workshop report with signed commitment for implementing the PSS aspect of the Teachers' Code of Conduct by workshop participants (targets)
- b) Workshop registration document - Full list of 200 participants (targets) invited and which ones actually attended

Indicators of success 3: 60% reduction in the incidence of sexual violence among children interviewed

Means of Verification: a) Documented case studies of children's experiences, b) focus group discussions with random selection of children previously interviewed

Group 2: Rehabilitation of ex-child soldiers in Uganda

Advocacy objective 1: To convince all traditional healers in the Luwero District to integrate PSS in traditional healing practices by December 2008

Indicators of success 1: Percentage of traditional healers that demonstrate a good understanding of PSS

Means of Verification: Random survey of knowledge of individual traditional healers by a PSS expert

Indicators of success 2: Integration of PSS into traditional healing practices by 100% of traditional healers

Means of Verification: a) Reports from the community psychosocial worker, b) Random survey of the practices used by traditional healers, c) Testimonies from a random sample of children interviewed by advocates

Indicators of success 3: 80% reduction in the percentage of children who manifest signs of trauma

Means of Verification: Testimonies from a random sample of children interviewed by advocates

Group 3: Implementation of PSS aspects of the Botswana STPA

Advocacy objective 1: To convince the district council to enforce the roll-out the PSS aspects of the STPA by 20th May 2008

Indicators of success 1: Implementation of the PSS aspects of the STPA is on the council agenda

Means of Verification: a) PSS aspects of the STPA featured in the implementation plan of the Ghanzi District Council for 2008, b) Review of implementation reports

Indicators of success 2: 75% of the district councilors commit to the roll-out of the PSS aspects of the STPA

Means of Verification: a) Review full Council meeting report for vote of commitment b) Review of the full Council meeting minutes

Example of activity 3.11 (continued)

How will you evaluate their advocacy work and share the findings?

Group 1: Sexual violence in schools in Zambia

Evaluation approach: Hire an external consultant to conduct a participatory evaluation which will show any changes and measure the impact of the advocacy intervention. The report should be reviewed internally and then be repackaged appropriately and disseminated to beneficiaries, donors and other relevant stakeholders. The evaluation findings will then be reviewed for lessons learned and an internal debriefing will be held highlighting how future advocacy efforts can be strengthened based on these learnings.

Group 2: Rehabilitation of ex-child soldiers in Uganda

Evaluation approach: To evaluate the impact of this intervention TPO will conduct an internal mid-term evaluation in July 2008. In 2011 TPO will commission an external team to measure the extent to which PSS has been integrated into traditional healer practices to improve the well-being of children in the post-conflict Luwero District of Uganda. The findings will be shared amongst advocacy allies and will be used to strengthen the on-going advocacy progress. A final evaluation will be conducted internally in January 2009.

Extra facilitation notes

REPSSI monitoring and evaluation terms and definitions

Term	Definition
Monitoring	Routine daily assessment of ongoing activities and progress
Evaluation	Periodic assessment of overall achievements
Inputs	Resources that go into a program to produce a change or a result e.g. money, staff, educational materials (Inputs tend to be physical)
Activities	Program or intervention-specific proceedings e.g. trainings, meetings
Outputs	Information, products, or instant results produced by undertaking activities. Relate to completion of activities e.g. staff trained, number of participants in community meetings (methods/process)
Outcomes	Intermediate effects of programs or interventions on target audiences or populations e.g. changes in knowledge and behavior toward reinforcing HIV risk reduction
Impact	Longer-range/term, cumulative effects of programs e.g. Maternal mortality reductions, reduction of HIV incidence and prevalence rates in risk populations
Goal	Broad statement of a desired, long-term outcome of the program
Objectives	Statements of desired Specific, Measurable, Achievable, Relevant and Time-bound program results
Indicators	Observable, measurable, and agreed upon valid markers to show quality or quantity of progress towards meeting objectives
Reporting	Systematically compiling and analyzing useful data to accurately convey verifiable information

Extra facilitation notes

How to integrate advocacy into an organization's work

Many organisations do advocacy work as a natural part of their activities without recognising it as advocacy. If an organisation can identify the advocacy work they are already doing, it is often possible to plan and co-ordinate this work more effectively. If an organisation is not already carrying out advocacy work, careful thought can help establish how advocacy might contribute to an organisation's broader work and mission.

Questions to ask if you are already doing advocacy work

- How does advocacy contribute to your organisation's mission or goals?
- Is your organisation already doing advocacy work but not calling it advocacy?
- How does your current advocacy work involve people affected by the problem or issue? If not, why not?
- If your mission includes capacity building, how can you build the capacity of other organisations to enable them to do advocacy work?
- Is the advocacy work you are doing about PSS or about child welfare more broadly?
- How can you advocate within your organisation for a particular issue to be addressed? Or how can you 'advocate for advocacy'?
- How should new advocacy work be included in an organisation's strategic or overall workplan? For example,

can you do it now, or should you wait until the start of the next planning cycle?

Questions to ask if you are thinking of a starting to do advocacy work:

- Is PSS advocacy, at any level, currently part of your organisation's activities?
- How could PSS advocacy help your organisation achieve its mission or goals?
- What activities could be included that would do this?
- What are the benefits to your organisation from doing PSS advocacy work?
- What are the risks to your organisation from doing PSS advocacy work?
- What strategies can be put in place to reduce the impact of the risks?
- Who would do advocacy work within your organisation?
- Why might there be barriers to doing advocacy in your organisation? How can you overcome any barriers?
- Whose support do you need to initiate advocacy activities? Consider board members, donors, stakeholders or people affected by the problem or issue.
- What impact could advocacy work have on your organisation in terms of staffing, job descriptions, resources, planning, external relations?

Having ensured that advocacy work is appropriate for your organisation, and will contribute to the organisation's

overall mission, a final and vital step in planning advocacy work is ensuring that it is integrated into a NGO's/ CBO's organisational plans. Integrating advocacy into the organisation's work means that it is included in the organisation's workplans, budgets, overall organisational monitoring and evaluation work, etc. Integration of advocacy work can ensure that it supports the other work of an NGO/ CBO, and that it is accepted as an important function of the organisation. Try to truly integrate advocacy work into organisational plans, rather than simply 'adding it on to the end'. Think of the easiest way to integrate advocacy work – so that the process does not become too lengthy or complex.

Think of creative ways to encourage ownership of advocacy plans among colleagues. These might include creating systems for staff to contribute to decision-making processes in the organisation.

Section 4: Skills-building on advocacy methods

Introduction

This section covers some of the most common methods and skills necessary for doing advocacy work. It is linked to Step 8 of the advocacy planning framework.

The Alliance toolkits Pathways to Partnerships and Documenting and Communicating HIV/AIDS Work also have skills-building activities on topics which can help advocacy work, particularly at the local level.

The best way to learn skills is to practise them. So, if possible, plan these sessions to allow every participant to practise the skill. It is also important to draw on the experience of the participants as much as possible so that they can share experiences. Participants may be able to give a short talk on what they found useful, difficult or challenging about a method they have used, and any advice they would like to share with the whole group. Find out before the workshop which participants would be willing to share their experiences and ask them to prepare a 5-minute talk to include the following information:

- *What was successful about using the advocacy method?*
- *What did not go well?*
- *Which two to five pieces of advice would you like to share with the whole group?*

For methods relating to the media (media interviews, press releases and press conferences) you could invite a journalist to come and talk to the group as well as carrying out the skills-building activities. Likewise you could invite 'experts' for each advocacy method or someone who has lots of experiences of using several methods

Before addressing any of the following topics:

- *Give a brief introduction about the importance of matching advocacy methods to the target. Considering literacy, time, existing relationship to advocate, their level of influence for change, resources (including allies) etc.*
- *Give a brief introduction to the need to develop the skills of children and young people who will participate in advocacy work. Children and young people have less life-experience than adults and therefore will need special training, and have plenty of time to practice, in some areas that adults might take for granted.*
- *Refer the participants to Information sheet 5.2 which highlights issues to consider when involving children including their rights and protection.*

Note the Extra facilitation notes on Influencing policy and legislation are likely to be useful for a number of different advocacy method skills-building sessions

4.1 Presenting a position paper

Introduction

A position paper is a one or two page document written for a specific advocacy target that clearly states the opinion of an organisation (or advocacy coalition) about a particular issue. They are particularly important for PSS advocacy work to ensure that messages, evidence and proposed solutions reach the influential people without any possibility of miscommunication, and can be used for future reference or copied for their colleagues. A position paper is usually used to reinforce another more direct advocacy method but it can also be used on its own.

How to use and prepare a position paper

How to use a position paper

Position papers can:

- Be left with an individual decision-maker at the end of a face-to-face meeting, to summarise the main points of your message
- Be sent to local and national government officials during consultation exercises
- Be sent to people in influence, in response to a policy or action, to explain an alternative or supporting position
- Summarise the resolutions of a conference or workshop

- Show that a coalition of allies supports your advocacy objective and proposed solutions
- Be given to delegates or members of a committee in advance of a meeting or conference

How to write a position paper

Ideally a position paper should be written in full sentences, typed neatly and one or two pages long. It usually includes the following components, in the following order:

1. The date.
2. Statement of main recommendation: One to two sentences
3. Background: Explanation of why the position paper has been written. List of laws, international treaties, decrees, policies, etc., which support the recommendation.
4. Evidence supporting the recommendation
 - Quantitative evidence: Facts and figures.
 - Qualitative evidence: Case studies, personal testimonies, anecdotes or examples supporting the recommendation. Ask for permission from individuals quoted to protect confidentiality.
5. Our position: Logical explanation of how the evidence leads to the recommendations. Answers to possible questions or objections.
6. List of specific recommendations: Realistic actions that the decision-maker can take.
7. List of organisations and individuals supporting this position paper.

8. The name of your organisation or coalition, mission/goals, logo and signatures from directors as appropriate.
9. A contact name, address, telephone, fax number, and e-mail address, where available.

When writing a position paper, do not assume that the reader knows the subject well. Make sure that sufficient background information is included for the reader to understand the issue without needing to carry out additional research. Try to keep this information concise. Separate fact from opinion. Provide supporting evidence to back up facts, and write opinions as quotes where appropriate. Make sure that the recommendations are self-explanatory, clearly articulated with minimum jargon and acronyms, and describe a specific action that needs to be taken.

Facilitators' notes

- Avoid giving information in the introduction that you want the participants to brainstorm during the activity
- For instruction 5, make two copies of the points under '*How to write a position paper*' from the introduction. Delete the numbering. Cut between each point so that you end up with two sets of 9 strips of paper each stating one point. Shuffle each set of points separately so that the points are out of order. Prepare copies of the 'correct' order of the points ready to hand out at the end of the activity.
- For instruction 6, make one copy for each group of

the information – '*How to write a position paper*' from the introduction. Encourage the groups to think of a target and issue quickly so that they can start writing. Emphasize the point that decision-makers don't have much time for reading so only include information that they need to know to be persuaded and not all the information you would like to tell them!

- Only encourage the groups to read out their position papers if you think they would really like to do so as this will take a lot of time and may be boring for the other participant



1 hour 30 minutes
– 2 hours

Activity instructions

1. Introduce the topic (excluding the part about how to write a position paper): **Presenting a position paper**
2. Ask the participant in plenary what they understand a position paper to be. Check their understanding is correct using the information from the introduction
3. Explain that the participants will work in small groups. Two groups will work on how to structure a position paper for best effect while, at the same time, the remaining groups practise drafting a position paper.
4. Split the participants into groups of four people.
5. One facilitator should take two groups away from the others and work with them for this session. Give each group a set of points on how to write a position paper (see facilitators' notes). Ask the groups to work separately to order the points as they should be written in a position

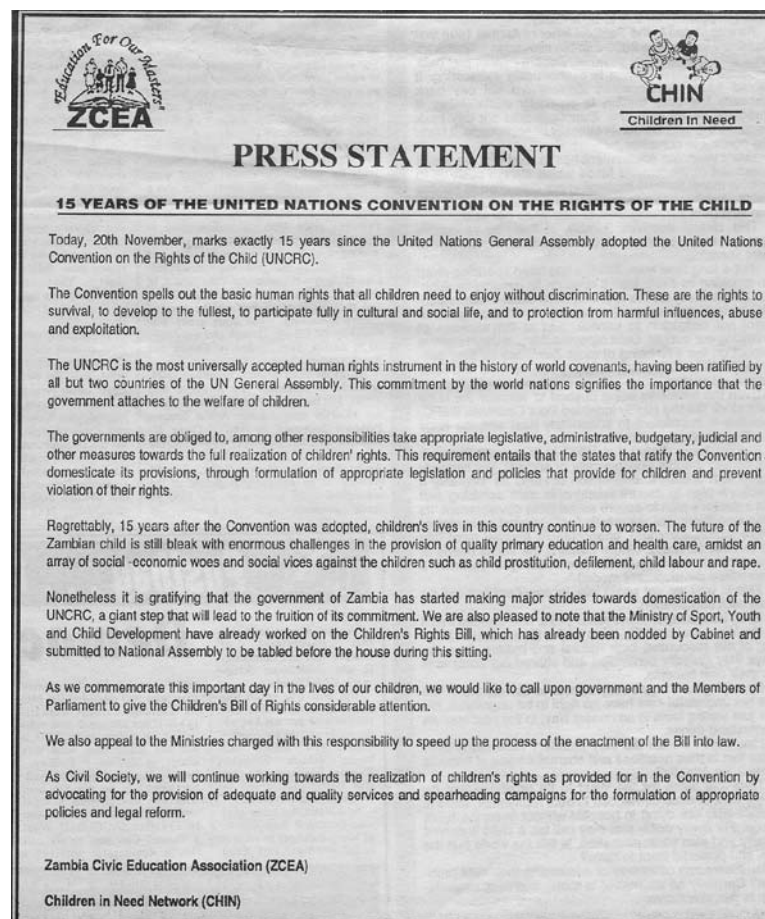
paper. Allow them to debate the order within their group until they have established an agreed order. Bring the two groups together to review each others' work. Discuss the different orders and points of view for the ordering. Present them with the 'correct' order from the introduction. Allow them to discuss why this order might have greater impact on busy people who have little time to read materials and that need immediate justification for external points of view.

6. The second facilitator should take the remaining groups aside and ask them to work in their small groups to write a PSS advocacy position paper. They should be given a copy of the instructions from the introduction on *How to write a Position Paper* to refer to, and asked to complete at least the first five points. Explain that they can choose their target and issue. This should be written at the top of the position paper. Evidence can be made-up as the aim of this activity is to practise writing and presenting ideas, not arguing about issues and data! Share some tips from the facilitators' notes.
7. Bring all the groups together. Ask the two groups who ordered the structure of a position paper to share what they learned from their activity. Then ask the groups that drafted position papers to share what they learned (for example found difficult, agreed about or disagreed about)
8. Then ask some, or all, of the groups that drafted position papers to present their work. Ask them what they learned from the activity

9. Handout copies of the attached position paper on *15 years of the United Nations Convention on the Rights of the Child*. Read the position paper aloud and ask the participants to identify the strengths and weaknesses of the position paper

10. Answer any final questions raised by the participants.

Thank the participants for their hard work and concentration as appropriate



is it influenced? What are its limitations?

- Find out how to join each decision-making body. Are members selected, elected or co-opted?
- Nominate or suggest your representatives for relevant bodies.

Support the representative

- Select representatives carefully. If possible, they should have direct experience of how the PSS advocacy issue affects the lives of real people, have a confident and positive attitude towards the role, and strong networking and communication skills. Hold a meeting with beneficiaries, other interested advocates and stakeholders to agree on key messages and gather evidence to support the representative to speak confidently on behalf of ten, one hundred or thousands of people affected. This will put them in a stronger position to advocate for change
- Representatives should report back regularly to the people who chose them and the beneficiaries he or she represents
- Provide training in assertiveness, negotiation and the issues of the committee

Using your role on decision-making bodies

- List all decision-making bodies on which your organisation or coalition is represented.
- Ensure that relevant existing positions are being fully utilized to address your PSS advocacy issue
- Be patient and focused on what you are trying to achieve. Being a member of a committee or other decision-making body is a long-term form of advocacy. It takes time to

understand how the body works, to build relationships with members, and to inform and persuade them to address your PSS advocacy issue

- Learn about the interests of other members of this group. Offer to assist them with their issues. Find areas of agreement, on which to build trust and cooperation
- Often it is necessary to compromise to reach a decision. Compromise is different from betrayal. Compromise means that each person gives and takes to move beyond the differences that are stopping progress. It is important to be seen as a person who can negotiate and compromise when necessary

Reference: Adapted from *A Parent's Guide: Serving on Boards and Committees* by Sherri Coles <http://www.nichcy.org/pubs/parent/pal1.txt.htm>

Facilitators' notes

- Give the small groups written instructions for their group work activities (see instruction 2 bullet points)

from an NGO debate the benefits and challenges of joining a chosen decision-making body to advocate for the mainstreaming of PSS for children into the national plan of action (nominate a NGO coordinator to lead the discussion and information officer to take notes on a flipchart). Share real examples during the role-play if possible

4. Bring the participants together in plenary. Ask one group to share their benefits and challenges. Ask the other groups to contribute additional ideas.
5. Facilitate a discussion about what skills, attitudes and experience are needed to be a representative of PSS issues on external decision-making bodies. After the discussion, if time allows, the participants could act out good and bad examples of the skills, attitudes and experiences as spontaneous role-plays.

Activity instructions



1 hour 30 minutes

1. Introduce the topic: **Working within the system**
2. Explain that the participants will work in small groups.
3. In their groups ask them to:
 - read through the introduction to this session
 - brainstorm the kinds of 'systems' for which PSS advocacy issues could be addressed
 - role play a staff meetings where a PSS advocates

Example of activity 4.2

Benefits	Challenges
<ul style="list-style-type: none"> • Ownership of the solution by influential people • Sustainability due to ownership • Shared responsibility with clearly defined roles • Realistic understanding of the issue and views of beneficiaries more likely to be considered • Empowerment through skills transfer 	<ul style="list-style-type: none"> • Slow process due to bureaucratic procedures • Conflicting interests and ways of working (PSS not a priority) • Limited or no resources allocated for this kind of long-term advocacy work • Negative internal organisation dynamics

Skills	Attitude	Experience
<ul style="list-style-type: none"> • Communication • Negotiation • Relationship building • Advocacy planning and implementation • Information gathering, research and analysis • Ability to work in a team 	<ul style="list-style-type: none"> • Commitment • Professionalism • Open-minded • Willingness to learn • Ability to compromise • Goal orientated • Assertiveness • Confidence • Enthusiasm for the role 	<ul style="list-style-type: none"> • Advocacy • Real understanding of the effects of the PSS issues • Work with children and communities • Communication and messaging • Networking

4.3 Lobbying or face-to-face meetings

Introduction

A face-to-face meeting (also known as 'lobbying') with an influential person (advocacy target) is one of the most frequently used advocacy methods. Personal contact provides the opportunity to gauge the reaction of the decision-maker, negotiate, answer questions and, perhaps most importantly for PSS advocacy issues, bring a human face to the problem. Try to set up a channel for regular contact. Remember that advocacy can be formal or informal.

How to conduct a face-to-face meeting

Establish 'points of entry'

- Think creatively about how you can get a meeting with the influential person. Is there something you have in common or a contact that might set-up the meeting for you?
- Send a letter explaining what your advocacy aim is and why you would like a meeting. Follow up with a phone call
- Often you will not get a meeting with the 'direct target' but with one of their staff (an 'indirect target'). Always meet with the suggested staff person, and treat them in the same way you would treat the decision-maker (they may become allies)

Preparing for meetings

- It is important to choose the right time for meeting decision-makers, when your PSS advocacy issue is already on their agenda or most likely to be taken up. Try to

imagine how the issue looks from the influential person's point of view. Why should he or she support your PSS advocacy objective? How can he or she benefit from taking the action you are requesting?

- Develop key messages and research evidence to support your recommendations and solutions (see section 3.7 Step Develop messages for the PSS advocacy work)
- Write a short position paper to give to the influential person, to remind them of your points (see section 4.1 Presenting a position paper)
- Often the messenger (advocate) is as important as the message, so make sure that the messenger has appropriate negotiation skills, attitude and experience to get the best possible result from the meeting
- Make sure you adequately prepare children or less experienced advocates before the meeting. Rehearse your message with colleagues or friends. Ask someone to role-play the meeting pretending to be the influential person asking difficult questions. Encourage allies to also lobby the same decision-maker, giving the same messages (use a briefing note to ensure that same messages are used)

During the meeting

- Make realistic requests. Listen to the views of the influential person. Answer questions directly and honestly. Show the influential person that there is widespread support and evidence for your views. Invite them on a field visit (see Section 4.9 Using field visits) to see the PSS issue first-hand and to show them why you need their support.

If the influential person cannot leave their office, try taking your issue to them. Bring people directly affected by the PSS issue to your meeting, show a short video or take a few photographs with you.

- Don't be satisfied with vague expressions of support. Return to two basic questions:
 - Does the influential person agree that things need to change?
 - What are they willing to do to make change happen?

After the meeting

- Write to the person who you met, thanking them for the meeting (even if the person was not helpful), briefly repeating your key messages and any supportive comments made by the influential person, especially any promises to take action. Tell the influential person what you plan to do next, promise to keep them informed, and express the hope that you will be able to work together on the PSS issue in future

Reference: Adapted from An Introduction to Advocacy by Ritu Sharma (SARA Project).

Facilitators' notes

- Encourage the participants to include meeting preparation and follow-up in their role-plays



1 hour 30 minutes
– 2 hours

Activity instructions

1. Introduce the topic: **Lobbying or face to face meetings**
2. Explain that the participants will work in small groups. Half of the groups will role-play a good example of a face-to-face meeting and half will role-play bad examples of face-to-face meetings. Below are two role-play scenarios to use:
 - Role-play 1: REPSSI, a REPSSI partner child care NGO representative and 2 children meet with a junior level official from the Ministry of Education to advocate for the inclusion of PSS training in the teachers in-service training programme.
 - Role-play 2: 2 REPSSI child care partner NGO representatives and a teacher meet with community leaders including a religious leader, community elected leader and government appointed local official to advocate for the delayed marriage of teenage women to allow them to complete their schooling and mature socially and emotionally.
3. Divide the participants into four groups (or more or less as necessary). Allocate the role-play scenarios so that there is a good and bad example of each scenario. Give them 45 minutes to prepare. Ask them to rehearse their role-plays in their groups and write down the good or bad lessons that their role play aims to convey. Give each group the following guidelines to help them develop their role-plays:
 - prepare your case with facts and evidence to support what you will say

- identify what the influential person will say, and plan your replies
 - consider how you want to behave during the meeting and why
 - decide what, if anything, you should take to the meeting
4. Ask some, or all, of the groups to perform their role-plays. After each role-play ask the other participants to identify the good or bad points. Collect these points on a flipchart. Ask the performing group to identify any points that were missed.
5. Facilitate a discussion about what has been learned from the activity. Thank the participants for their hard work and concentration as appropriate.

Example of activity 4.3

Attributes of good face-to-face meetings	Attributes of bad face-to-face meetings
<ul style="list-style-type: none"> • Good preparation before the meeting (including what you want to get out of the meeting etc) • Good representation in the delegation • Proper introduction to the context of the meetings and the PSS issue itself • Well explained concepts • Evidence to support recommendations • Documented messages and evidence • Good time management • Good conclusion and agreed way forward 	<ul style="list-style-type: none"> • Not stating purpose of the meeting • No introductions of who is present at the meeting and why • No hard facts to support recommendations • Putting pressure on, and manipulating, our partners to say what we want them to say • Making empty promises (both us and the influential people) • Poor time keeping • Poor presentation and manners • Offering conflicting messages

4.4 Delivering a presentation

Introduction

A presentation is a way of delivering an advocacy message, face-to-face to an audience of usually more than one influential person. It can vary from a brief talk to a small group, to a formal presentation to hundreds of people at an international conference. Giving a presentation can be a nerve-wracking ordeal, but this can be lessened by good preparation and practise.

How to plan, write and deliver a presentation

Planning and researching information for a presentation

- Review the key factors that will affect your presentation,

i.e. who is the audience? What are their interests and level of knowledge about the PSS advocacy issue? How much time has been given for the presentation? Does this include time for questions? Where will it take place? What equipment will be available? How formal will it be? What is the broader context of the event? Is the presentation the main event or part of something else? How will the presentation fit?

- Gather the information and evidence that will inform the presentation.

Preparing a presentation

- Some people just use bullet points as the basis for their talks, while others prefer to have the text written out in full

- Make sure the presentation has a beginning which introduces the PSS advocacy issue, a middle which contains the bulk of the substantive content of the presentation, and a summary or conclusion
- Catch the audience's attention at the start with a quote / anecdote to make the PSS issue feel real to the audience
- Identify and list the key messages and ensure that each has supporting facts and references. Order the messages logically. Persuade the audience by supporting each statement with possible solutions, quotes, and examples of success stories
- Make or select visual aids that support your presentation but that also add some value like photographs that bring a

'human angle', diagrams giving context to statistics, etc

Delivering a presentation

- Try not to read your written text aloud. Try to either learn the text or just use bullet points as a reminder of each point
- Keep to within the required timeframe
- Speak loudly, clearly and slowly, and pause to allow people to consider key messages
- Draw attention to your visual aids when appropriate
- Make eye contact with all the audience. Don't look at the floor; back of the room or at one 'friendly' person in the audience
- Make the presentation like a conversation. Don't talk at people, talk to them

Dealing with questions

- If the question is complex, repeat and rephrase it so that it is clearly understood
- Reply to the whole audience, not just to the individual who asked the question
- Think before responding to a question
- Take a light-hearted approach to sarcastic questions. Don't get frustrated by them
- Don't bluff if you don't know the answer. Better to admit you do not know or ask a colleague to contribute (agree with your colleagues that you can do this in advance)

Facilitators' notes

- Stick several pieces of flipchart paper together to make a big square. Draw a simple stick-man drawing of a person



Group of participants identifying tips for delivering an effective presentation

delivering presentation to an audience in the centre. Give this to the group doing Task 1

- Avoid giving information in the introduction that you want the participants to brainstorm during the activity
- If you want all the participants to have a chance to practise preparing and delivering a presentation then they should all be given Task 2 (with different scenarios for each). Plenty of time should be put aside for presentations. You could split the participants and facilitators into two plenary groups so that the presentations takes half the time

Activity instructions 1 hour 30 minutes

1. Briefly introduce the topic: **Delivering a presentation**
2. Explain that the participants will be working in three groups. Read out the three tasks and explain that the small group facilitator will answer any questions and help them get started. Divide the participants into three groups and allocate each group a task. Explain that they have 45 minutes to complete the task.
 - Task 1: Write tips for how to deliver an effective presentation all around the edge of the stick-man

drawing provided. Link the tips to the drawing with arrows as appropriate. Leave enough room for at least 20-30 tips

- Task 2: You are at a conference sitting on a panel for a session on improving child welfare in rural Southern Africa. You have 5 minutes to present the need for PSS to be mainstreamed into child welfare programmes. You must pitch the language and concepts for everyone in the conference room to understand, but make sure that your message still reaches the influential decision-makers in the room. Prepare your presentation including visual aids if you think it is appropriate. Rehearse your presentation several times to improve messages, delivery and check timing
 - Task 3: Make a big poster from several pieces of flipchart paper stuck together showing all the different kinds of visual aids (such as bullet points, photographs etc) that can be used to support a presentation. Once you have identified the usual visual aids, think practically and creatively of different visual aids that could be used to support PSS advocacy messages. Discuss the relative benefits and risks of using different visual aids and audio-visual equipment with different targets.
3. Allow 15 minutes for each group to present their work and receive feedback from the other participants and facilitators.
 4. Thank the participants for their hard work and concentration as appropriate.

4.5 Persuading using drama and songs

Introduction

Drama and song are usually associated with information, education and communication (IEC) more than advocacy. They become advocacy methods when:

- Influential people are in the audience, for example, ministers watching a young people's performance
- The general public has been identified as an 'indirect target' who will go on to influence a direct target, for example, subjects of a chief who will influence the chief.

Drama and song are effective advocacy methods because they can be a powerful way to convey PSS advocacy messages, can bring a theoretical issue to life, can be interesting and emotive, and easy to understand. In some situations, a drama or song is more likely to be noticed and memorable than a written report. Drama and song are useful for PSS advocacy as they can portray sensitive issues that are difficult to talk about. Dramas (including real stories) can be video-taped to share with people in positions of influence who cannot attend a live performance. They can be useful ways for beneficiaries and people without formal communication skills to convey their advocacy messages.

Drama, in particular, can also be used for planning PSS advocacy work, especially when involving beneficiaries (children and young people). Drama is useful when identifying

and analysing issues, developing solutions and identifying targets and allies.

How to persuade through drama and song

- It is important to be clear about the objective of any drama or song for advocacy, and to choose a limited number of messages or themes so that the audience clearly understands which PSS advocacy issue is being highlighted and what the suggested solutions are
- Drama and song should highlight typical examples of the PSS issue rather than extreme cases
- The involvement of people directly affected can make the performance much more powerful, if they are happy to do this
- It is usually best to use a style of drama or song that is popular and familiar
- It is useful to involve the audience so that they can fully understand the PSS issue and even debate possible solutions. This can be done during or after the drama. For example, a good way to get an audience talking is to stop the drama or song before the story ends, leaving the audience in suspense. Then ask the following kinds of questions:
 - What happened to the person in the story?
 - How do you want the story to end? How do you think the story will end, in reality?
 - Why did this situation happen?
 - How can this situation be changed? How can we prevent this happening in the future?

Facilitators' notes

- Avoid giving information in the introduction that you want the participants to brainstorm during the activity
- Guide the participants' time management so that this activity does not overrun.
- Make sure that some groups plan a song and some a drama. You may need to allocate a song or a drama to each group to ensure that they are both used
- Participants can save time by using PSS advocacy issues and target audiences identified during Section 3 in previous workshop sessions
- Encourage participants to think of a powerful story to portray the issue. It could even be based on a true story (although they should be careful about confidentiality)
- If there is not enough time for all groups to perform to the whole group, two groups can perform to two other groups, or you can divide the plenary into two
- After the presentations, focus on discussing drama and song as advocacy methods, rather than discussing the specific issues highlighted in the dramas and songs
- Sometimes drama and song for advocacy will overlap with drama for education or community mobilization. Make sure that advocacy messages are included and that influential people are included in the audience. Refer to the definition of advocacy.

Activity instructions



1 hour 30 minutes
– 2 hours

1. Introduce the topic: **Persuading using drama and songs**
2. Ask participants:
 - How can we use drama and song in our PSS advocacy work?
 - What is the difference between drama and song used for IEC or community mobilisation and for advocacy?
3. Divide participants into groups of four or five people.
4. Give participants 25 minutes to plan a five-minute drama or a song. Make sure they identify:
 - A PSS advocacy issue
 - A target audience of influential people
 - Possible solutions to the problem.

Ask them to plan a discussion for after the drama or song by writing down possible discussion questions to ask about

the issues raised during the performance. Choose a facilitator:

5. Ask each group of participants to perform their drama or song and ask them to lead a brief discussion after each.
6. After the performances and discussions, lead a whole group discussion based on the following kinds of questions:
 - What were the strengths and weaknesses of all the drama and songs combined in terms of their potential success to address a PSS advocacy issue?
 - How could the weaknesses be strengthened?
 - Why is it important to have a discussion after a performance?
 - What the advantages of drama and song compared to other advocacy methods?
7. Invite any other comments or experiences of using drama and song for advocacy.



Children practise drama, songs and poems to perform to the Minister of Health for Zambia to advocate for the abolition of medical fees for vulnerable children in Zambia (with the courtesy of CCF Zambia)

4.6: Using a press release

Introduction

A press release is the standard method of distributing a story to the media (this is not the same as a paid advertisement or newspaper placement).

Using the media becomes an advocacy method when:

- Influential people are the targets of the article or broadcast item, for example, ministers reading a newspaper.
- The general public has been identified as an 'indirect target' who will go on to influence a direct target, for example, voters who will influence a minister

A press release is a document that can be written and sent to a wide range of media including television, radio and printed press. The aim of a press release is usually to do one or more of the following:

- Outline an organisation's response to an event or action
- Draw attention to an issue (for example, the non-implementation of a policy)
- Provide background information and give advance notice on an issue / event or action (for example a demonstration, delivery of a position paper to parliament etc)
- Announce new campaigns and provide progress reports
- Provide a report or summary of a meeting outcome
- Report decisions taken by organisations / groups (for

example, new messages about a PSS advocacy issue)

- Circulate speeches in advance

Media organisations receive hundreds of press releases each day, most of which are never used. In order to get the attention of the media, a press release needs to be well written and interesting.

How to write and use a press release

Content of the press release

Write a simple and interesting headline. This helps the journalist understand the story immediately. The first sentence should summarise the most important facts of the story, i.e.

- Who is involved?
- What is happening?
- Where is it happening?
- When is it happening?
- Why is this happening?

The main part of the press release should then explain these points in further detail including the PSS advocacy messages. This information helps to persuade the journalist of the facts and importance of the subject, and why it is of interest.

Quotes can often make a press release more interesting and appealing to the journalist. Direct speech quotations from people involved in the issue or activity:

- should express an opinion, fact, or be able to support the

view you have expressed in your press release

- allow you to give strong opinions that would look wrong in ordinary text
- give a human dimension to the story

Gain permission from a person affected by the PSS issue, if you are quoting them.

Presentation

- Short sentences, maximum 20 words
- Short paragraphs, maximum two to three sentences
- Use a good case study or anecdote as evidence to support your point of view
- Offer photographs of key people, places or action mentioned in the press release
- Use headed paper so that it looks official and professional
- Make sure that it is well laid out and easy to read
- Type it, using double spacing, on one side of the paper only
- Include the date and the name of the organisation
- Provide a contact name, telephone and fax number, and e-mail address as available
- Give an embargo time (the day/time when the journalists are allowed to use the information). This should include the day, date and time

Using the press release

- Once you have written the press release ask several people to check the messages, the facts, grammar and spelling
- Ask for feedback from any friendly journalists that you know before sending it out

- Find out how journalists like to receive press releases, via email or fax
- You can telephone journalists to explain a story and follow-up with a press release

Facilitators' notes

- Avoid giving information in the introduction that you want the participants to brainstorm during the activity
- The main purpose of the groups analysing each other's press release is to improve analytical skills. The analyser will benefit more than the person who's press release is being analysed, so do not worry if good advice is not accepted



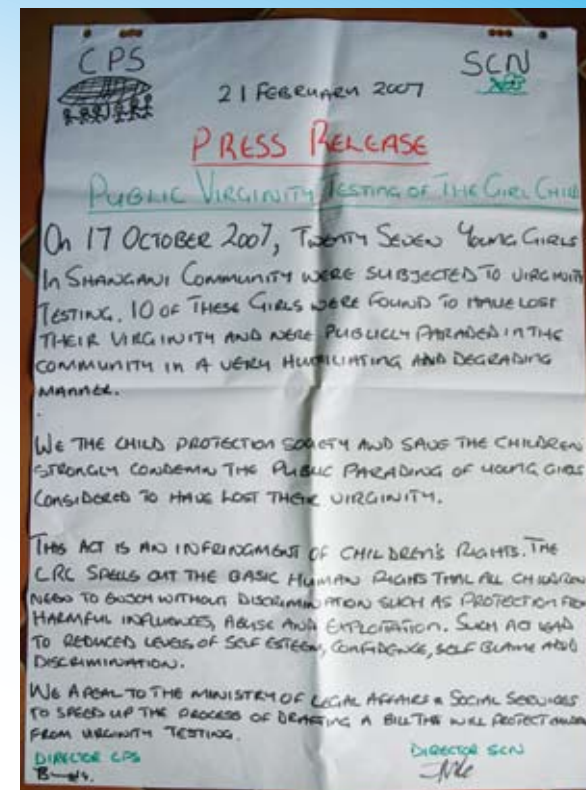
Activity instructions 1 hour 30 minutes

1. Introduce the topic: **Using a press release**
2. On flip-chart paper, draw two columns with the following titles:
 - When to involve the media in advocacy work
 - When not to involve the media in advocacy work
3. Working as a whole group, ask the participants to identify when a PSS advocacy issue is appropriate to be addressed by the media, and when it will not help.
4. Ask participants to explain what a press release is, its purpose, and how it is different from a position paper or a newspaper placement.
5. Divide the participants into an equal number of small

groups combining those from different organisations. Ask the groups to choose a PSS issue or event that would be appropriate to address to the media.

6. Ask the small groups to:
 - Write a headline and opening sentence for a press release
 - Write the remainder of the press release, taking care to explain in detail the five 'W's (Who, What, Where, When and Why) including the PSS advocacy messages
 - Describe the kind of journalists or media to whom they would send the press release.
7. Ask each group to exchange their press release with another group
8. Each group should analyse the other group's release by making sure it is interesting, answers all the five 'W's and includes good PSS advocacy messages. Ask the groups to give constructive feedback to each other on how the release can be improved.
9. Invite the participants to share any comments from analysing the press releases with the other group.
10. Bring the groups together again. Discuss with the participants what has been learned from the activity.

Example of activity 4.6



Group work output of a signed press release calling for the protection of female children from public virginity testing in Shangani community in Zimbabwe.

4.7 Carrying out a media interview

Introduction

A media interview is a conversation between a reporter and a person who has an interesting story that can be used as the basis for a written article or broadcast. Although interviews are usually used by NGOs/CBOs for education and awareness-raising work, media interviews can be used for advocacy work too.

Media interviews are an advocacy method when:

- Influential people are the targets of the written article or broadcast item, for example, ministers reading a newspaper
- The general public has been identified as an 'indirect target' who will go on to influence a direct target, for example, voters who will influence a minister

In this way, the journalists are merely a means to an end. They will usually ask the questions that they think their audience might want them to ask.

Interviews may be reactive or proactive. A reactive interview is when a reporter approaches a person for an interview, particularly if there is large public interest in a PSS issue that you are addressing. A proactive interview is one in which a person or organisation approaches a journalist directly about a PSS advocacy issue that they think is important and would be of interest to the media. Approaching the media with a proactive interview idea requires you to think about why it

would be of interest to the media audience, as well as what PSS advocacy messages you would want to get across.

The key to giving a good interview is knowing your subject well and preparing carefully for the questions that you may be asked.

How to carry out a media interview

Preparing for the interview

- Find out the answers to the following kinds of questions before any interview:
 - Where and when will the interview take place?
 - How long will the interview be?
 - Who else, if anyone, is being interviewed?
 - Will the discussion or interview follow a film or be linked to another story?
 - Why have they chosen the subject to address and selected you for the interview?
 - Will the interview be broadcasted live?
- Find out about the journalist who will be interviewing you and:
 - Investigate their audience. Who are the targets amongst their audience and what kind of information do you need to get across?
 - Contact them and agree the subject to be discussed. Remember that the interview starts as soon as you begin talking to a journalist. There is no such thing as 'off the record'.
 - Define the issues clearly. Ask the journalist what kind of

questions they will ask and whether they will be supportive or argumentative. Prepare appropriate information beforehand, for example, statistics, facts, a personal story, etc.

- Ask if you can see their questions in advance.
- Ask if you will be able to see the 'article' before it is used.
- Make a list of key messages you want to get across. Practise delivering a one-minute message (see *section 3, session 3.7, Step 6 Develop messages*).
- Prepare catchy sentences ('sound-bites') that summarise your message.
- Check that you have up-to-date information on your PSS issue.
- Work closely with your colleagues to develop a draft list of possible questions. Prepare answers to these and practise delivering them.
- Find out if the journalist has any experience of interviewing children and young people. Prepare journalists well if children and young people will be interviewed (see *Extra facilitation notes under section 2, session 2.4 How to support children and young people to advocate for PSS*).

What to do during the interview

- Try and keep calm and composed
- Remember that the journalist is not your advocacy target – the target will either be influential people listening to, or watching, the eventual broadcast or the general public as indirect targets

- Remember that you have the facts you need and that you know more than the journalist does about the PSS issue
- Keep your answers concise and short, using simple language, without jargon or acronyms
- Do not get side-tracked. Keep to your key points. If a question strays from your topic, try to move back to the area you want to talk about, for example, "I think what you are asking about is important but the main issue is..."
- If you need time to think of a response, repeat the question before responding
- Always bring the journalist back to your key messages / points; repetition is a way of getting your message across and ensuring that your advocacy messages are not edited out
- Deliver your messages in a concise and interesting way or they will be edited out

Differences between media interviews

- Print press (for example newspapers) interviews tend to be more relaxed than radio or television interviews. If you make a mistake, say so and answer again.
- Radio interviews: In a studio, the studio manager will give you specific instructions about where to sit, how to use the microphone, etc. Sometimes this is done with little time to spare. However, take your time and be sure you understand the instructions. Ask what the first question will be to help you concentrate. You can take notes with you, but try not to rustle the pages. (Brief notes on postcards are often more helpful.) If you make a mistake

during a recorded interview, you can ask to try the answer again. If it is live you can say, "Perhaps I might explain that answer", and continue.

- Television interviews: The same rules for the radio interviews apply to television but you can be seen so dress appropriately, don't fidget or look at your notes, and try to look confident and relaxed! Television interviews are usually shorter than radio interviews. The interview may be pre-recorded or live.

Activity instructions



1 hour 30 minutes

1. Introduce the topic: **Carrying out a media interview**
2. Invite participants to describe the 'highs' and 'lows' of any experience they might have of being interviewed by journalists, especially as part of advocacy work.
3. Explain to the group that they are going to practise media interviews. Ask the whole group to agree on a PSS advocacy issue, target audience of influential people, and solutions or key messages to get across.
4. Divide the group into groups of four people; two people will practise being advocates, the other two people will practise being television journalists.
5. Ask the interviewees to prepare responses to possible questions on the PSS issue and journalists to develop a series of questions on the PSS issue. The two journalists can brainstorm questions together; then during the role-play, one can ask the questions and the other can be a

camera person). Interviewees and journalists should not share their preparation work before the interview.

6. Ask the groups to practise doing a television interview. Pay attention to:
 - Delivering key messages
 - Answering questions clearly
 - Appearance (posture, gestures, facial expressions etc).
7. The facilitators should circulate the room and listen to the interviews. Offer feedback and advice on how the interview could be improved.
8. Select random groups to perform an interview for the rest.
9. Help the whole group to discuss what they have learned about media interviews focusing on the preparation and implementation of the media interviews.



Participants practising delivering a television media interview

Example of activity 4.7

High and lows of being interviewed by journalists (particularly for advocacy work)

Highs:

- We have developed long-term relationships with some journalists who now understand PSS and can help us get our messages across to the influential people
- We have reached a lot of influential people as well as indirect targets and allies at the same time
- We can target influential people as a group without having to confront them face-to-face. In some cases they are more likely to react positively if they do not feel personally attached

Lows:

- Some journalists get too friendly and stop behaving in a professional way
- Some journalists are insensitive in the way that they interview children
- Some journalist misquote us or turn our comments to mean something different
- Some journalists are in the pocket of local politicians, they attribute our achievements to politicians
- Sometimes journalists ask for interviews when we are not well prepared. If we give the interview it can backfire on us as we have not prepared our facts or messages

When conducting a media interview:

- | | |
|--|--|
| • Try to practise responding to questions; role-play with your colleagues! | ✗ Try not to bluff! If you don't know the answer to a question, say so or avoid it. |
| • Try to show some emotion for radio, it shows you care, but keep it under control! | ✗ Try not to agree to interviews that could stray off topic that might lead you to make statements about issues you do not know about. |
| • Try to sit upright with your hands still for a television interview. | ✗ Try not to get angry if a journalist tries to unnerve you. Your message will become unclear and the audience will assume you are in the wrong! |
| • Try to sit still and make sure you do not fidget or swing in your chair. | ✗ Try not to let a journalist 'put words in your mouth' say firmly, "That is not what I am saying..." |
| • Try to look pleased to be interviewed, and not look nervous. | ✗ Try not to look at the camera during a television interview, look at the interviewer. |
| • Try to answer the interviewer's questions wherever possible – it is their interview. | ✗ Try not to use extreme facial expressions during a television interview. |
| • Try to be respectful and patient with the interviewer; they will not necessarily know the subject well – but then neither, perhaps, will the audience. | ✗ Try not to wear jewelry or glasses if possible as these can distract the audience from what you are saying. |
| • Try to make sure you get your key messages across. If you are not asked relevant questions, add your key messages to the end of one of your most relevant replies. | ✗ Try not to try to cover too many points or give too much new information. |
| | ✗ Try not to wear patterned or bright red clothes on television as they distort. |

Facilitators' notes

- This activity is more fun if you can make pretend microphones and television cameras out of cardboard boxes, flipchart paper etc in advance of the activity
- Avoid giving information in the introduction that you want the participants to brainstorm during the activity
- Make sure that any feedback is constructive (helpful), particularly concerning other people's appearance. Make sure positive feedback is also provided!
- If this is the first media skills activity of the workshop, ask participants to do Instructions 2 and 3 from the previous skills building activity
- If there is time, you could arrange for one group to role-play a very bad media interview at the start of the session, followed by a discussion of what the advocate did wrong
- You may want to ask some participants to do a different activity, preparing some advice (for example, 'Try to...' and 'Try not to...' tips) for being interviewed by the media
- This skills-building activity is most effective if it can take place with real journalists at a radio or television station. The interviews will not be broadcast, as inadequate preparation and planning will have been carried out. However, some 'friendly' journalists can provide technology to record interviews. This allows the participants to see or hear themselves being interviewed, to have the feeling of being interviewed by a real journalist and to visit a media station. If such an excursion can be arranged you will need to set aside a whole morning or

afternoon. Alternatively you could invite a journalist to attend the workshop to help with this session (and other media sessions)

4.8 Holding a press conference

Introduction

The aim of a press conference is to gain media coverage for a PSS issue. It is a formal meeting held by an organisation, or group of organisations, where a number of journalists are invited to listen to statements about an issue and then have an opportunity to ask questions. It usually includes statements by up to three spokespersons followed by questions from the journalists which are 'fielded' (or collected and redirected) by a press conference chairperson who instructs an appropriate spokesperson to answer.

A press conference requires careful organisation. Press conferences are expensive and time consuming to organise, therefore they should only be used if it is the best option. It is also necessary to think carefully about confidentiality, especially when discussing or involving children and young people, as they may not wish every detail of their stories and lives to be made public.

How to organize a press conference

Preparing for the press conference

- Give two to seven days' notice of the conference to relevant journalists (consider reporters, columnists,

newscasters, editors) and send them an announcement including:

- The purpose of the press conference
- Date, time and where it will be held
- Who will speak at / present / chair it
- Choose a suitable venue including the following as required:
 - Easy location, access and adequate parking space
 - Low noise levels
 - Enough capacity, power points for television lights, space, useful layout
 - Audio / audio visual equipment
 - Separate room for individual interviews
 - Helpful staff with experience of hosting press conferences and with technological expertise
- Choose an appropriate time of day for the majority of media, i.e. so that they can write the story before their deadlines (but you will not be able to fit in with everyone's deadlines)
- Select and brief a chairperson and spokespeople. Work with them to identify and practise delivering the PSS advocacy messages and answering questions from the journalists, especially the difficult ones! Remember the one-minute-message rule (see section 3.7 *Develop messages*)
- Select a press officer or key contact person for the press to deal with.
- Prepare a press pack for journalists, including:

- Press release (see section 4.6 Using a press release)
- Background on your organization / coalition
- A list of key PSS advocacy messages you are making and sample quotes
- Recommendations for future action
- A list of contacts whom journalists can contact to discuss the PSS issue
- Any relevant photographs, statistics, graphs, etc.

Take special care concerning confidentiality, and brief the chairperson and speakers about these issues

Format of a press conference

- Welcome, refreshments and distribution of the press pack.
- Chairperson:
 - introduces the speaker/s
 - explains arrangements and proceedings
 - points out the press officer/key contact person for all enquiries
 - states whether interviews are available afterwards
 - stresses confidentiality issues where appropriate
- First spokesperson statement
- Second spokesperson statement, etc
- Chairperson takes questions from journalists. Who then directs them to one of the spokespeople to answer; other spokespeople may also add remarks
- Chair thanks the press for attending and closes the press conference
- Individual interviews with spokespeople

After the press conference

- Send the press pack to the journalists who did not attend
- Make a list of attendees and update your database where appropriate
- Note down the names of journalists who asked particularly important questions or appeared sympathetic to your PSS issue for future reference or follow-up

Facilitators' notes

- Avoid giving information in the introduction that you want the participants to brainstorm during the activity
- If this is the first media skills activity of the workshop, ask participants to do Instructions 2 and 3 from the activity 4.6
- Suggest ideas if the group is taking a long time to decide on an issue and roles
- All participants should take part in helping to prepare the press conference, then those without specific roles can watch the role-play and analyse how it could be improved



1 hour 30 minutes

Activity instructions

1. Introduce the topic: **Holding a press conference**
2. Ask participants to explain what a press conference is, and its purpose.
3. Ask the participants to spend 20 minutes preparing a press conference role-play.
They should choose roles, for example:
 - Writers of the announcement of the press conference

- Writers of the press pack
- Chair of press conference
- First spokesperson
- Second spokesperson, etc
- Journalists supporting the advocates (who ask helpful questions)
- Journalists opposing the advocates (who ask difficult questions)

The group should quickly agree on:

- The PSS issue for the press conference to address
 - The identities of the spokespeople
4. There may not be time to write a complete press pack, but they can identify what should be included, write key headings, develop PSS advocacy messages, make pretend photographs, etc.
 5. Ask the participants role-play the press conference.
 6. After the role-play discuss what went well and not so well. Talk about how it could be improved another time.
 7. Ask the participants how they feel about using press conferences as part of their PSS advocacy work.

4.9 Using field visits

Introduction

Field visits can be a very effective advocacy method as they give influential people (and also the media) the opportunity to see an issue or problem for themselves and to be able to talk to people who are directly affected. Field visits also allow those directly affected to stay in their own familiar

surroundings rather than visit the offices of influential people which can be nerve-wracking and intimidating. Field visits might include visits to an urban, peri-urban or rural community affected by the advocacy issue, visit to a school, boarding house, local government community consultation meeting, orphanage, participation in a youth group convention or session of a Scout or Girl Guides event etc.

How to plan and implement a field visit

Planning

- Discuss what you want to achieve from the field visit and what messages you want to get across
- Research who would be the most appropriate influential people to invite on the field visit and find out about their previous experience of interacting with 'the community' or beneficiaries
- Involve the visitors in the field visit planning by asking them what they would be particularly interested to see or who they would like to talk to (you may need to offer them a list to select from)
- Practise interviewing those that will interact with the influential people, particularly if children will be involved. Help each other to word responses to be clear and powerful. Discuss issues around confidentiality and which stories are appropriate to share. Remind each other of the basic communicate skills to use such as listening carefully to others, answering questions clearly and slowly, noticing when to stop and allow others to speak, link what you are

saying to the immediate surroundings, and making sure you get your messages across clearly

- Plan where to take the influential guests. Try to make sure there is something interesting to see. Avoid taking the guests to an office environment to talk (unless the subject includes confidential information) as influential people spend a lot of time in offices and field visits are an opportunity for them to get a better understanding of your situation and environment
- Plan logistical arrangements such as transportation of influential people (and community representatives as necessary), refreshments, comfortable environment to talk (for example place chairs under a shady tree), information for the guests to take away etc
- Choose someone to coordinate the field visit, preferably someone who has been involved in planning the visit and understands the advocacy issue well. They may also need to provide translation of contributions from local representatives

Implementing the field visit

- Follow the plan but be flexible where possible to allow conversations to run their course or influential people to witness interesting events. Bear in mind that influential people often have busy schedules so keep to the time allowance agreed for the field visit
- Make sure that the visit coordinator helps the influential people to understanding what they are seeing and hearing, by clearly explaining how they are linked to the advocacy

issue. It may be necessary to reinforce or rephrase points that community members or beneficiaries have made to ensure that they have been understood

Facilitators' notes

- Avoid giving information in the introduction that you want the participants to brainstorm during the activity
- Make sure that the participants know whether they will be role-playing the field visit or not as this will affect how they use their group work time
- You might prefer to prepare mini scenarios for each group to plan their field visit for
- Leave plenty of time for the discussion. The activity is supposed to get the participants thinking and to practise planning a field visit but they don't have to finish. Don't role-play the field visits unless you have more time available than allocated for this session; the discussion is more important



Activity instructions 1 hour 30 minutes

1. Introduce the topic: **Using field visits**
2. Ask participants to explain what a field visit is and how it could be used for advocacy.
3. Ask the participants to identify what would need to be planned in advance of a field visit. Add any other ideas from the introduction.
4. Divide the participants into groups of appropriately 6 people

5. Ask each group to plan a field visit to help address a PSS advocacy issue. To save time, the groups could use one of the advocacy issues already identified during the workshop. They should identify a location for the field visit, allocate roles and practise what they would say and do to get their advocacy messages across. Each group should also identify 4 potential problems which could jeopardize the field visit and plan for how they could be minimized.
6. In plenary, ask the participants to share what they learned from the activity
7. Facilitate a discussion based on the following kinds of questions:
 - What were the kinds of problems you identified that could jeopardize the field visit?
 - Can you really expect community members or beneficiaries to rehearse stories and messages? Is this appropriate? How would you manage this sensitively?
 - In what ways might you plan the field visit differently if you invited journalists on a field visit?
 - How do you feel about using field visits as an advocacy method?

Example of activity 4.9

Example role-play scenario - to take the Chongwe District Education Officer to Chaidinda community to talk to community and school representatives about the increased sexual violence in schools by teachers in Chongwe district of Zambia

Roles:

- Lead advocate – reinforcing advocacy messages and escorting the influential person
- Head teacher (school principle)
- Chair of the Parent Teachers Association (PTA)
- Representative children
- Representative parents and caregivers

4 potential problems and ways to minimise the problems:

- Unforeseen disturbance in the community (drunk people, funeral etc) – ensure that a local influential person is on-hand to deal with any problems
- Rain – ensure that a plan is in place for if it rains
- People with key roles and messages are not present during the visit – ensure that more than one representative can deliver each key messages
- Community members / beneficiaries make unrealistic requests of the influential person – ensure that all representatives know what the visit aims to achieve so that they do not have unrealistic expectations. Plan what should happen if the influential person asks a difficult, unplanned question which a community representative cannot answer

4.10: Holding a demonstration

Introduction

Holding a demonstration involves organising a group of people to collectively convey advocacy messages about a PSS advocacy issue at an event or location in a way that will attract the attention and interest of advocacy targets. Holding a demonstration requires strong planning and coordination skills to make sure that the right messages get across, that the local authorities are well informed of your intentions, and that the group of individuals are clear of what is and isn't their role. Demonstrations take on many forms, they can involve many people in a show of 'strength through numbers' or a relatively small number of people that use other means to attract the attention of advocacy targets (for example, by the way that they dress, the banners that they carry, the songs or slogans that they chant, or a surprise action which cleverly highlights the issue etc). All demonstrations should aim to be peaceful. It can be advantageous in many countries to involve the local authorities in advance to gain permission for the demonstration. This prevents any unnecessary interruptions which can detract from the messages of the demonstration.

How to plan and implement a demonstration

- Discuss what you want to achieve from the demonstration and what messages you want to get across. Consider how to get your messages across to the advocacy targets in a persuasive way and with the resources that you have

available. You could use banners, T-shirts with slogans on, fancy dress (for example, adults dressing up in school children's uniforms if advocating on PSS issues related to schools. Make sure the fancy dress is culturally appropriate and does not give out the wrong message) songs, chants, street theatre, a position paper, pamphlets and brochures, or a petition (see *Section 4 Advocacy methods, Session 4.1 Presenting a position paper*) etc

- Agree on who should be involved in the demonstration and arrange a day and time for the demonstration when the majority are available to attend and when the advocacy targets will be at the location to witness the demonstration. Ensure that the beneficiaries of the PSS advocacy issue are involved in the demonstration
- Agree on a location for the demonstration. Make sure that it is a location which you will have easy access to, which is on public rather than private property, which is well positioned to attract the attention of the advocacy targets, and that can accommodate all the demonstrators
- Brainstorm potential obstacles or challenges that might be faced and strategies to overcome them (bad weather, obstruction from local authorities, confrontation from advocacy targets, seeming lack of interest from the advocacy targets, media journalists asking questions which show that they do not understand the issue or purpose of the demonstration etc.)
- Select a co-ordinator and spokespersons for the demonstration. Ensure that they have clear roles and

responsibilities, have practised delivering their messages, and have agreed strategies to overcome potential obstacles or challenges that might be faced

- Try and ensure that the beneficiaries of the PSS advocacy issue are amongst the spokespersons. Make sure that several spokespersons and more than one coordinator are available in case some are not able to attend on the day of the demonstration
- Consult the local authorities (police or councilors) to gain permission to demonstrate at the selected location. Make sure you give the local authorities enough information to understand that the demonstration will be peaceful and that you do not aim to 'disturb the peace' or cause civil unrest.
- Give advanced notice to the media and invite them to witness the demonstration, as appropriate, by sending out a press release – see *Section 4 Advocacy methods, session 4.6 Using a press releases*. Make sure that the press release is embargoed if you want them to only use the information during and after the event
- In a few instances it can be beneficial to give advanced notice of the demonstration to indirect and direct advocacy targets. This is often beneficial if you think that the threat of a demonstration would open doors for dialogue that have not previously been open, or if you think the targets would engage constructively with the demonstration if they have advance notice (for example, give a small 'spontaneous' speech in front of the television

cameras promising to look into the issue)

- If a demonstration has been well planned, and strategies to overcome potential obstacles and challenges have been prepared for, then the implementation should be as successful as it can be

Facilitators' notes

- Avoid giving information in the introduction that you want the participants to brainstorm during the activity
- You might prefer to prepare mini scenarios for the demonstration role-plays
- Leave plenty of time for the discussion.



1 hour 30 minutes
– 2 hours

Activity instructions

1. Introduce the topic: **Holding a demonstration**
2. Ask participants to explain what a demonstration is and how it could be used for advocacy.
3. Ask the participants to identify what would need to be planned in advance of a demonstration. Add any other ideas from the introduction.
4. Divide the participants into groups of appropriately 5-10 people
5. Ask each group to spend 45 minutes planning a demonstration to help address a PSS advocacy issue. To save time, the groups could use one of the advocacy issues already identified during the workshop. They should identify a location for the demonstration, allocate roles,

develop advocacy messages and practise presenting them. Each group should also identify 3 potential obstacles or challenges that could jeopardize their demonstration and strategies to overcome them. Tell each group that they will have no more than 10 minutes to role-play their demonstration to the rest of the group which should include presentation of the 3 challenges and strategies to overcome them.

6. Ask each group to role-play their demonstrations
7. Facilitate a discussion with the participants based on the following kinds of questions:
 - How do you feel about using demonstrations as a PSS advocacy method in your country(ies)?
 - What key new learnings have you gained from this activity?



Participants practising planning and implementing a demonstration outside parliament to advocate for the prevention of sexual violence against school children by teachers in Zambia

Extra facilitation notes

Influencing policy and legislation

The skill of understanding the effects of a policy or law, or their implementation, is essential for advocacy work. This skill can be used by advocates working both inside the decision-making system (for example, members of committees) as well as outside. Analysis of legislation or policy that could affect you, your members or your beneficiaries is important so that you can advocate for its improvement or implementation.

Legislation and policies might include:

- Draft or proposed policies
- New policies
- Long-established policies.

Of course, not all policies and legislation are written, for example, there are traditional laws and customs, or decisions made and communicated without being written down. If, however, their design and implementation is influenced by powerful individuals or groups, then like written policies and legislation, they can be challenged through advocacy. These kinds of policies and practices also require analysis. However, it is harder to analyse unwritten policies or legislation because there may be disagreement about what the policy is.

How to influence legislation or policies

Advocates should try to:

- Agree on what the policy or law is, or on how it is implemented (necessary form unwritten policies and laws, and for analysis of implementation)

- Analyse the policy or legislation, or its implementation
- Suggest how it can be improved
- Suggest how it can be implemented better

Analysing draft policies, new policies or long established policies is a skill which needs to be practiced and learned. It is important to involve people affected by the policy or law or its implementation. They are the 'experts'. Participatory methods such as drama or cause-and-effect flowcharts can assist in identifying negative impacts and suggesting solutions.

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

- Who benefits from this legislation or policy (if anyone)?
Who loses (if anyone)?
- What will be the consequences five years from now of enforcing this?
- How does the legislation or policy affect marginalised groups?
- Who supports this law/policy, and why?

- How did this issue first come to the notice of decision-makers?
- What is the financial cost?
- Can it be enforced? If so, by whom, and how?
- What is the penalty if you don't obey this law/policy?
- Does the law/policy violate the Universal Rights of the Child or any other convention signed by your country?
- Is the law/policy consistent with your own country's Bill of Rights and/or Constitution?

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



Annex A. Four template workshop timetables for workshops with REPSSI partners

For all timetables, sessions titled 'Facilitation run-over or administration session' means that the facilitators can either use this session to continue work on any sessions from the day as necessary, or this time can be used to give out daily allowance, do travel reimbursements or discuss other issues with the participants as necessary (such as which advocacy method skills building activities to practise).

Timetable: 5-day workshop on An Introduction to PSS advocacy (no skills-building on advocacy methods included)

Time	Day 1 (Introduction to advocacy)	Day 2 (Introduction to PSS advocacy)	Day 3 (Planning PSS advocacy)	Day 4 (Planning PSS advocacy)	Day 5 (Planning PSS advocacy)
08:30	Registration	Recap	Recap	Recap	Recap
09:00	Workshop welcome and introduction, expectations, ground rules, announcements	What is PSS?	Planning steps Select a PSS advocacy issue to address	Develop an aim, objectives and indicators for the PSS advocacy work	Choose methods for the PSS advocacy work
10:30	Tea break	Tea break	Tea break	Tea break	Tea break
11:00	What is advocacy? Why do we do advocate?	What is PSS? Why is PSS advocacy needed?	Select a PSS issue advocacy to address Analyse and research the PSS advocacy issue	Identify targets for the PSS advocacy work Identify allies for the PSS advocacy work	Develop an action plan for the PSS advocacy work
13:00	Lunch	Lunch	Lunch	Lunch	Lunch
14:00	<i>Energiser</i> How do we advocate?	<i>Energiser</i> What principles should guide our PSS advocacy?	<i>Energiser</i> Analyse and research the PSS advocacy issue	<i>Energiser</i> Develop messages for the PSS advocacy work	<i>Energiser</i> Develop a monitoring and evaluation plan for the PSS advocacy work
15:30	Tea break	Tea break	Tea break	Tea break	Tea break
17:00	Facilitation run-over or administration session	How do we support children and young people to advocate for PSS?	Develop an aim, objectives and indicators for the PSS advocacy work	Identify resources for the PSS advocacy work	What is a PSS advocacy competent organisation? Workshop follow-up ideas Workshop evaluation. Workshop close

Timetable: 3 and a half day Skills-building on advocacy methods workshop (including all advocacy methods)

Time	Day 1	Day 2 Media day with external journalist(s)	Day 3	Day 4
08:30		Announcements / energiser	Announcements / energiser	Announcements / energiser
09:00	Registration, workshop welcome and introduction, expectations, ground rules, announcements	External journalist(s) facilitates opening session about different types of media and their usefulness for advocacy	Presenting a position paper	Persuading using drama and songs
10:30	Tea break	Tea break	Tea break	Tea break
11:00	Energiser Lobbying or face-to-face meetings	Energiser Carrying out a media interview	Energiser Delivering a presentation	Energiser Summary activity reviewing the benefits and challenges of each advocacy method Workshop close
13:00	Lunch	Lunch	Lunch	Lunch
14:00	Energiser Working within the system	Energiser Working within the system	Energiser Using field visits	
15:30	Tea break	Tea break	Tea break	
15:45 17:00	Holding a demonstration	Holding a press conference	Persuading using drama and songs	



Timetable: 7-day PSS advocacy workshop (including 6 relatively long skills-building on advocacy methods sessions on days 6 and 7)

Time	Day 1 (Introduction to advocacy)	Day 2 (Introduction to PSS advocacy)	Day 3 (Planning PSS advocacy)	Day 4 (Planning PSS advocacy)	Day 5 (Planning PSS advocacy)	Day 6 (PSS advocacy method skills building)	Day 7 (PSS advocacy method skills building)
08:30	Registration	Recap	Recap	Recap	Recap	Recap	Recap
09:00	Workshop welcome and introduction, expectations, ground rules, announcements	What is PSS?	Planning steps Select a PSS advocacy issue to address	Develop an aim, objectives and indicators for the PSS advocacy work	Choose methods for the PSS advocacy work	Advocacy method skills building activity	Advocacy method skills building activity
10:30	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break
11:00	What is advocacy? Why do we advocate?	What is PSS? Why is PSS advocacy needed?	Select a PSS advocacy issue to address Analyse and research the PSS advocacy issue	Identify targets for the PSS advocacy work Identify allies for the PSS advocacy work	Develop an action plan for the PSS advocacy work	Advocacy method skills building activity	Advocacy method skills building activity
13:00	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
14:00	<i>Energiser</i> How do we advocate?	<i>Energiser</i> What principles should guide our PSS advocacy?	<i>Energiser</i> Analyse and research the PSS advocacy issue	<i>Energiser</i> Develop messages for the PSS advocacy work	<i>Energiser</i> Develop a monitoring and evaluation plan for the PSS advocacy work	<i>Energiser</i> Advocacy method skills building activity	<i>Energiser</i> What is a PSS advocacy competent organisation?
15:30	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break
17:00	Facilitation run-over or administration session	How do we support children and young people to advocate for PSS?	Develop an aim, objectives and indicators for the PSS advocacy work	Identify resources for the PSS advocacy work	Facilitation run-over or administration session	Advocacy method skills building activity	Workshop follow-up ideas and evaluation

Timetable: 7-day PSS advocacy workshop (including 8 relatively short skills-building on advocacy methods session during the afternoons)

Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
08:30	Registration	Recap	Recap	Recap	Recap	Recap	Recap
09:00	Workshop welcome and introduction, expectations, ground rules, announcements	What is PSS?	Planning steps Select a PSS advocacy issue to address	Analyse and research the PSS advocacy issue	Identify targets for the PSS advocacy work	Develop messages for the PSS advocacy work Identify resources for the PSS advocacy work	Develop an action plan for the PSS advocacy work
10:30	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break
11:00	What is advocacy? Why do we advocate?	What is PSS? Why is PSS advocacy needed?	Select a PSS advocacy issue to address Analyse and research the PSS advocacy issue	Develop an aim, objectives and indicators for the PSS advocacy work	Identify allies for the PSS advocacy work Develop messages for the PSS advocacy work	Choose methods for the PSS advocacy work	Develop a monitoring and evaluation plan for the PSS advocacy work
13:00	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
14:00	<i>Energiser</i> How do we advocate?	<i>Energiser</i> What principles should guide our PSS advocacy?	<i>Energiser</i> Advocacy method skills building activity	<i>Energiser</i> Advocacy method skills building activity	<i>Energiser</i> Advocacy method skills building activity	<i>Energiser</i> Advocacy method skills building activity	<i>Energiser</i> What is a PSS advocacy competent organisation?
15:30	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break
17:00	Facilitation run-over or administration session	How do we support children and young people to advocate for PSS?	Advocacy method skills building activity	Advocacy method skills building activity	PSS advocacy method skills building activity	Advocacy method skills building activity	Workshop follow-up ideas and evaluation

Annex B. PSS advocacy case studies

Case study I: Children advocate for the abolition of medical fees for vulnerable children in Zambia

Background to the PSS advocacy issue

According to Ministry of Sport, Youth and Child Development (2004) and Zambia AIDS LAW Research and Advocacy Network (2007) one of the major problems and violations of rights for orphans and vulnerable children is the lack of access to health services. The lack of access to health services affects both children's physical and psychosocial growth and development. Children who do not have access to such basic and critical services are most likely to feel rejected, worthless, depressed, hopeless, desperate and ignored by their families, communities and society. In Zambia there are ninety thousand children living with HIV and AIDS who need access to health services for their optimal growth and survival.

In 1995, the Zambian government introduced health user fees as part of the health reforms. This required people to pay user fees whenever they sought health services at any public health centre. With poverty levels well over 70 per cent at the time, the situation negatively affected the poor, especially

children living with, and taking care of ill parents. Stories and testimonials from such children revealed that living with the reality and knowledge that they and their caregivers could not access medical services made them fearful, insecure about the present and future, and fuelled their anxieties about illness and death. Several children also spoke about having experienced a drastic drop in their school performance due to preoccupation and anxiety about their parent's illness and the sense of hopelessness that engulfed them as they knew that they could never afford to put their parents on the road to recovery. Many of these children witnessed their parents waste away and die, this robbed them of their childhood innocence and a sense of futility became entrenched in their lives. The many desperate stories of children faced with these problems prompted civil society in Zambia to advocate for free access to child friendly health services for children (0-18 years of age) and other vulnerable people in society. This advocacy initiative would impact both children's psychosocial wellbeing as well as have a positive impact on their general health, growth and survival.

Advocacy issue

To lobby the government of Zambia to provide free health services to all children and other vulnerable groups in Zambia

Advocacy process followed

1. Training of NGO staff in child participation

The involvement of children and young people to address this issue was considered critical for policy change. In March 2005, REPSSI sponsored staff from two NGOs (Hope for African Child Initiative (HACI) and Christian Children Fund (CCF) Zambia), and the Ministry of Youth, Sport & Child Development to visit Malawi to learn from the Orphans Affairs Unit (OAU) about child participation. OAU is a community based child participation model whereby children form committees to discuss issues that affect them and to provide support to each other and others in need in the community.

2. Meeting of the Global Movement for Children

Several children were selected from the children's committees established by CCF Zambia and other organizations to meet with other children from the Global Movement for Children (GMC)²⁰. The Global Movement for Children (GMC)

20: GMC is a worldwide movement of organizations and people- including children- uniting efforts to build a world fit for children. It has in-country representation. In Zambia it is coordinated by World Vision and its membership base include CCF Zambia, World Vision Zambia, REPSSI, Children in Need Network, Zambia Deaf vision, Forum for Women Educationists in Zambia, CARE Zambia, Plan Zambia, Cheshire homes, Zambia AIDS Law Research and Advocacy Network, Save the Children Sweden, Norway, Jesus Care Ministries, FLAME, Artists United Against HIV&AIDS.

identified the lack of access to health services as one of the major challenges that children in Zambia face in their physical and psychosocial growth and development. All organizations on the GMC alliance agreed that free access to health for children and other vulnerable people was a legitimate advocacy issue based on the moving testimonies given by children. The GMC offered to facilitate a meeting between the children and the Minister of Health Sylvia Masebo. In fact children indicated that they were able to advocate for the issue on their own.

3. Workshop on health policy issues for children (preparing children to meet the Minister)

On 21st October 2005, a one-day workshop was organized at Mulele Mwana Community School in Lusaka. The purpose of the workshop was to expose children to various policy issues relating to health as well as preparing them to have a meaningful conversation with the Minister.

4. Children delivering a presentation in a face-to-face meeting with the Minister of Health

A total of 75 children, representing various organizations²¹ met the Minister of Health on the 28th October 2005. During the meeting the children explained to the Minister of Health the difficulties that they face in accessing health care. They explained that most children are unable to pay the user fees that were instituted by the government. The children also argued that health personnel often turn away children who are not able to pay the user fees, this causes distress and emotional suffering

among those who do not have any other options for health care. They explained to the Minister that other ill children died in their homes unattended by health practitioners. This causes distress and emotional suffering among those who do not have any other options for health care. They told the Minister that most health services/centers were in fact not child friendly. The children implored the Minister to look into the issues that they had presented to her. The group of children appealed to the Minister as a mother saying that she probably knew and understood how important issues of health are for the growth and development of young people. The young advocates appealed for the government to commit itself to the provision of free medical services for children in all government run health centers.

5. Using Drama and Song

In addition to the face-to-face discussion with the Minister of Health the children performed drama, songs and poems to further emphasize their advocacy messages to the Minister. These performances sent strong messages to the Minister who responded with tears of empathy. She promised the children that she would present their concerns to cabinet, and would personally ensure that the issue of medical fees was addressed.

Outcomes and challenges

The advocacy was successful.

- Firstly, as a short-term effort, the Minister issued a circular to all Rural Health Centers directing health providers to

give free medical services to vulnerable children

- Secondly, the Minister presented the issue to Cabinet. In April 2006, the Zambian President made a policy pronouncement abolishing user fees for children and other vulnerable people in all public institutions in rural areas

There are still challenges to making medical services free including:

- Inadequate medical drugs in public health facilities means that guardians still end up buying treatments from private drug stores
- Lack of screening methods for vulnerable groups so that some still get charged for medical services
- Lack of monitoring from advocacy groups to ensure full enforcement of the abolition of user fees

Important success factors

- The children themselves identified the advocacy issue that they felt the Minister of Health needed to address. They therefore made their presentation to the Minister with passion
- The method of presentation used; emotional appeal through personal testimonials, drama, song, and poetry had a direct impact on the Minister e.g. the poem entitled; "A Zambia without children" and a sketch titled "life without medicine" sent the Minister to tears
- Organizations under the GMC alliance recognized the issue as a legitimate advocacy issue and supported the

21: Christian Children's Fund CCF Zambia, World Vision Zambia, Children in Need Network, Zambia Deaf Vision, Cheshire Homes, Jesus Cares Ministries, Zambia Open Community schools, Forum for Women Education in Zambia (FAWEZA), and Care International

children abolition

- GMC member organizations provided the required material and financial resources to support the successful implementation of the advocacy effort

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Case study 2: Combating the unregulated sale of alcohol to children in Zambia

Background to the PSS advocacy issue

Several child protection laws and policies exist in Zambia. However poor enforcement of by-laws by local councils has led to the continued violation of children's rights to emotional and physical safety and protection. In November 2006, Zambians were shocked by the events at one of the nightclubs in Kitwe in the Copper-belt province of Zambia where a school leaver's ball for grade 12 pupils had been organized. Alcohol was served at this function to the children who were mostly under the age of 18. When police tried to intervene, a stampede ensued and

two children died in the process. The media also exposed a nightclub in Avondale, Lusaka that allowed underage children as patrons to the club where they could access alcohol. In fact according to the press, newspaper, radio and TV discussions prompted by this incident, problems in Kitwe were just a tip of the iceberg as patronage of bars and beer halls by children was rampant in most townships in the country.

The abuse of alcohol and other lethal substances among children has continued to be a major challenge among young people in Zambia. This problem is especially present among vulnerable groups of children such as children living on the streets, youth out of school, and affluent children with access to resources that they can use to purchase alcohol and other intoxicating substances. A lot of children who use these substances are crying out for help and attention as they are often suffering from a great sense of hopelessness, lack of confidence, bereavement, peer pressure, hurt and pain due to abuse and neglect. For such children, alcohol and other potentially harmful substances, become a mask or means to cover-up the real pain and problems that they are facing in their lives. However they do not provide a solution to the children's problems. If not prevented alcohol abuse retards children's psychosocial development and renders them vulnerable to being in conflict with the law. Children who abuse alcohol are usually rebellious and have poor relationships with care givers at a time when they need utmost guidance and support from caring adults. Children

may also have poor mental development and their academic performance is usually greatly compromised. Other effects of alcohol abuse among children also include indulgence in unprotected sex which could result in them contracting and spreading sexually transmitted infections including HIV. It is for this reason that REPSSI and partners identified alcohol abuse among children in Zambia as a psychosocial issue that needed to be addressed through advocacy i.e. the need to enforce by-laws at local level to ensure that children are restricted from accessing alcohol.

Advocacy issue

To lobby the Ministry of Local Government and Housing to put pressure on city municipal and rural councils to implement by-laws that regulate the operation of bars and beer halls ensuring that children are protected and do not have access to alcohol.

Advocacy process followed

1. Face-to-face meeting with the Minister of Local Government and Housing

In November 2006, the many incidents concerning non-compliance to the by-laws on regulated entry in bars and beer halls prompted approximately 60 children representing the Global Movement for Children (GMC) to hold face-to-face meetings with the Minister of Local Government and Housing, Sylvia Masebo MP, and the Inspector General of Police. The Ministry of Local Government and Housing has the

mandate to put pressure on city municipal and rural councils to implement by-laws that regulate the operation of bars and beer halls. The Zambian police have the mandate to help the councils enforce these laws. The meeting was held in Lusaka, Zambia and was also attended by members of the press. The children made a presentation asking that the Government and police stop alcohol being served to under age children and the sale of alcohol in undesignated areas such as markets, near schools and residential areas which were contributing to the abuse of children²². They also wanted to understand what the police were doing to help address the issue.

2. Press releases and media interviews

In order to influence Government to take action on this issue, feature articles were published in newspapers. Also media interviews with decision-makers were conducted. Members of the mainstream press such as; the Post Newspapers, Zambia National Broadcasting Corporation, national Mirror, Zambia daily mail, Yatsani radio, Radio Phoenix and the Times of Zambia were asked to highlight the issue through print and electronic media. This was achieved through scheduled meetings with the press and constant follow-up by the OVC media network (coordinating media board for media and press institutions).

3. Sensitization and awareness campaigns for the greater community

To harness support for the advocacy process, organizations and children started sensitizing parents and caregivers to

increase their levels of awareness of the dangers of exposing children to drinking places. Parents and caregivers were also made aware of the existing laws on this issue and at least four hundred people were reached through this initiative. The awareness and sensitization was achieved through newsletters (children's voice newsletter), community presentation by Christian Children Fund Zambia in Kafue and other Global Movement for Children member organizations. Communities reacted by writing to the press about the reality of this issue.

Outcome and challenges

The advocacy initiative was successful with the following results achieved:

- The Minister directed local authorities countrywide to rid markets of bars. She agreed with the children, GMC and allies (police, local councils, media and community members) on the importance of this matter and acknowledged that the ministry had also observed that unregulated markets were selling beer. The Minister also said that bar owners were allowing children and young people to patronize beer drinking places. The Minister, in her presentation, emphasized that the government had put by-laws barring the sale of beer in markets and restrictions on children and young people in bars. She asserted that this problem was due to lack of enforcement of the by-laws; she instructed the inspector general of police to enforce the by-laws

- The Minister further directed local councils to close all undesignated places selling alcohol. The Zambian Police worked hand-in-hand with the council to enforce provisions of the Local Government Law Cap 281 with the closure of non-compliant bars and nightclubs. For instance, on 20th February 2006, there was a story in Zambia Daily Mail to the effect that the Minister had instructed Mazabuka Council to close all bars operating in the market as they were contributing to sexual abuse of children. A nightclub in Avondale, Lusaka was also closed for allowing patronage of children and for serving them alcohol.
- The Government has since amended the law which now imposes a minimum fine for selling substances such as alcohol in undesignated places and other punitive measures such as blacklisting and withdrawal of liquor licenses. Follow-up by the advocating organizations, in collaboration with children, has been conducted to remind the Inspector General of Police of the commitment made to enforce the law.

The challenges included:

- Lack of consistency and commitment by all key stakeholders to enforce the law. Future monthly meetings have been planned by the advocating organizations and children to review the progress made to date
- Inadequate capacity by Council Police to enforce the by-laws
- Limited knowledge and awareness among parents and

Some of the beer stands supply other forms of drugs to children living on the streets such as glue. Given their limited financial capacities some of these transactions are made in kind i.e. sex in exchange for glue or alcohol.

caregivers about the dangers of exposing children to drinking places

Important success factors

- Media involvement made the issue a national agenda and this influenced decision-makers like the Minister and local council officials to take positive action. Several articles, discussion programmes and editorial comments on the psychosocial dangers of alcohol, especially for children, were published. The media such as the Post Newspaper, a leading privately owned newspaper, called on government to review their policies and legislature related to use of alcohol. They called for stricter enforcement of existing regulations. In addition, a number of citizens who were inconvenienced by the issue became involved and wrote a number of letters to the media editors, and open letters to the Minister and the President, to do something about the issue
- A collective approach to the advocacy initiative by REPSSI, GMC, children and allies which included the police, local councils, media and community members helped to bring about the necessary change. For example, the Police were strong allies as they had already been participating in some of the GMC Alliance meetings. This active involvement helped the enforcement of the law against premises that were encouraging children and young people to abuse alcohol. Also some of the influential (vocal) Members of Parliament were mobilized to become

allies and raised the issue in parliament. This moved government to formally commit itself to ensuring the law was enforced

- Organizations, which are members of the GMC Alliance, put resources together to ensure the advocacy effort was a success. This enabled the alliance to move children from various areas to meet the Minister and the Police Chief as well as carry out other advocacy related work

Case study 3: Mainstreaming PSS in all OVC programmes in Tanzania

Background to the advocacy issue

The HIV and AIDS pandemic are increasing the number of vulnerable and uneducated young people. In Tanzania, The Community and Household HIV and AIDS Indicator Survey carried out in 2003-04 shows 11% of children below 18 are orphaned. The Orphans and Vulnerable Children (OVC) Rapid Appraisal Analysis and Action Plan (RAAAP), reports that orphans make up 12% of all children in the country, most of whom are in the 0-14 age group. RAAAP, 2004 reports that most of the orphans (53%) are living with their grandparents, while (31%) are living other relatives, (12%) live with a brother or sister, and (3%) are either adopted or fostered orphans.

This increase of vulnerable children is overstressing the already scarce resources in Tanzania and straining families,

communities, and governments that are trying to respond to the needs of such children. Traditional support institutions such as the extended family are becoming increasingly overwhelmed in their efforts to respond to the situation of vulnerable children. An estimated 10 -12% of children are living in extremely vulnerable circumstances with poor or minimal access to basic services such as education, health care, nutrition and shelter. These children also experience psychosocial problems related to orphan hood, these include anxieties about the future, child abuse, lack of care and guidance from a caring adult, economic deprivation, multiple loss and grief, a sense of hopelessness and futility etc. These psychosocial problems need to be addressed in OVC programmes to enable children to bounce back and move on with their lives.

In 2004 UNICEF and Department of Social Welfare called for a stakeholders meeting to look at the areas of intervention for vulnerable children. In this meeting psychosocial support (PSS) was identified as one of the important areas to be addressed when designing and planning interventions for OVC. It was however noted that skills and capacity in PSS programming for children were generally limited and scarce and thus experts in this area would need to be identified. In the same year, REPSSI, in collaboration with Pastoral Activities and Services for People with AIDS Dar Es Salaam Archdiocese (PASADA), organized a workshop on 'Introduction to PSS'. The workshop was attended by a range of stakeholders including: Salvation Army, Society for Women and AIDS in Africa Tanzania

(SWAA-T) Kiota Women's Health and Development (KIWOHEDE), Child in the Sun, and the Social Welfare Department. As a result of this workshop, REPSSI's expertise in psychosocial support programming was recognized in the country. REPSSI was then included on the list of stakeholders who were to work on the Tanzania National Plan of Action for OVC. REPSSI used this unique opportunity to advocate for the inclusion of psychosocial support in the National Plan of Action for Orphans and Vulnerable Children.

Advocacy issue

To lobby the Department of Social Welfare and Ministry of Health to include PSS in the National Plan of Action for Orphans and Vulnerable children

Advocacy process followed

1. Working within the system

REPSSI attended several meetings which included the orphan and vulnerable children implementing organizations which met every last-Thursday of the month. The meetings were chaired by the Commissioner for Social Welfare Department. As a result of the interest and enthusiasm for PSS for Orphans and Vulnerable Children generated during these meetings, the Social Welfare Department organized a workshop in collaboration with PASADA to review the care givers PSS training manual, "Care Takers Manual", which is used to train caregivers to provide care and support to children in the context of HIV and AIDS.

2. Delivering a presentation

REPSSI staff made a presentation to organizations working with OVC. The presentation focused on the benefits of mainstreaming psychosocial support into already existing programmes for vulnerable children. This presentation mobilized organizations working with vulnerable children to work together with REPSSI to lobby the Department of Social Welfare and the Ministry of health to include PSS into the National plan of Action for OVC.

Outcomes and challenges

The impact of the advocacy initiative was as follows:

- PSS has now been incorporated in the National Costed Plan of Action, M&E tool and National Quality Standards of Care for Service Provision to Most Vulnerable Children in Tanzania and in the Operational Plan for Most Vulnerable Children in Tanzania
- REPSSI is recognized as a leading technical support organization on PSS in Tanzania. The Social Welfare Operation Plan recommends that REPSSI take the lead on providing the technical support on the PSS training activities
- The Department of Social Welfare has appointed a focal person for PSS issues. The focal person will take the role of facilitation and coordination on all PSS matters in the social welfare department i.e. identification of key areas for PSS intervention, planning, implementation, monitoring and evaluation, this reflects a commitment by

key government departments to integrate and mainstream PSS in OVC programmes and interventions

- REPSSI is a member of the OVC implementing group that is composed of selected representatives of different organizations working with children. The group provides technical support and advice to the social welfare department on the implementation of activities in the NCPA including psychosocial support interventions for Orphans and Vulnerable Children in the country. A member of this group, REPSSI, uses meeting platforms to provide technical support to the member organizations and the Social Welfare Department on all matters pertaining to psychosocial programming for children

The challenges of the advocacy issue

- Some of the key stakeholders who were invited for both meetings and trainings did not attend as most of them were not aware on the importance of the inclusion/ integration of PSS into OVC programmes
- There were different interests and understandings of PSS among organizations present in the meetings. Most partners were more inclined to see psychosocial programmes as vertical and separate interventions that needed specialized staff. REPSSI however emphasized the need for PSS to be incorporated into all OVC programmes

Important success factors

- Patience, commitment and respect of other people's ideas are some of the important factors that made the advocacy initiative a success. There was general openness and a willingness to learn from others within the membership of the OVC implementing group
- The government through the Social Welfare Department sought the involvement and support of important and capable advocacy affiliates such as Family Health International (FHI), United State Agency for International Development (USAID) and Global AIDS Coordination. The collaboration between these key institutions gave birth to a National Plan of Action which includes PSS programmes for OVC. Through the NCPA all organizations working with OVC now strive to incorporate PSS into their programmes for children

Case study 4: Inclusion of PSS in training curricula for school teachers in Mozambique

Background to the PSS advocacy issue

As a result of the protracted war in Mozambique many children do not have access to essential services such as health, shelter, food, social welfare, and psycho-social support (PSS). Although there is free education in Mozambique several caregivers and communities are not aware of this and many others simply do not encourage children to attend school. Although many

orphans and vulnerable children (OVC) express a desire to attend school, it is not always possible to do so because some of the children are heads of their families and thus burdened with household responsibilities. Others do not have access to school due to long distances from school and the unavailability of information and support for their enrolment. Children out of school may feel excluded, disadvantaged, deprived and neglected; they lose out on important opportunities to develop intellectual capacity as well as important social skills through interacting with peers in school. Children out of school are more likely to be anxious about the future and may be preoccupied about how they will fit into society without an education. School attendance therefore contributes quite significantly to children's psychosocial development. For some children a school teacher may be the only consistent adult figure in their lives. Having witnessed the plight of children out of school, the Mozambique Country Advocacy Team (CAT), which was established and funded by REPSSI, decided that it would be important to push for a more proactive approach to the inclusion of OVC in school and to ensure that teachers in schools were adequately skilled to respond to the psychosocial needs of such children.

Advocacy issue was

To advocate to the Ministry of Education for a more proactive approach in the inclusion of OVC in formal education system and ensuring that teachers are skilled to deal with the psychosocial problems of children

Advocacy process followed

1. Face-to-face meeting between REPSSI, RE, INDE and the Provincial Education Department

REPSSI and its CAT NGO partner Rebuilding Hope (RE) identified the Curricula Development Department (INDE) within the Ministry of Education and Culture as its primary target for advocating for PSS training for teachers. REPSSI and RE successfully sensitized INDE to the benefits of teachers increased understanding of the situation of OVC and their PSS needs. INDE agreed to set-up a meeting between REPSSI, RE, INDE and the Provincial Education Department to gain permission to proceed with a pilot project to include a 3-day PSS in-service training for teachers in four districts in Maputo province (including Matutuine, Ressana Garcia, Manhiça and Magude). The meeting was successful and a pilot project was established.

2. Awareness and skills building workshops for teachers on PSS

It was increasingly evident that the teachers needed a greater understanding of the psychosocial needs of OVC, so that rather than punishing poor performance, absenteeism and behavioral problems at school, they could use their psychosocial knowledge and skills to determine the underlying causes of such behaviors. REPSSI and Rebuilding Hope facilitated awareness and skills building workshops for teachers and school principles so that they could appreciate the important role that schools can play as centers of care and support for children.

3. Review and assessment of training meetings

A series of three meetings, attended by children, for teachers from four surrounding districts within the Maputo Province and staff of different NGOs members of the CAT, were conducted to assess the impact of the initial PSS trainings. The meetings would also document the experiences that teachers had with OVC after their training. Furthermore, the meetings acted as forums to gather testimonials and stories that were used to advocate to the higher hierarchy of the National Ministry of Education so that they could ensure the future inclusion of PSS into teachers' training curricula. An external evaluation of the pilot project showed that teachers who participated in the PSS trainings made an effort to sensitize parents and guardians of OVC of the need to pay attention to the psychosocial problems being experienced by children under their care.

4. Working with allies

The evidence gathered through the assessment encouraged influential people within the Ministry of Education to support the advocacy issue. The focal person at INDE (Ministry of Education), supported by a number of his colleagues that had been involved in the pilot project, collaborated with REPSSI and CAT members to set-up progress-sharing meetings. These meetings were attended by influential officials from the Ministry of Education, INDE and the Provisional Education Department. OVC were given platforms to talk about what being in school meant for their lives. Teachers spoke about the benefits that they had realized for themselves

and their students from attending the PSS training. These progress meetings resulted in an agreement by INDE and the Provisional Education Department (PED) that the pilot project should be scaled-up so that more teachers and schools are reached with the training.

5. Ongoing lobbying and increasing the sphere of influence

INDE and PED managed to set-up a meeting with the National Director of Education in mid 2006 where the advocating organizations shared the successes of the pilot programme thus far and continued to advocate for the scaling-up of teacher trainings throughout the country. The Director of Education promised to invite officials at the national level from the Ministry of Education and Culture to a meeting where REPSSI, INDE and ICDP could have an opportunity to have a face-to-face meeting with influential people in the Ministry. Unfortunately REPSSI's funding for advocacy work through the CATs was stopped at this point due to lack of funding for the work. This meeting with high ranking officials of the Ministry of Education and Culture did not take place.

Outcomes and challenges

The advocacy pilot project proved successful in the following ways:

- Country Advocacy Team member organizations, ED, INDE, MIMAS and other civil society organizations were very interested and passionate about replicating and continuing with the training of teachers and schools project

- Testimonials from schools and teachers stated that more orphans and vulnerable children are now going to school; this however needs to be validated through a structured research exercise
- The Department of Education successfully mobilized resources to scale-up the pilot project. It is hoped that the resources will not be diverted to other projects
- MIMAS and HACL are working together with REPSSI to enhance the capacity of government officials to provide PSS to OVC. HACL has committed to sponsoring capacity building activities

The challenges faced were:

- It was difficult to set up appointments with senior officials within the Ministry of Education and Culture who seemed always to be very busy. This challenge was overcome by having a focal person based within the offices of the targets
- Non registration of REPSSI (prior to 2006) made it difficult to have binding agreements or MOUs with government departments
- Inadequate financial resources to see the project through
- Weak knowledge and experience of advocacy within the Country Advocacy Team (CAT)
- Lack of specific material to share with influential people such as evidence of the success of the pilot project as a whole and more specifically the impact of the PSS training provided to the teachers. Government officials and school principles would have benefited from such materials

Important success factors

- Good background information and research into the advocacy issue allowed the advocating organizations to be better prepared in responding to the questions and concerns of targets and potential allies
- Active participation of children in the impact assessment meetings gave the young people an opportunity to speak out about how they felt their teachers were now responding to their needs after receiving PSS training. This strengthened the advocacy issue
- Involvement of influential people and allies, e.g. personnel from INDE and the Social Action Division who opened doors and shared their understanding about how government decision-making systems worked. This helped the advocating organization to be better informed about how to access the targets and the kinds of protocols that were important when working with senior government officials
- Funding from REPSSI helped to kick start the advocacy process

Case study 5: Contribute to the psychosocial well-being of children affected by HIV and AIDS through existing home-based care structures in Zimbabwe

Background to the PSS advocacy issue

In 2004, REPSSI, supported by Hospice Association of Zimbabwe (HOSPAZ), Souls Comfort, Mashambazhou, Batsirai and Silundika, devised an advocacy initiative to influence the Ministry of Health to enforce the mainstreaming of PSS for children into home-based care programming. For a long time Home Based Care programmes in Zimbabwe excluded children of ill parents/caregivers in their service delivery. It has however become increasingly known that the health and wellbeing of ill parents/caregivers is closely intertwined with that of their children. A collaborative effort among various home-based care groups in Zimbabwe such as (HOSPAZ) and the Ministry of Health, led to the development of a set of National Community Home-Based Care Standards for Zimbabwe, in 2004. These standards emphasized the need for holistic support for ill parents and their children and emphasized the need to provide social and emotional support to children living with ill parents. They became evidence of the increased awareness of the importance of PSS for children within home based care (HBC) service delivery.

HBC organizations had come to realize that some of the greatest anxieties of sick/ailing parents/adults are related

to the future of their children and that sick parents derive strength and hope from seeing their children cope rather than crumble during times of their illness. There was also a deeper understanding of the social and emotional problems faced by children living with ill parents such as constant daunting worries about the future as well as the plight of children who nurse their parents throughout their illness and are often the first people to witness them die. HBC organizations became more aware that such experiences could be harmful to children and could result in fears about death, physical and emotional insecurity, despair and a deep sense of hopelessness. REPSSI and partners in Zimbabwe realizing the growing realization of the importance of PSS within HBC organizations, decided to take the opportunity and convince the relevant ministry that Home Based Care programmes could become an entry point for the provision of much needed psychosocial services to children who are constantly faced with the possibility and reality of parental loss and death. Advocacy issue was:

To advocate to the Ministry of Health to adopt and enforce the mainstreaming of PSS into Home Based Care programmes in Zimbabwe to ensure that the psychosocial needs of children living with ill parents are met.

Advocacy process followed

1. Research on the issue

A desk review of existing literature and secondary data collection was conducted to capture key information on HBC

programming and the psychosocial needs of children living with ill parents. The findings would ensure that REPSSI and partners were well informed about the situation of children within the context of Home Based care service delivery.

2. Consultative meetings

In October 2005 two consultative meetings were held to sensitize 15 strategic organisations which included Red Cross Zimbabwe, The Ministry of Child Welfare, Hospice and Palliative Care Association of Zimbabwe (HOSPAZ), National AIDS Council (Bulawayo), and Rehabilitation and Prevention of Tuberculosis programme (RAPT) on the need to mainstream psychosocial support (PSS) into HBC programmes. During these meetings home based care services were extensively scrutinized/ discussed and gaps were identified especially in relation to the neglect of children by home based care service providers. The mainstreaming of PSS was presented as a possible solution to the identified gaps. Consultative meetings with community leaders were also organised for their input and support. The consultative meetings mobilised more allies for the advocacy issue so that there was a united voice from HBC organisations in support of mainstreaming PSS into their services.

3. Training home based care givers on PSS

Home-based caregivers were trained in PSS using materials that had been developed by REPSSI, Regional Facilitators (REFA) and other partners. A cascade approach was used to train the home-based care givers. Approximately ninety caregivers were trained. Preliminary evaluation of the project

shows that the cascade model is working although there are challenges in understanding PSS mainstreaming (April and May 2007). The training processes were conducted in close consultation with the Ministry of Health officials who provided extensive support in the entire exercise. This helped the Ministry to get a clearer understanding of what PSS is and how it can be mainstreamed into HBC.

Outcome and challenges

The successes of the advocacy initiative include:

- REPSSI and the Ministry of Health and Child Welfare are developing a Memorandum of Agreement to develop a Home-Based Care manual aimed at mainstreaming PSS for children. The MOU provides a legitimate entry point to working with Ministry of Health stakeholders e.g. National AIDS Council (NAC), and National Action Plan (NAP) on PSS issues
- A partner organization called Mashambazhou has linked its HBC programme with its OVC programme. This reflects that organizations now appreciate the need to support children living with ill parents
- Some community leaders are now advocating for the provision of PSS within their wards. Community leaders are helping adult care givers to be aware of the needs of young people living with terminally ill parents/caregivers

Challenges included:

- Getting appointments with people from the Ministries of Health and Child Welfare was very difficult. A focal person

within the ministry was however identified; he was willing to arrange appointments with the targets

- Inadequate financial resources to fully support the advocacy project led to the need to cut down on activities
- Lack of clarity on whether to focus the advocacy work at the national or provincial level
- Differences in opinions and understanding between REPSSI and allies about what needed to be done in the advocacy process.
- Lack of fact sheets on HBC and PSS to give to influential people

Important success factors

- The involvement of indirect targets from the Ministries of Health and Child Welfare who could convince influential people about the advocacy issue was very important
- Collaborating with implementing partners such as Souls Comfort, Mashambazhou, Batsirai and Silundika became very important in the advocacy process because these organizations work directly with communities and therefore have great capacity to directly reach children with psychosocial support
- Financial resources were provided by New Zealand AIDS, SIDA (Swiss International Development Agency), Novartis Fund for Sustainable Development, and SDC (Swedish Development Co-operation). This was a great contribution in ensuring the success of the of the advocacy project

Case study 6: Children advocate for changes to the South African Children's Bill using Hero Books

Background to the PSS advocacy issue

It can be argued that wellbeing, psychosocial wellbeing and human rights are inextricably linked. Children's rights are the formal recognition in national and international law of what is essential in terms of fulfilling basic human needs and preserving human dignity. In 2003, the Children's Institute of the University of Cape Town, during the period leading up to the tabling in Parliament of South Africa's new Children's Bill (now called the Children's Act 38 of 2005 as amended by the Children's Amendment Bill 19F of 2006) recognized that the Children's Bill would become the single most important and comprehensive piece of child-related legislation in South Africa. For this reason, they worked together with experts (including REPSSI and children) to establish working groups on a range of issues addressed in the Children's Bill. These issues included children's rights, parental rights and responsibilities, protection, abuse and HIV/AIDS. Via a lengthy process of scrutinizing early drafts of the Bill and consulting children's sector organisations and children themselves, the Children's Institute came to the conclusion that a major shortcoming of the Bill that was tabled in Parliament, was that its provisions to address abuse and neglect were reactive rather than preventative. Rather than reacting with too little, too late once abuse and neglect had already transpired, the advocacy campaign called for a developmental response on the part of the State. That is, an integrated intervention that

would include a greater focus and increased spending on early childhood development, and prevention and early intervention programmes (e.g. community based development projects, home based care, counselling services and support groups).

Advocacy issue

To lobby parliament and provincial legislatures to strengthen South Africa's new draft Children's Bill using the personal experiences of children before the Bill is finalised.

Advocacy process followed

1. Researching the issue

A Hero Book is a document, and a process, in which a child, youth or adult is invited to be the main character; author; illustrator and editor of a book that is designed to help them set goals, and give them power over a specific psychosocial challenge or obstacle in their own life. At the end of the process each child has a hand-bound storybook of their own making, which is a type of solution focused mission statement that also documents, heralds and reinforces their problem busting strategies and their hero-survival-resilient abilities. While children are encouraged via the hero book process to explore what power and agency they have over a problem, they are never made to feel that the problem is their fault or exclusively their responsibility. Hero books can be used to draw attention to the social – legal issues and to mobilize responses by people and organizations other than the child, to safeguard their rights and their well being.

The range of problems a child might address using a hero book might include behavioral, emotional, social and political problems (all of which are seen to be interrelated and not at all separate). Behavioral problems might include bedwetting, poor concentration, and aggression. Emotional problems might include depression, sadness, grieving and anxiety. Social problems might include having to look after the cattle and not being allowed to attend school, bullying, being subjected to abuse in the home, stigma, or gender based violence. And political problems might have to do with the fact that existing legislation and or its level of enforcement leaves the child unprotected, unsupported and vulnerable to a range of problems of the types listed above. Hero booking is one of REPSSI's key psychosocial tools.

The child decides if and who they might want to share the book with. Many hero books have remained private documents whilst others have been widely published on websites and used for advocacy purposes.

2. Forming a coalition of allies

As part of a wider campaign to influence various aspect of the Children's Bill, the Children's Institute formed a series of working groups in 2003. This was in response to a call for written submissions and to participate in public hearings in parliament, the first of which was to be in August 2004. Thereafter there were a number of further public hearings until the end of 2007 when the process was finalised. One of the working groups mobilized by the Children's Institute

called themselves Dikwankwetla. Dikwankwetla is a group of twelve children from four provinces between the ages 12 and 17, who set out to influence the Bill. Dikwankwetla means Heroes, and this is how the group see themselves in the face of the HIV pandemic. Their slogan is Children Are The Future, Give Them Their Rights. The group was supported by various adults including teachers, lawyers and psychologists.

3. Analysing the legislation and preparing messages

Dikwankwetla's main purpose was to work together to understand the Children's Bill, formulate their opinions about the Bill, and to draw on their own life experiences to make recommendations on the provisions of the Bill. As children directly affected by HIV and AIDS, no one else was better qualified to comment on the Bill. The children began by making sure that they were thoroughly acquainted with the Bill. They underlined, highlighted and ringed parts of the Children's Bill which affect them the most. They scribbled their comments and recommendations over the text of the bill. During this process the children made hero books to help them to identify key problems and issues faced by children affected by HIV and AIDS, and to give meaning to the amendments they would recommend to parliament. The children's recommendations clearly showed that social services for children, was not happening on the ground and that existing protection amounted to "too little, too late". Vulnerable children need prevention and early intervention services so that problems can be addressed early before the children suffer harm.

4. Lobbying or face-to-face meeting

On the 11 - 13 of August 2004, in Cape Town, 12 Dikwankwetla children had the attention of the Parliamentary Portfolio Committee on Social Development. Present were national Members of Parliament's (including Josephine Thivase – Chairperson of the Committee), expert members of the drafting teams responsible for specific clauses of the Bill (including Dr Maria Mabetoa – Chief Director of Children and Families in the Department of Social Development), as well as journalists. Protocol demanded that the children make short oral submissions so they used extracts of the hero books to help them to tell their own individual stories and to explain how the Bill in its draft form succeeded or failed to address their individual rights and needs. The Members of Parliament (MPs) then asked questions and the children responded using their own experiences. Copies of the hero books were then shared with individual MP's during the breaks. After this first day in Parliament, the Dikwankwetla children made oral submissions in national Parliament and some of the provincial legislatures 3 more times. They continued to use their hero books as part of a coordinated local and provincial campaign.

Outcome and challenges

- One of the main impacts of the children's advocacy was to show parliament that social services to protect children from abuse and neglect were not available to the majority of children, especially those living in rural areas. This message was also delivered by a number of NGOs making

submissions. The submissions from the children and NGOs spurred parliament and the government officials to do their best to amend the Bill so that it could improve the provision of services to children. One of the important changes that occurred was that the government has decided to make it clear in the Bill that prevention and early intervention services must be provided and funded by government. For partial care, early childhood development and drop in centres the Bill now says that services in poor communities must be prioritised. These changes to the Bill provide a good legislative foundation for improved service delivery for children

- The work by, all the NGOs and children's' groups including the Dikwankwetla and their hero book campaigns, raised the profile, in the minds and hearts of key decision makers, of millions of children living in difficult circumstances in South Africa, by giving human faces to the statistics. The children's presence and campaigns seemed to remind the MPs and government officials to think as parents and not only as politicians which resulted in many amendments to the Bill to make it stronger for children
- The main challenge during the process was that the confidentiality of one child (who shared her story in Parliament and who asked that her identity be protected) was violated. In future, greater measures need to be taken to make parliament, and this process of public participation, safer for children

Important success factors

- The children spoke about their own experiences which meant that they were telling truths which the MPs could not ignore. This resulted in the MPs remembering that they were parents too before being politicians
- The children started off as shy and scared of the decision makers (for example MPs) but soon developed confidence and a sense of political entitlement to be heard
- Participation in a law reform process does not automatically result in action for the children's immediate problems. It was important therefore to use the hero books as a psychological tool to build up the children's own sense of strength to enable them to tackle their challenges back home
- The Children's Institute also worked closely with the support organisations and the caregivers of the children back at their homes. This kind of work should not be attempted as a stand alone advocacy campaign and cannot be done without the children having support structures back home in their communities to support them through their challenges

Case study prepared by Jonathan Morgan, REPSSI Knowledge Development Manager and Paula Proudlock, Children's Institute, Child Rights Programme Manager

Case study 7: Understanding, rather than punishing, vulnerable children involved in drug trafficking in Tanzania

Background to the advocacy issue

Drug trafficking in Tanzania was reported to be at its peak during 1994/1995²³. Drug abuse is a national concern in Tanzania. Media reports on drug abuse among youth have become very common since 2004 and the use of strong drugs like cocaine and heroin has increased among young people between 9 and 18 years of age.²⁴

A local organization working with orphans and vulnerable children called Pastoral Activities and Services for People with AIDS Dar Es Salaam Archdiocese (PASADA) noticed that its work with children and young people was becoming increasingly more difficult and particularly affecting the school-support and vocational training programmes; there was also an increase in school drop-outs. PASADA researched into these matters with children and teachers and found that many children were involved in drug trafficking and were abusing drugs, resulting in the decline in performance all round.

REPSSI and PASADA believed that punishing young people (as was the common practice) for drug trafficking was not the solution. The two organizations had observed that a

punitive approach to this problem further alienated children and young people from their families and communities and made them even more vulnerable to other social and emotional ills. REPSSI and PASADA maintained the position that it is important for young people to be encouraged in a supportive way to understand the consequences of drug trafficking and the abuse of drugs on their lives and the lives of others. Tanzanian children have the right to information that helps them to make informed choices and decisions and therefore access to information on drugs was and is a right for all children in Tanzania. REPSSI and PASADA also believed that child-friendly approaches to dealing with the issue could assist the police to trace and arrest drug traffickers who use children to sell such lethal substances. Due to the differences among key stakeholders such as the Police, school administrators, the Social Welfare department etc in approaching and dealing with this problem, REPSSI and PASADA chose to advocate for, "Understanding, rather than punishing, vulnerable children involved in drug trafficking in Tanzania".

Advocacy issue

To advocate to the Ministry of Home affairs for "Understanding, rather than punishing, vulnerable children involved in drug trafficking in Tanzania"

23: Daily News 7/2/1995, 6/2/1995; Uhuru February 7, 1995; Mbatia, 1994; Chachage, 1994; Msambichaka, Mjema & Ndanshau, 1994

24: Substance abuse among youth, United Republic of Tanzania, (2003)

Advocacy process followed

1. Face-to-face meetings with the Ministry of Home Affairs

REPSSI and PASADA approached the then Ministry of Home Affairs to lobby the Anti-Drug Unit of the ministry to educate orphaned and vulnerable children, and young people between the ages of 9 and 18, about the risks of being involved in trafficking and abusing drugs. PASADA and REPSSI met with the Ministry of Home Affairs four times to convince the Ministry of the need for a new child friendly approach in dealing with drug trafficking amongst children. The advocates highlighted the difficulties that the children and young people were experiencing that made them vulnerable to such exploitation and abuse.

2. Working with allies

A member of the Ministry who works closely with the community became a strong and committed ally and helped REPSSI and PASADA to strengthen the advocacy case within the Ministry of Home Affairs. It was also later found that the Anti-Drug Unit had already been tasked with distributing information about drugs. This enabled REPSSI and PASADA to offer their help and support the exercise. The advocating organizations were able to use a more child friendly approach in giving out information about drugs to children and young people.

3. Training of staff about drugs and drug trafficking (as well as using a child friendly approach to dealing with the issue)

PASADA staff members requested support from the Anti-drug Unit to educate their OVC programme members. It was agreed that the staff within the PASADA OVC department would be trained first so that they could subsequently help the children and young people. It was also agreed that local Muhimbili National Hospital anti-drug counselors needed to be involved in the process to provide PASADA with support in the future. A group of six PASADA staff were trained by police officers from the Anti-drug Unit under the Ministry of Home Affairs. The Ministry of Home Affairs then trained all the young people under the PASADA's vocational training programme. The training for the young people was done in a friendly manner using case studies, video tapes and some commonly used illegal drugs to show the effect of drug trafficking and abuse. During the initial training sessions, children and young people commented that they use alcohol and drugs to help alleviate the suffering and worries caused by the impact of HIV and AIDS, for example the stresses experienced by children heading households, or children living on the streets. The children and young people also reported that peer pressure contributed significantly to the problem²⁵. This insight provided PASADA with valuable information about the needs of children and young people allowing the

organization to provide alternative releases of stress through their OVC programmes.

Outcomes and challenges

Although there were some challenges, the advocacy was successful with the following benefits achieved:

- The Anti-Drug Unit has integrated a child friendly approach into their style of dealing with drug trafficking issues amongst children and young people
- The Ministry of Home Affairs Anti-drug Unit put more programmes in place to educate young people about drug and alcohol abuse. Aggressive behaviours have reduced significantly. Currently the PASADA statistics of school attendance has increased tremendously. Previously the attendance and drop out of youth were about 15 to 20 per year both in Vocation training and Secondary School but for the time being it is in the average of 1 to 5 dropouts per year. And the aggressive behaviour is currently dealt with appropriately because the department has professional staffs (social workers with counseling skills) who are able to address such behaviours
- The Anti-Drug Unit has also realized the need for greater engagement with communities in dealing with problems associated with drug trafficking. The young people within the PASADA OVC programme who were discovered to have drug-related problems were referred for counseling

25: This is further evidenced by reports by international agencies.

and rehabilitation; they subsequently became a source of information to the police. The police officers returned to PASADA to show their appreciation for the support they had received working with the young people who had helped them to arrest those who were selling drugs in the community

- PASADA received additional funds to continue to implement the programme. The organization now targets one hundred young people with information and training about drug trafficking and the effects of drug abuse on children

Challenges included:

- Most of the children and young people wanted their friends who were not part of the PASADA programme to attend the training. Unfortunately there is limited capacity to train young people in workshops. It is hoped that the new radio strategy will reach a wider audience. The increased demand for workshops indicates that the non-punitive information approach is appealing to the target audience
- There were limited human and financial resources to adequately carry out awareness raising workshops to change the way in which the Ministry was approaching drug use amongst young people
- Bureaucracy from the Ministry was also a problem. It was not easy to get the officer and the case study video tapes

for the training. There were some confidentiality conflicts concerning the use of the video tapes

Important success factors

- The youths who have been using drugs are now assisting Anti-Drug Unit Section under the Ministry of Home Affairs to cut down the suppliers; however dealing with suppliers of drugs is more dangerous than dealing with individuals who use drugs. Children's safety and protection remains very important
- There are plans that funding partners such as Rapid Fund Envelop (RFE) will fund Anti-Drug workshops and will target at least 500 youth per year

References

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- Msambichaka, L.A., Mjema, G.D., and Ndanshao, M.O.A. (1994). Corruption and Drug-trafficking in Tanzania: The Practices and Hazards. *A Report presented at a workshop on Corruption And Drug-trafficking in Tanzania*. Kilimanjaro Hotel, 12th October.
- Mbatia, J.K. (1984). Drug-trafficking in Tanzania. *Paper presented at a workshop on Corruption and Drug Trafficking in Tanzania*. Kilimanjaro Hotel, 12th October.
- Chachage, S. (1994). Corruption In Tanzania, Some Issues

For Consideration. *Paper Presented at a Workshop on Corruption and Drug Trafficking in Tanzania*.

- Daily News 7/2/1995, 6/2/1995; Uhuru February 7, 1995.

Case study 8: Working from within government structures to operationalize PSS plans

Background to the PSS advocacy issue

Children under the age of 18 comprise 40% of the population of South Africa. In 2004, it was estimated that there are 2.2 million single orphaned children (meaning 13% of all children under 18 have lost either a mother or father) nearly half of all orphans were estimated to have lost parents as a result of AIDS. Some of the worst affected children, those in deeply impoverished households, may experience various forms of physical, material and psychosocial deprivation and assaults on their health as a result of poverty and or a lack of parental care and nurturing environment. Often these children are separated from caregivers and siblings and sent to stay with other relatives or other care givers/social networks²⁶.

According to REPSSI's experience in the region it was identified that most children are not benefiting from psychosocial support as most interventions for Orphans and Vulnerable Children still only address their material needs. According a document produced by the Psychosocial Working Group "Home is where

26: Source: Demographic Impact of AIDS Indicators, 2006 and REPSSI Mapping report 2007

the heart is", only a small proportion of vulnerable children are benefiting from psychosocial services.

Advocacy Issue

To lobby NACCA to mainstream psychosocial support into its strategic plan and activities to respond to the psychosocial needs of children in South Africa.

NACCA is mandated by the Policy framework for OVC, to ensure that the National Action Plan is implemented. NACCA also has capacity to influence other governmental activities for OVC's and is therefore well positioned to ensure the mainstreaming of PSS in all OVC related programmes and interventions in South Africa.

Advocacy process followed:

1. Working with Allies

The Nelson Mandela Children's Fund (NMCF) has been in partnership with REPSSI for the past five years and has participated in several capacity enhancement programmes facilitated by REPSSI on psychosocial support for OVC. The focal person on PSS and OVC issues at The Nelson Mandela Children's Fund, Fikile Ngcobo, has represented her organization as a member of The National Action Committee on Children affected by HIV and AIDS (NACCA) for a number of years. Psychosocial support issues had been tabled in discussions at NACCA through NMCF's involvement in NACCA's steering committee. NMCF then realized that there

was a gap within NACCA in terms of understanding PSS and invited REPSSI to NACCA meetings to shed light on PSS programming for OVC. It was hoped that this initiative would eventually lead to PSS being incorporated into the National Plan of Action for Orphans and Vulnerable Children as well as in NACCA activities.

2. Delivering a presentation:

On 12 July 2006 NMCF recommended that NACCA invites REPSSI to do a presentation at the National Conference on coordinated response to orphans and other children made vulnerable by HIV and AIDS. The conference participants comprised of 520 delegates who included the NACCA steering committee; NGOs; donor community and businesses.

The presentation highlighted the following:

- The social and emotional experiences of children as a result of HIV/AIDS
- The importance of a holistic approach in OVC programming and equal weighting of social and emotional needs of children to those that are tangible
- The wellbeing of children is not possible if there is neglect in addressing their psychosocial problems
- The pitfalls of not providing PSS e.g. violation of children's right, school drop outs, behavioral problems, vulnerability to abuse, distress in children, hopelessness etc

Immediate results:

- After the conference mainstreaming of PSS into all programmes for orphans and other children made

vulnerable by HIV was adopted as one of the recommendations for OVC programming in South Africa

- A Draft conference report was produced incorporating PSS recommendations

3. Working from inside the system

REPSSI attended the broader NACCA meeting in October 2006 which was aimed at finalizing the recommendations in the report by:

- Ensuring that PSS issues in the recommendations were clear, precise, and still given the same priority as other OVC issues
- Ensuring that the NACCA steering committee and its members understood the recommendations put forward on PSS

This process was also used to ensure quality assurance in the content and definition of PSS support put forward in the recommendations. REPSSI was able to engage in further lobbying by giving explanations on PSS programming with emphasis on the importance of working with families and communities.

On 26th January 2007, another broader NACCA meeting was held where the NACCA steering committee requested REPSSI to present a paper on the PSS care and support mainstream. REPSSI staff attended the meeting and delivered a presentation. The meeting later divided participants into

working groups and REPSSI staff were put into the advocacy and communication team as well as the capacity building working group. The working groups are given a mandate to give direction to their particular work plan and to report to the NACCA steering committee chaired by the Chief Director of HIV and AIDS at Social Development. In the capacity building working group, the terms of reference were drawn based on objectives 1 to 4 from the National Action Plan for OVC which integrated the definitions and concepts of psychosocial support mainstreaming. REPSSI staff used this unique opportunity for further intense engagement of group member of PSS programming for OVC. REPSSI has continued to be part of the working groups above.

Outcomes and challenges

- REPSSI is now recognized by NACCA as a technical support organization in psychosocial programming for OVC. For example, when the UNICEF Orphans and other Vulnerable Children's unit wrote terms of reference for PSS, REPSSI was requested to comment
- During the broader NACCA meeting of February 2008, the NACCA steering committee recommended REPSSI to lead the reference team on PSS. The committee will guide and commission activities on psychosocial support within NACCA and will continue to advise the NACCA on PSS related issues
- It was not always clear whether or not this initiative was advocacy or capacity building

Success factors

- NACCA now recognizes the importance of PSS in OVC programmes
- REPSSI has been requested to develop a module on PSS as part of the Community Home-Based Care manual (in collaboration with National Department of Health)
- Other REPSSI partners who are NACCA members (such as NMCF, Hope World Wide etc, are very strong allies in influencing the mainstreaming of PSS in NACCA OVC activities
- REPSSI has benefited from its persistence in attending meetings and respecting the knowledge and experience of NGO's already implementing on the ground

Annex C. List of the content of the REPSSI PSS Advocacy Toolkit: CD-Rom of Resources attached to the front cover of the toolkit

1. REPSSI PSS Advocacy Toolkit and Information Sheets (Folder)

PSS advocacy skills-building toolkit

REPSSI, 2008. Microsoft Word version

PSS advocacy skills-building toolkit

REPSSI, 2008. PDF version

PSS advocacy skills-building toolkit: Information sheets

REPSSI, 2008. Microsoft Word version

PSS advocacy skills-building toolkit: Information sheets

REPSSI, 2008. PDF version

2. Involvement of children and young people in advocacy / policy work (folder)

A Parrot on Your Shoulder: A Guide for People Starting to Work with Orphans and Vulnerable Children.

International HIV/AIDS Alliance. 2004. Brighton, U.K.:

International HIV/AIDS Alliance. <http://www.aidsalliance.org/sw7467.asp>

African Charter on the Rights and Welfare of the Child

Organization of Africa Unity, 1999

Children Living in a World with AIDS: Guidelines for Children's Participation in HIV/AIDS Programmes (Eng)

This document explains why and how children can/should participate in HIV/AIDS programmes. Children and AIDS

International NGO Network, 1998, PDF, 234 kb

Children's Participation in OVC Programming: A Resource Kit of Materials for Increasing Children's Participation (Eng)

This resource kit is intended for: • people working with orphans and vulnerable children who want to make sure that the children in their programmes are benefiting as much as possible through their active involvement • institutions who are designing or delivering OVC policies and programmes and want to ensure children's participation • trainers involved in capacity building NGOs, CBOs and other institutions on children's participation. SCUK, 2004, PDF, 10 pages, 241 kb.

Interviewing Children – A Guide for Journalists and Others. Booklet and Audio Tape. 2nd edition.

McCrum, S. (1998) Save the Children UK, London.

Mastering the Media.

Save the Children/Young Peoples Press (2002) Available at www.unicef.org/sowc03/childrenskit/pdf/media-tips-eng.pdf

Navigating International Meetings – A Pocketbook Guide to Effective Youth Participation at International Meetings.

United Nations Association in Canada (2002) Available at <http://www.unac.org/en/pocketbook/index.asp>

Practice standards in children's participation (Eng)

This document outlines practice standards for Save the Children's work on child participation. They are designed to apply to all Save the Children's child participation work and represent minimum expectations for the ways in which staff will behave and operate. Save the Children UK, 2005, PDF, 12 pages, 59 kb

So you want to consult with children? A toolkit of good practice (Eng)

This toolkit is mainly aimed at governments, international agencies and NGOs who want to involve or consult children in a meaningful way. Save the Children, 2003, PDF, 98 pages, 1226 kb

3. PSS resources (folder) (all available on the IHAA OVC support toolkit website)

A Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS (Eng)

This framework is based on lessons learned over many years. It considers families and communities as the foundation of an effective, scaled-up response.

UNICEF, 2004, PDF, 23 pages, 397 kb.

Building Blocks: Africa-wide Briefing Notes: Psychosocial support (Eng)

This is one in a series of six 'Building Blocks' publications. It seeks to explore the psychosocial support need that orphans and other vulnerable children have.

International HIV/AIDS Alliance, 2003, PDF, 24 pages, 387 kb.

Building Blocks: Africa-wide Briefing Notes: Psychosocial support (Fre)

This is one in a series of six 'Building Blocks' publications. It seeks to explore the psychosocial support need that orphans and other vulnerable children have.

International HIV/AIDS Alliance, 2003, PDF, 28 pages, 373 kb

Building Blocks: Africa-wide Briefing Notes: Psychosocial support (Por)

This is one in a series of six 'Building Blocks' publications. It seeks to explore the psychosocial support need that orphans and other vulnerable children have.

International HIV/AIDS Alliance, 2003, PDF, 28 pages, 433 kb.

Building Resilience in Children Affected by HIV/AIDS (Eng)

Building Resilience in Children Affected by HIV/AIDS is a 150-page guide to psychosocial support for children. Its eight chapters are designed to help parents, caregivers and teachers understand children who are caring for a sick parent or who have lost a parent. It provides practical advice on supporting children who have experienced loss, and suggests helpful discussions and games. Sr Silke-Andrea Mallmann CPS, Catholic AIDS Action, Namibia, PDF, 162 pages, 5.6 MB.

Care for Children Infected and Those Affected by HIV/AIDS: A Handbook for Community Health Workers (Eng)

This handbook about children infected and those affected by HIV/AIDS is for carers of these children, community health workers, and also people living with HIV/AIDS who can use this as a source of information. Save the Children, Uganda Ministry of Health, 2003, PDF, 93 pages, 2091 kb

Children Orphaned by HIV/AIDS in Zambia: Social and Economic Risk Factors of Premature Parental Death (Eng)

This study aimed to identify factors which increased the risk or protected orphans from the psychosocial consequences of parental death. Nampanya-Serpell, N., 2001, PDF, 28 pages, 102 kb.

First Eastern and Southern Africa Regional "Thinktank" on Psychosocial Support for Children Affected by AIDS: Voices

for Advocacy on Psychosocial Support for Children Affected by AIDS (Eng)

This document is a report of a workshop held in Zimbabwe in August 2001, which brought together 50 participants from 9 different countries in East and Southern Africa. 2001, PDF, 6 pages, 480 kb.

Horizons Report: Providing Psychosocial Support to AIDS Affected Children (Eng)

This is the Horizon's annual report which is dedicated to global operations research on HIV/AIDS, prevention, care and support. This report specifically focuses on psycho-social support. The Population Council, PDF, 12, pages

Investing in our Future: Psychosocial Support for Children Affected by HIV/AIDS (Eng)

This UNAIDS report, through providing examples of successful interventions being undertaken by organisations in these two countries, aims to share experiences and lessons learned in order to stimulate new awareness of needs and to open new doors for action. Fox, S., UNAIDS, 2001, PDF, 77 pages, 435 kb

Investir dans notre Avenir: Le Soutien Psychosocial aux Enfants Affectés par le VIH/SIDA (Fr)

This UNAIDS report, through providing examples of successful interventions being undertaken by organisations in these two countries, aims to share experiences and lessons learned in order to stimulate new awareness of needs and to open new doors for

action. Fox, S., UNAIDS, 2001, PDF, 84 pages, 734 kb.

Nkundabana Initiative for Psychosocial Support (NIPS): A Participatory Approach to Identification of Nkundabana (Mentors):User's Guide (Eng)

This document from NIPS is for identifying community mentors (Nkundabana) who will assume the role of a parental replacement to child headed households in Rwandan society. It is partly in English and partly in French. Care International, Rwanda, PDF, 5 pages, 409 kb.

Orphans and Other Vulnerable Children: What Role for Social Protection? (Eng)

This report on a workshop held in Washington in 2001 starts by stating that the effects of HIV/AIDS on children globally represents an unprecedented crisis and argues for it to be approached through a social protection framework. Levine, A., World Bank, 2001, PDF, 54 pages, 196 kb.

Psychosocial care and support for young children and infants in the time of HIV and AIDS: A resource for programming

REPSI November 2007. This publication is offered as a resource for programme staff in organisations that work with babies and young children, or their parents or caregivers, in the context of HIV and Aids, poverty and conflict. It is not intended for direct presentation to grassroots community workers, parents or caregivers. It can be used to develop programmes, training or action sheets for local needs. The material contained in this

publication can be used as a set of principles or guidelines. The reflections contained in this publication are useful for both staff themselves, and for their work with parents, caregivers, families and their communities. The reader can read the entire document or use it as a reference for specialised topics, listed in the index. Those who choose to read it from cover to cover will find that a logical sequence has been followed. Different editors have worked on different chapters, therefore the reader will encounter different styles of presentation.

Psychosocial Support for Children Affected by AIDS: Practical responses from Zimbabwe and Tanzania (Eng)

This paper discusses the psychosocial needs of children affected by HIV and AIDS using examples of projects from Zimbabwe and Tanzania.

Stefan Germann, Kurt Madörin, Ncazelo Ncube, 2001, word, 3 pages, 51 kb

Psychosocial Support of Children Affected by AIDS (Eng)

This brief paper argues for programmes working with orphans and vulnerable children to adopt a holistic approach which caters for a variety of needs including material needs, psychosocial needs and needs for skills training. Germann, S., Masiye Camp, PDF, 3 pages, 138 kb.

Psychosocial Support for Children Affected by AIDS: Practical Responses from Zimbabwe and Tanzania (Eng)

This document's starting point is that children who nurse their

dying parents and watch them die are at risk of psychological trauma unless they receive adequate support. Germann, S., Madörin, K. and Ncube, N., Salvation Army/Terre des Hommes, 2001, PDF, 3 pages, 123 kb.

Psychological Well-being of Orphans in Dar El Salaam, Tanzania (Eng)

This paper reports the results of a study carried out in Tanzania and compared 41 orphans with 41 matched non-orphans. Makame, V., Ani, C. and Grantham-McGregor, C., Centre for International Child Health, PDF, 9 pages, 162 kb.

SCOPE and Family Health International Orphans and Vulnerable Children Baseline Survey, Psychosocial Interviews with Orphans and Vulnerable Children: Questionnaire for 06-12 Year Olds (Eng)

This is a questionnaire from the SCOPE programme in Zambia for use with children aged 6-12 years. FHI/SCOPE/USAID, 2001, PDF, 9 pages, 494 kb.

SCOPE and Family Health International Orphans and Vulnerable Children Baseline Survey, Psychosocial Interviews with Orphans and Vulnerable Children: Questionnaire for 13-18 Year Olds (Eng)

This is a questionnaire from the SCOPE programme in Zambia for use with adolescents aged 13-18 years. FHI/SCOPE/USAID, 2001, PDF, 23 pages, 1247 kb.

The Importance of Caregiver-child Interactions for the Survival and Healthy Development of Young Children: A Review (Eng)

This review explains the importance of caregiver-child interactions in children's psychosocial development as well as their health and survival.

WHO, Dr Linda Richter, PDF, 106 pages

The Regional Psychosocial Support Initiative (Eng)

This website gives details about REPSSI, its vision and the partners with which it works.

Training programme: Psycho-social support for orphans and vulnerable children - facilitator's manual (Eng)

Provides guidance to prepare adults, guardians, traditional leaders, and other community leaders with knowledge to improve emotional care and support to OVC. SCOPE OVC, March 04, PDF, 684kb, 151 pages

Understanding the Needs of Orphans and other Children Affected by HIV and AIDS in Africa: The State of the Science (Eng)

This review was undertaken to summarize the findings that represent the most up-to-date understanding of issues affecting orphans and other vulnerable children. Birdthistle, I., AED/ USAID, 2004, PDF, 42 pages, 2637 kb.

Vulnerable Children in Zambia: A Psychological Perspective (Eng)

This paper was presented at a conference in Uppsala in 2001

and draws on two research projects both carried out in Lusaka, Zambia. Poulter, C. 2001, PDF, 17 pages, 94 kb.

Where the heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS (Eng)

This is an opinion piece developed through a series of four workshops organised by the Bernard van Leer Foundation entitled "On the Road to Toronto." It includes a call to action to address the psychological wellbeing of all vulnerable children. Bernard van Leer Foundation, Linda Richter, Geoff Foster and Lorraine Sherr, 2006, PDF, 60 pages, 1950kb

2002 East and Southern Africa Regional Workshop on Children Affected by HIV/AIDS: Implementing the UNGASS Goals for Orphans and Other Children Made Vulnerable by HIV/AIDS; 25-29 November 2002; Windhoek, Namibia (Eng)

This is the report of a workshop which brought together stakeholders in East and Southern Africa to reinforce awareness of the impact of HIV/AIDS on children and their caregivers and to build commitment to action particularly at the government level. Loudon, M., UNICEF, USAID, SIDA, NORAD, International Save the Children Alliance, UNAIDS, FHI, Government of Namibia, 2002, PDF, 46 pages, 802 kb.

4. Resources to support advocacy work

Advocacy in Action – A toolkit to support NGOs and CBOS responding to HIV/AIDS

This is one in a series of organizational development training

manuals developed by the International HIV/AIDS Alliance, 2002

Documenting and Communicating HIV/AIDS Work - A toolkit to support NGOs/CBOs

This is one in a series of organizational development training manuals developed by the International HIV/AIDS Alliance, 2002

Pathways to Partnerships

This is one in a series of organizational development training manuals developed by the International HIV/AIDS Alliance, 2002

Networking for Policy Change: An Advocacy Training Manual

A training manual published by The Policy Project, 1999

Networking Guide

International Council of AIDS Service Organisations, 1997.

This is a publication that is more about setting up networks but it has some useful advice for those wanting to set up advocacy coalitions

Raising Funds and Mobilising Resources for HIV/AIDS Work - A toolkit to support NGOs/CBOs

This is one in a series of organizational development training manuals developed by the International HIV/AIDS Alliance, 2002

100 ways to energise groups: games to use in workshops, meetings and the community

A booklet published by the International HIV/AIDS Alliance, 2002

Annex D. Selection of energisers

These energisers have been selected from the publication '*100 Ways to energise groups: Games to use in workshops, meetings and the community*', International HIV/AIDS Alliance, 2002 included on the attached *REPSSI PSS Advocacy Toolkit: CD-Rom of Resources*.

Facilitators use games for a variety of different reasons, including helping people to get to know each other, increasing energy or enthusiasm levels, encouraging team building or making people think about a specific issue. Games that help people to get to know each other and to relax are called ice breakers. When people look sleepy or tired, energisers can be used to get people stretching, moving and to give them more enthusiasm. They can also help with team building, stretching and moving, and dividing participants into small groups. Other games can be used to help people think through issues and can help to address problems that people may encounter when they are working together. Games can also help people to think creatively and laterally.

Things to consider when using Energisers

- Try to use energisers frequently during a workshop or meeting, whenever people look sleepy or tired or to create a natural break between activities
- Try to choose games that are appropriate for the local

context, for example, thinking carefully about games that involve touch, particularly of different body parts

- Try to select games in which everyone can participate and be sensitive to the needs and circumstances of the group. For example, some of these games may exclude people with disabilities, such as difficulty walking or hearing, or people with different levels of comfort with literacy
- Try to ensure the safety of the group, particularly with games that involve running. For example, try to make sure that there is enough space and that the floor is clear.
- Try not to use only competitive games but also include ones that encourage team building
- Try to avoid energisers going on for too long. Keep them short and move on to the next planned activity when everyone has had a chance to move about and wake up!

This guide includes all these different types of games that can be used for different reasons ice breakers, team building, stretch and move, forming small groups. Of course no one game can only be used for one purpose.

Ice breakers

Three truths and a lie

Everyone writes their name, along with four pieces of information about themselves on a large sheet of paper. For example, 'Promise likes singing, loves football, has five wives and loves PRA'. Participants then circulate with their sheets of paper. They meet in pairs, show their paper to each other, and try to guess which of the 'facts' is a lie.

What we have in common

The facilitator calls out a characteristic of people in the group, such as 'having children'. All those who have children should move to one corner of the room. As the facilitator calls out more characteristics, such as 'likes football', people with the characteristic move to the indicated space.

Stretching / moving

Who am I?

Pin the name of a different famous person to each participant's back, so that they cannot see it. Then ask participants to walk around the room, asking each other questions about the identity of their famous person. The questions can only be answered by "yes" or "no". The game continues until everyone has figured out who they are.

Group statues

Ask the group to move around the room, loosely swinging their arms and gently relaxing their heads and necks. After a short while, shout out a word. The group must form themselves into statues that describe the word. For example, the facilitator shouts "peace". All the participants have to instantly adopt, without talking, poses that show what 'peace' means to them. Repeat the exercise several times.

Tide's in/tide's out

Draw a line representing the seashore and ask participants to stand behind the line. When the facilitator shouts "Tide's out!", everyone jumps forwards over the line. When the leader shouts "Tide's in!", everyone jumps backwards over the line. If the facilitator shouts "Tide's out!" twice in a row, participants who move have to drop out of the game.

Touch something blue

Ask participants to stand up. Explain that you will tell everyone to find something blue, and that they have to go and touch it. This could be a blue shirt, pen, shoe or whatever. Continue the game in this way, asking participants to call out their own suggestions for things to touch.

Team building

Juggling ball game

Everyone stands in a close circle. (If the group is very large, it may be necessary to split the group into two circles.) The

facilitator starts by throwing the ball to someone in the circle, saying their name as they throw it. Continue catching and throwing the ball establishing a pattern for the group. (Each person must remember who they receive the ball from and who they have thrown it to.) Once everyone has received the ball and a pattern is established, introduce one or two more balls, so that there are always several balls being thrown at the same time, following the set pattern.

Banana game

A banana or other object such as a bunch of keys is selected. The participants stand in a circle with their hands behind their backs. One person volunteers to stand in the middle. The facilitator walks around the outside of the circle and secretly slips the banana into someone's hand. The banana is then secretly passed round the circle behind the participant's backs. The job of the volunteer in the middle is to study people's faces and work out who has the banana. When successful, the volunteer takes that place in the circle and the game continues.

Coin game

Participants divide into two lines. The two people at the end of each line start the race by dropping a coin down their clothes. When it drops free on the floor, they hand the coin to the next person in the line who does the same. The race continues until the coin has reached the end of one of the lines.

Who is the leader?

Participants sit in a circle. One person volunteers to leave the room. After they leave, the rest of the group chooses a 'leader'. The leader must perform a series of actions, such as clapping, tapping a foot, etc, that are copied by the whole group. The volunteer comes back into the room, stands in the middle and tries to guess who is leading the actions. The group protects the leader by not looking at him/her. The leader must change the actions at regular intervals, without getting caught. When the volunteer spots the leader, they join the circle, and the person who was the leader leaves the room to allow the group to choose a new leader.

Paper and straws

Participants split into teams. Each team forms a line and places a piece of card at the beginning of their line. Each member of the team has a drinking straw or reed. When the game starts, the first person has to pick up the piece of card by sucking on the straw. The card then has to be passed to the next team member using the same method. If the card drops, it goes back to the first person and the whole sequence has to start again.

Countdown

Ask participants to form a circle. Explain that the group needs to count together from one to 50. There are a few rules: they are not to say 'seven' or any number which is a multiple of seven. Instead, they have to clap their hands. Once someone

claps their hands, the group must count the numbers in reverse. If someone says seven or a multiple of seven, start the counting again.

Making small groups

The animal game

This game helps to divide a large group into smaller groups. Make slips of paper for each member of the large group. Write the name of an animal on each slip, using as many different animals as you need smaller groups. Hand the papers out at random and ask people to make the noise of their animal to find the other members of their smaller group.

Fruit salad

The facilitator divides the participants into an equal number of three to four fruits, such as oranges and bananas. Participants then sit on chairs in a circle. One person must stand in the centre of the circle of chairs. The facilitator shouts out the name of one of the fruits, such as 'oranges', and all of the oranges must change places with one another. The person who is standing in the middle tries to take one of their places as they move, leaving another person in the middle without a chair. The new person in the middle shouts another fruit and the game continues. A call of 'fruit salad' means that everyone has to change seats.

Taxi rides

Ask participants to pretend that they are getting into taxis.

The taxis can only hold a certain number of people, such as two, four, or eight. When the taxis stop, the participants have to run to get into the right sized groups. This is a useful game for randomly dividing participants into groups.

Football cheering

The group pretends that they are attending a football game. The facilitator allocates specific cheers and actions to various sections of the circle, such as 'Pass', 'Kick', 'Dribble' or 'Header'. When the facilitator points at a section, that section shouts their cheer and mimes the action. When the facilitator raises his/her hands in the air, everyone shouts "Goal!"

Annex E. A guide to facilitating participatory workshops

This annex contains a full Word-file copy of *A Facilitators' Guide to Participatory workshops with NGOs/CBOs Responding to HIV/AIDS*, international HIV/AIDS Alliance, 2002

I. Understanding participatory approaches to learning

I.1 What are participatory approaches to learning?

Participatory approaches to learning are active approaches that encourage people to think for themselves. Participants actively contribute to teaching and learning, rather than passively receiving information from outside experts, who may not have local understanding of the issues. The approach encourages people to share information, learn from each other, and work together to solve common problems.

Participatory approaches to learning are active approaches that encourage people to think for themselves. Participants actively contribute to teaching and learning, rather than passively receiving information from outside experts, who may not have local understanding of the issues. The approach encourages people to share information, learn from each other, and work together to solve common problems.

As people become more experienced with the approach, they

take increasing responsibility for planning their own learning sessions. They learn how to work together in a group. They also gain experience in using the activities and visual tools to do their own fieldwork.

I.2 Why are participatory approaches used?

Participatory approaches are used in situations where a number of people must work together to resolve a common problem. Good problem solving requires input from a variety of people with many types of experience and expertise. It also includes everyone who is interested in finding the best solution - the "stakeholders". Experience shows that when everyone contributes to the learning process, then people feel more ownership of the problem and develop more appropriate solutions for their context.

HIV/AIDS is an issue that often involves the whole community. It requires that people from international, national, regional and local organisations work together. Participatory workshops can be very effective in bringing people together; from members of local communities to national NGOs and international policy-makers.

When people at international, national and regional levels have the opportunity to learn and to work together, there can be better co-ordination of services.

Advantages and of participatory approaches to learning

- They use inexpensive resources
- They can be used in any physical setting
- They are interesting and fun, helping to involve people in the subject.
- They help people to build self-confidence
- They help people to learn about themselves
- They help people to understand the perspectives of others
- Participants with different degrees of experience and literacy can use them
- They prevent individuals from being singled out for what they know, or don't know
- They are less intimidating for less confident participants
- They can help people to analyse complex situations
- Outcomes are often documented during the process and do not depend on jargon
- They are memorable
- Lessons learnt can be brought back to local communities or organisations

Disdvantages and of participatory approaches to learning

- ✗ They are difficult to plan, because planning often depends on what the participants want to do
- ✗ Involving stakeholders takes time
- ✗ It can take time for people who are used to being “pupils” rather than “participants” to feel comfortable with these approaches
- ✗ Facilitator techniques can be difficult to master and use effectively
- ✗ They can make people feel uncomfortable, for example about drawing
- ✗ They can be difficult to document in a report format but can be documented well using photographs or by keeping flipcharts
- ✗ Some people may not consider them to be valid ways of working
- ✗ Participants may be more focused on the creative, rather than learning, aspect of the activity
- ✗ It can be difficult to establish clear action points or conclusions from the activity

The workshops can raise awareness of HIV/AIDS, as well as developing knowledge, skills and attitudes relating to HIV/AIDS. However, participatory approaches have disadvantages as well as advantages.

2. Facilitating a participatory workshop

2.1 Facilitator techniques

Participatory approaches use a range of techniques to facilitate learning and sharing. When people first take part in participatory learning, they work with facilitators to learn different approaches to exploring local issues.

Facilitators use various “techniques” to:

- Help people feel comfortable with a participatory approach
- Encourage people to share information, ideas, concerns and knowledge
- Support learning in a group
- Help people to communicate effectively
- Manage group dynamics
- Keep the work practical and relevant
- Invite the group to take control of the learning and sharing process

Facilitators ensure that everyone gets an equal opportunity to participate. Through active listening and good questioning, they demonstrate that each person's contribution is valuable. Facilitators help group members to develop communication

skills by promoting discussion. Activities such as role play and case studies are used to explore different points of view.

Games

Facilitators use games to help people get to know each other, to give participants more energy and enthusiasm, and to help people to work together. Games that help people to get to know each other and to relax are called “ice breakers”. When people look sleepy or tired, “energisers” can be used to

Icebreakers

- Body greeting game. Participants find a space to stand in. The facilitator shouts out a part of the body (such as knee). Everybody has to greet as many others as quickly as possible saying a greeting and using that part of the body (for example, saying “good morning” and touching knees together). The facilitator then shouts out another part of the body and the activity is repeated. As this game involves touching it may not be culturally appropriate in some countries
- This is how I feel. Participants stand up one at a time, state their names and use an adjective, starting with the same letter as their name, to describe how they are feeling at that moment. (For example, “I’m Nuzrat and I’m nervous” or “I’m Henri and I’m happy”)

get people moving and to give them more enthusiasm.

Games can also be used to help people think through issues that are part of the workshop. They can also be helpful for addressing problems that participants may encounter when they are trying to work together.

Visual tools

Facilitators can show their groups how to make visual representations (drawings or diagrams). The drawings or diagrams help participants to do many things, such as analyse problems, describe local situations, and rate the importance of things. These different learning aids are called “visual tools”. The tools create a relaxed atmosphere to encourage people to work together.

Energisers

When people look sleepy or tired, “energisers” can be used to get people moving and to give them more enthusiasm.

- Ball Game. Make five balls using paper and tape.

Everyone stands in a wide circle. Each participant throws the ball to a different participant across the circle until everyone has caught and thrown the ball once. Ask the participants to throw the ball around the circle again in the same order until a pattern is established. Keep the pattern going and slowly introduce more balls one by one until the group is effectively “juggling” a number of balls at the same time.

Games to make people think

- Knotty problem. This game shows people that they are in the best position to solve their own problems rather than outsiders. Two people from the group should volunteer to act as health workers and are asked to leave the room. Participants form a circle, holding each other by the hand. They should then tie themselves – without letting go of the hands! – into a firm knot. The health workers are asked back in the room to untangle the knot, giving only verbal instructions to the group. After three minutes the facilitator calls stop. You will see that the health workers will not succeed in solving the problem. Ask them to join the group and repeat the exercise, this time let the group disentangle itself, this should take about 20 seconds. As feedback, encourage people to relate the game to their own lives

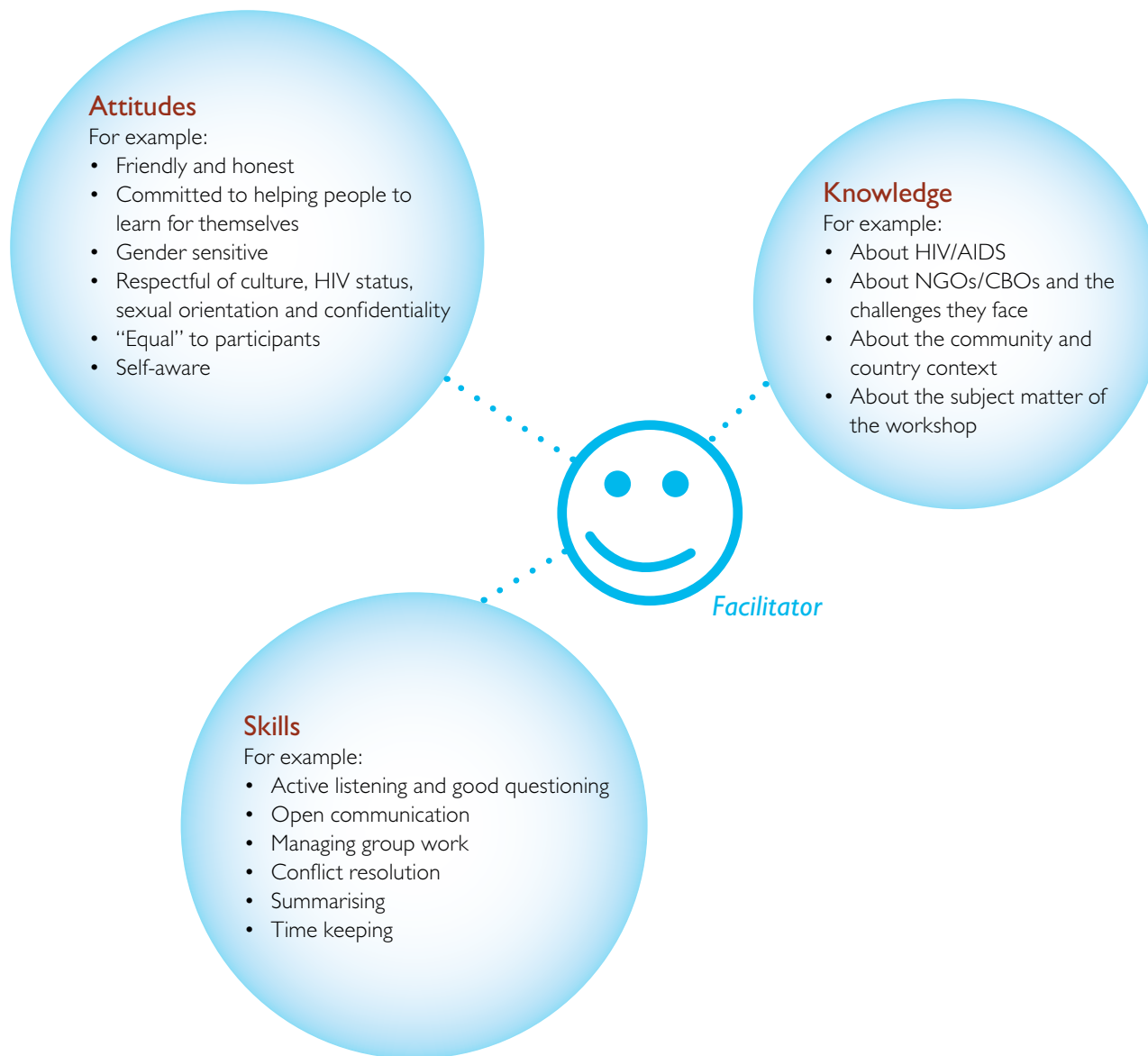
Facilitating visual tools

Facilitators can help participants to use visual tools by doing the following:

- Give very clear instructions about what you want people to do. If necessary, provide an example of what it might look like
- Remind participants that the quality of the drawing is not important. What the drawing communicates is most important
- Make the activities unthreatening. For example, encourage people to work in whatever way they want, such as by drawing on paper or making things out of card
- Make the activities fun. For example, encourage participants to draw on a large scale
- Consider the use of three-dimensional images or natural “props” such as chairs, fruits or stones to represent different things

2.2 What makes a good workshop facilitator?

In a participatory workshop, the role of a facilitator is to support the learning process. The facilitator creates a supportive environment in which a “learning journey” can take place. Participants explore their own experiences and those of others, identify their strengths and weaknesses, and share their knowledge, ideas and concerns. If appropriate, a facilitator may also offer their own expertise in addition to facilitating the exchange of ideas and experience.



A facilitator does not need to be an “expert” or to be superhuman! However, they do need to have some basic professional and personal characteristics. Examples of these can be divided into three main areas: knowledge, skills and attitudes.

Facilitators do not have to have all of these characteristics. However, they should aim to have at least some from each area and to be open to developing more as they gain experience.

2.3 What key skills do workshop facilitators need?

As shown in the diagram on this page, facilitators need to build a broad base of knowledge, skills and attitudes. In general, facilitators need to develop key skills in four main areas:

- Encouraging sharing and learning
- Communicating well
- Keeping material practical and relevant
- Responding to group dynamics

The following information aims to provide a “checklist” and some ideas of the techniques that facilitators use to make sure participants have the best possible learning experience:

a) Encouraging sharing and learning

- **Question the meaning of participants’ drawings.** Drawings can lead to useful discussions, if facilitators ask good, open-ended questions both during the process and after the drawing is finished. This questioning allows participants to explain what their drawings mean. Some useful questions include:

- What did you draw first and why?
- What is happening in the drawing? What are the consequences and for whom?
- What part of the drawing caused the most discussion in the group and why?
- What is not included in the drawing and why?
- **Encourage two-way communication.** For example, by actively listening to people and by using open, rather than closed questions. Active listening encourages the open communication of ideas and feelings, by making a participant feel not only heard, but also understood. Some tips include:
 - Look at the person who is speaking, to show that you are both interested in what they are saying and that you understand
 - Pay attention to your body language, to show physically that you are listening
 - Listen to both what is said and how it is said, to pick up the emotion as well as the words
 - Summarise what you have heard, to show that you have caught the main points

Good questioning encourages people to go beyond simply providing information. It prompts them to share their views. Some tips include:

- Ask open-ended rather than closed questions. For example: “What was the meeting like?” rather than, “Did

you go to the meeting?”

- Ask probing questions. For example: “Could you explain what you meant about men not talking to their sons about sex?”
- Ask clarifying questions. For example: “Is it that people lack condoms or that they lack good quality condoms?”
- Ask questions about personal views and feelings. For example: “What are your feelings on local services for STI treatment?”
- Give, and ask, for feedback, after group work or presentations
- **Paraphrase (or summing up).** For example, to confirm people’s key points. Summarising is an important skill for drawing conclusions and results from workshop activities. Tips include:
 - State the positive points first
 - Highlight where there was agreement or differences
 - Reflect on people’s comments rather than your own opinions
 - Focus on just the main points that have been made

b) Communicating well

- **Be enthusiastic, calm and confident**
- **Provide clear guidance and instructions.** For example, for group work
- **Talk slowly and clearly.** Use language that is simple and appropriate

Facilitation group work

Facilitating the work of groups is about more than enabling people to exchange information and learn from each other. It is also a way to build agreement and practical skills. Some tips include:

- Be clear about the aim of the work, and participants agree on it
- Keep activities focused and on track
- Encourage all group members to contribute
- End by summarising the discussion and agreeing on action points

- **Be honest.** Be clear about what you do and don’t know. Use positive body language. Make eye contact with all participants and be relaxed
- **Make effective materials.** Produce handouts for participants, prepare flipcharts or overhead transparencies with key information, and make examples to help explain activities or participatory approaches
- **Display results well.** Put participants’ flipcharts up on the walls, on tables, or on the ground where everyone can see them

c) Keeping the work practical and relevant

- **Focus on practice rather than theory.** Include case studies of real NGOs/CBOs in action
- **Talk about “we” and “us” rather than “they” and “them”**

- **Link the activities to participants' own work.** Ask "How could you use this in your day-to-day projects?"

d) Responding to group dynamics

- **Cope with power imbalances.** Encourage people with different social and professional backgrounds to work as equals
- **Enable participants to give each other feedback.** Help people to clarify the ideas and opinions of others. Show them how to question incorrect factual statements
- **Avoid crises.** Deal with problems as they arise and work with the group to resolve them
- **Deal positively with criticism.** It is important to find a way for the participants to challenge each other constructively. Encourage discussion of the criticism, by asking, "Can you explain why you feel that way?" or "What do others think?"
- **Accept that you may not be able to please everyone all the time!** Accept the fact that group members do not always have to agree on everything. It is more important that they have shared different experiences and learned from them
- **Cope with judgmental attitudes.** HIV/AIDS work often involves discussing issues that participants might consider wrong; such as issues about sexuality and gender. Wherever possible, these attitudes should be challenged constructively by fellow participants in light of the potential impact on their HIV/AIDS work

Facilitators can build the confidence of quiet participants and encourage them to become involved by:

- Encouraging them to start by speaking during small group work
- Asking them to share their experiences in a discussion about their area of specific expertise
- Using activities whereby all participants are asked to make a small contribution
- Providing them with positive, but not patronizing, feedback when they contribute. For example, try and build on, or reinforce, what they have said rather than say "well done" or "very good"

Facilitators can work positively with dominant participants and support them to let others make a contribution by:

- Giving them positive feedback and involving other participants in responding to them. For example, by saying "Thank you for that interesting viewpoint. What do other people think about it?"
- Speaking with them privately during a break to ask them to allow others more time to participate
- Giving them a "job" to do within the workshop, for example providing the participants with a re-recap at the beginning of each day
- Drawing their attention to established "ground rules" about allowing everyone to contribute or using games that encourage awareness of one's own behaviour

- **Balance participation.** Encourage quiet participants to speak and dominant ones to respect others

3. Preparing and facilitating participatory workshops

3.1 Identifying the participants

When identifying participants, there are several issues to consider:

- **Choose the right number of people.** You may want to have a small group (to provide intensive support) or a larger

group (to have a wide range of inputs)

- **Find the relevant people.** You may want to specify that you need participants who will be in a position to use the skills and or train others when they return to their organisations
- **Ensure the right combination of people.** You might want to have participants with similar experiences to ensure equal input or a mixture to facilitate specific learning
- **Aim for the right level of participation.** You may want to insist that participants attend the whole workshop rather than coming and going. It should also be made clear that

everyone will be required to participate

- **Consult participants before planning the workshop.**

You may want to ask participants in advance about their expectations of the workshop, as well as their existing level of experience. Talking to participants before the workshop is planned helps to ensure that the content is at the right level, and that materials and activities are relevant for everyone

3.2 Selecting a facilitation team

As noted before, each facilitator needs to develop a combination of basic knowledge, skills and attitudes. The team needs to be a diverse group of individuals, who all contribute their special skills. When planning, you may want to aim for the following combination of characteristics.

- **A cross-section of people.** A diverse group of facilitators helps to ensure that there is a balance of perspectives and ideas. Ideally, the team will have facilitators from different social classes, professional backgrounds, languages and gender. The languages of the team members should mirror the different first languages of the participants
- **“Hands on” experience in the subject matter.** If some facilitators are experienced in the subject area, then they can help everyone to deal with practical issues, such as how to put the theory into practice at a community level
- **Technical knowledge about the subject matter.** For example, medical knowledge about HIV/AIDS treatments or legal knowledge about human rights

A facilitation team contract can answer key questions about how facilitators want to work together, including:

- What does the team want their workshop to be like? (For example, fun, interesting and challenging.)
- How does the team want to function together? (For example, providing mutual support, working in pairs and/or having a leader.)
- What principles are important for the team? (For example, being gender sensitive and respecting each other's strengths and weaknesses.)
- How does the team want to deal with problems? (For example, by being honest and discussing things as they arise.)
- What principles are there about contributing to each other's sessions if there are potential problems? It is always useful to have a pre-arranged signal or a way of drawing each other's attention (e.g. raise your hand and the lead facilitator can decide whether or not to call on you)

3.3 Working with the facilitation team

It is important that a facilitation team works well together, both as professionals and as a group of people. Ways to build a strong team include:

- **Get to know each other as people.** You can do this by using participatory activities and tools to share information about each other. For example, by sharing timelines showing key milestones in each other's lives
- **Get to know each other as facilitators.** Share information about your skills and the areas where you would like to develop more skill. For example, by drawing self-portraits and noting facilitation strengths down one side and facilitation weaknesses down the other
- **Get to know each other as colleagues.** Different team members will have different working styles and

preferences. These can be explored before facilitation starts, through activities such as “I love it when colleagues... / I like it when colleagues... / I hate it when colleagues...”

- Develop a facilitation team contract.
- **Get to know the subject matter together.** Read through the toolkit or other resources to develop a common understanding and clarify points that are unclear
- **Assign roles and responsibilities.** Decide who will do what for each day and each session. Facilitators may prefer to design and conduct sessions in pairs for support. It is useful to clarify the role of the “other” facilitators when they are not actually facilitating – should they be helping group work or be available to answer questions
- **Enable continuity.** Where possible, ensure that all the

facilitators can be present during the whole of the workshop

3.4 Planning the content of a workshop

Careful preparation for a workshop helps to build the confidence of the facilitator and ensure that participants have the best possible learning experience. The structure of the workshop must be planned, as well as the individual sessions.

The general structure of the workshop

- **Workshop opening and introductions.** To welcome people and enable participants and facilitators to get to know each other
- **Housekeeping.** To give information about meal times, venue facilities and expenses
- **Expectations.** To clarify participants' hopes and fears about the workshop
- **Ground rules.** Participants develop ground rules so that everyone has a shared understanding of how people will work together. They are sometimes called a "team contract" to emphasise the fact that the rules are not imposed by the facilitators
- **Objectives and schedule.** To outline the objectives, content, methods and timings of the workshop. Although presented at the beginning of the workshop for the participants to see, schedules are often flexible to allow the planned activities to be reviewed and changed to meet the needs and interests of the participants
- **Energisers.** To help participants to relax and to get to

Workshop evaluations can be carried out by participants using questionnaires, role play, story-telling, drawing or any other visual tool. Participants can choose any aspect of the workshop to evaluate.

For example:

- Facilitation.
- Methodologies used.
- Handouts/materials.
- Level of participation.
- Venue.
- Accommodation/food.
- Relevance of the topics covered.

know each other, and give participants more energy and enthusiasm (see Annex C of this toolkit)

- **Buzz groups.** These are small groups that can liven up the pace and gain a quick overview of participants' views
- **Field work.** To provide an opportunity to put participants' new skills into practice
- **"Car park" flipchart.** To give facilitators and participants a place to "park" issues that need to be covered at some stage, but that are not appropriate for that moment in the workshop
- **Small and large group work.** To do participatory activities, have focused discussions and or get a broad range of inputs

- **Presentations.** To give information on a particular topic or to share experiences, etc.
- **Workshop recaps.** To provide a summary (usually by participants at the beginning of each day) of what has been covered so far
- **Facilitation meetings.** To gain feedback (usually at the end of each day) about how the workshop and the facilitation have gone and to plan for the next day
- **Follow up action plan.** For participants to clarify what concrete steps they will take after the workshop in order to use the new skills and knowledge that they have gained
- **Workshop evaluation.** To enable participants to assess the strengths and weaknesses of the workshop
- **Workshop closing.** The end of workshops can be official or unofficial depending on what is appropriate [see page 17]. Certificates may be expected in some countries
- **Facilitators' debrief.** To discuss the overall strengths and weaknesses of the workshop and facilitation, and to identify improvements for the future. Debriefs are usually held each day as well as at the end of the workshop

3.5 Preparing for individual sessions

Each session is like a mini-workshop in itself and requires thought and planning. This includes the following actions:

- **Decide the subject and aim**
- **Identify the two or three key points to be discussed**
- **Decide the different parts of the session.** Include an introduction to the subject of the activity and how it links

with previous sessions. Select the participatory activity (tool) to be used, consider the relative importance of having time for sharing and discussion. Decide how the activity will be concluded. Also consider whether energisers, ice breakers or specific games will be necessary

- **Allocate time for each part of the session.** To ensure that learning is achieved in the best way for the subject of the session i.e. some subjects need a lot more practice and others need more time for discussion
- **Prepare materials.** Make, and organise, the materials that the participants and facilitators will need during activities
- **Rehearsing sessions.** Make sure that the instructions for small group work are clear
- **Decide on the size and composition of the groups.** Use different activities to divide people into groups

Dividing people into groups

There are many ways to divide participants into groups. Depending on the objective of the activity it may be necessary for people to work on their own, with people from the same organisation, or in mixed groupings. Where there is no logical grouping necessary for the activity participants can be divided by:

- Random mix (for example, all those wearing brown shoes or have names beginning with the letters A to M) (see Annex C for energisers to divide participants into small groups)
- Mixing levels of work experiences (for example those with

lots of experience with those with little)

- Counting 1, 2, 3, 1, 2, 3, etc. or different fruits (e.g. apple, orange, mango) so that each group includes those that have not been sitting together
- Mixing gender and ages (ensure that people's ages are not discussed openly if this is inappropriate)

3.6 Making up a workshop schedule

Facilitators need to consider a number of factors when developing the schedule for a participatory workshop:

- **The length of the workshop.** You may want to have one long workshop, or two short ones with a break in between. Breaks allow people to have time to think about or try what they have learned so far
- **The division of each day.** It is important to plan sessions around breaks and meal times. For example, in some countries three sessions are usual i.e. 1) From opening to morning break, 2) From morning break to lunch, and 3) From lunch to close of day. In other countries there may be four or more sessions. Find out what time workshop days usually end and whether participants will need to leave early on the final day to travel
- **When different themes should be addressed.** You might want to cover the most difficult ones mid-morning when participants are most energised
- **Balancing pace and methods.** You may want to have longer sessions at the beginning of the workshop (when

people have the most to say and are lively), participatory ones in the middle and end (when participants might be tired). It is also worth balancing the kinds of activities used in each day to ensure variety. The session after lunch is usually the most difficult as the participants may feel sleepy after eating

- **Keeping the momentum going.** Each session should provide a logical step towards the end goal
- **Scheduling enough time for learning.** Genuine skills building during workshops takes time. You may want to schedule time to do a few sessions well rather than include too many sessions. Include some "spare time" in case sessions take longer than expected, or to address the issues in the "car park".

3.7 Dealing with logistics

Whenever possible, someone with experience should carry out the administrative and logistical arrangements for a workshop, leaving the facilitators free to focus on facilitation. However, there are a few areas where the facilitators may want to have input, including:

- **Ensuring appropriate equipment.** For example, you may need large quantities of flipchart paper or an overhead projector
- **Developing a budget and fundraising.** It might be possible to get materials such as stationery or refreshments free from local companies
- **Arranging for the workshop to be documented.** If it is

important to have a record of the workshop then someone needs to be identified as the documenter. Make sure that it is clear what should be included in the report before the workshop

Booking a venue that:

- **Is comfortable and in a good position.** For example, it may be useful to choose a location that is away from people's work place, to avoid distractions. Residential workshops allow participants to focus on the workshop without travelling home. They also allow the participants to get to know each other better
- **Meets the needs of participatory approaches.** For example, you may need space for small group work or for drawing, and plenty of wall space for displaying work
- **Can accommodate an informal layout.** For example, you may want participants to sit in a circle or semi-circle rather than in formal rows. For group work you can arrange small groups of tables and chairs or participants may prefer to work on the floor. Varying the different kinds of seating arrangements and whom people sit next to can help keep the environment lively. Be aware of cultural sensitivities when you do this

Closing a workshop

There are many ways to close a workshop without holding an official closing ceremony.

Examples include:

- **Workshop overview.** Facilitators (or participants) draw

a picture to represent the activities used for each session of the workshop and ask the participants to explain what was learned during the activity, and why it is important to their work

- **Networking game.** Ask the participants to form a circle and pass a ball of string from one person to another to form a web while stating how they can share information or work together in the future
- **Learning ball game.** Standing in a circle ask the participant to throw a ball to another participant and say what they have learned from that person during the workshop
- **Imaginary presents.** Divide the participants into pairs and ask them to present each other with an imaginary present which they think they would like and say a few words about working with them during the workshop. A more formal alternative is to ask the participants to present their certificates to each other and say a few words



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